BANGLADESH HEALTH WATCH

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

END OF PROJECT EVALUATION

OCTOBER 2023

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It has been a pleasure to conduct the End of Project Evaluation of "Making Bangladesh's Healthcare Systems More Responsive and Participatory" project which was implemented by Bangladesh Health Watch (BHW). The study was conducted during June to August 2023. The research team has worked with utmost sincerity and dedication and hopefully the work will clearly demonstrate this commitment. There are several parties that we express gratitude towards for their gracious support. Firstly, we would like to thank BHW and Swedish International Development Cooperation Agency (SIDA) for trusting us with the activity. We thank the BHW project team including Secretariat for their continuous guidance throughout the work. We also thank each of the Host Organization of the project for their field level and overall collaborative support. We express special gratitude for the field level support to Sabalamby Unnayan Samity (SUS), Proyas Manobik Unnayan Society, BARCIK, Zabarang Kalyan Samity and Rupantar which has truly enhanced the experience of our staff and the quality of the work itself. We would like to thank the duty bearer of health sector, journalists, members of BHW advisory group, thematic group and working group, journalists, representative of donor SIDA and different members of civil society interviewees for the study who have kindly given us the time to speak about the policies and issues relevant health rights and BHW's activities. We would also like to thank the study respondent's community people and people living in the program area without their cooperation this study would not have been possible.

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EXECUTIVE **SUMMARY**

Drawing upon its 13 years' experience of critical review and formulating recommendation for health system of Bangladesh through publishing biannual reports, Bangladesh Health Watch (BHW) decided to heighten its commitment towards proactive advocacy in 2019. Bangladesh is signatory of a number of international conventions e.g., Universal Declaration of Human Rights 1948, International convention on Economic, Social and Cultural Rights 1966, Convention on the Right of the Child 1989, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Sustainable Development Goals (SDG) which emphasize the rights to physical and mental health of every citizen. Besides, the country has constitutional commitment to ensure health right for every citizen. Accordingly, the country also has formulated numerous policies in relation to health sector. Through these initiatives in the past 50 years, Bangladesh has achieved significant progress in the sector. Notwithstanding the notable progress, the country remains considerably behind in ensuring universal health coverage. An evident gap remains, where disadvantaged groups, especially those living in remote and hard-to-reach areas, along with women and girls, still face unequal access to vital healthcare services.

In the context, with funding from Swedish International Development Cooperation Agency (SIDA), BHW embarked on a three years long project titled "Making Bangladesh's Healthcare Systems More Responsive and Participatory" in 2019. Later, the project was extended for one-year on a 'no-cost extension' modality. The project was mainly an expansion of the advocacy efforts of BHW in order to address accountability, transparency, and quality of care in the health sector through civil society platforms. The project specifically aimed to enable civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments. It also aimed to carry out evidence-based advocacy to improve situation of quality of care, transparency and equity especially in hard-to-reach, poor areas, particularly for women and young girls. Besides, it also aimed to enhance understanding of duty bearers on issues related to quality of care, accountability and equity. The project generated a number of evidences in relation to different limitation and challenges in health service provision and reception. The findings were used to advocate with the respective relevant authorities for improving the situation. Besides, it developed Regional Chapters in eight districts across different divisions with the aims to raise the citizens' voice in relation to their heath rights. As part of advocacy activities, the project implemented several interventions to raise awareness regarding health rights and encourage health seeking behaviour among the general people. They also conducted capacity building programs for civil society members, youth, media and relevant duty bearers to achieve the objectives of the project.

Upon the project's completion, this final evaluation was commissioned by Helios. The evaluation aimed to evaluate the project with five specific objectives. The objectives include

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

A comprehensive document review was conducted for developing theoretical underpinning of the research, tools for data collection, and getting detailed insight of the project. The study primarily followed qualitative research approach. Separate checklists for FGDs and KIIs were developed in a participatory manner. Through several discussions with BHW and field visits, a topical outline was developed for different checklists and shared with BHW. After receiving feedback from the project open ended checklists were developed where participants could also add their views and opinions. All stakeholders of the project were considered as sampling frame and principle of saturation was followed for sample size estimated. A total of 44 Key Informant Interviews (KIIs), 04 Focused Group Discussion (FGDs) and a staff consultation were conducted at both national and regional levels. Data was collected during July to August 2023 in the field. Following data collection, the thematic analysis method was followed for analysing the data.

The study found **significant progress in almost every indicator** compare to the mid-term evaluation of the project. The study revealed that the project was relevant in relation to Bangladesh commitment to different international conventions and constitutional commitment. The emergence of the global COVID-19 pandemic had a significant impact on the health sector, especially affecting women and girls, prompting calls from international organizations to increase investments in healthcare. Additionally, the study shed light on the discrimination faced by marginalized populations and those in remote areas in Bangladesh. Within this context, the research found that **each project objective addressed beneficiaries' specific needs effectively.** Respondents from diverse professional backgrounds agreed that project activities were pertinent within the country's context. Civil society members noted that while various organizations address different civil rights, none focus on advocating for health rights, despite its importance as a fundamental human right. This perspective was also echoed by duty bearers. The project's historical context highlighted a notable gap: the lack of an organization dedicated to advocating for health rights, fairness, and accountability within the sector. The general public also agreed that the **project was crucial in addressing this gap.**

Establishing health right forums involving individuals from diverse occupations, ages, genders, ethnicities, and religions within the local community was identified as extremely appropriate for tailoring interventions to the specific context. This approach was also observed to mitigate the issue of geographic disparities in healthcare services (Iqbal, 2019).

In addition, engaging the youth through forming Youth Health Right Forums, was deemed highly suitable, particularly in light of the country's demographic composition, where approximately 35% of the population falls within the youth category (18-35 years, BBS 2022).

We found notable evidences for concluding that **most of the activities and strategies were effective.** The project's advocacy and networking strategy, partnerships with actors in the health sector more particularly engaging local Civil Society Organizations (CSO) were found highly effective for ensuring raising voice of marginalized people, equity, accountability and improving quality of healthcare. The project conducted multiple types of activities for media advocacy which include capacity building of local journalists, assisting national news media for publishing investigative report about health sector, publishing health related news and opinions. These activities were found effective. However, the local journalists who received trainings on health reporting opined the trainings would further be effective if their media houses are sensitized and prioritised the health issues in their news house policy. Health budget review was effective in a sense that the project prepared policy brief after reviewing the budget and shared with government. Prior to the policy brief development, a series of activities namely pre-budget national dialogues, a post-budget national dialogues, and a post budget reaction roundtable discussion were organized. However, it is hard to detect any influence in national budget as result of this review because government shifted its focus in response of COVID-19 pandemic and huge amount of budget was allocated for responding the pandemic. BHW conducted research on Personal Protection Equipment (PPE) and supported for another research on COVID-19 conducted by icddr'b. The findings were shared with Directorate General of Health Services (DGHS). The project reviewed the election manifesto of ruling party and findings were shared in roundtable discussions. The project has further plan to share the findings with political parties. While the project connected duty bearers with general people through multiple initiatives, Citizen Voice was the one of the online activities for the purpose. The platform was found very effective during COVID-19 pandemic when people were searching answers concerning the pandemic. Although people used this platform for COVID-19 related questions amid pandemic, the concentration shifted to other health concern in post pandemic situation e.g., Cholera vaccine, Vitamin A capsules, tetanus vaccine, diabetes, family medicine, like what medicine to take during diarrhoea, sexual problems, mental health problems, and menstrual hygiene. It is also being used as accountability tool by general people. **Regional health right forums development was found highly effective** and the study found number of evidences from different stakeholders on behalf of this. Most of the forum members reported that the capacity building programs for them were notably effective. They believe these trainings would help them to follow methodological approach for advocacy interventions. The forum members conducted meetings with different duty bearers at the district, upazila and union levels which were very effective. As result of the meetings, **visible changes have been observed in most of the health service providing institutes.** Additionally, the project organized online training for duty bearers, but in one study area, the duty bearers were not aware about these trainings.

However, the participants in the trainings reported it as very effective. They reported that these trainings helped them to improve their professional performance considering quality of care, transparency, and equity. The project's initiatives for raising awareness among the general people in relation to health seeking behavior were found very effective. The initiatives include day observation, human chain formation, displaying citizen charter, and leaflet distribution. The project generated number of evidences through researches and disseminated among the science community. For addressing dynamic needs of health sector, the **formation of thematic group was found very effective** and evident through the advocacy work amid COVID-19.

In a short span of time, it completed huge activities. However, while project could complete more than 90% planned activities within scheduled period, the study revealed that the project had less than sufficient human resources given the planned activities. Keeping sustainability strategy in mind, the project did not allocate budget for dedicated staff in Host Organizations (HO). However, as a result, a few activities could not be completed in timely manner. For example, after visiting health institutions, the forum members could not organize meeting with respective authority in due time, and a HO could not disseminate online training information among the duty bearers. COVID-19 pandemic also impacted field works for which resorted to conducting significant activities online during the period.

It is known that advocacy works take significant time to demonstrate impact. Over the project period, BHW advocated for multiple policy level changes and the changes took time. However, during field visits, we found some evidence of impact in relation to improved accountability of government, enhanced quality of care, equity especially in hard-to-reach, poor areas, particularly for women and young girls, and enhanced understanding of duty bearers on issues related to quality of care, accountability and equity. In various government health service facilities, BHW advocated for the provision of waiting chairs for service recipients, and as a result of their efforts, the authorities arranged these chairs. Multiple duty bearers acknowledged the contribution of the project's intervention in this regard. As result of the advocacy, **service hours have been increased in some community clinics and one community clinic even restarted their service provision which was closed for long time.** Local community people also agreed they found the community clinic has extended its services. Some people opined that as a result of project activities they found significant change among service providers' behaviour. In some areas of the project, health right forums advocated with local government for allocating budget to improve infrastructures. Reflecting this activity, several initiatives were found e.g., installed tube well in Netrokona's community clinic, installed solar panel in Khagrachari's community clinic, etc. Besides as a result of advocacy interventions, some visible changes were observed in different health service providing institutions e.g., separate que for women, changing room location of ultrasound as previously people had to go there through diarrhoea ward in Netrokona General Hospital. As result of project activities, particularly awareness campaign and day observations a significant change in awareness in relation to health seeking among marginalized people has been observed.

Duty bearers now better understand issues related to quality of care, accountability, and fairness in healthcare. They actively participate in public discussions on health matters. However, it's worth noting that many respondents found it difficult to measure the project's impact using the current indicators, as most of them are either immediate output or long term change related.

The project showed some evidences of sustainability e.g., **as result of training, local resources have been developed who can raise voice on behalf of the marginalized people.** Engagement with the project also contributed in the capacity enhancement of local CSOs for voicing on behalf of marginalized and discriminated people in the health right context. Duty bearers are mobilized to some extent in relation to ensured accountability, improving quality of health care and ensuring equity. However, for significant change in the sector through further activities are essentially required. For continuing the activities, the study found minimal indication of financial sustainability. The study revealed further donor funding is required for precisely achieving the aims of the project.

The findings recommend to organize further field level events to introduce BHW as a health right advocacy entity among the stakeholders. Moreover, adding some new actors of the society e.g., political people, religious leaders in the health right forums, increasing women members in forums and project secretariate, increase coordination among different groups of the project viz., working group, advisory, group, thematic groups is also essential. The study also recommends to emphasize to facilitate existing mechanism for ensuring equity, improving quality of care and transparency instead of allocating huge resources for developing something new. The project needs further to consider geographical variation during further designing of project. We also recommended to work with media house policy to prioritize health sector in media alongside journalist training. The project needs to further emphasize in field level implementation alongside policy level changes. The study strongly suggests to review existing indicators for measuring impact and select or construct intermediate outcome level indicators. The study concluded the project was very successful in most of the evaluation criteria. However, for achieving the project's aim, further work and funding are required.

LIST OF **ACRONYM**

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

INTRODUCTION

Bangladesh Health Watch (BHW) was established in 2006 as a multi-stakeholder civil society body dedicated to improving Bangladesh's health system through an evidence-based critical review of policies and programmes and recommending appropriate changes. BHW started its journey by publishing a series of biannual reports, the Bangladesh Health Watch Reports. The reports identified the most critical challenges of the health sector at particular times and published insightful situation analysis leading to practical recommendations based on evidence from existing and primary research. In December 2019, BHW decided to undertake more active advocacy to make a deeper impact on the country's health situation in addition to the publication of the biannual reports.

The Swedish International Development Cooperation Agency (SIDA) funded project "Making Bangladesh's Healthcare Systems More Responsive and Participatory" is an expansion of the advocacy efforts of BHW in order to address accountability, transparency, equity, and quality of care in the health sector through civil society platforms. The project covered the duration of December 2019 to December 2022 in its operation. However, the project was extended up to December 2023 in no-cost extension manner. Following were the specific objectives the project set to address the goal:

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

To achieve the objectives, the project implemented multiple streams of works which include collecting voices of the people, generating evidence and building capacity, and evidence-based topical advocacy. The project conducted multiple activities to hold the political party in power accountable to meet the promises of the published manifesto, allocation for health in the annual national budget, and incorporating feedback from health care users, especially women and girls in programme planning and reviews (annual/mid-term) of the national sector-wide health programme. At the central level, the project mainly conducted evidence-based advocacy with policy makers, journalists and other stakeholders to sensitize them for policy changes, improve universal health coverage, accountability, and transparency. The project commissioned researches, developed policy briefs, and published news articles to facilitate the process.

With the aim to strengthen civil society's participation and influence in policy forums and national level strategic program decisions by channeling the voices of end users to the policy table through citizens' platforms, BHW selected eight districts in eight divisions of the country to form Regional Chapter (RC). The districts include Manikganj, Netrokona, Sunamganj, Khagrachari, Bagerhat, Chapainwabganj, Kurigram and Barguna. In each district, one upazila and one union was selected. In every district, the project advocated with one district general hospital and one Upazila Health Complex. The project worked with one community clinic in Barguna, Chapainawabganj, Manikganj and Sunamganj district each, two community clinics in Bagerhat, Khagrachari and Netrokona each, and three clinics in Kurigram.

The project produced various pieces of evidence highlighting diverse constraints and obstacles within health service delivery and access. Utilizing these findings, the project engaged with relevant authorities to address the concerns. As a component of their advocacy efforts, the project implemented several interventions to heighten awareness about health rights and encourage health-seeking behaviours among the general people. Capacity-building initiatives were also undertaken targeting civil society members, youth, media, and relevant duty bearers to fulfil the project's objectives.

To address the objective 'carrying out evidence-based advocacy to improve situation of quality of care, transparency and equity especially in hard-to-reach, poor areas, particularly for women and young girls' the project entails research, reviews, and/or analysis of media reports and reporting from health systems seen through the lens of poverty, vulnerability (especially people affected by climate change, natural or human disasters, and gender considerations), equity, human rights, participation and voice. It commissioned seven research/studies/ desk reviews and findings were disseminated through webinars, policy brief, social media to different stakeholders. Based on the findings four manuscripts were submitted in different scientific Journals. Two policy briefs on COVID-19 were published and shared with Secretary of Ministry of Health and Family Welfare (MOHFW); Home Ministry; Directorate General of Health Services (DGHS); all Deputy Commissioner (DC), Superintendent of Police (SP), Civil Surgeon (CS), different NGOs and Civil Society Organizations (CSO).

