

SEMI ANNUAL REPORT

INSTITUTIONALISING ACCOUNTABILITY IN HEALTH
SYSTEMS TO IMPROVE ACCESS TO SERVICES

FEBRUARY - JULY 2026

BANGLADESH
HEALTH WATCH



Contents

List of acronyms.....	3
Executive Summary.....	5
Introduction.....	10
Project Brief	11
Progress Reports based on outcome indicators	13
Outcome 1: Strengthened local level accountability	13
Outcome 2: Strengthened media engagement and capacity to promote social accountability in health	19
Outcome 3: Strengthened advocacy work to accelerate the implementation of Health Care, improve quality of health and reduce corruption	21
BHW's Core Activities	27
Risk assumptions	30
Annex	35
M&E framework	35
Facility assessment summary	35
Success stories.....	35
IEC materials of c-section, dengue	35

LIST OF ACRONYMS

AG	Advisory Group
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
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
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
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
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

Executive Summary

This semiannual report presents the results achieved during the first half of the second year of implementation of the Swedish International Development Cooperation Agency (Sida)-supported project ‘Institutionalizing Accountability in Health Systems to Improve Access to Services’, covering the period from February 2026 to July 2026. With strategic planning that considered the national election and the month of Ramadan, the major planned events and programs have been achieved so far.

The project is implemented through three strategic objectives:

- 1.Strengthening local-level accountability,
- 2.Enhancing media engagement for social accountability, and
- 3.Strengthening national-level advocacy to accelerate Universal Health Coverage (UHC).

Collectively, these efforts contribute to a more responsive, accountable, and citizen-centered health system aligned with the commitments of Health policy, Sector Plan and UHC.

Outcome 1: Strengthened Local-Level Accountability

Health Rights Forums (HRFs) have been empowered to engage constructively with health authorities, monitor service delivery, and advocate for necessary reforms. As influential community-based pressure groups within their own localities, they play a vital role in promoting transparency, amplifying citizens' voices, and driving improvements in local health services and overall governance.

During the reporting period, six of the eight District Health Rights Forums (DHRFs) received a comprehensive workshop focused on strengthening the forums' long-term sustainability. As part of this sustainability strategy, it has been decided that the forums will proceed toward formal registration as Civil Society Organizations (CSOs), enabling them to operate independently and reduce their reliance on continued support from BHW and Host Organizations (HOs). BHW will conduct the same training workshop for the remaining two Regional Chapters (RCs) in August 2026.

During the reporting period, the key interventions that were carried out in 8 regional chapters are shown in the table below:

Sl	Activities	Yearly Target	Accomplished
1	Yearly planning meeting	8	8
2	Health Rights forum regular meeting (at Districts and Upazila)	64	29
3	Health Rights youth forum regular coordination meeting	64	28
4	Meeting with Health Authority and Local Administration	30	10

5	Community Clinic Coordination meeting	16	10
6	UHFWC Coordination meeting	16	6
7	Coordination meetings with Civil Society Organizations /Local Government/NGOs	8	2
8	Coordination meeting with Youth Forum (District and Upazila)	16	16
9	Capacity building training for HRF & HRYF members	16	8
10	Information board setup	8	7
11	Safe motherhood day observance	8	8
12	World Health Day observance	8	8
13	World Population Day observance	8	5
14	Campaign on SRHR at Secondary Schools (24 schools)	24	14
15	Facility monitoring by RC members	16	8
17	Workshop on Optimizing C-section	5	3
		315	170

Key Outcomes:

The RC model remains fully voluntary-an innovative example of civic ownership where accountability is sustained through social responsibility rather than financial incentives.

Here are a few key achievement points drawn from the field data, framed for the Sida progress report:

- Barguna District Hospital has allocated a dedicated room for the District Health Rights Forum (HRF) to conduct its regular activities.
- Through BHW-led training and technical support, HRF members have developed the capacity to independently plan, coordinate, and implement activities, with clearly assigned responsibilities, documented meeting minutes, and regular quarterly and six-monthly hospital monitoring and assessments.
- Workshops on the sustainability of CSO forums were conducted across all six Regional Chapters. HRF subcommittees are now pursuing government registration to enable the forums to operate independently and sustainably without continued support from BHW.
- Complaint boxes have been installed at all target hospitals and are being actively used by patients; however, only half of the installed boxes are currently functional.

- Citizen-led monitoring of doctors' and staff attendance has contributed to marked improvements in punctuality and attendance. These improvements have been reinforced by regional workshops on doctor retention conducted during the previous year, as well as a national dissemination meeting with senior officials of the Directorate General of Health Services (DGHS).
- Selected facilities reported improved stock of essential medicines, while Sunamganj and Khagrachari district hospitals saw improved availability of pathology tests.
- Barguna, Bagerhat, Kurigram, Khagrachari, and Netrokona showed visible gains in cleanliness, waste management, and facility discipline; Bagerhat and Barguna also reported improved patient meal quality; and broker interference declined in Kurigram, Manikganj, and Netrokona.
- Women's representation in HRFs rose to an average of 40% (48% in Youth forums), and adolescent corners were activated at Khagrachari, Bagerhat, Kurigram, Netrokona, and Barguna

Outcome 2: Strengthened Media Engagement and Digital Accountability

Under Outcome 2, BHW continued building the capacity of a dedicated network of local and national journalists to independently report on health system and accountability issues, while deepening its digital and social media outreach. Through capacity-building support, access to relevant data, and sustained engagement, BHW-trained journalists translated this support into a steady stream of published reporting on citizens' rights and health service delivery. In parallel, the Health Rights Youth Forum's growing digital footprint — including video content on dengue and NCDs - has strengthened BHW's visibility among citizens and stakeholders and generated evidence that directly feeds its advocacy efforts.

Key Outcomes:

- One capacity-building initiative was delivered for 20 local journalists, the first batch of district correspondents trained under this activity.
- 27 print/online media reports and 3 television reports published on health and health system issues, including 15 investigative and other issue-based reports.
- 6 op-eds published, contributing to public discussion and analysis of key health issues.
- 127 youth members trained in social media use in 2025; this reporting period, 33 new video contents were produced by 10 male and 4 female participants on themes including dengue, NCDs, and other public health issues.
- 49 social media posts published by the BHW Secretariat, generating 15,449 views and 1,274 engagements, with women accounting for 48% of total engagement.
- Webinars on absenteeism, health governance, high medicine prices, and antimicrobial resistance are planned for Q3.

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

During the reporting period, BHW continued to strengthen evidence-based advocacy and policy engagement to accelerate improvements in the health system, with particular attention to primary and secondary healthcare financing, service availability and quality, rural doctor retention,

emergency medical care, and health-sector accountability. Sustained advocacy by BHW and other stakeholders contributed to an increase in government health allocation to approximately 1% of GDP, alongside government commitments to progressively raise this toward 5% of GDP. BHW also advanced awareness of High Court directives on unnecessary C-sections and emergency medical treatment, piloting an EMS Protocol with BRAC and engaging Civil Surgeons and health managers through district-level workshops. Structured dialogues addressed doctor absenteeism and medicine pricing, and groundwork began for a multi-stakeholder "Pharma Watch" platform. Collectively, these efforts strengthened the link between evidence generation, stakeholder engagement, and policy commitment toward UHC.

Key Outcomes:

- Policy dialogue on the declining Primary Health Care/Family Planning Programme, engaging the state minister for Health and Family Welfare, the PM's Special Assistant on Health Affairs, DG-DGFP, and civil society representatives.
- Post-budget civil society reflection on the health budget, securing government reaffirmation of the 1% of GDP allocation and a long-term ambition of reaching 5%.
- 50 national-level and 20 local-level policy stakeholders engaged on PHC budget equity issues, plus 8 local key informants consulted.
- Formation of an 18-member Technical Advisory Committee (headed by the Director of Disease Control) to advance the EMS Protocol for Road Crash Victims, following a national coordination meeting presided over by the DG-DGHS.
- Six district-level workshops on optimizing C-sections and promoting Normal Vaginal Delivery, engaging Civil Surgeons, gynecologists, Upazila Health Officers, and private clinic representatives; a monitoring tool shared with Civil Surgeons for ongoing tracking.
- MoU signed with the Social Marketing Company to disseminate safe motherhood and NVD messaging to ~50,000 mothers across 161 Upazilas.
- Five national media reports on doctors' absenteeism and shortages, sustaining journalist engagement on health-sector accountability.
- Policy recommendations on rural doctor retention presented to the DG-DGHS, who committed to further engagement with the Planning Wing and the Ministry.
- Groundwork initiated for a multi-stakeholder "Pharma Watch" platform on medicine pricing and accountability.

Other Achievements

BHW's 10th Biennial Report, *Beyond Corruption: Strengthening Governance in Bangladesh's Health Sector*, is in its final production stage and is expected to be launched in September–October 2026. The report examines systemic governance and accountability challenges in Bangladesh's health sector and proposes measures to strengthen health-system governance and advance Universal Health Coverage.

BHW is also advancing its work on medicine pricing through the AC coalition and engagement with DGDA and WHO Bangladesh. As part of this effort, BHW is developing Pharma Watch, an independent multi-stakeholder platform for strengthening accountability in the pharmaceutical sector.

On doctor absenteeism and rural retention, BHW conducted district and national consultations and presented recommendations to DGHS. Following the August 2026 meeting, DGHS requested further work on doctor retention in coordination with its Planning Department.

In partnership with BRAC, BHW initiated the piloting of an Emergency Medical Services (EMS) Protocol for Road Crash Victims, supported by an 18-member Technical Advisory Committee. BHW is also working to promote appropriate C-section use and Normal Vaginal Delivery through district-level workshops, facility monitoring, and awareness activities targeting approximately 50,000 mothers across 161 Upazilas.

BHW launched a public, interactive dashboard for real-time tracking of progress against strategic indicators and milestones across its active initiatives - giving donors, partners, and the public direct visibility into programme performance. Link: <https://shorturl.at/Ym55y>.

Conclusion

The first half of the second implementation year has demonstrated steady progress across all three strategic objectives. At the local level, Health Rights Forums have matured into increasingly self-directed civic institutions, with sustainability and CSO registration efforts laying the groundwork for reduced long-term dependency on BHW support. Media engagement has expanded both in scale and depth, with a growing cadre of trained journalists and a strengthened digital presence amplifying citizen voices on health accountability. At the national level, sustained policy dialogue has contributed to concrete commitments, including reaffirmed government allocation targets for health financing and the formation of technical bodies to advance emergency care and safe motherhood agendas.

Taken together, these achievements reflect the project's continued contribution to a more transparent, responsive, and citizen-centered health system in Bangladesh.