The project conducted series of advocacy activities for prevention and control COVID-19 e.g., webinar on the vaccination to influence policy, letter to the DGHS and senior official of MOHFW to consider the three-month gap between the two doses of Astrazeneca (AZD1222) vaccine and mix and match approach of vaccination which allows the use of a suitable vaccine from a different company as the second dose, webinar on community engagement for prevention and control the COVID-19, coordination meeting among national and international NGOs, sponsored three investigative reports as "Media fellowship on Vaccine deployment" among others. To generate evidence for topical issues the project scanned media. BHW published multiple Op-Ed and arranged several television talk-shows on budget, covid-19 & other health sectorial issues. BHW continues social media & mass media activities through digital posters, Facebook page, blogs, YouTube and TikTok contents including videos and posters. To document changes that took place in the health sector of Bangladesh BHW published a Book titled 'Fifty Years of Bangladesh: Journey of our Health Sector'.

To enhance understanding of duty bearers on issues related to quality of care, accountability and equity BHW conducted third streams of activities. BHW involved Duty bearers (GoB policy makers, officials) in research findings dissemination through various webinars. BHW developed a website for sharing information and updates of the project, connect with duty bearers & end users. The project developed and delivered three short courses on 'Transparency for Good Governance', 'Participation and Accountability, 'Equity in Accessing Services' targeting mid-level policy makers and implementers in the government.

Upon the project's completion within the designated timeframe, a final evaluation was scheduled to take place. Commissioned to Helios Consultancy, the evaluation assessed project's management and activity implementation, with a specific focus on the attained outcomes, forged partnerships, and the approach adopted towards collaborating with partners and civil society organizations.

OBJECTIVES OF THE EVALUATION

- To evaluate all the indicators in the performance framework to track the project's progress and provide evidence for comparing with the mid-term of the project
- To evaluate the project in terms of its effectiveness, relevance, efficiency, sustainability, with a priority on assessing the project expected results, objectives and overall goal
- To identify key lessons and potential practices for a next potential phase and to advance the dialogue to improve health sector
- To identify potential areas for civil society advocacy and donor collaboration in the lens of governance, equity and quality of care of the health systems in Bangladesh
- To assess the challenge, best practice and document the outcome for possible future intervention

The study used five Organisation for Economic Co-operation and Development (OECD/DAC) criteria (relevance, effectiveness, efficiency, impact and sustainability) to evaluate the project by setting the following evaluation questions.

Relevance:

1. To what extent has the project been useful the beneficiaries.

Effectiveness: is the intervention achieving its objectives?

1. What were the major factors influencing the achievement or non-achievement of the project objectives?
2. Have all the intended target groups benefited from the project?

Efficiency: has intervention delivered results in an economic and timely way?

1. Were BHW capable of implementing the project?
2. How did the program co-ordinate with partners and different stakeholders?

Impact: has intervention delivered meaningful change or result

1. Did the project interventions make meaningful changes in health service system?
2. Did the intervention make meaningful changes among the target people?

Sustainability: has the intervention factored in sustainability

1. Is BHW capable of identifying the key best practices and lessons learnt from the project and has it been documented, analysed, and integrated into the project, and can be scaled up in future?
2. What are the key factors/areas that will require addition support/attention in order to improve prospects of sustainability of the project outcomes and the potential for replication of this approach?

2. METHODOLOGY

Document review: With a view to design the theoretical underpinning of the research, develop tools for data collection and get details insight of the project, the research team went through all relevant project documents and content produced before and during project implementation including the project proposal, project progress reports and other documents produced by or associated with the project. This review helped the research team grasp the project implementation. However, the brief orientation by BHW during inception meeting was an asset for further understanding.

Checklists development: Separate checklists for FGDs and KIIs were developed. Several discussions were held between research team and BHW for better understanding of the project activities, operational process and other expectation from the research. Before developing checklists, two senior researchers visited one area of intervention (Bagerhat) to get detail insight in addition to document review. Then, the tools were drafted for different types of samples and shared with BHW for their feedback. After addressing all the comments from BHW, these tools were finalized (Annex 5). However, the tools were developed in a manner so that respondent can add their opinion and questions as well. FGD checklists were developed for identifying impact realized by the community people, for the purpose after discussion with regional chapters a topical outline was developed and the achievements which the HOs reported was validated through FGD. Beforehand, developing the checklist topical outline was shared with BHW. After receiving their feedback, the checklists were finalized.

Sampling: The study followed a qualitative research approach. All of the different stakeholders of the project who are playing different roles and contributing in the project were included in the sample. All stakeholders of the project were considered as sampling frame and principle of saturation was followed for sample size estimated. The stakeholders at national level included focal staff from donor (SIDA), staff of Secretariate, members from Advisory Group, Working Group and Thematic Group. Definitions of Secretariate, Advisory Group, Working Group, and Thematic Group are presented in Annex 2. Regional stakeholders included focal staff of host organizations, members of health right forums, representatives of District Hospital, Upazila Health Complex and Union Community Clinic and local journalist. As sampling representative of eight RCs, working areas under four RCs were visited to conduct interviews. Purposive sampling method was followed where we kept in mind respondents' relevance to the project. Their understanding, availability during study period. A total of 44 Key Informant Interviews (KIIs) were conducted in the national and regional levels. In addition, four (04) Focused Group Discussion (FGDs) were also conducted to understand whether the service receivers see any changes in the health services. Details sampling can be found in Annex 3.

Data collection: Two senior researchers who have experience on working on quality data collection visited areas under four (04) Regional Chapters (RCs). Two research assistants assisted in note taking of the interview. They also helped to prepare transcripts of the interviews. Data was collected during July to August 2023.

Data analysis: After data collection, the transcripts were prepared and critically checked by senior researchers. Then the transcripts were uploaded into computer and researchers manually analysed the data. Thematic analysis method was followed for analysing the data.

Limitation of the study: The study followed qualitative research approach which relies heavily on the interpretation of the researchers. This subjectivity can introduce bias; however, four researchers worked closely for reducing this subjectivity bias. Many sample respondents had extremely busy schedules. One replacement was done due to unavailability of the respondents' appointment. As the project produced a lot of documents in its life cycle, despite substantial allocation of time for document review, there is a possibility that certain document could have been overlooked.

3. RESULTS AND DISCUSSIONS

3.1 Indicator performance compared to mid-term

Accomplished interventions of the project satisfied almost all of the indicators; it was a tremendous progress even amid multiple challenges including COVID-19 pandemic. The project conducted client feedback research and shared to DGHS and SIP's body (Strategic Investment Plan, SIP) which contributed the indicator regarding feedback on GoB services informs MTR and annual review (#1.1). The project reviewed the health budget and organized a series of advocacy events including policy brief development and raised public concerns that ultimately satisfied another indicator regarding health budget review (#1.2). The project made significant efforts for reviewing progress on implementing political government's election manifesto and in this regard a policy brief was also published. The interventions mostly satisfied the indictor #1.3. Another indicator was to strengthen BHW to work as an influential civil society voice to influence policy (#1.4). The project established a full secretariate which supported the advocacy processes at both RCs and national level, two thematic groups supported need-based advocacy issues around health, HOs facilitated health forums' activities (under RCs) and have started working at community clinic and organized eight multi-stakeholder meetings, and a strategic plan was developed as a guiding tool. As progress of indicator # 1.5, the project published and launched biannual report.

Identification of priority advocacy areas and evidence generation was critically important for the project (indicator #2.1). Through involving forum members under RCs, the project developed a mechanism to collect regional evidences. Under the mechanism, project capacitated forum members and duty bearers. Coordination was maintained through planning workshops, quarterly meetings, and frequent online meetings. The project facilitated advocacy meetings and multi-stakeholder meetings. In addition, arranging photo competition and different national and international days observations increased connections and awareness. For evidence generation, the project conducted formative research, initiated quarterly bulletin, operated research repository, published book on experience and success of country's health sector for past 50 years etc. In addition, media monitoring in relation to health news is a continuous process of BHW.

Based on the evidences, the project carried out a series of advocacy mechanisms (satisfied indicator # 2.2) like organizing conferences with policy stakeholders, article publication, roundtable discussions, organizing webinars etc. The activities were communicated through electronic media (newspaper, television, Facebook, poster, blog, YouTube, etc), and publishing policy brief.
The project engaged duty bearers in debate

and discussion on identified advocacy issues as part of addressing indicator #3.1. As discussed above, thematic groups supported to identify need-based issues like spreading information on prohibition of **"Two-Finger Test"** based on high court ruling, COVID-19 vaccine deployment etc. 111 duty bearers demonstrated their positions in health services and placed commitments through eight multi-stakeholder meetings. National level advocacy meetings also ensured participation of duty bearers on quality of care, accountability and equity. The project used different social media interface to identify problems and seek solution accordingly which also addressed indicator #3.2. BHW setup Citizen Voice and received 3000+ queries and questions. Under social media campaigns, BHW created 40 infographics, 9 videos, 6 Facebook live sessions on community clinic, mental health, breast cancer awareness, diabetes awareness, antimicrobial resistance awareness, model pharmacy etc. TV talk shows were another media campaign. In order to increase understanding of duty bearers (indicator #3.3), the project supported duty bearers with three short courses. Another indicator (#3.4) was to increase understanding of "participation" and "equity" among national and international policy health stakeholders, but it was cancelled due to COVID-19 pandemic. A detail of the progresses is presented in Annex 1.

Table 1: Overall Progress by Indicators

#	INDICATOR	OVERALL PROGRESS
1	Result-01: Civil society platforms/individual voices enabled and strengthened to hold government (and other actors) accountable to major health sector commitments	
1.1	Client feedback on GoB services informs MTR and annual reviews	Completed
1.2	Areas of under-investment/underspend in improving quality of care, participation, equity (including gender-related equity) in health service delivery in the health sector budget identified and public concern raised	Completed
1.3	Progress on implementing political government's election manifesto reviewed and assessed public informed about progress	Slightly behind
1.4	BHW strengthened to work as an influential civil society voice to influence policy	Completed
1.5	Bangladesh Health Watch Report published and launched	Completed
2	Result-2: Evidence-based advocacy carried out to improve the situation related to the quality of care, accountability, and equity	
2.1	Priority advocacy areas identified, and evidence generated	Completed
2.2	Evidence-based advocacy on topical areas carried out	Completed
3	Result-3: Better understanding of duty-bearers on quality of care, accountability and equity	
3.1	Duty-bearers engaged in debate/discussion on project advocacy issues	Completed
3.2	Social media interface between duty bearers and end users help to identify problems and seek solutions	Completed
3.3	Increased understanding and commitment of duty bearers to quality, participation and equity of health care, especially for the vulnerable (including women and girls) populations through short courses	Completed
3.4	Understanding of 'participation' and 'equity' enhanced among the national and international scientific community, academia and policy planners have been set to understand this result area	Could not be completed

3.2 Evaluation according to OECD/DAC standards

Different level of evidences for different evaluation criteria have been found. Following matrix depicts the summary of findings. However, in subsequent subsection the findings are discussed in details.

Table 2: Matrix of Summary of Findings according to OECD/DAC Standards

Criteria	Finding
Relevance	Significant evidences of relevance of the project in both national and regional levels have been found
Effectiveness	Major activities effectively done and contributed to achieve project objectives and indicators satisfying results
Efficiency	The project completed 90% activities. In most cases it demonstrated evidences of efficiency e.g., adopting learning, handling different age groups in different forums considering their time, availabilities and need. However, sometimes project staffs including staffs of HOs were found overloaded. Although the project was mainly focused on advocacy, it provided significant amount of resources for research.
Impact	BHW pushed for policy changes at various levels, including locally. While policy changes are slow, field visits found evidence of improved government accountability, better care quality, enhanced equity in underserved areas (especially for women and girls), and greater understanding among duty bearers regarding care quality, accountability, and equity.
Sustainability	Some evidences of sustainability at cultural and social level were identified. However, no significant evidence of sustainability was traced at economic level.

3.2.1 Relevance

Significant evidences of relevance of the project in both national and regional levels have been found. The alignment of project objectives with corresponding interventions were found mostly relevant.

Bangladesh is a signatory party of multiple international conventions which deal with health rights. These conventions declare physical and mental health as human rights which emphasize to the right to protection against illness and disability. These also emphasize, quality of health, child health care, child rehabilitation, family planning, women health and eradicate disparities in health services between genders[1] . According to Health Policy 2011, as a signatory party to these international conventions, Bangladesh is committed to improve health services of its all citizens. Ensuring equal rights of health is also constitutional commitment of the country (Constitution of Bangladesh, Article 15(a)).

Bangladesh health sector gets priority as setting 22 health related indicators under Sustainable Development Goal 3 (SDG3): Good Health and Wellbeing. For the SDG-3, national level preparedness is relatively poor. Although the country has a pool of research institutions and local capacities to contribute in formulation of national health policies, there is a lack in health policy institutions for policy synthesis for evidence-based policy making (Chowdhury 2018[2]). UNDP (2018[3]) placed concern on progress of achieving equity in health care services.

One of the aims of the Strategic Investment Plan (SIP) for 5th health, Population and Nutrition Sector Program (2024-29) (Feb 2023) of Ministry of Health and Family Welfare was to provide health service to hard-to-reach areas. The plan sets 15 Strategic objectives which are divided into two components in the areas of service improvement and system strengthening.

[1] Universal Declaration of Human Rights in 1948, described number of human rights of individuals which comprises foods, clothing, housing, medical care and essential social services, and the right to protection against unemployment, illness, disability, widowhood, old age or other deficiency of livelihood which beyond individual's control (Human Rights Declaration, 1948, Article 25/1). International convention on Economic, Social and Cultural Rights in 1966 agreed physical and mental health as rights. (International Covenant on Economic, Social and Cultural Rights, 1966, Article 12). Convention on the Right of the Child 1989 emphasized the importance of the quality of health, the caring of child health and rehabilitation of them. This convention further prioritized family planning, education for parents and on global scale cooperation to acquire the progress of child rights (Convention on the Rights of the Child, 1989, Article 24). Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) emphasize on the elimination of discrimination against women. This agreement places emphasis on significant actions aimed at safeguarding women's rights, particularly in terms of their health. These actions include taking steps to eradicate disparities in health services between genders, offering cost-free services and nutritional assistance to pregnant women, and extending support during the postnatal period. (CEDAW, 1979, Article 12). According to WHO (2021), needs of equity for women and girls are crucial in Bangladesh.

[2] Chowdhury (2018), weblink

[3] UNDP (2018), weblink

Additionally, the health of women and girls has been disproportionately affected worldwide by the COVID-19 pandemic, with Bangladesh being no exception. In response, increased investment in women's and girls' health is suggested (World Economic Forum 2022)[4].

THE HOSPITAL HAD STOPPED DIFFERENT DIAGNOSTIC SERVICES LIKE E.G., ULTRA-SONOGRAPHY, ECG A WHILE AGO, BUT IT IS OPENED AGAIN.

In this context, BHW set out with the aim to enable civil society platforms/individuals' voices to hold government and other stakeholders accountable, advocate for improving situation of quality of care, transparency and equity especially in hard-to-reach, poor areas, particularly for women and young girls, and enhance understanding of duty bearers on issues related to quality of care, accountability and equity. Universal health coverage is the ultimate goal of the government and the project is working to contribute in increasing the coverage.

During KIIs, several duty bearers of health sector expressed that the majority of the population in the country lacks awareness about their health rights, they have limited knowledge about government health service providing institutes' scope of service provisions. Since the project is working on awareness raising among the mass people about their health rights, **the duty bearers found the project highly relevant for health users' needs.** The respondents, irrespective of their profession, found the project activities relevant to their need considering country context. For example, during discussion a respondent said, ***'BHW analysed national budget and depicted how government invests in health sector. Allocation for health sectors is being decreased every year. We participated in human chain facilitated by the project where we demanded increment of budget in health sector.'***

Civil society members also found the project's interventions as relevant in their local context. They reported that while there are some organizations who deal with different civic rights e.g., political participation, women empowerment, rights of education no organization advocates for health rights though it is one of the critical human rights. The duty bearers also concurred with this perspective.