Introduction

This semi-annual results-based report presents the progress, achievements, challenges, and financial performance of the Sida-supported project, “Institutionalizing Accountability in Health Systems to Improve Access to Services,” implemented by Bangladesh Health Watch (BHW). The report covers the first six months of the project year, from February to July 2026, and provides an overview of implementation progress across the three streams of work, including key results achieved and the financial status of the project during the reporting period.

During the reporting period, project implementation took place within a changing national and institutional context. The national election held on 12 February 2026, the Ramadan and extended Eid holidays, limited availability of government officials for election duties, and frequent transfers and repositioning of health-sector managers and doctors influenced the operating environment. These circumstances required the project to remain flexible in scheduling and coordinating activities, particularly those involving government counterparts. BHW regularly assessed the situation and adjusted implementation arrangements, where necessary, to ensure continuity of planned activities and engagement.

During the reporting period, BHW and the host organizations placed particular emphasis on strengthening the Regional Chapters and Health Rights Forums as sustainable and locally owned mechanisms for promoting accountability within the health system. Given the prevailing political, administrative,

and law-and-order context, BHW and its partners maintained a proactive and adaptive implementation approach to sustain engagement and ensure delivery of planned activities.

Thus, the project remained substantially on track during the reporting period. BHW maintained regular communication and coordination with the Regional Chapters, Health Rights Forums, and host organizations, which facilitated the rescheduling, consolidation, and, where necessary, implementation of activities through alternative modalities. Although some internal Citizens Forum meetings could not be conducted according to the original schedule, the majority of the planned targets for the reporting period were achieved, with no significant deviation from the six-month implementation plan.

Overall, the reporting period reflects continued progress toward the project’s broader objective of strengthening accountability in the health system and contributing to improved access to quality health services. The achievements during the first six months provide a foundation for further strengthening community and institutional mechanisms for accountability during the remainder of the project year.

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 of 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 project aims to transform Bangladesh's local health system by fostering a positive policy environment, leading to better and more accountable healthcare access for citizens. It operates at both local and national levels to improve service delivery, accountability, and policy support, helping to accelerate Universal Health Coverage (UHC) in Bangladesh, which aligns with the vision of the government's 5th health sector plan.

Objectives:

The project is designed to meet three strategic objectives:

- **Strengthened Local Level Accountability:** Improve the responsiveness and accountability of local health facilities through grassroots engagement and monitoring.
- **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.
- **Strengthened Advocacy for 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

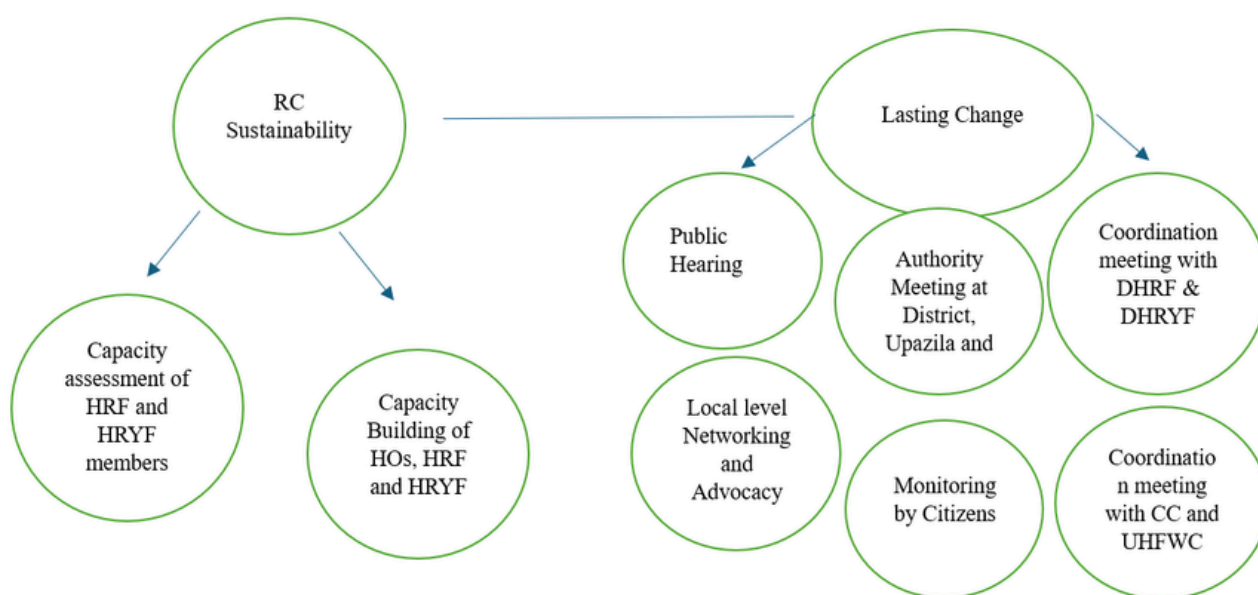
The project posits that by strengthening local accountability, enhancing media engagement, and advancing advocacy efforts, the health system in Bangladesh can become more responsive and accountable. This will lead to improved healthcare services and contribute to the broader goal of a productive and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

Progress Reports based on outcome indicators

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 established eight RCs in eight districts in Bangladesh to bring the grassroots voices and concerns of healthcare users and service providers to policymakers. Citizen's forums, namely Health Rights Forums (HRFs) and Health Rights Youth Forums, work to strengthen the local-level accountability process in health institutions. These forums, with secretarial support by Host Organizations, are further 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).

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

Strengthening accountability at the local level is a critical pathway to improving the quality of public healthcare services in Bangladesh. Health Rights Forums (HRF) are empowered to engage with health authorities, monitor health service delivery, and advocate for improvements in local health services.

Advocacy events through regular meetings with hospital authorities and other facility management committees, coordination meetings with CCs and UHFWCs, multi-stakeholder public hearings at Hospitals, campaigns, and half-yearly facility monitoring resulted in several tangible and sustained service improvements across eight districts.

Indicators & Outcomes:

Outcome 1: Strengthened local-level accountability			
Outcome	Outcome Indicators	Output Indicators	Achievements
1.1 Enhanced capacity and ownership of RCs to demand local-level accountability	1.1. Enhanced capacity and ownership of RCs to demand local-level accountability.	1.1.1. Number of lasting changes (6 months) brought about by advocacy/activism events.	Thanks to persistent advocacy initiatives by the Health Rights Forums, some visible changes have been achieved. • Barguna District Hospital authorities allocated a dedicated room for the District Health Rights Forum, reflecting institutional recognition of citizen participation. • Regular citizen-led monitoring of health facilities regarding doctors' and staff attendance led to marked improvement in punctuality and presence at target facilities. • Selected health facilities reported improved stock and supply of essential medicines. • District hospitals in Sunamganj and Khagrachari saw improved availability of pathology tests. • Barguna, Bagerhat, Kurigram, Khagrachari, and Netrokona showed visible improvements in cleanliness, waste management, and facility discipline. • Complaint boxes were installed at all target hospitals, with most actively used by patients.

Outcome 1: Strengthened local-level accountability			
Outcome	Outcome Indicators	Output Indicators	Achievements
			- Bagerhat and Barguna District Hospitals reported improved quality of patient meals. - Broker interference declined in Kurigram, Manikganj, and Netrokona.
		1.1.2: Evidence of strengthened regional chapters	- BHW provided capacity-building programmes for the HRF. Through these training and workshop programmes, along with technical support from the BHW Secretariat, HRF members have strengthened their capacity to identify local health problems and independently plan activities. - Regular forum meetings are conducted according to the annual work plan, and meeting minutes are properly documented, including clear decisions and follow-up actions. - Responsibilities are clearly assigned among the members to ensure effective implementation of planned activities, coordination, and regular implementation
		1.1.3: Number of initiatives taken up by the forums	- Regular hospital monitoring is being conducted quarterly. Moreover, in the reporting period, six monthly overall hospital assessments have been done by the forum members. - The monitoring reports have been published and are now ready to share with the stakeholders. - BHW organized a workshop on the Sustainable CSO forum at 6 RCs to capacitate them with the knowledge of in each RC, steps have been initiated to obtain registration of the Health Rights Forum.

Outcome 1: Strengthened local-level accountability

Outcome	Outcome Indicators	Output Indicators	Achievements
			- The Barguna District Health Rights Forum and the Health Rights Youth Forum initiated several awareness campaigns during the measles outbreak in Barguna. These campaigns included: · Awareness campaigns, including the distribution of leaflets and flyers · Street meetings · Community-level awareness sessions · Public awareness initiatives to support and ensure the successful implementation of the vaccination program · Setting up a help desk at Sadar Hospital
		1.1.4: Changes through collaborations with similar organisations.	BHW took a comprehensive year-long campaign program against the dengue outbreak in Barguna, engaging the municipality, DC office, and collaborating with some youth-based organizations like BD Clean, Red Crescent Youth Group. As a result of the initiatives, this year's dengue situation in Barguna has improved significantly.
		1.1.5: Evidence of strengthened ownership of project activities by RC and HO	Health Rights Forum members' capacity has been strengthened to independently plan, coordinate, and implement regular activities, with responsibilities allocated among members, reflecting strengthened ownership of project activities.
		1.1.6: A strategy for the sustainability of initiatives at the local level was developed	BHW developed a strategy plan for sustaining all RCs. Forums have taken initiatives to obtain government registration, enabling them to operate independently and sustainably - laying the basis for a local-level sustainability

Outcome 1: Strengthened local-level accountability			
Outcome	Outcome Indicators	Output Indicators	Achievements
			strategy. Six out of eight workshops have been held in RCs. A timeline has been developed for the plan.
		1.1.7: Increased percentage of women in the Forums.	The percentage of women members in forums has increased in the previous year's reformation. The average percentage of women in the HRF is now 40% and in the Youth Forum is 48%.
1.2. Improved local level citizen-led facility monitoring and public hearing.	1.2. Improved local level citizen-led facility monitoring and public hearing.	1.2.1: Lasting changes from recommendations captured during public hearing.	The public hearing events are planned in the second half of the year. However, the facility monitoring and assessment are completed in each regional chapter, the report is completed, and it will be shared with the facility authority in August 2026
		1.2.2: Number of issues raised and addressed in health facilities that use recommendations from RC monitoring.	The public hearing events are planned in the second half of the year. Last year, a total of 102 issues were raised at different advocacy meetings, and among them 82 were addressed by the authority.
		1.2.3: Lasting changes from the monitoring recommendations identified	BHW conducted its first half 2026 Facility Assessment across 15 public health facilities and found some changes in operational and governance trends against 2025 baseline data. The overall facility compliance rate declined slightly to 68.5% (down 4.4 percentage points), revealing critical challenges such as a doubling of informal broker (dalal) presence to 67%, severe doctor vacancies (566 vacant posts), and deteriorating toilet cleanliness (7% standard compliance). Despite these operational bottlenecks, the assessment highlighted positive