The historical context of BHW's establishment and the project itself highlighted a notable gap: the absence of an organization dedicated to advocating for health rights, equity, and accountability within the sector. During KII multiple members of working group of BHW described that they started BHW realizing this gap. General people also agreed that the project was highly relevant to fill this gap. During FGD a participant said, 'we do not know the right places where we can raise concerns about our health needs. ***For example, there is no separate toilet for men and women in our community clinic, there are few chairs for patients and sometimes even pregnant mothers need to wait for a long time standing. We do not know how and where to raise this issue. We know the head community clinic***

[4] World Economic Forum (2022), weblink

has limited capacity to improve the situation. Now we can place our voice to the health right forum members, and they take it seriously.' Another FGD participant mentioned, 'The hospital had stopped different diagnostic services like e.g., ultra-sonography, ECG a while ago, but it is opened again.'

Formation of health right forums with participation from different occupation, age, sex, ethnicity, religions from locality was found highly relevant to localize the interventions. The forum members identified different challenges, gaps by visiting health service providing institutes, discussing with service providers and recipients and finally advocated for improving the situation in relation to prioritised area considering local context. This strategy was found highly relevant in accordance to the local context. During KII, multiple members of civil society reported that there are a number of challenges in the health sector but considering government's capacity and local context, the project prioritized certain gaps and worked on them. This strategy was also found to reduce geographical discrimination (Iqbal, 2019[5]) of health service. One KII respondent said, ***'In the country context, people of hard-to-reach areas do not get the service as same as central. Remote area's requirement is different than central. Therefore, we found this localization highly relevant.'*** During discussion, a number of respondents from Chattogram hill tracts (Khagrachari) reported that in the hill tract area, health service provision is handled by local authority unlike to other part of country where it is handled by federal government. **Hence, they found local forums formation relevant.** Youth engagement through different initiatives including formation of Youth Health Right Forums (YHRF) was found highly relevant considering country population demography where around 35% people belong to youth (18-35 years) category (BBS 2022).

3.2.2 Effectiveness

We found significant evidence of effectiveness of the project during the study. In following subsections, we have discussed in detailed about the evidences of effectiveness.

3.2.2.1 Develop an advocacy and networking strategy

The project developed an advocacy and networking strategy as recommended in the Mid Term Review (MTR). This strategy was found effective as it was used as guiding tool for the project heightened advocacy efforts.

3.2.2.2 Partnerships with actors in the health sector

The project made partnership with eight NGOs working in eight districts. The NGOs, called Host Organizations (HO), facilitated evidence generation and advocacy activities at the local levels. Notably, the HOs were already working in the health sector in their areas which was one of the key reasons for selecting them as partners. Availability of staff who can support the BHW was another criterion of selection. BHW had hired a consulting firm for conducing this selection process. They followed a uniform selection criterion across the working area

[5] Iqbal, M. H. (2019). Disparities of health service for the poor in the coastal area: does Universal health coverage reduce disparities?. Journal of Market Access & Health Policy, 7(1), 1575683.

(e.g., exclude the NGOs who works only for micro credit, no experience of working for health sector etc.). However, due to COVID-19, the firm could not complete the selection process and BHW completed the process following the selection criteria.

The selection process was participatory. Primarily a list of prominent NGOs working in the concern districts was prepared and then shortlisted guided by their existing commitment to the health sector. Following discussions with government officials, local political persons, journalist and social workers about the listed NGOs, finally eight NGOs in eight districts were selected. **The organizations' acceptance in the regional level, influence and easy accessibility in health sector were considered as significant strength of selection.** They also have wide network with other civil societies in their region.

> A duty bearer in Khagrachari said, 'for long time, Zabarang Kalyan Samiti has been advocating for rights of poor and marginalized people in this district. They are very well known in the area.'

3.2.2.3 Networking

BHW dedicated substantial resources to expanding its network, with the overarching goal of establishing itself as an influential Civil Society Organization (CSO) that effectively advocates for policy influence and collaborates as a united voice for change. These networking endeavours were deemed highly effective. As part of networking, in the webinars which were organized by BHW over the past three years, they invited different NGOs and CSOs. They organized an international conference where researchers, NGOs, social workers from 16 countries attended. During KII a working group member said, 'to achieve wider acceptance we need to add people from different countries in our initiatives. As part of the effort during launching book on 50 years' health sector review, we invited a renowned professor of a US university in an international workshop with influential people from multiple countries and representative from World Health Organization (WHO), and time to time we work with government. These initiatives were very effective to progress our goal of achieving universal health service within 2030.' During KIIs, different members of working groups reported that both the advisory groups and thematic groups had cultivated networks within the healthcare sector and among policymakers in a limited scale. These strategic networking endeavours facilitated the orchestration of discussions and meetings, particularly with government officials, including those from the Ministry of Health and Women Affairs.

> 'PROYAS MANOBIK UNNAYAN SOCIETY HAS NUMBER OF DEVELOPMENT INITIATIVES FROM AGRICULTURE TO HEALTH. THIS ORGANIZATION HAS HIGH LEVEL OF REPUTATION AND NETWORK WITH LOCAL INFLUENTIAL.' RESPONDENTS FROM OTHER TWO STUDY AREAS ECHOED ABOUT THE CAPACITY OF THE PARTNERS

BHW has collaborated with a2i's national helpline 333 of the government. This collaboration brought a fruitful outcome for both BHW and 333. A detail of the outcome is presented under 3.2.2.8 below.

3.2.2.4 Media Advocacy and Media Scan

BHW adopted multiple approaches for media advocacy which include training for journalist on health reporting and facilitating health-related news and views publication. Besides, some HOs who have own media outlets promoted different health issues locally. The project also sent press releases on different events for publishing in media and periodically shared different relevant information for enhancing news value in different articles. For example, BHW assisted four investigative reports which published in national dailies (newspaper). The articles demonstrated the access of vaccination by the marginalized groups, particularly the women and girls. A series of media reports were published, and talk shows and social media campaigns organized. It was reported by a representative from secretariat that around 17 news articles in media got significant coverage.

Most of the journalists reported the training as helpful event for improving their capacity regarding health-related news in terms of better understanding about the news angles, how to prepare investigative reports etc. ***"The training was helpful as lots of new learning were there like steps of health-related news publication,"*** mentioned a local journalist of Netrokona district. Similarly, journalists of Khagrachari and Chapainawabganj also agreed about the improvement in capacity. However, some journalists reported the duration of the training was too short for the content.

We found variation of evidence in relation to publish health related news across the working area. For instance, while local journalists in Netrokona and Chapainawabganj successfully published health-related news, their counterparts in Khagrachari faced challenges in doing so. The HO of Chapainawabganj has own media outlets including newspaper and community radio, therefore it was easier for them to publish health related news. For example, during interview, a journalist from Khagrachari said, 'as local journalist we need to work in multiple bits. National desk of media and house policy has priority in relation to local news. They assign us for different reports. We realize they have less priority for local health news. For example, when I sent report of 50 people died from diarrhea at Sajek, it was published but when we send infrastructure related news they do not publish. It mainly depends on house's advantage and disadvantages.' Different duty bearers also agreed news media prioritize sensational news in relation to health. During KII a duty bearer of Chapainawabganj said, 'media always try to highlight negative news, they rarely report constructive news which can help our local health service provision.' Similarly, duty bearer of Khagrachari also agreed and added that civic journalism has much influence in spreading rumor in relation to health service. He said as example, 'one civic journalist in social media reported that we (Khagrachari District General Hospital) discriminate service provision in relation to ethnicity'.

The project scanned health related news in four Bangla and two English daily newspapers. The scanning found these newspapers published 228 health related news during Jan-Dec 2022. The news mainly covered issues related to national health management, diseases, infection and death, technology and health, corruption and maladministration etc. Based on the scanning, BHW developed two manuscripts and one (titled "Health sector corruption in the times of COVID-19 pandemic in Bangladesh: Newspapers as mirrors of society") was submitted to journal. Another manuscript (titled on "Managing COVID-19 pandemic in Bangladesh in the first year (March 2020-'21): reflections from print media") is under internal review.

3.2.2.5 Advocacy for Health budget

Project reviewed the national budget of the country. As part of advocacy, different dialogues including pre-budget national dialogue, pre-budget roundtable dialogue, and post budget reflection dialogues were organized by the project. A policy brief based on the review was published and distributed among 300 Members of Parliaments (MP) of Bangladesh and 350 copies among other stakeholders. It is hard to assess whether the advocacy had any influence on budgetary allocation for health sector. A KII representative from working group of BHW said, 'although we have reviewed the budget and presented before government, it is hard to see results of the influence immediately.' It is also noteworthy that as a result of global pandemic COVID-19, the government shifted its focus on response for the pandemic e.g., budgetary allocation for stimulus package, relief distribution, vaccine purchasing, PPE distribution etc. The project then conducted research on PPE and supported in another research which was conducted by icddr'b.

The health forums, particularly DHRF under RC, feel the necessity of participation in budget review discussions. The amount of health budget allocation depends on regional geographic settings. For instance, the cost of construction in haor area is higher than in plainland. Budgetary allocation needs to be especially considered in coastal, hill tract, and char land areas as well.

3.2.2.6 Election manifesto

The project conducted an extensive assessment of the health-related election manifesto of the ruling party. The major assessment findings were shared in a roundtable discussion.

The primary objective was to provide informed insights into the government's commitment progress. Given the imminent 2023 election, the atmosphere became particularly delicate in terms of disseminating the review outcomes. Project management harboured concerns that such sharing could impact the ongoing election campaign. Therefore, the findings of the review were not shared as per plan. Nevertheless, BHW has revised plans to integrate specific health-related concerns into the election manifestos of various political parties in the upcoming election.

Further, project developed a policy brief on 'Increasing Health Budget to Translate Political Commitments to Action' with recommendation for increasing health budget.

3.2.2.7 Multi-stakeholders' meeting

The health right forums, guided by BHW, successfully facilitated multi-stakeholder meetings. During KIIs multiple respondents reported that **it is a very effective platform to promote engagement of various stakeholders like duty bearers, service receivers and civic societies.** In support of their opinion, a civil society member (member of DHRF) said, ***'we participated in multistakeholder meetings where we raised our problems in receiving health service. Service providers also explained their limitations. In this meeting we took particular decisions about what things should be changed within one year. For an example the COVID unit and labour ward was attached, we brought this issue in front of hospital authority. Orthopaedic department was in first floor, how can a patient of orthopaedic who has problem in leg can go that upstairs? Then the Orthopaedic department was shifted in ground floor.'*** It also created accountability among the health service providers. For example, during KII a duty bearer said, ***'I participated in multistakeholder meeting which was organized by BHW. In the meeting, people raised various questions. Generally, these concerns go unaddressed as result grievance arise among general people. During the meeting we tried to answer all the questions which I believe was very effective to inform people about health services.'***

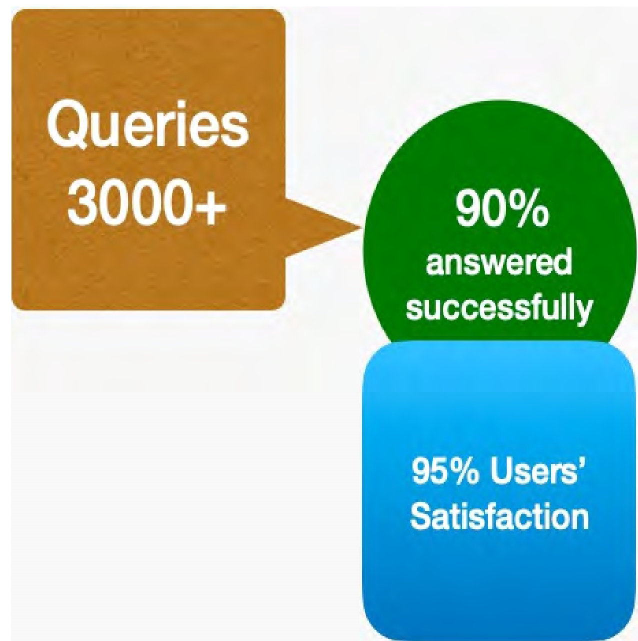
Multi-stakeholders Meeting at Chapainawabganj (Photo: Faruq Ahmed)

3.2.2.8 Connecting Duty Bearers with general people through ICT activities

BHW developed a ***Citizen Voice*** platform[6] that was incorporated into BHW's website. As said above, due to collaboration with a2i's helpline 333 of the government any citizens can now also call 333 and get their queries answered by Citizen's Voice. Citizen's Voice is playing a special role in promoting dynamism, equity, and responsiveness in the health sector, along with the accessibility of information to citizens. This innovative approach facilitated collection of insights from health users across various regions. Through the BHW's website, anyone can write message in the platform on any health-related issue. Until the study was conducted, more than 3,000 questions were received through this platform and 90% were successfully answered. Through this platform BHW connected general people with duty bearers. The questions were discussed with duty bearers and provided answers to within 72 hours and as a result, the service got 95% users' satisfactions.

From Sep 2022, BHW updated its Citizen's Voice platform and included additional information about the citizen in the database. This includes the citizen's age, sex, and area of residency. Analysis shows that women counterparts lagged in accessing the platform (253 men: 40 women during Sep 2022 to Mar 2023). Younger population participated more than older. Interestingly participation of citizens who live in rural area (52.7%) was higher.

[6] 'Citizen's Voice' is a pop-up button of website of BHW for receiving queries from citizens on health issues, which are later addressed by experts from DGHS through a2i. Citizens' Voice Platform was developed to minimize confusion and accelerate healthcare by providing accurate information.



Citizens' inquiries during the COVID-19 pandemic were primarily centered around topics such as COVID-19 vaccination, registration for vaccination, obtaining vaccine certificates, delays in receiving SMS notifications for vaccine appointments etc. However, the focus shifted to a different set of priorities during the post-COVID-19 period, such as Cholera vaccine, Vitamin A capsules, tetanus vaccine, diabetes, family medicine, like what medicine to take during diarrhea, sexual problems, mental health problems, and menstrual hygiene. Citizens also use this platform to voice their concerns regarding mismanagement in the health system, which they encountered while seeking services in government hospitals. These issues include heavy patient influx, a lack of doctors and logistics, problems with middlemen, medical representatives, etc. They inquired about the working hours and services of the community clinic and offered suggestions regarding the waste management system in the hospital.

3.2.2.9 Regional Health Right Forums

Three types of health rights forums were developed in the same manner; District Health Right Forums (DHRF), Upazila Health Right Forum (UHRF) and YHRF at both district and upazila levels. While DHRF and UHRF prioritized policy level advocacy, YHRF mainly dealt with awareness raising. For the formation of the forums, the selection criteria included local influential people and excluded political partisanship. Primarily, the host organizations were responsible for the selection. They followed a participatory method where they arranged meeting with local influential and discussed about the purpose of BHW. They emphasized on voluntary participation and invited people who are already involved such social welfare activities. The strategy was found highly effective as most of the representatives of forums reported during KIIs that they voluntarily participate in such right based activities. For example, a respondent said, 'we want our local people, particularly marginalized people, to get health related supports, we intend to help them which gives us mental satisfaction. We do not want remuneration from BHW for such activities.' These people are already familiar with health sectors' duty bearers which gave the forum advantage in relation to advocacy activity. For example, president of DHRF, Chapainawabganj is also member of Socheton Nagarik Samaj (a civil society forum) of the district which also deal with citizen rights. Similarly, different members of different forums across the working area are members of different civil society organizations alongside the right forums.