Outcome 1: Strengthened local-level accountability			
Outcome	Outcome Indicators	Output Indicators	Achievements
			gains in patient amenities, including universal trash bin availability (100%), expanded safe drinking water access (80%), and improved information desk functionality (67%).
1.3. Increased strategic activities by CSO and other interest groups to reduce absenteeism and increase gender equity in the health service	1.3. Increased strategic activities by CSO and other interest groups to reduce absenteeism and increase gender equity in the health service	1.3.1: Evidence of increased capacity and knowledge of CSO and interest groups to work on absenteeism and gender equity, and the number of scalable mechanisms to reduce absenteeism identified and publicised.	- Workshops on doctor retention were conducted in each regional chapter, bringing together district- and upazila-level health managers to discuss challenges, share experiences, and identify practical solutions. A national dissemination meeting was also held with the Director General and other senior officials of the Directorate General of Health Services (DGHS) to share key findings and recommendations. - BHW's initiatives have contributed to positive changes in doctors' attendance at health facilities. Regular citizen-led monitoring of doctors' and staff attendance has helped improve punctuality and staff presence, ensuring that health facilities are more consistently staffed and better able to provide services to the community.
		1.3.2: Evidence of changes towards more gender friendly health services.	Adolescent corners have been activated at Khagrachhari, Bagerhat, Kurigram, Netrakona and Barguna hospitals, offering dedicated spaces and services tailored to adolescent needs. This is due to Health Rights Forum's continuous advocacy and Campaign activities on SRHR.

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

BHW has established a pool of local and national journalists and has continued to strengthen their capacity to report on health system and accountability issues. Through capacity-building activities, access to relevant data and information, and regular engagement, BHW has supported journalists to identify and independently report on issues affecting health services and citizens' rights. During the reporting period, BHW organized one capacity-building initiative for 20 local journalists. Building on this existing network and previous training, 27 print/online media reports and 3 television reports were published, including 15 investigative and other issue-based health reports, along with 6 op-eds.

BHW strengthened its social media engagement through regular posting and audience interaction, with Health Rights Youth Forum members playing an active role by producing videos on dengue, NCDs, and other public health issues.

These media and digital engagement efforts have increased the visibility of health system and accountability issues among citizens and stakeholders, while also providing valuable evidence and public visibility that BHW can draw upon to strengthen and support its advocacy efforts.

Outcome 2: Strengthened media engagement and capacity to promote social accountability in health			
Outcome	Outcome Indicators	Output Indicators	Achievements
2.1. Increased role of local journalists to voice and publicize citizens' 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 citizens' concerns; number of actions instigated by health reports	2.1.1. Number of journalists trained on health accountability and reporting at National Level	Activity under this activity will be arranged in September this year.
		2.1.2. Number of investigative reports and newspaper articles published at national dailies	This year, BHW trained the first batch of district correspondents with 20 journalists. However, from BHW's journalist pool, they kept writing and publishing different reports. This time period has seen 27 print/online reports and 3 TV reports published on health and health system issues. Among them, 12 are investigative, and others are issue-based health reports.

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

Outcome	Outcome Indicators	Output Indicators	Achievements
			10 op-eds have been published, providing further public discussion and analysis of key health issues.
		2.1.3. Capacity building training of local journalists	20 local journalists were trained through a capacity-building initiative during the reporting period.
		2.1.4. Number of media reports published in two years.	The activities under this output indicator were completed in the previous reporting year. And, not applicable for this reporting period.
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	- BHW has trained 127 youth members in 2025. Among them, 53 participants shared 136 pieces of content. BHW screened the content and found that 11 are A category, 25 are B category, and 100 are C category videos. This reporting period, a total of 33 video contents were received by 10 male and 4 female participants. The themes of those contents are dengue, NCDs, and other public health issues. - During the reporting period, the BHW Secretariat published 49 posts, generating 15,449 views and 1,274 engagements. Women accounted for 48% of the total engagement. - The above achievements reflect the continued application of skills gained through social media advocacy training conducted in September–October 2025. A follow-up training is planned for September 2026.
		2.2.2. Webinars on Absenteeism, Health Governance, High Price of Medicines, Antimicrobial resistance, etc.	Activities under the output indicator are planned to be executed in Q3.

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

During the reporting period, Bangladesh Health Watch (BHW) continued to strengthen evidence-based advocacy and policy engagement to accelerate improvements in the health system, with particular attention to primary and secondary healthcare financing, the availability and quality of health services, rural doctor retention, safe motherhood, emergency medical care, and accountability in the health sector.

The advocacy efforts engaged the State Minister for Health and Family Welfare, the Prime Minister's Special Assistant on Health Affairs, senior government officials, health managers, public health professionals, parliamentarians, development partners, private healthcare providers, journalists, civil society actors, and community-level actors.

Sustained advocacy by BHW, alongside the efforts of other civil society and health-sector stakeholders, contributed to increased government allocation for health, reaching approximately 1% of GDP. This represents an important outcome of BHW's continued advocacy for increased public investment in health.

Outcome 3: Strengthened advocacy work to accelerate the implementation of Health Care, improve quality of health and reduce corruption			
Outcome	Outcome Indicators	Output Indicators	Achievements
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	1. Policy Dialogue on Primary Health Care and Family Planning A policy dialogue titled “<i>Declining Primary Health Care Programme in Bangladesh: The Story of National Family Planning Programme</i>” was organized with the participation of the State Minister for Health and Family Welfare, Special Assistant to the Prime Minister on Health Affairs, DG -DGFP, government officials, public health professionals and civil society representatives. The dialogue strengthened policy attention to shortages of family planning commodities and their implications for primary health care and family planning services, and provided a platform for continued engagement with key decision-makers on strengthening the national family planning programme.

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

Outcome	Outcome Indicators	Output Indicators	Achievements
			2. Post-Budget Civil Society Reflection on the Health Budget A post-budget civil society reflection was organized to examine the strengths and weaknesses of the national health budget, with the participation of the State Minister for Health and Family Welfare, a Member of Parliament (Naogaon-3 Constituency), and civil society representatives. The dialogue strengthened the basis for continued evidence-informed policy dialogue on health financing and equitable health service delivery towards UHC. It also provided an opportunity for government and civil society stakeholders to reinforce two important policy commitments: • Reinforced government commitment to accountable health financing: The government increased health-sector allocation to 1% of GDP and expressed a commitment to ensure that the increased allocation is utilized effectively, transparently, and accountably. • Reaffirmed commitment to progressively increase health financing: Government stakeholders reiterated the intention to progressively increase health expenditure, with an expressed long-term ambition of reaching 5% of GDP.

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

Outcome	Outcome Indicators	Output Indicators	Achievements
		3.1.2. Number of policy stakeholders at national levels that are aware of equity issues related to PHC budget and expenditure	50 national-level policy stakeholders , including the State Minister for Health and Family Welfare, Special Assistant to the Prime Minister on Health Affairs, Member of Parliament, Director General of the Directorate General of Family Planning (DGFP), and other senior government officials, participated in national-level dialogues that presented evidence and facilitated discussion on equity issues related to PHC budget allocation and expenditure. Their engagement demonstrated increased awareness and understanding of these equity concerns among key national-level policy stakeholders.
		3.1.3. Round table discussion on PHC allocation with national-level stakeholders	No additional round-table discussion specifically focused on PHC budget allocation was organized at the national level during the reporting period beyond the above-mentioned dialogues.
		3.1.4. Number of policy stakeholders at local levels that are aware of equity issues related to PHC budget and expenditure	20 local-level health managers, like DD of District hospital, Civil surgeons and UHFPOs and family planning officials, attended the dissemination programs on district level budget analysis. Additionally, the study engaged 8 local policy stakeholders as Key informants.
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	3.2.1. Number of policy stakeholders that are aware of PIL issues and pending judgments and committed to influence process into action	BHW strengthened awareness and engagement of policy and health-sector stakeholders around the High Court directives, PIL-related issues, and actions to improve emergency medical treatment and reduce unnecessary Caesarean Sections. In partnership with the BRAC Health Programme and Road Safety Programme, BHW initiated piloting of

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

Outcome	Outcome Indicators	Output Indicators	Achievements
	medical treatment facilities.		an EMS Protocol for Road Crash Victims. A national coordination meeting, presided over by the Director General of DGHS, resulted in the formation and approval of an 18-member Technical Advisory Committee, headed by the Director of Disease Control. The Committee held its first meeting in August 2026 to advance implementation of the EMS protocol. In addition, BHW organized six district-level workshops on optimizing Caesarean Section (C-section) and promoting Normal Vaginal Delivery (NVD), engaging Civil Surgeons, government gynecologists, Upazila Health Officers and health managers, as well as owners/representatives of private clinics. The workshops raised awareness of the High Court directives and concerns related to unnecessary C-sections and facilitated discussion on practical actions to promote appropriate maternal healthcare practices. To support continued monitoring and follow-up, BHW also shared a monitoring tool with the respective Civil Surgeons to collect information from both government and private health facilities on the status of C-section and NVD. This will provide district health authorities with evidence to monitor C-section practices and support further action and advocacy to promote appropriate use of C-section and NVD. BHW signed a Memorandum of Understanding (MoU) with the Social Marketing Company (SMC) in August 2026 to strengthen awareness on safe motherhood and NVD. Through SMC's

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

Outcome	Outcome Indicators	Output Indicators	Achievements
			existing mothers' gathering platform, BHW plans to distribute IEC materials and share relevant information on safe motherhood and NVD with approximately 50,000 mothers across 161 Upazilas throughout Bangladesh. The partnership provides an opportunity to translate BHW's advocacy messages on appropriate maternal healthcare into community-level awareness and action. Through these activities, 35 policy stakeholders were engaged in discussions and dialogue on PIL issues and pending judgments, providing opportunities to enhance their awareness and strengthen their commitment to translating the process into action.
		3.2.2. Increase in number of issues on which court judgements sought	During the reporting period, efforts were focused on ongoing policy dialogue and stakeholder engagement, and no new court-related actions were initiated under this indicator.
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 level		BHW's engagement with national- and local-level journalists contributed to increased media attention to health-sector governance and service delivery concerns. Five national media reports covered doctors' absenteeism and the shortage of doctors during the reporting period. While media coverage on medicine prices was not recorded during the period, the journalist engagement established a platform for continued evidence-based reporting on health-sector accountability issues.