DHRFs also work as spokespersons for UHRF at the district level. **The issues which cannot be solved at upazila level, the UHRF forwards to DHRF so that it can be advocated for at the district level. This structure was also found very effective.** A KII's respondent in Khagrachari (a representative of UHRF) reported, *'we visited the local community clinic and found there was no electricity in the clinic. Then we forwarded the issue to DHRF and they discussed it in Jilla Parishad. As result of the advocacy Jilla Parishad installed solar panel in the clinic immediately.'*

In the forums, around 30-40% members are women and the project has significant emphasis on women health rights. Notably, religious leaders, a crucial actor for awareness raising within society, were missing from the committees. During KII, a respondent said, 'in the committee there should be a few religious leaders from different religions, they can work as opinion leaders for raising awareness among general people in relation to their health rights.' Although political persons have not been allowed as forum members according to the guideline of the project, some members prefer to engage the political person. According to the respondents, since the political persons are more active than others, their engagement may speed up the process like frequency of meeting among members and advocacy with health official.

The formation of YHRF is found to be very effective where most of the volunteers have previous experience of volunteerism. The forums work in collaboration with DHRF and UHRF. The youth forums helped BHW through field data collection of the client feedback research. YHRFs were broadly engaged in awareness raising campaign and

events. **During KIIs multiple respondents reported the youth engagement was very good idea as the youth holds a large share of the country's demography; they are energetic and future leaders.** However,

'AS RESULT OF THE ADVOCACY JILLA PARISHAD INSTALLED SOLAR PANEL IN THE CLINIC IMMEDIATELY'

during interviews it was realized DHRFs and UHRFs have limited idea about how should YHRF work for advocacy. They harbour the belief that the YHRF will need to work as volunteer in health service provision. For example, during KII a UHRF member said, 'youth can help maintaining que in hospital, they can arrange medicine for them etc.' In the current structure of operation, it was found that the YHRF are directly guided by BHW instead of DHRFs or UHRFs. On the other hand, since majority of the youth are students, their participation in all forum activities was sometimes challenging. In fact, some could not attend the training sessions organized by BHW. In this regard, their parents could be consulted and sensitized to increase their participation.

3.2.2.10 Capacity building program for forum members

Almost all of the **respondents from different forums reported that the capacity building programs were very effective for them.** During KII a member of DHRF said**,** *'we learned methodological process of advocacy from the trainings. Previously we advocated for multiple issues but we did not know the step-by-step method, we did not know which steps need to be taken first, which will be next. This lack of knowledge sometimes hindered to get our expected result. After receiving training, we understood what we could not do correctly in previous period and what will we need to correct in future course of works.'*

The youth received trainings on gender, equity, leadership. Most of the youth found the trainings effective for them. A youth respondent said, *'after participating leadership training we understood how to deal with different types of conflict, negotiate for rights etc.' Another respondent said, 'gender training taught us how to analyse health right through gender lens. Women have specialized need in health service provision, for example they are less likely to discuss about menstrual issues even with doctors, pregnant women need special care in health service institutes e.g., sitting arrangement etc. After receiving training, we can contribute in raising awareness for women health right among our community. We discuss with our friends, families and neighbour about special need, priorities of women in relation to health service.'*

3.2.2.11 Advocacy at regional level: Meeting with Duty Bearers at District, Upazila and Union Level

The project followed a methodological process for advocacy at regional level regarding raising the voices of marginalized people to receive health services from government health service providers. **The forums worked as the driving force for advocacy at the regional level.** They visited health service providing institutes, spoke with health users and health service providers about the challenges to get services and service provision respectively. Later, they meet with responsible persons

in the institutes like RMOs, Superintends, Upazila Health and Family Planning Officer etc to share the findings. We found significant evidence of effectiveness of such advocacy initiatives. During discussion with RMO of District General Hospital of Khagrachari, he said, *'district forum multiple times sat with me and they raised different issues in relation to service provision e.g., sitting arrangement for service recipients, garbage management etc. They also facilitated us by raising the issues before Jilla Parishad. Jilla Parishad allocated budget for purchasing chairs so that service recipients can wait. We also manage our garbage according to garbage management guideline. Definitely we agree about the contribution of their advocacy effort for this achievement.'* During field visits, it was also found in the community clinic which the UHRF of Khagrachari was involved with, Jilla Parishad installed solar panel which was an instant result of meeting with BHW forum. Similar results were found in Netrokona and Chapainawabganj as well. For example, different DHRF members reported that as a result of BHW advocacy, entrance of ultrasonogram examination room was separated from the diarrhoea ward, separate que for women created in Netrokona District General Hospital. These findings were validated by the field visit observations and KIIs.

Although the project arranged different meetings with duty bearers and also had them participate in other activities like public hearing, opinion exchange, etc, some of the duty bearers still have minimal idea about the scope of work of the DHRF, UHRF and YHRF. This proved to be a barrier to the effectiveness of advocacy activities. During KII a duty bearer said, 'I am not very much clear on what BHW is going to do. What will be their role in health sector, while they are not from medical background either? Are they going to do policing?' These types of questions were raised by multiple duty bearers. Again, most of the duty bearers suggested to involve YHRF in health service provision e.g., maintaining patient que, managing medical representatives, cleanliness etc. which indicates they have minimal understanding about the potential of advocacy of YHRF, and subsequently, of the youth.

3.2.2.12 Online training for duty bearer

To achieve "Better understanding of duty-bearers on quality of care, accountability and equity", the project organized three short courses for duty bearers where 38 duty bearers were capacitated. **The participants opined the training was very helpful for their professional life. They gained insights on the fundamental of quality of care, accountability and equity from the training.** During KII a training participant said, *'after receiving the training I brought changes in my service provision modality. I understand the need of accountability, therefore I cooperate with BHW forum members.' However, some duty bearers reported they did not know about the training programs. A respondent of Chapainawabganj said, 'we did not hear about such training previously'.* It was found that the HO could not disseminate the information among the duty bearers due to movement restrictions on COVID-19.

3.2.2.13 Increase awareness in relation to health service and rights

The project took multiple initiatives for raising awareness among mass people in relation to health service and rights as part of advocacy effort. These interventions include day observation, media reports, leaflet distribution, human chain, installing citizen charter in different health institutes etc. **Most of the interventions were found effective for raising awareness. Most of the duty bearers said during KIIs that most of the general people are not aware about what type of service they can receive from health institutes, where to go for which types of services etc.** Conversely, respondents reported differences in health-seeking behaviour based on ethnicity. For instance, the health-seeking behaviour among indigenous communities was found to be lower compared to the majority Bengali population. Other intersectional differences were also found in relation to health seeking behaviours. For instance, health seeking behaviour is poor among women, poor socio-economic group. The awareness raising intervention contributed to increased health seeking behaviour, knowledge about health service provision among the group. During KII, a respondent said, 'we observed safe mother hood day with support of BHW. In the program we discussed about the requirement of antenatal and postnatal care. **We conducted blood grouping session which is very critical for pregnant women and mostly poor women are unaware about their blood group.' Another respondent of Khagrachari said, 'the indigenous people still depend on traditional healing and they are less likely to seeking scientific modern treatment. We conducted multiple awareness campaign where our youths of YHRF visited houses in hard-to-reach area to raise awareness among them about modern treatment. This campaign increased their visit in community clinics.'** During KII a duty bearer said, *'we have recently started evening health service with minimal service fee where expert consultants provide health service. But few people know about this. BHW has taken initiatives to disseminate this message through installing billboard which will increase awareness.' During KII a duty bearer of a hospital reported, 'BHW installed citizen charter in the hospital premise, which helped the service recipients to know about their rights and what services we are providing.' During FGDs with community people the citizen charter was found very effective. A FGD participant said, 'there is a board now in front of community clinic from where we learn about the service provision.'*

> The awareness raising intervention contributed to increase health seeking behaviour, knowledge about health service provision among the target group

3.2.2.14 Generating evidence through research, reviews and analyzing media reports

The final evaluation study identified substantial evidence showcasing the effectiveness of diverse evidence generation processes through research to support advocacy endeavors. BHW conducted numerous research projects and studies, subsequently compiling policy briefs from the findings. The researches supported them to identify the most pressing advocacy topics. For example, during COVID-19,

based on their findings, they advocated for improving quality of PPE and shared the service provision and demand gap with Ministry of Health and other stakeholders etc.

The project assisted government midterm review (MTR) of HNPSP. In this connection, MTR and Annual Programme Review of GoB's fourth health sector plan were accomplished. The findings and results were shared with MTR team and the research report was referred to in the final MTR report. BHW was engaged with the subsequent annual programme review or final evaluation of HNPSP and convey the experiences and feedback from the RCs to the exercise.

The project published a book "50 years of Bangladesh: Advances in Health" that allowed researchers, professionals, teachers, practitioners to give snapshot of advances Bangladesh made in health sector last 50 years. Off-line and online versions of both English and Bengali versions are available for increased diversified access. The document facilitates a deep understanding of the health sector progress during last 50 years and challenges the sector faced. Developing a repository of COVID-19 research was another initiative to bring all COVID-19 related research in single source.

3.2.2.15 Addressing dynamics of health sectoral needs

BHW adopted a unique model for addressing dynamics of context in health sector. It instituted thematic groups comprising diverse experts capable of addressing a spectrum of urgent needs. The groups assessed the current context of health sector and identified the pressing needs. **The group formation was found very effective**. During KII a respondent from secretariat said, ***'we are not expert in all sectors. Therefore, we formed this group with participation of expert from different sectors which we found very effective.'***

A thematic group was assigned for developing strategic direction to deal with the COVID-19 pandemic. BHW carried out an analysis on various resource allocation of government and private sectors for COVID-19 response known as Stimulus Package and the study findings were shared with stakeholders through webinar meetings. BHW sent three letters on COVID-19 vaccination issue to DHGS. Another analysis on quality of Personal Protection Equipment (PPE) supplied by DGHS was conducted. Findings were reported and shared with government. During KII a respondent from secretariate reported, ***'as result of study findings these PPEs distribution was stopped by the government considering poor product quality.'*** BHW conducted awareness activities on COVID-19 as well. BHW and James P Grant School of Public Health (JPGSPH) jointly initiated a virtual international conference on COVID-19 with participants from 18 countries on "Learning from the COVID-19 Pandemic for the Future Healthcare Systems". Different media broadcasted the news and the BHW got a coverage at national level.

Another thematic group has been dealing with health law and policy. During KII, another representative from thematic group said, ***'I am working with health law and policy. Recently we conducted a study on emergency medical services. In 2018, the High Court ordered to provide emergency***

health service for road accidents' victim first and, then conduct legal work in terms of police proceedings. We have sent a copy of this verdict to DGHS. We have also organized round table discussion on this verdict with different stakeholders.' BHW shared the document regarding the rule to the district hospitals through respective RCs. A dissemination meeting with participation of DGSH, law enforcement department was organized where the participants committed to facilitate the ruling in hospitals.

Evidently, major activities were effectively done and contributed to achieve project objectives and indicators satisfying results. Few activities were adjusted in response to the ground reality like movement restrictions during Covid-19 pandemic.

3.2.3 Efficiency

Analysing the workplan of BHW, it was found that around 90% of planned activities were carried out successfully. It is noteworthy that the project's efficiency was largely affected by the COVID-19 pandemic. During KII a respondent said, 'due to COVID-19 we could not work in the field level as result of different health directives.' However, the project adopted online platform immediately and conducted multiple advocacy programs. During KII a representative from working group reported, ***'amid pandemic we were highly active. At that time, we conducted number meetings. During the period coordination among different groups of BHW e.g., working group, thematic group, advisory group and secretariate was high. We conducted numbers of coordination meetings.'***

The project demonstrated high efficiency for adopting learning. According the recommendations of the midterm review, BHW modified their organogram, planned to make partnership with a2i, designed advocacy strategies, and effectively utilized the electronic media for evidence generation and advocacy etc. However, during field visit multiple representatives of different HOs requested for increasing learning sharing events among HOs. A respondent said, ***'during COVID-19 we got opportunity to exchange our learnings among the HOs through online meeting. But after COVID-19 the frequency of events has been lower.'***

The secretariat is primarily responsible for implementing activities in both central level and in regional level through facilitating HOs. Secretariat works as a guiding body for the RCs to implement the activities timely and in an organized manner and harvesting local outcomes regularly. It was evident according the KII findings that the secretariate is overburdened with the workload. During staff consultation, members of secretariate reported they need to conduct all types of works including accounting, procurement during field visits, while they also need to ensure efficient program operation. Similarly, HOs in RCs were found to overloaded sometimes as well. Although the project was mainly focused on advocacy, it provided significant amount of resource for some new activities as well. During KII a respondent said, ***'the project invested a lot in research. During COVID-19 they invested in independent research while there are many governmental institutes who are responsible for such research. If the project had allocated their resource to advocate conducting researches by these existing***

organizations, it would be more efficient. The project could reinforce existing mechanism instead of creating new ones. For example, there is grievance redressal system of government. The project could emphasize to enhance this redressal system.' Another respondent said, 'there is committee for managing community clinic, which is not active. The project could work to activate these committees.'

As per sustainability strategy the project did not allocate budget for dedicated staff in HO, instead it provided some management costs. HOs assigned their staff for project as additional duties. However, substantial involvement is required to conduct these activities effectively, which could have been better suited for full time dedicated employees. During KII a staff of HO reported, *'I was mainly responsible for administrative support of my organization. But the organization also assigned me for conducting BHW activities as additional duties. The activities require significant involvement. For example, when we want to organize any awareness raising event e.g., day observation we need to contact multiple persons as resource persons or guest, ensure participation of community people, coordinate with forum members, arrange logistics, venue etc. These activities take much time but I have to also complete the regular duties within the same day. As result I could not complete organizational duties in timely manner.'* Another representative of another HO reported, *'since we need to conduct many activities with right forums where members are local elites and busy with their other engagement whole weeks, most of the cases we need to work on weekend with them. But we do not get leave in lieu of this additional work. These weekends less efforts sometimes affect our efficiency.'* As result of multiple engagement sometimes responsible staff of HOs could not complete some assignment in timely manner which impacted result of activities. For example, during KII a representative of HO said, 'when I received the message about online training of duty bearers, I could not disseminate because I was very busy with other duties at that time.' Turnover of focal staff of the HOs was also a challenge which the project faced several times (e.g., focal staff left Rupantar and Zabarang recently and new staffs have been assigned).

In addition, there was challenge in action-oriented decision making at the advocacy meetings. In many cases, neither a timeline was set nor implementation plan was mentioned for the addressed concerns. During KII, a representative of DHRF said, '*as there is not dedicated staff and the assigned staff is very busy with other duties, sometimes our advocacy works were interrupted. For example, we visited a health institute but there was no person who would document the findings, coordinate the next visit, arrange meeting with responsible persons. As result we could not take further initiative after that visit.'*

We found significant evidence of efficiency in handling different age groups in health right forums. While adult who are mainly members of DHRF and UHRF prefer interpersonal communication, youth are active online. Every sampled HO had their own social media group, mainly Facebook group, where they provide message to reach

YHRF members. For reaching adults, they followed interpersonal communication method. In relation to arrange events there is difference between adult and youth. During events the project considered difference among different age groups in terms of time and date engagements as well. For example, members of DHRF and UHRF were unable to participate when any event is organized with duration of more than a day whereas YHRF members had the capacity to do so. Therefore, all of the events which were organized for DHRF and UHRF were maximum day long program while only training that was two days long was organized for youth.