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

Outcome	Outcome Indicators	Output Indicators	Achievements
	Policy recommendations in the area of absenteeism and medicine pricing.		BHW shared policy recommendations on measures to improve the retention and availability of doctors at rural health facilities during an advocacy meeting with the DG-DGHS and other senior DGHS officials. The recommendations were formally presented to senior DGHS officials, who expressed interest in further engagement on practical measures to address rural doctor retention. The DG-DGHS committed to further engage with the Planning Wing on these measures and to share the findings with the Ministry of Health and Family Welfare. In parallel, BHW initiated groundwork for a multi-stakeholder mechanism on medicine pricing and accountability through the proposed Pharma Watch platform, creating a basis for continued policy dialogue and advocacy on medicine pricing.
	A possible accountability platform formed on absenteeism and collaborations, reducing medicine prices strengthened.		No formal accountability platform was established during the reporting period. Initial groundwork was undertaken for a potential multi-stakeholder mechanism on medicine pricing and accountability through the proposed Pharma Watch platform

BHW's Core Activities

The 10th Biennial Report by Bangladesh Health Watch (BHW), “Beyond Corruption: Strengthening Governance in Bangladesh's Health Sector,” is in its final production phase, which includes peer review, layout, graphic design, and printing. The report is scheduled for release between September and October 2026. Supported by the Embassy of Sweden and Sida, this flagship publication reflects a comprehensive research and consultation process. It draws on the expertise of 27 authors and technical contributors, including public health experts, health economists, governance specialists, legal analysts, and field researchers.

This evidence-based advocacy report does not focus on individual misconduct; instead, it examines corruption as a result of broader governance and institutional failures in the health system. Through ten chapters, it analyzes systemic vulnerabilities such as fragmented oversight, unmanaged conflicts of interest, excessive discretion, and weak accountability, all of which undermine service quality and equity. The report addresses challenges including micro-level corruption affecting patient care, commission and kickback practices in clinical settings, and legal gaps related to medical negligence. It also highlights issues in human resource management, staff absenteeism, procurement and supply chains, governance in medical education, “intellectual corruption” in evidence generation, and risks of regulatory capture.

The report emphasizes that anti-corruption measures should be integrated into broader health-system strengthening efforts. Building transparent and accountable institutions is essential to restore public trust and advance Bangladesh's progress toward Universal Health Coverage.

Formation of Pharma Watch

BHW has been coordinating and facilitating activities on medicine pricing, aligning with the work of the AC coalition. In consultation with the coalition, BHW carried out a structured process for the advocacy meeting with the Directorate General of Drug Administration (DGDA). The process included planning meetings of the AC coalition, strategy development, Working Group formation, and collaboration with the USAID-supported United States Pharmacopeial Convention (USP).

The outcome of the DGDA meeting was very encouraging. Following the DGDA meeting, the AC coalition decided to strategize interventions on medicine pricing and collaborate closely with WHO Bangladesh. BHW, in consultation with Sida, discussed

forming a thematic group to advance the agenda on medicine pricing. BHW also held a meeting with WHO Bangladesh to explore areas of collaboration.

In this context, BHW started exploring a network in the pharmaceutical sector. BHW developed a TOR on how to establish an independent, multi-stakeholder platform (Pharma Watch) in the pharmaceutical sector. In this connection, an exploratory meeting on Pharma Watch is scheduled for the end of August.

Absenteeism

BHW undertook structured dialogue at the district level and stakeholder consultation at the national level to better understand the perspectives of policy stakeholders and doctors

on doctor absenteeism and rural retention, and to identify potential solutions. Following the stakeholder consultation, a meeting was held at the Directorate General of Health Services (DGHS) on 6 August 2026 chaired by the Director General of DGHS. At this event, the results of the consultation were shared, focusing on a number of recommendations and priority issues that require solutions at the policy level.

At the meeting, the Director General requested BHW to work further on doctor retention and align with the Planning Department of DGHS. He suggested holding another presentation with planning officials at DGHS to expedite the process. As requested by DGHS, BHW submitted the meeting minutes, which DGHS will forward to the health ministry to push the agenda for necessary action.

EMS Protocol for Road Crash Victims

In partnership with the BRAC Health Programme and Road Safety Programme, BHW initiated the piloting of an Emergency Medical Services (EMS) Protocol for Road Crash Victims to strengthen timely emergency care and referral for road crash victims. The initiative included a national coordination meeting chaired by the Director General, DGHS, which resulted in the formation and approval of an 18-member Technical Advisory Committee (TAC), headed by the Director of Disease Control, to provide technical guidance and support the implementation of the EMS protocol.

Optimizing Caesarean Section (C-section) and Promoting Normal Vaginal Delivery (NVD)

BHW initiated a two-pronged approach to promote safe motherhood by working with

district health managers and other relevant stakeholders to raise awareness of the High Court directives, address concerns around unnecessary C-sections, and develop mechanisms for monitoring C-section and NVD practices at both government and private health facilities.

BHW organized six district-level workshops and shared a monitoring tool with the respective Civil Surgeons to facilitate the systematic collection of information on C-section and NVD and support evidence-based follow-up. Complementing this system-level engagement, BHW partnered with the Social Marketing Company (SMC) through an MoU to create demand-side awareness among mothers on safe motherhood, NVD, and the appropriate use of C-section. Through SMC's mothers' gathering platform, BHW plans to disseminate IEC materials and relevant information to approximately 50,000 mothers across 161 Upazilas nationwide.

Together, these efforts aim to strengthen both health-system responsiveness and community demand for appropriate maternal healthcare, contributing to the optimization of C-section and promotion of NVD.

Exploring Partnerships to Strengthen Accountability in Urban Health and Dengue Management

BHW initiated engagement with BRAC Urban Health to explore opportunities for partnership to improve urban health systems and strengthen accountability in the delivery and management of urban health services. The engagement aims to promote greater involvement of citizens and relevant stakeholders in identifying and addressing system-level challenges.

In addition, BHW is planning to organize a public health dialogue in partnership with University Press Limited (UPL) in September 2026 to bring relevant stakeholders together to discuss and promote improved management, coordination, and accountability mechanisms for containing the dengue outbreak. These initiatives aim to expand BHW's accountability-focused advocacy in urban health and foster multi-stakeholder collaboration to address emerging public health challenges.

Dashboard - BHW

To improve operational transparency and stakeholder accountability, BHW developed and launched a dedicated online project progress-tracking platform. This publicly accessible, interactive website enables donors, partners, and the wider public to monitor real-time progress against strategic indicators and programmatic milestones across all active BHW initiatives.

Link: <https://shorturl.at/Ym55y>

Thematic Group on Safe Motherhood & Promoting NVD

BHW's Thematic Group on Safe Motherhood and Promoting Normal Vaginal Delivery (NVD) held two meetings in the reporting period, on 13 May and 12 July 2026. The meetings brought together members of the BHW team, obstetric experts from Dhaka Medical College, and representatives from other relevant institutions.

At the first meeting in May, the group agreed on several priority actions. These included developing a monitoring checklist for private health facilities and piloting it in two districts; reviewing relevant WHO and FIGO position papers; and initiating preparations for C-section audits. By the July meeting, the group had

developed a three-month work plan and incorporated lessons learned from recent workshops. The key next steps identified were:

- Develop a standardized data-collection checklist, informed by Dr. Roushan Ara's Labor Room Protocol.
- Introduce incentives for private clinic staff to facilitate and support field-level data collection.
- Organize large-scale workshops in September in Manikganj and Kurigram, targeting local obstetric consultants and private clinic owners.
- Finalize the NVD information leaflet for wider dissemination.
- Circulate the High Court guidelines on C-sections among relevant stakeholders to promote adherence to recommended practices.

These activities are intended to strengthen monitoring and accountability in private health facilities, promote evidence-based maternity care, and contribute to increasing the use of safe and appropriate NVD practices while reducing unnecessary C-sections.

Working Group Meetings

BHW convened its first Working Group meeting on 19 May 2026, chaired by Convenor Prof. Dr. Ahmed Mushtaque Raza Chowdhury. BHW's governance and institutional development progressed during the period. Seven new Working Group members were shortlisted, while the BHW RJSC registration process moved to its final stage, with procedural requirements and Ministry approval pending.

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:

SI	Risk Factors	Level	Probabili ty	Impact		Mitigation Strategies
				Financial	Performa nce	
A	POLITICAL RISK					
1	2026 Election and/Elected political government’s approach may slow down or hamper government response to BHW efforts	Medium	Low	Low	Medium	(i) It was anticipated that the national election could arise challenges to the implementation of field activities due to law and order situation. However, BHW rescheduled the work plan and only inhouse meetings were held in February and March 2026. (ii) BHW is optimistic that the present elected government has a clear commitment for health in their election manifesto. BHW strongly advocated for the integration of its policy recommendations into their respective election manifestos. 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.

SI	Risk Factors	Level	Probabili ty	Impact		Mitigation Strategies
				Financial	Performa nce	
B	REPUTATIONAL RISK					
2	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	Medium	Low	Low	Low	(i) No such risk is found.
C	SAFEGAURDING RISK					
3	Staff security and safety: Travels by BHW team members	low	low	low	low	No such risk is found. Field visits were done cautiously. However, during the political unrest situation, staff especially the females, did not make any field

SI	Risk Factors	Level	Probability	Impact		Mitigation Strategies
				Financial	Performance	
	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.					visits. BHW Secretariat used online facilities to ensure field activities ran as planned.
D	SAFEGAURDING RISK					
4	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/ negativelyt.	Medium	Medium	low	Medium	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 in their community.

SI	Risk Factors	Level	Probability	Impact		Mitigation Strategies
				Financial	Performance	
	influence BHW's position by mobilizing powerful quarters within/outside the government					
5	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 value to the other programmes and portfolios of the HO in their region. Hence, till today, the HOs are very much interested in the programmes of BHW.

SI	Risk Factors	Level	Probability	Impact		Mitigation Strategies
				Financial	Performance	
E	FIDUCIARY RISKS					
6	Contractors may not deliver timely or with quality: The project will outsource some 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 period.
F	Natural Disasters					
7	Bangladesh is a flood- and cyclone-prone area as it is situated in two large river deltas. Each year, a large part of its areas flooded during the monsoon. This situation may hinder regular project activities.	High	High	low	low	This year, no notable natural disaster happened that may hinder regular activities.

Annex

Annex 1- M&E framework

Annex 2 - Facility assessment summary

Annex 3 - Success stories

Annex 4 - IEC materials of c-section, dengue