3.2.4 Impact

It is evident that advocacy works take significant time to demonstrate impact. BHW advocated for policy level changes in both national and regional levels, it also facilitated changes in local level policy implementation. Policy changes take time. However**, during field visit we found some evidence of impact in relation to improved accountability of government, enhanced quality of care, equity especially in hard-to-reach, poor areas, particularly for women and young girls and enhanced understanding of duty bearers on issues related to quality of care, accountability and equity.**

Sitting Arrangement at Waiting Place for Women in Khagrachari District General Hospital (Photo: Imran Khan)

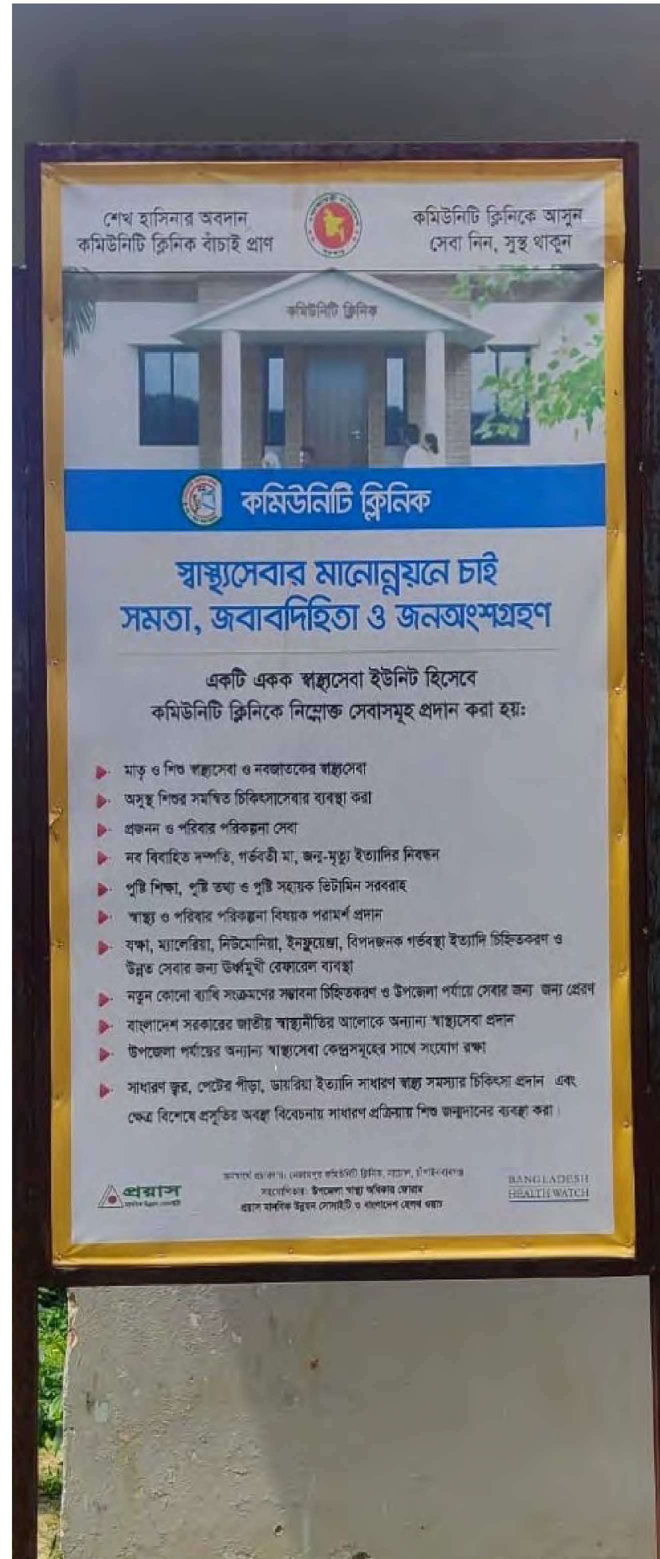
Number of members from civil society who were also members of DHRF, UHRF and YHRF reported having learned about the methodological approach for advocacy to ensure improved accountability of government. During KII a duty bearer said, 'I participated two public hearing organized by BHW, ***where I had to answer multiple questions in relation to our health services.' A member of DHRF said, 'we visited hospital in our area and requested them to improve garbage management, hygiene and cleanliness. After this initiative they***

considered this issue seriously.' RMO of Khagrachari Modern General Hospital said, ***'as result of advocacy of BHW we seriously work on our garbage management, hygiene and cleanliness. We really worked hard for improving system and now we are positioned at 3rd across the country in relation to cleanliness.' During FGD a man participant said, 'since past year we have been seeing visible changes in our hospital. Now it is significantly clean then any time of past.'***

We also came across evidence indicating the enhancement of healthcare quality in service delivery, with notable contributions from BHW. For instance, in various government health service facilities, BHW advocated for the provision of waiting chairs for service recipients, and as a result of their efforts, the authorities arranged these chairs. Different duty bearers acknowledged the contribution of the project. FGD participants also agreed that they found waiting chairs in hospitals which was absent previously.

As result of BHW advocacy, doctors' service hours have been increased in some community clinics. One community clinic even reinstated its service provision, which had been temporarily suspended for an extended time. This was also validated through field visit observations and discussions with community people.

Health service providers behaviour is critical for ensuring better health service for service recipients. Some people opined as result of project activities they found significant change among service providers behaviour. During FGD a woman participant said, **'we found the staffs of Upazila Health Complex**



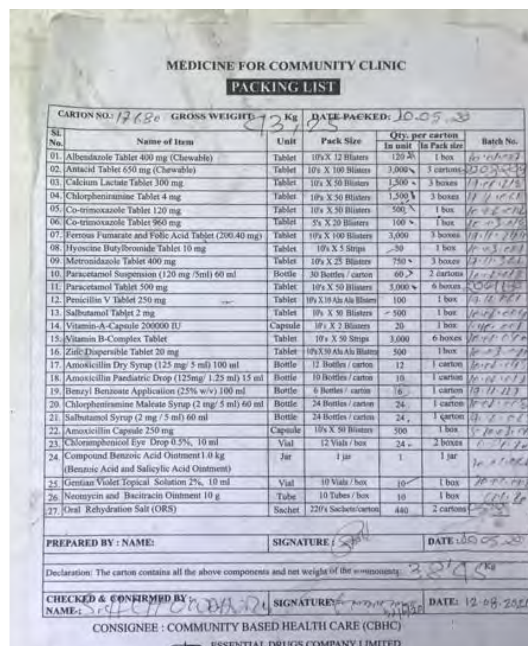
Displayed Citizen Charter at Community Clinic (Photo: Imran Khan)

have changed their behaviour, they are now more polite during service provision.' Another man respondent said, 'from last year we observed doctors are trying to increase time to treat patient.' Similar statement was provided by different FGD participants irrespective to their sex and ethnicity across the study area. In some areas of the project, health right forums advocated with local government for allocating budget to improve infrastructure. For example, Union Parishad at Netrokona was advocated for installing tube well and they installed it; Jilla Parishad of Khagrachari installed solar panel in community clinic.

In Netrokona as result of project advocacy District General Hospital introduced separate que for women. During FGD a man participant said, ***'we found since last year there is separate que for men and women in general hospital. It reduced waiting time for purchasing ticket.'***

During FGD a woman participant said, ***'we found community clinics are providing better services now a days compare to previous time. They are examining blood pressure, measure weight, supply iron tablet.'*** Another participant said, ***'in Upazila Health Complex there is separate clean toilet for pregnant and other women, there is drinking water supply provision now.'*** During KII a respondent of HO said that they advocated for changing ultra-sound examination room location in hospital as patient needs to go there through another ward. Acknowledging the project's advocacy contribution, multiple FGD participants informed previously they need to go ultrasound examination room through patients' ward, but now ultrasound examination room location has been changed.

The project selected different hard-to-reach area for piloting, for example hill tract, coastal area, char land, country boarder area. It also considered the intersectionality of different ethnicity during site selection. As result of project activities, particularly awareness campaign during day observations, a change in awareness among marginalized people has been observed. Multiple FGD participants reported that women of their community are now more interested to visit doctor, particularly during pregnancy. For example, during FGD a women participant said, 'we did not know about our blood group. ***We did not even bother about giving birth at presence of trained birth attended. But recently we participated in a program arranged on safe motherhood day where we became aware about the requirement of giving birth at presence of trained birth attendant, requirement of ANC, PNC and blood group.' Another participant said, 'as result of citizen charter we are now aware about health service provision of particular health service providers.'*** These are evidences of increased equity in health service provision especially in hard-to-reach, poor areas, particularly for women and young girls.



MEDICINE FOR COMMUNITY CLINIC

PACKING LIST

CARTON NO.: 17680 GROSS WEIGHT: 37.25 Kg DATE PACKED: 10.05.23

Sl. No.	Name of Item	Unit	Pack Size	Qty. per carton: In unit	Qty. per carton: In Pack size	Batch No.
01.	Albendazole Tablet 400 mg (Chewable)	Tablet	10's X 12 Blisters	120	1 box	[illegible]
02.	Antacid Tablet 650 mg (Chewable)	Tablet	10's X 100 Blisters	3,000	3 cartons	[illegible]
03.	Calcium Lactate Tablet 300 mg	Tablet	10's X 50 Blisters	1,500	3 boxes	[illegible]
04.	Chlorpheniramine Tablet 4 mg	Tablet	10's X 50 Blisters	1,500	3 boxes	[illegible]
05.	Co-trimoxazole Tablet 120 mg	Tablet	10's X 50 Blisters	500	1 box	[illegible]
06.	Co-trimoxazole Tablet 960 mg	Tablet	5's X 20 Blisters	100	1 box	[illegible]
07.	Ferrous Fumarate and Folic Acid Tablet (200.40 mg)	Tablet	10's X 100 Blisters	3,000	3 boxes	[illegible]
08.	Hyoscine Butylbromide Tablet 10 mg	Tablet	10's X 5 Strips	50	1 box	[illegible]
09.	Metronidazole Tablet 400 mg	Tablet	10's X 25 Blisters	750	3 boxes	[illegible]
10.	Paracetamol Suspension (120 mg /5ml) 60 ml	Bottle	30 Bottles / carton	60	2 cartons	[illegible]
11.	Paracetamol Tablet 500 mg	Tablet	10's X 50 Blisters	3,000	6 boxes	[illegible]
12.	Penicillin V Tablet 250 mg	Tablet	10's X 10 Alu Alu Blisters	100	1 box	[illegible]
13.	Salbutamol Tablet 2 mg	Tablet	10's X 50 Blisters	500	1 box	[illegible]
14.	Vitamin-A-Capsule 200000 IU	Capsule	10's X 2 Blisters	20	1 box	[illegible]
15.	Vitamin B-Complex Tablet	Tablet	10's X 50 Strips	3,000	6 boxes	[illegible]
16.	Zinc Dispersible Tablet 20 mg	Tablet	10's X 50 Alu Alu Blisters	500	1 box	[illegible]
17.	Amoxicillin Dry Syrup (125 mg/ 5 ml) 100 ml	Bottle	12 Bottles / carton	12	1 carton	[illegible]
18.	Amoxicillin Paediatric Drop (125mg/ 1.25 ml) 15 ml	Bottle	10 Bottles / carton	10	1 carton	[illegible]
19.	Benzyl Benzoate Application (25% w/v) 100 ml	Bottle	6 Bottles / carton	6	1 carton	[illegible]
20.	Chlorpheniramine Maleate Syrup (2 mg/ 5 ml) 60 ml	Bottle	24 Bottles / carton	24	1 carton	[illegible]
21.	Salbutamol Syrup (2 mg / 5 ml) 60 ml	Bottle	24 Bottles / carton	24	1 carton	[illegible]
22.	Amoxicillin Capsule 250 mg	Capsule	10's X 50 Blisters	500	1 box	[illegible]
23.	Chloramphenicol Eye Drop 0.5%, 10 ml	Vial	12 Vials / box	24	2 boxes	[illegible]
24.	Compound Benzoic Acid Ointment 1.0 kg (Benzoic Acid and Salicylic Acid Ointment)	Jar	1 jar	1	1 jar	[illegible]
25.	Gentian Violet Topical Solution 2%, 10 ml	Vial	10 Vials / box	10	1 box	[illegible]
26.	Neomycin and Bacitracin Ointment 10 g	Tube	10 Tubes / box	10	1 box	[illegible]
27.	Oral Rehydration Salt (ORS)	Sachet	220's Sachets/carton	440	2 cartons	[illegible]

PREPARED BY : NAME: SIGNATURE : [illegible] DATE : 10.05.23

Declaration: The carton contains all the above components and net weight of the components: 32.25 Kg

CHECKED & CONFIRMED BY : NAME: [illegible] SIGNATURE: [illegible] DATE: 12.08.2023

CONSIGNEE : COMMUNITY BASED HEALTH CARE (CBHC)

ESSENTIAL DRUGS COMPANY LIMITED.

Photo: Drug list displayed at community clinic

As result of project's advocacy interventions infrastructural changes were observed in health service providing institutes across the study area. Most of the FGD participants irrespective to their sex, ethnicity and geographical position agreed that in last two years they observed visible changes in health service providing institutes compare to previous time. For example, during FGD a man participant from Khagrachari said, '***we found separate sitting arrangement for men and women in general hospital since last year, which was absent previously.***'

Human Chain Organized by Health Right Forum, Chapainawabganj (Photo: Faruq Ahmed)

The evaluation study found evidence of enhanced understanding of duty bearers on issues related to quality of care, accountability and equity. During KII multiple duty bearers reported they primarily did not take BHW initiative positively, but after engaging in different programs their understanding has been changed. Now they participate in public discussion and debate in relation to health issue. Some of the duty bearers participated in training on issues related to quality of care, accountability and equity. For ensuring quality of care, accountability and equity they are actively participating in different activities of the project. For example, during KII a Civil Surgeon said, ***'I participated different programs arranged by BHW in regional and national level so that I can improve quality of care, accountability and equity in my territory. I ensured updated citizen charter in district general hospital with facilitation of the project for ensuring accountability.'***

However, multiple respondents agreed that measuring impact of the project in light of current indicators was challenging. Most of the indicators are either output level or long-term success or outcome related with nothing for intermediate results. Implementers and donors alike reported the same concern as well.

Hospital Authority Distributed Apron to Support Staff of Hospital (Cleaner), District General Hospital, Netrakona (Photo: Rajesh Kumar Adhikary)

3.2.5 Sustainability

We analysed sustainability of the project's achievement in three different forms e.g., cultural, social, and economic sustainability. While cultural sustainability takes long, there were some evidences regarding it. **Awareness on health service has been improved across the working area among general people, particularly women and young girls. At the least they have been found to be thinking about improvement in health service and their health rights which previously they were blind to.** In some places e.g., Khagrachari hill tract, health seeking behaviour has been increased as result of project intervention. A respondent during KII said, *'previously the people did not even think about modern treatment, at least now they are thinking about it however we need to go a long way in terms of ensuring the services.'* **We also found that a mild cultural change has been observed among duty bearers.** During KII a respondent said, *'when we started BHW activities local Civil Surgeon said another organization has emerged which will start policing. But now the CS hold a different view. The CS participates in our meeting and take initiatives accordingly.'* After receiving training, local journalist have become more aware about health issues which will be community resource even after close of project. The idea of operation through local HOs was very sustainable thought, as the organizations' strategic priority also health as result of BHWs' intervention they were capacitated on such health right advocacy. **The idea of such localization demonstrated evidence of cultural sustainability.**

We also found evidence of sustainability in social level. The right forums are being acknowledged as social institutions. During KII, a respondent said, **'the members of our forums are already socially accepted due to their engagement in social welfare activities.'** The engagement in right forums gives them extra layer of acceptance in the society. The civil society members' linkages with government health service providers have been increased which will be sustained and can be used by them in future right activities. During KII a

forum member said, ***'if BHW cannot provide fund may be the forums will lose its speed of work but the linkage which has been created will be used for welfare of socially exclude marginalized people's health right.'*** However, as organization BHW is also being started to accept among other similar organization. Some CSOs like CPD invited BHW in their meetings.

We did not find any significant evidence of sustainability in economic level. Operating within JPGSPH's protocols, BHW faces the challenge of conflicts of interest. In such cases, BHW often needs to renegotiate and redefine some procedures. During KII with different members of right forums it was realized that they need grants for continuing the activities and other than BHW still they do not have any other option. HOs also think funding are required for mobilizing forums who can in future work autonomously.

4. Recommendation

4.1 Key lessons and potential practice for next phase

1. Collaboration with other influential CSOs would help BHW to make significant impact on government decision making process.
2. HOs and representatives from different forums advised to share learning of different regional chapters among them. They proposed to increase meet up among the host organizations and representatives of different forum members. Webinar is a less costly approach the project can initiate in next course of action. Few respondents suggested to arrange cross country visits to enhance their understanding about health right advocacy. An online central platform (e.g., Facebook group, WhatsApp group) can be a cost effective and sustainable option for sharing learning.
3. Converting Citizen Voice platform into App-based system can increase general people's participation more particularly youth.
4. Politically influential people can be included in the forums as they are experienced to influence the authority in local area. Inclusion of religious leader in the forums who would play significant role for increasing awareness among the general people in relation to the health seeking is also recommended.
5. The project has a plan to increase women forum members gradually. The efforts should be continued for ensuring equity for the women and girls in health right voice raising.
6. The indicators are too broad and reflects a lack of time investment in the development process. The indicators can be revised to be more specific. Most of the indicators are output indicators. While advocacy works take time generate outcome, few early levels of outcome indicators can be set.
7. The project needs to develop a strategy to increase participation of members from different groups e.g., advisory group, working group and thematic group in different meetings. For example, the strategy may include participatory work plan. However, the project needs to keep in mind the members of the groups are highly busy.
8. Project needs to arrange further trainings on advocacy for forum members to clarify further about scope of work for any advocacy.
9. Some confusion regarding the scope of works of BHW were observed among some duty bearer. Since multiple CSOs are working with health right advocacy, messages are at risk of being diluted over time and geographic area. Therefore, we would like to recommend to increase number of meetings, sharing the scope works with the duty bearers, so that they can be sensitized.
10. Most of the activities in relation to finance, health and administration are operated by Jilla Parishad (District Council) in hill tract area which is significantly different than other regional chapters. This variation needs to be considered during development of advocacy strategy in BHW central level.

11. Awareness raising campaign for improving poor health seeking behaviour of community people in hill-tract area is essential. The campaign needs to include information in relation to benefit of scientific treatment, availability and access to health service in their areas, costing of general treatment, support from government for such treatment etc.
12. Most of the local journalists need to work in multiple bits, again national news media in many cases overlook local level health news. Therefore, local journalists are suggested to work with news media house policy.
13. Different members of DHRF, YHRF and duty bearers reported about the lack of equipment for diagnosis, lack of health service providers in government facilities. As result many private health service providers are emerged in local context, with limited pricing regulations. BHW can advocate for addressing this issue.
14. The project does not have any particular policy for assessing vulnerability of Plain Land Indigenous people. There is an opportunity to create specific policies to address the Plain Land Indigenous people needs.
15. We recommend to develop some guiding tools for the regional level so that they can develop advocacy tools utilizing research findings (conducted by BHW).
16. The project needs to increase their emphasize of work at the regional level to reach the poor and marginal people. They need to enforce existing mechanism of accountability and improve quality health care. For example, there is grievance redressal system in government health service, and there are display boards where government demonstrated how to complain if there is any. But many of health service receivers do not know about this. This can lead to major problems including security concern of health service providers. Duty bearers suggested to increase awareness raising activities on grievance redressal system. Activities can include, increase display board number in health service provider institutes, message dissemination through local cable TV channels, community radios, local newspapers etc.
17. Project harvested lesson learning through biannual reporting, meetings and field visits mainly. A dedicated time in the meeting for sharing learning, online text and audio platform for sharing learning, a space for learning in the reporting template, analysing data for decision making, etc., could help the project to harvest more learning explicitly. Appointing dedicated MEL staff can support the mechanism to be organized and standardized.
18. Dedicated staff for corporate and functioning unit would help to facilitate the supporting system more effective and efficient.
19. Involving youth volunteer from YHRF as dedicated paid staff with minimal remuneration in HO can help.

4.2 Identify potential areas for civil society advocacy and donor collaboration

The project worked for a short time and there were numerous achievements, but there is room for improvement as well. BHW has already employed a methodical approach in pinpointing advocacy requirements and tailoring interventions to suit those needs. Advocacy takes time as primarily for bringing any change of practice including cultural, social, legal, requires to mobilize and aware respective people first. It takes significant effort and resource. For achieving better result the activities need to be continued. However, the study suggests some potential areas which need to be considered:

1. During KIIs multiple duty bearers, right forum members agreed that the government has limited resources. In most of the government health service providing institutes there is lack of human resources. This issue needs to be advocated with government.
2. As discussed, multiple duty bearers, right forum members said with minimum resources government cannot full fill the health service demand. For example, during KII, a CS said, 'with our government resource we can fill only 30-35% health demand.' As result private sector are engaged in service provision. During KII a working group member said, 'private sector needs to be capacitated further'. Another respondent said, 'private sector is not properly regulated, there is huge gaps between government and private service fee which is unusual'. Most of the respondents suggested to include private sectors in BHWs' advocacy effort.
3. During KII some respondents said, in our education system, mainly in text book, there is no text about country health system, health rights, service provision. They suggest BHW to advocate for including text regarding this in education system.
4. As discussed previously BHW is working with single source funding. There is scope of donor collaboration. In the country context, the donor community has particular emphasize on improving health and nutritional status while they consider gender as cross cutting issue. BHW can conduct donor mapping for searching such opportunities where they can partner for increasing awareness of local community people regarding health rights.

5. CHALLENGES AND BEST PRACTICES

5.1 Challenges

- The project faced global pandemic COVID-19, likely other development projects across the globe this project activities were also largely interrupted.
- The project's main challenge was managing resources including human and financial. Comparing to the resources, its activities were highly ambitious. For example, with the aim to increase capacity of adolescent girls to raise voice for their health rights the project formed adolescent girls' group, but ultimately it was not continued. However, it went through learning by doing process.
- HO extended its support as voluntarily with minimal service fee. They dedicated one person as focal, however the focal did BHW activities as additional duty. As result some activities could not be done in time.
- In the country context, women participation is lower in civil society compare to men. This reality was also reflected in different forums.
- Shrinking freedom of expression was another challenge for advocacy works. BHW conducted election manifesto review but could not disseminate widely.
- There are three groups who are composed of high influential people e.g., advisory group, thematic groups and working group. Considering the members high level of engagement in different social and professional activities it was realized that coordination among the groups was very challenging.

5.2 Best practices

- Formation of regional chapter for allowing regional voice raising in health sector development was one of the best practices.
- Engaging local CSOs as HO was another best practice which can be replicated in similar advocacy project. This engagement ensured localization of effort.
- Ensuring participation of different age, sex and ethnicity inclusion in project designing and implementation e.g., DHRF, UHRF and YHRF forums was one of the best practices.
- Ensuring of conduction of multistakeholder meeting (which is also mandate of government) with participation of all types of stakeholders at regional level was identified as best practice.
- Formation of thematic group is another innovative idea what the project adopted. The idea created provision of addressing dynamics of health need. Since the experts are hired from outside, it creates a wide networking opportunity.
- Training for local journalist on health sector was one of the critical initiatives because the local journalists have significant contribution in opinion development and local discussion agenda setting in media.

6. Conclusion

The study found significant evidence of achievement in most of the criteria of evaluation. The project was found highly relevant in global, national and regional context; most of the interventions were found highly effective; but efficiency was found to be scoring less than the other criteria. Besides, the indicator settings for measuring impact made it difficult to track the impact. However, considerable evidences of changing local level implementation of policies, quality of health care, improved equity irrespective to geographical location, age, sex and ethnicity was found. The advocacy work mainly dealt with awareness raising, sensitizing different stakeholder, changing attitude and practice. All of these are slow building initiatives which take a while to actualize into impact. Nevertheless, notable early sign of changes was found. For instance, behavioural changes among the duty bearers were observed, people's health seeking behaviour has been improved and civil society members have taken the health right issues in their consideration. Despite of significant achievement, the project's sustainability is far from ensured. BHW is working as the only organization in the country for health right advocacy, but it has single source funding despite of requirement for long term activities. Although the study found some early sign of ownership among the health right forums, there is a gap in funding. The study suggests further investment for the activities alongside number of recommendations.

Annex

Annex 1: Progress by indicators

Legend

- Completed as per plan
- Slightly/moderately behind
- Could not be completed as per plan

#	Indicator	Progress as Final Evaluation	Overall progress
1	Result-01: Civil society platforms/individual voices enabled and strengthened to hold government (and other actors) accountable to major health sector commitments		
1.1	Client feedback on GoB services informs MTR and annual reviews	Client feedback research was conducted at 8 regional chapters to develop tool to explore trends of equity and quality of care in Primary Heath Care (PHC) level health facilities. The findings were shared with Directorate General of Health Services (DGHS) on Nov 2022. The survey will be continued using the tools in 2023 as regular monitoring of the health care activities. Recommendations were shared to the Chair of Strategic Implementation Plan (SIP) for 5th health sector plan of Ministry of Health and Family Welfare. The recommendations covered six areas (Climate change and health, non-communicable diseases, Universal health coverage, Health workforce, Governance, and Urban health), are critical for future of health systems. The SIP members appreciated BHW's efforts and acknowledged BHW for enhancing the quality of the report. In order to influence policy, BHW commissioned another study on "Linking the Voice of the Poor to the 5th Sector Program: Climate change impact on health" in eight regional chapters. The study's findings, when publicly shared, garnered significant media attention, highlighting the urgent need for awareness about climate change's impact on vulnerable communities' health, ultimately increasing understanding among policymakers and the public about climate-related health issues. Additionally, a policy brief summarizing the study's key findings and recommendations was developed and circulated to the BHW network to promote informed decision-making and foster actionable steps toward building a more resilient healthcare system in the face of climate change.	**Completed**

#	Indicator	Progress as Final Evaluation	Overall progress
1.2	Areas of under-investment/ underspend in improving quality of care, participation, equity (including gender-related equity) in health service delivery in the health sector budget identified and public concern raised	BHW conducted a study titled "Analysis of Health Budget Allocation and Expenditure, and Reflection of Election Manifesto Commitments in the Health Budget".Followed by the study, BHW organized advocacy events engaging the duty bearers and the policymakers. In this connection, a series of activities namely pre-budget national dialogues, a post-budget national dialogues, and a post budget reaction roundtable discussion were organized. A Policy Brief on "Reviewing Health Sector Allocation: Budget 2022-23" was published. The second policy brief was published in Bangla was distributed to all 300 Members of Parliament of Bangladesh. Copies were also sent to 350 other stakeholders, including the Ministry of Health and Family Welfare, Ministry of Planning, Ministry of Finance, DGHS, DGFP, all directors of Health Services, Journalists, National and INGOs, Donors, Development Partners etc Besides, based on the study recommendations, District Health Rights Forums of 5 regional chapters (Barguna, Chapainawabganj, Manikganj, Kurigram and Sunamganj) organized human chain and handed over memorandums to the respective District Commissioners demanding the increase ofallocation for the health sector in national budget 2022-23. Through the process, the BHW raised the public concern. Most importantly, the budget analysis was considered in the newly developed SIP documents.	**Completed**
1.3	Progress on implementing political government's election manifesto reviewed and assessed public informed about progress	Progress review was done. According to the review, allocations for the development projects of the health sectors for last four years (FY2019-20 to FY2022-23) was BDT 28,800 crore for fulfilling election manifesto commitments. This was almost 49 percent of the total development budget for the health sector. The latest National Budget has significantly increased allocations for fulfilling election manifesto commitments (from 40% to 68%). Like previous three fiscal years, no allocation has been increased in the hewalth sector development budget for FY2022-23 for fulfilling election manifesto. Key findings of the review were taken place at above-mentioned roundtable discussions (see #1.2 above). Further, project developed a policy brief on 'Increasing Health Budget to Translate Political Commitments to Action' with recommendation for increasing health budget.	**Slightly behind**

#	Indicator	Progress as Final Evaluation	Overall progress
1.4	BHW strengthened to work as an influential civil society voice to influence policy	The Secretariat is supporting the advocacy process including both RCs and national level. Four thematic group was formed and currently two groups are supporting on need-based challenges around health. For example, thematic group on health law and policy identified three advocacy areas includes spreading information on prohibition of “Two finger Test”, providing emergency medical services irrespective of filling police case, and review and analysis of Mental Health Act 2018. The HOs of eight RCs are facilitating health forums’ activities like capacity building of the forum members, engagement of members of youth forums in different advocacy, meeting with duty bearers, multi-stakeholder meeting, media campaign and news publications, national and international day observations etc. The detail of the advocacy is discussed in different part of the report. A strategic plan has been developed as guiding tool. The secretariat has also been capacitated through different initiatives (orientation on BHW Strategic Plan for BHW Secretariat Staff, Training on Project Management, Advocacy-communication, and Civic Engagement, Gender sensitivity training for BHW Secretariat, Capacity building on Bangladesh Health System, field visits, etc.). A Mid-Term Review (MTR) of the project was placed and findings were presented at the BHW Strategic Planning Meeting on December 26, 2021. A Strategic Plan was also developed. The findings and recommendations of the MTR were incorporated in the plan. HOs have started working at union level focusing community clinic. Union level forums were activated. Due to advocacy, some changes were visitable at community clinic like setting solar panel, installation of tubewell etc. Multi-stakeholder meeting was held at regional level. News report on the meeting and other activities were published in local newspaper and through Facebook pages.	**Completed**

#	Indicator	Progress as Final Evaluation	Overall progress
1.5	Bangladesh Health Watch Report published and launched	BHW published report (titled "Covid-19 in Bangladesh: The first two years and looking ahead.") on contemporary health topics of importance biannually. Evidence based issues of Bangladesh health sector are included in the report. The report covered seven chapters and major issues of the chapters included: The knowledge, attitude, and practice of different segments of the population, including health care providers, to understand the basic premises at the beginning of the pandemic, Socio-economic correlates of the COVID-19 infection and the stigma associated with the disease, especially in the early months, Controversial response of the health system of Bangladesh to COVID-19 pandemic, from procurement of supplies to inefficiency of the testing facilities due to lack of proper coordination, Corruption in the health sector during the pandemic, learning of the pandemic, etc. The report was officially launched on 15 March 2022 and disseminated to government, non-government organizations, civil society bodies, and other relevant stakeholders. The event got the attention of leading online and print media	**Completed**
2	Result-2: Evidence-based advocacy carried out to improve the situation related to the quality of care, accountability, and equity		
2.1	Priority advocacy areas identified, and evidence generated	Eight regional chapters (RC) monitors health situation in their catchment areas. District Health Rights Forums (DHRF) of these RCs collected public voice and opinion ensuring that the voices of women and girls are heard, and collected feedback on quality, transparency and equity of service access from the district, upazila, and community level and initiated advocacy programs. Through these forums, BHW developed a mechanism to collect evidence from service- providing institutions and make service providers of all levels to be engaged and supportive Developed mechanism includes: **1) Capacity Building (for forums, duty bearers etc.)** BHW organized a day-long **capacity building training f**or Health Rights Forum (HRF) members to enrich them with c**o**ncepts of Universal Health Rights and relevant advocacy approaches and techniques so that they can go for local-level advocacy intended for the improvement of health services of their area. Similarly, a day long training was organized for the youth volunteers who were oriented on health rights, volunteerism, social campaign, online networking and leadership so that they can contribute their capacity efficiently in forum activities. Altogether 16 training sessions were organized at 8 regional chapters where 93 civil society members and 173 youth volunteers attended.	**Completed**

#	Indicator	Progress as Final Evaluation	Overall progress
		.BHW organized **Gender Sensitivity Training** for 201 youth volunteers with aims to mitigate health-based gender discrimination and adopt attitudes and behaviors. BHW and DHRFs of all regional chapters jointly organized **training on Health Reporting** for 162 local journalists at regional level (10 women). The objectives of the programme were to improve understanding of the reporters on medical terminology and enhance their ability to interpret medical research reports. **2) Forum functional activities (planning; meetings etc.)** Each RCs organized a **planning workshop** with the participation of government health officials e.g., Civil Surgeon, Medical Officers, Resident Medical Officers, forum members etc., at their regions. Objective was to identify problems of service delivery of facilities through collective discussion and develop an integrated work plan for 2022 for augmenting the quality-of-service delivery system through advocacy and campaign. The annual work plan 2022 for DHRF was drafted and was approved in the following forum meeting. All DHRF and DHRYF arranged **quarterly meetings** with secretarial support from Host Organisations (HOs). Besides, the Annual coordination meeting in a form of an **"Annual general meeting"** was held in each regional chapter. Achievements of the annual work plan was reviewed and deviated activities were rescheduled in the meetings. BHW secretariate virtually meets the RC leaders regularly through **"Meet the RC"** event to share and discuss the progress regional activities. BHW has introduced an **online meeting** nationally with all Health Rights Youth Forums of 8 RCs to develop leadership and to make an opportunity to exchange their mutual experience of campaigning and awareness-building activities. following this, one meeting was held on August 2022. **3) Advocacy and Networking** BHW organized an **Advocacy Meeting** on 14th November 2022. It brought together the local level service-providing institutions, the DHRF including the policymakerts at the national level. The purpose of the advocacy meeting was to raise the voices and demands of the grassroots.	

#	Indicator	Progress as Final Evaluation	Overall progress
		Research findings on collecting feedback from the community on public health care services were shared. BHW organised **multi- stakeholders' meeting** at all RCs that were open and in a form of public hearing. These meetings provided citizens with the opportunity to express and discuss inquiry issues related to medical services with the government health authority and for the government health authority to explain their position/constraints Sida Representatives **visited to** Chapainawabganj RC and UGC Representatives visited to Khagrachhari RC to monitor the project activities. It brought motivations to the regional health stakeholders and forum members. **4) Awareness Building and Campaign** Photo story competitions among YHRF members of eight RCs were held to generate evidences. Around 44 entries have been submitted. The contents like health equity, women and children in the lens of healthcare, ensuring equal healthcare in community clinics, hospital management, ensuring adolescent healthcare facility, good rapport/relation with the healthcare provider and receiver, primary healthcare of women and healthcare were covered with photo stories. DHRFs in six districts celebrated Safe **Motherhood Day** on 28 May 2022. Women from catchment areas (pregnant women and lactating mothers) were made aware of safe motherhood and encouraged to come regularly for antenatal care. Services providers promised to provide regular services to those women. **World Health Day** was celebrated on 07 April 2022 at Manikganj jointly by District Civil Surgeon's Office, DHRF, BHW and BARCIK. Barguna DHRF and Civil surgeon Office jointly observed World No Tobacco Day on 26 May, 2022. A series of "One hour Human Chain" was organised by RCs demanding the increase of allocation for the health sector in the national budget 2022. The demands were based on the findings and recommendations of online Pre-budget National Dialogue on health budget. Moreover, the RCs handed over memorandums in this regard to respective District Commissioners. **5) Evidence Generation** BHW conducted **client feedback study** to explore trends of 'equity' and 'quality of care' in Service centers. The focus was to accommodate citizens' voices in improving the quality of services at the Public Health Care facilities. Findings of this research were shared with the DGHS. The report was shared with a larger group by organizing an Advocacy Meeting.	

#	Indicator	Progress as Final Evaluation	Overall progress
		BHW conducted **formative research** to explore, document and evaluate process of formation of the RCs, its activities and generate evidence on lessons learned for future roadmap. BHW decided to explore the opportunity to work on improving **urban health care services,** particularly primary health care and involving Urban local Government Institutions (ULGIs). In this regard BHW team visited three City corporations (Narayanganj, Rangpur and Munsignaj) and a municipality (Dhaka north) to understand the urban health services. Based on the visits, a meeting was held with Urban Health Experts to get ideas future scope of works, major challenges etc. BHW secretariate initiated a **quarterly bulletin** namely "Swashtha Odhikar Barta" with an aim to disseminate regional chapters' advocacy and campaign related activities. The first issue (April-June 2022) was published in November 2022. BHW is operating **Research Repository** or Covid-19 Research Hub (https://r. bangladeshhealthwatch.org) is being updated quarterly. This is an online compilation of all peer reviewed articles of Bangladesh. Since its inception in March 2020, A total of 1009 Open Access articles have been uploaded in the hub. To document the experiences and success of the country's health sector in the past five decades, BHW published a book titled '**50Years of Bangladesh: Advances in Health '** in 2023 Bangla version of this book titled **"স্বাধীনতার পঞ্চাশ বছরঃ বাংলাদেশের স্বাস্থ্যখাতের বিকাশ"** was published in 2022. Media monitoring in relation to health news is a continuous process of BHW. BHW has been collecting the health-related news published in six leading daily newspapers to identify advocacy issues since March 2020 to the present date The news were mostly related to diseases, followed by national health management, infection and death rate etc. Further two manuscripts have been developed from media scanning reports. First manuscript has already been submitted to a journal name Heliyon. BHW also organized a series of round table events both online and in-person on different health issues. Under the thematic group of "health law and policy", it organised events emergency medical services, and unnecessary caesarean section. BHW also participated as a co organizer in international conference on COVID-19 with JPG and with United International University. It conduced study on grassroot voice on impact of climate change on health (mentioned under indicator 1.1 as well)	

#	Indicator	Progress as Final Evaluation	Overall progress
2.2	Evidence-based advocacy on topical areas carried out	BHW organized a day-long conference on the Emerging Challenges to SRHR in Bangladesh on 03 Dec 2022. Global and national experts, policy makers, civil society activists, and other stakeholders attended in the conference. Members of the Working Group publish articles on health issues in newspapers and other media aiming to influence decisions, for example the members published 15 articles on various issues related to COVID-19 vaccine, Universal Health Coverage on reputed print media during Jan-Dec 2022. BHW in collaboration with Chatham House[1] and UNICEF hosted a roundtable discussion with engagement of civil society actors working for health sector development. It focused opportunities, challenges, and priorities in health financing, human resources for health at primary health care (PHC) level. The recommendations were to reach full population and meeting needs of poor and vulnerable people, increase public financing for health, additional resources for PHC services, launching a nationwide network of urban health clinics, invest primary key health system etc. Other series of activities (like multi-stakeholder meeting, campaign, review, publications, news, policy brief etc., which are discussed in report in different parts) BHW is doing to accelerating the universal health coverage. BHW made three rounds civil society consultations to develop a session of conference on Health Economics held on 13 September 2023 BHW conducted research on PPE and organized webinar with journalist. The event got the good media attention through publishing 9 news in Bangla, 5 news in English, 9 news in online media and airing on BBC Bangla and 2 television channels. The media coverage tiggered the DGHS and further discussion on rethinking about quality of PPE was placed between DGHS and BHW. BHW also supported for research on COVID-19 conducted by icddr'b. The findings were shared to DGHS. Arranged series of webinars throughout the Life of Project. Continued social media & mass media activities through Posters, Facebook page, Blog, YouTube and TikTok content included videos and posters	**Completed**

[1] an independent policy institute and well-known think tank, also known as Royal Institute of International affairs, based in London

#	Indicator	Progress as Final Evaluation	Overall progress
3	Result-3: Better understanding of duty-bearers on quality of care, accountability and equity		
3.1	Duty-bearers engaged in debate/ discussion on project advocacy issues	Two thematic groups are supporting BHW on advocacy. Some of key issues identified by the thematic groups were: Spreading the information on prohibition of "Two-Finger Test" based on a High Court ruling Dissemination of the judgment to provide of emergency medical services to all both from public and private institutions irrespective of filing police case Review and analysis of Mental Health Act, 2018 and how to fast track implementation Vaccine deployment, future budget needs, and research topics Vaccine coverage among comorbidity people, hard-to-reach, the elderly population, the gaps in planning and implementation, the high procurement cost The thematic groups also met and analysed national health budget. Organized eight multi-stakeholders' meetings with 111 duty bearers' participation. A national advocacy meeting was organized with participation of three health administrators from DGHS and eight Civil surgeons from eight divisions.	**Completed**

#	Indicator	Progress as Final Evaluation	Overall progress
3.2	Social media interface between duty bearers and end users help to identify problems and seek solutions	BHW setup Citizen Voice and received 3,000 queries and questions from citizens. The queries and questions were addressed by DGH through a2i. Under social media campaigns, BHW created 40 infographics, 9 videos, 6 Facebook live sessions on community clinic, mental health, breast cancer awareness, diabetes awareness, antimicrobial resistance awareness, model pharmacy etc. TV talk shows were another media campaign. Research articles have been published on the covid research repository and BHW website. BHW collaborated with a2i and national helpline 333. BHW appointed Bloodman, a consultation agency, to support media advocacy. **MRDI-BHW** Collaboration: Management and Resources Development Initiative (MRDI) is media development organization conducting a host of other activities geared towards its mission to build a strong and independent media. Bangladesh Health Watch collaborated with MRDI to capacitate local-level journalists of eight regional chapters. MRDI circulated a letter to the editors to prominent/ esteemed media outlets. The media outlets nominated 16 journalists from their media houses. After the selection, 4 days of intensive training have been organized. The selected 16 journalists were then tagged with 4 mentors. These four mentors have wide range of knowledge in journalism and media management. These mentors supervise them for two months to produce 16 in-depth and investigative news reports. The mentorship process is still ongoing. MRDI is giving all the necessary support, such as mentorship support, related expenses to produce report to the involved reporters	**Completed**

#	Indicator	Progress as Final Evaluation	Overall progress
3.3	Increased understanding and commitment of duty bearers to quality, participation and equity of health care, especially for the vulnerable (including women and girls) populations through short courses	Two short courses and one pilot course on Covid-19 (4 sessions) were delivered. The short courses on 'Equity in Accessing Healthcare Services' were delivered to 38 participants of government, NGO and private sector, university faculty, other health professionals and journalists. The participants submitted assignments on understanding of the courses and service recipient plan.	**Completed**
3.4	Understanding of 'participation' and 'equity' enhanced among the national and international scientific community, academia and policy planners have been set to understand this result area	An international conference on participation and equity was planned, but it was cancelled due to COVID-19 pandemic.	**Could not completed**

Annex 2: Definition of Secretariat, Advisory Group, Working Group and Thematic Group

Working Group: BHW is governed by a Working Group. The group is led by a Convener and the other ten members are all stalwarts of the health sector in Bangladesh. Through regular meetings, the group approves plans, provides direction and guidance, and reviews the progress of implementation. The working group identifies BHW's priority issues for advocacy/publications, approves and monitors annual work plan and implementation, forms thematic groups and regional chapters, links with Advisory Committee. The Convener of the group also has some additional responsibilities, to oversee the performance and lend support and guidance to BHW Secretariat, and negotiate with JPGSPH in resolving issues.

Advisor Group: The group has been formed to provide overall direction, guidance, and support to the Working Group while carrying out the activities of BHW. The members of the Advisory Groups are eminent citizens of Bangladesh who have unique knowledge and skills in different sectors including health. The Advisory Group is led by a Convener, with the support of a Co-Convener. Advisory Group meets bi-annually.

Secretariat: BHW Secretariat has been formed with the professionals to carry out the activities as per the approved plan. The secretariat is the hub of all activities and performs under the guidance of the Working Group and Project Steering Committee and is now housed within JPGSPH premises. The Program Director is leading the Secretariat with the support of ten other full-time members. An Adviser is providing support and the Convener of the working group is leading the overall performance of the secretariat.

Thematic Groups: The group is formed to carry out extensive targeted advocacy activities along with media-based dissemination of research/review findings and public discussions and debates on specific issues. Bangladesh Health Watch has formed the thematic groups with the engagement of experts and stakeholders from different entities. The group members voluntarily work and are accountable to develop appropriate advocacy strategies and support to implement the strategies. These thematic groups are working parallelly.

Annex 3: Sampling Distribution

Target group	Sample Size	Description
KII	**44**	
Donor	01	Focal
Secretariate	04	Representative of respective group
Team Leader, 02 Coordinators		
Working group	03	Convenor and other member
Advisory group	02	Member
Thematic group members	02	Member
Regional Chapter	02	Secretariat member
District Health Right Forum	04	Forum members (Manikganj, Chapainawabganj, Netrakona and Khagrachari)
Upazila Health Right Forum	04	President and other members (Bagerhat, Chapainawabganj, Netrakona and Khagrachari)
Youth Health Right Forum	05	Forum members (Manikganj [male forum and female forum], Chapainawabganj, Netrakona and Khagrachari
Journalists	02	Anywhere from project area (Chapainawabganj, Netrakona, Khagrachari)
District Hospital	04	RMO, Superindent or concern person (Manikganj, Chapainawabganj, Netrakona and Khagrachari)
Upazila Health Complex	04	Upazila Health Officer or concern person (Manikganj, Chapainawabganj, Netrakona and Khagrachari)
Community Clinic (Union level)	02	Netrakona and Chapainawabganj
Host organization	04	Focal Person of host organizations, Sabalamby Unnayan Samity (Netrakona), PROYAS Manobik Unnayan Society (Chapainawabganj), BARCIK (Manikganj), Zabarang Kalyan Samity (Khagrachari)]

Civil Sargon	01	01 from any area
FGD	**04**	
Health care users-Women	02	Netrakona and Chapainawabganj
Health care users- Men	02	Netrakona and Khagrachari
Staff consultation	**01**	
Secretariate, finance, HR, procurement	01	Staff from finance, admin, procurement and program

Annex 4: Major activities at a glance

#	Major activities	Number
1	Advocacy and networking strategy	1
2	Dialogue/Seminar/Workshop on health budget and election manifesto	7
3	Webinars to share findings of research on COVID-19	12
4	Assessment on HPNSP (MTR 2020)	1
5	Book on '50 years of Bangladesh: Advances in Health' published	1
6	Media reports published	13
8	Talk show held	7
9	Social media campaign	678
10	Citizen's voice platform	1
11	International conference on COVID-19, UIU, UHC	3
12	Training for health reporters	10
13	Gender sensitivity training for youth	8
14	Advocacy training for forum members	2
15	Training for duty bearers/short cources	3
16	Capacity building training for Secretariate's staff	4
17	Research conducted	11
18	Client feedback study	1
19	Reports developed (annual and biannual)	4

20	Policy brief produced	12
21	Manuscripts developed and submitted	2
22	New article published	93
23	Number of news scanned and health related news identified	6544
24	Number of newspapers scanned	6
25	Web-site launched	1
26	Number of news posted on Twitter	108
27	Number clips posted through Tiktok	14
28	Number of video posted on Youtube	41
29	Number of literatures uploaded into research repository	1095
30	RC model assessment	1
31	Short courses for duty bearers	3
32	Thematic Groups Roundtable discussions	2

Annex 5: Data Collection Tools Used in the Evaluation

Data Collection Tools

End of Project Evaluation

THE PROJECT: Making Bangladesh's Healthcare Systems More Responsive and Participatory

Informed Consent

"I am from Helios Consultancy, who are carrying out this End of Project Evaluation, the project tittle is "Making Bangladesh's Healthcare Systems More Responsive and Participatory". The purpose of this KII is to understand the projects achievements and non-achievements, it's relevance, effectiveness efficiency and sustainability mainly. The study will help to understand different challenges, constraint and learning of the project. The participation in this study is voluntary and we will not mention your name or any word by which you can be identified in any report or public document. We intend to share the results anonymously for development initiative of Bangladesh. Your data will be treated confidential and will not be shared any person other than the research team. I will not be sharing your data publicly. You are not bound to answer any or all questions. During this KII you can add your opinion and ask any type of relevant question. If you feel anything hurt your dignity you can report to Imran Khan, Deputy Chief Executive, Helios Consultancy, Phone-88-01768967760. Please can you give us your time, this will not take more than two hours. If you agree I can continue the KII with you. Can I continue please? Thank you for giving us your time."

KII checklist for Host Organization

General	• What are your key roles in your organization? • What are your roles in BHW's project? From when have you engaged in the project? • Does any other staff contribute in the project? If yes, how are they contributing?
Effectiveness	• How were you engaged in forming health right forums? Could you please give ideas about the process of forming the forums [prob: DHRF, UHRF, YHRF[2]]? Did you face any challenge in forming the forums? If yes, what were those? If yes, could you please give us some examples from your experience? • What were the major activities or events you organized for the project to mobilize the forums? Were the numbers of activities or events sufficient to achieve the goal? If no, why? • Do you feel any intervention could contribute more to achieve the goal, although that was not designed for the project? • criteria facilitate or restrict the forum formation process? As your opinion, how did the forum member selection • How do forums determine the problems in relation to health service on which they want to discuss during advocacy events? • How will you evaluate the relevance of these problems with marginalized people in target area? • Did you see any changes in i) raising voice, ii) equity and iii) services in health system in your area? If yes, what are those? • Have any activities specially designed to reach women (one of the key targets of the project)? If yes, what were those? If no, do you feel any need for special activity for women? • How do you evaluate forming regional chapters by hiring third party? • What do you know about client feedback research? What were your contributions in conducting the survey? How is the reseach contributing in the advocacy or others?

2 District Heatlh Right Forum (DHRF), Upazila Health Right Forum (UHRF), Union Health Right Forum (UnHRF), and Youth Health Right Forum (YHRF)

Efficiency	• Did you or assigned staff get any capacity building supports? If yes, what is that and how that was effective to operationalize the project? • Are the staff sufficient to do the activities? Any capacity building supports are they needed? If yes, what supports do you suggest? • Coordination: With BHW, other host organisations and With Forums • Did you able to conduct all activities in scheduled time? If no, why? Did you postpone any schedule activities? If yes, Why? • How will you explain assigned staff turnover in the project? How did you manage the challenges emerged from these staff turnover (if occurred)? • How will you explain efficiency of your staff event management remotely, particularly during COVID? • How will you explain the sufficiency of the budget to implement different activities and events [prob: surplus budget for some events, budget deficit for some events]? • How do you know the field level challenges or new learning? Did you adapt or adopt any learning? If yes, can you give an example? Did you find any important learning was not able to adapt or adopt? If yes, why? • What are the mechanism to evaluate the performance of different events your organized arranged? What were the strategies you followed to address underperformance if any? • What are the mechanism in place which allow to engage most influential and non-political representatives in the forums? What were challenges the project faced to follow the mechanism?

Sustainability: [social, economic, environmental and cultural sustainability]	• Can you provide a list of interventions which will continue without any project support? Why do you think the interventions or achievement is sustainable? From you experience, do you have any achievement what project made will not be sustainable? If yes, Why? • As of your opinion, whether the forums will continue the present activities or similar activities even after cease of funding? If yes, what are the incentives of the forums to continue the activities [prob: voluntarism, localization of problem, increased knowledge among civil society, gratification of power and influence, sense of community belonging etc]? if no, what are the challenges for ensuring sustainability [prob: lack of coordination, lack of finance, insufficient place for meeting etc]? • Did you observe any changes in culture of this area in relation to raising voice for ensuring equity in health service as result of intervention of this project? Could you please give us some examples from your experience? • As result of your intervention did you find any environmental change (enabling environment) for advocacy [prob: acceptance of civil society's voice in govt organisations, mobilized duty bearer for hearing voice of marginalised people, increased participation of marginalize people in public hearing etc]? • Do the forums get any support from any institution or organization or individual through which it can sustain even after cease of fund?

KII checklist for BHW Staff [Secretariat, Working Group]

General	• What are your roles in BHW's project? From when have you engaged in the project?
Effectiveness	• How did you engage in selecting Host organizations? Could you please give ideas about the process of selection? How will you confirm the selection was the best fit for the project? Were all host organizations' ways of working flexible, collaborative, inclusive? • What were the major activities or events you facilitated? Were the activities or events sufficient to achieve the goal? If no, why? Among the activities or events, which influenced mostly the health policies? How? And which influenced least the health policies? Why do you think it is least? Had any activities specially designed to reach women (one of the key targets of the project)? If yes, what were those? If no, do you feel any need for the special design? • What BHW did for budget review [prob: allocation and implementation]? What were the results? Do you find any space to improve the process further which could influence the government more? What initiative did the project take to distribute the review results to the people?

	• What did the project do to inform public about the result of review of ruling parties election manifesto in relation to health related promise and implementation? What are the ultimate achievements? • What BHW did for raising voice? What were the results? Do you find any space to improve the process further which can bring higher impact? • What BHW did for equity? What were the results? Do you find any space to improve the process further which can bring a higher impact? • What are the follow up mechanism to understand results of the activities or events? What did you do when expected outcomes did not achieve from any activity? Can you please explain with an example? • Do you feel any intervention could contribute more to achieve the goal, although that was not designed for the project? • Did COVID-19 or any external factor affect your project? If yes, How? What were the other external factors? What modifications were made to make the project in track? • What were the processes of sharing findings of the client feedback research with the forums? Did they able to place the evidence (findings) to the local health authorities (District, Upazila and Union level)? Did you find any challenges in the process? • How do you know (channel of learning like regular meeting, field visits, report etc) the field level challenges or new learning? Did you adapt or adopt any learning? If yes, can you give an example? Did you find any important learning was not able to adapt or adopt? If yes, why?

Efficiency	• Can you explain the strategic direction or organogram of the project? How does the existing setting capable to manage the project? Are you enough comfortable with the settings (coordination)? If no, can you suggest modification to make the process more effective? • Coordination: Within BHW and With Forums? Internal coordination among the host organizations, external coordination • Did you able to conduct all activities in scheduled time? If no, why? • Did you see any changes in raising voice, equity and services in health system in your area? If yes, what are they? • What are the mechanisms to evaluate the performance of different events BHW organized? What were the strategies followed to address underperformance? • What are the mechanisms in place which allow to engage most influential and non-political representatives in the forums? What were challenges the project faced to follow the mechanism? • Did you find any influence the project made to the government? If yes, what are they? Did you identify any better mechanism (from your experience of the project) to influence at higher scale which project can follow further?

Sustainability	• Can you provide a list of interventions which will continue without any project support? Why do you think the interventions or achievement is sustainable? From you experience, do you have any achievement what project made will has less potential to sustain?
	• How will you explain the changes have been occurred which will sustain in;
	  • Social level [prob: forums accepted by concern development committee or organisation, forums collaboration or partnership with other organisations]?
	  • Economic level [prob: increased capacity of forums for financial mobilization]
	  • Environmental level [prob: acceptance of civil society's voice in govt organisations, mobilized duty bearer for hearing voice of marginalised people, increased participation of marginalize people in public hearing etc]?
	  • Cultural level [prob: discussion and debate on health budget emerged in political dialogues, political parties or citizen emphasized on health related agenda in election manifesto of election candidate, bottom up approach emerged in local health service provision, citizen are more mobilized to raise their voice for their health right, civil society are conducting evidence based advocacy viz., client feedback survey, public hearing, investigative journalism]
	• How will you explain the process to bring the grassroots voice to national policy makers even after end of the project [union forum-Upazila forum-District forum-]
	• How are you thinking about project exit strategy

KII checklist for Health Right Forums

Relevance and Effectiveness	• How were you engaged in project implementation design? Did you engage or know each of the steps of forum formation and its activities? What is the ultimate goal of the project? • Do you know about the client feedback survey? As your opinion how relevant this survey for your advocacy effort? •Did you participate in any public hearing which was relevant to health service provision? As your opinion were these public hearing events relevant for raising voice of marginalized people to secure their health right? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Did you participate in any awareness raising programme or day observation event? As your opinion were these events relevant for raising voice of marginalized people to secure their health right? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Did you participate in any capacity building programme [advocacy, life skill development, leadership, gender] organized by the project? Did you find these programs relevant for your advocacy activities? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Had any activities specially designed to reach women (one of the key targets of the project)? If yes, what were they? If no, do you feel any need for that? • Did you hear about the policy briefs developed by BHW in relation to COVID19? Did you find these policy briefs relevant for your advocacy activities amid COVID19? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Do you know about the budget review (human chain etc) conducted by the project? As your opinion, is the budget review relevant for your advocacy effort? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Did you hear about the review of rolling parties' election manifesto in relation to health-related promise and implementation? Did you find this review relevant for your advocacy activities? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities?

Efficiency	• Did you get enough time to organize advocacy events? Can you explain your opinion with some examples from your experience? • Did you get enough resource [human resource, meeting place, ICT support] to organize advocacy events? Can you explain your opinion with some examples from your experience? • What activities did you conduct during COVID. How did COVID affected your activities in that time? How did you manage challenges emerged as result of COVID19? • How will you explain the ratio of associated cost and conducted activities in any event [prob: over costing, under costing, even]? • What major challenges [prob: political, social, economic, cultural] did you face to implement the project activities [meeting, day observation, awareness campaign]? How did you manage the challenges?
Sustainability	• Will you continue the forum activities without project supports? If yes, why? If no, what further supports the forum needs to continue the activities? Do you have any idea of restructuring (like engaging local club, CBO, forming new group of health service related victims etc) which will enable you to continue the activities? Why do you think that the new structure will work? Do you have evidence of success of your idea? • How can the forum be more effective to raise the voice of margialized people for their health right? • What external factors are likely to affect positively or negatively the sustainability of outcomes?

KII Checklist for Staff Consultation

- How are the staff from different departments [Prob: HR, Admin, Procurement] attached to implement the project? What attachments are helping to facilitate the project more effectively and efficiently? Did you face challenge for such attachment? If yes, what were they? How did you mitigate the challenges?
- Operation: Does the governance structure of the project facilitate best response to operation? If yes, how? If no, why and what modification do you suggest?
- Adaption or adoption: Does the structure allow to response the changing context (flexibility)? If yes, if you please have one example?
- Coordination: Internal (host organization, forums, partners) and External (government, NGOs, private sector etc)
- We know the challenges of COVID-19. What were modifications the project made in design to implement the project during the COVID-19? Did you find any intervention postponed due to COVID-19? If yes, what is the present status of the postponed one?
- What were the major activities or events you facilitated? Were the activities or events

sufficient to achieve the goal? If no, why? Among the activities or events, which influenced mostly the health policies? How? And which influenced least the health policies? Why do you think it is least? Had any activities specially designed to reach women (one of the key targets of the project)? If yes, what were those? If no, do you feel any need for the special design?

- What external factors are likely to affect positively or negatively the sustainability of outcomes?
- Do you feel any intervention could contribute more to achieve the goal, although that was not designed for the project?
- What were the processes of sharing findings of the client feedback research with the forums? Did they able to place to evidence (findings) to the local health authorities (District, Upazila and Union level)? Did you find any challenges in the process?
- How do you know (channel of learning like regular meeting, field visits, report etc) the field level challenges or new learning? Did you adapt or adopt any learning? If yes, can you give an example? Did you find any important learning was not able to adapt or adopt? If yes, why?
- What major challenges [prob: political, social, economic, cultural] did you face to implement the project activities [meeting, day observation, awareness campaign]? How did you manage the challenges?

KII Checklist for Thematic Group

- Could you please share a brief about thematic group [previous activities, current activities, future plan, how it works]?
- What are key responsibilities of the thematic group? How did you contribute in this group? How are the thematic group contributing to the project? If you please give us some example of themes which thematic group provide the project implemented?
- Are you satisfied with existing structure of the thematic group? If yes, why? If no, what do you suggest for any modification or alternative?
- What type of challenges did you face or observe which restricted intended achievement of this project? How did the project or you address these challenges?
- In the changing situation how did the thematic group adopt new interventions. What are the challenges you face when you adopt the new interventions?

KII Checklist for Duty Bearers

General Question	•What do you know about the activities of Bangladesh Health Watch?
Relevance and Effectiveness	• Did you participate in any capacity building training organized by BHW? As your opinion was the training relevant for your profession or improvement of your service delivery? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • Who received training: What have you learned regarding [EQUITY, GOVERNANCE AND QUALITY OF CARE]? How will be explain your achievement regarding the three areas? • Did you participate in any public hearing organised by BHW? As your opinion was these events were relevant for your profession or improvement of your service delivery? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities? • How will you explain health right forums activities in your area for raising voice of marginalized people? Did you take any initiative or promised to take any initiative which can be attributed on the result of right forums activities? • Do you know about the client feedback survey? As your opinion how relevant was this survey for improvement of health service delivery? • Do you know about the budget review conducted by the project? As your opinion, is the budget review relevant for improvement of health service delivery? • Did you participate in any awareness raising program or day observation event organized by BHW? As your opinion were these events relevant for raising voice of marginalized people to secure their health right? If yes, please give us some examples that explain how it was helpful? If no, how could it be relevant for your activities?
Sustainability	• What initiatives did you take as result of project activities/advocacy of right forum which will be sustain for long time? • How can the forum be more effective to raise the voice of margialized people for their health right? • What external factors are likely to affect positively or negatively the sustainability of outcomes?

KII Checklist: Working Group

1. As you advised what are the present stand of project?
2. What are the strengths of the project as an influential Civic space (or CSO)?
3. What are the major challenges to become as an influential Civic space?
4. What do you suggest to diversify the fund-raising strategies?
5. What are further recommendations as next step to be more influential?
6. Operation: Does the governance structure of the project facilitate best response to operation? If yes, how? If no, why and what modification do you suggest?

KII Checklist for Advisory Group

1. Key role of advisory group
2. What is the status of 6 monthly meeting?
3. International conference? What outcome achieved or can be the potential outcomes or impact?
4. As you advised what are the present stand of project?
5. What are the strengths of the BHW (project) becoming a influential as Civic space (or CSO)?
6. Do you see any necessary of a permanent setup (a small group) who will work only for advocacy?
7. Without funding, what are your advice to sustain the existing operation of BHW?

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