BANGLADESH
HEALTH WATCH

MAKING BANGLADESH'S HEALTH CARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

Supported by
Sida

MID-TERM REVIEW (MTR)

Report
December 2021

Reviewed by

Prof Dr Liaquat Ali
Pothikrit Institute of Health Studies (PIHS)
Pothikrit Foundation, Sangskriti Bikash Kendra Bhaban
1/1/E Paribagh, Dhaka-1000, Bangladesh
email: liaquat@pihs.ac.bd; liaquat.pihs@gmail.com

and

Dr Nazneen Akhter
Assistant Professor (Adjunct), North South University and
Managing Director
Value Attention Alternative Development Learning Options (VAALO)
Head Office: House # 178, 2nd Floor, Road # 2
New DOHS, Mohakhali, Dhaka-1206
email: nazeenakhter317@gmail.com

TABLE OF CONTENTS

List of Acronyms		II
Executive Summary		1
Chapter 1:	Introduction	16
Chapter 2:	Methodology	21
Chapter 3:	Progress of implementation and achievements	24
	3.1 Progress against objectives and related streams of activities	24
Chapter 4:	Summary of the FGDs and KIIs	45
Chapter 5:	Strengths, Opportunities, Weakness and Challenges	50
Chapter 6:	Conclusion	52
Chapter 7:	Recommendations	53

Annexures

- Annex 1: Progress against Result Frame Work (RFW) 55
- Annex 2: List of authorities/organizations/persons interviewed/ consulted 72
- Annex 3: KII/FGD Instruments 79
- Annex 4: ToR of the Assignment 88
- Annex 5: MTR Recommendations and Management Responses: 94

LIST OF ACRONYMS

ADAB	Association of Development Agencies in Bangladesh
AG	Advisory Group
APR	Annual Programme Review
AZD1222	Oxford–AstraZeneca
BCC	Behaviour Change Communication
BHW	Bangladesh Health Watch
BRAC	Bangladesh Rural Advancement Committee
BSMMU	Bangabandhu Seikh Mujib Medical University
BUP	Bangladesh Unnayan Parishad
COVID	Coronavirus Disease
CPD	Centre For Policy Dialogue
CS	Civil Surgeon
CSO	Civil Society Organization
DC	Deputy Commissioner
DG	Director General
DGHS	Directorate General of Health Services
DHRF	District Health Rights Forum
DHRYF	District Health Rights Youth Forum
ED	Executive Director
FGD	Focus Group Discussion
FLW	Front Line Worker
FY	Fiscal Year
GoB	Government of Bangladesh
GUK	Gana Unnayan Kendra
HO	Host Organization
HPNSP	Health Population and Nutrition Sector Program
HSS	Health Systems strengthening
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information Communications Technology
IEC	Information, Education, and Communication
IEDCR	Institute of Epidemiology, Disease Control and Research
IDI	In-depth Interview
INGO	International Non-Governmental Organization
JPGSPH	James P Grant School of Public Health
KII	Key Informant Interview

MOF	Ministry of Finance
MOHFW	Ministry of Health and Family Welfare
MOV	Means of Verification
MTR	Mid-Term Review
NA	Not Applicable
NGO	Non-Governmental Organization
NIPORT	National Institute of Population. Research and Training
NIPSOM	National Institute of Preventive and Social Medicine
PIHS	Pothikrit Institute of Health Studies
PR	Public Relations
RC	Regional Chapter
RCCE	Risk Communication and Community Engagement
RFW	Result Frame Work
SARS	Severe Acute Respiratory Syndrome
SIDA	Swedish International Development Cooperation Agency
SOP	Standard Operating Procedure
SOWC	Strengths, Opportunities, Weakness and Challenges
SP	Superintendent of Police
TG	Thematic Group
TNA	Training Needs Assessment
TOR	Terms of reference
TV	Television
UHC	Universal Health Coverage
UNICEF	United Nations International Children's Emergency Fund
VAALO	Value Attention Alternative Development Learning Options
WG	Working Group

EXECUTIVE SUMMARY

1. Introduction:

1.1 Background:

Established in 2006, Bangladesh Health Watch (BHW) is 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. Through a series of reports it identified the most critical challenges to the health sector at particular points in time and published insightful situation analyses leading to practical recommendations, based on evidence from existing and primary research. Realizing the need for effectively engaging itself in active advocacy on specific issues BHW planned to address accountability, transparency, equity and quality of care in the health sector through civil society platforms which will, ultimately, raise 'citizen's voice'. To this end it received a three-year funding for the project 'Making Bangladesh's Healthcare Systems More Responsive and Participatory', funded by Swedish International Development Cooperation Agency (Sida) from December 2019 - December 2022. As part of the project activities the present mid-term review (MTR) has been conducted to review the progress of the project during the initial nineteen months (December 2019-June 2021) of implementation.

1.2 Objectives of the MTR:

The MTR was conducted to support BHW

(a) To revisit the information on selected indicators in the performance framework to track the project's progress and provide evidence for comparing with the end-line of the project; and

(b) To make recommendations on how the activities can be improved based on the findings of the assessment.

1.3 Overall Project Brief:

The Goal of the Project is **'To strengthen the healthcare system so that it is more responsive to people's needs and demands.'**

The specific objectives of the project are:

(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; and

(c) To enhance understanding of duty bearers on issues related to quality of care, accountability and equity.

Three Streams of activities are planned to achieve the objectives:

a. Activities to hold the government accountable in meeting the promises of the published manifesto of the political party in power, Allocation for health in the annual national budget, and incorporating health care users, especially feedback from women and girls in programme planning and reviews of the national sector-wide health programme;

b. Generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence-based policy advocacy; and

c. Disseminating the findings of various research/review to programme planners and managers as well as the public with the intent of generating debate and discussion and in addition, conduction of three short courses related to transparency, accountability and equity.

The ultimate beneficiaries of the project are the citizens of Bangladesh, especially the poor and people living in hard-to-reach areas with priority for girls and women. T**he direct target group of the project are** the Government/NGO policy planners, programme managers, service providers and CSOs both at central and local levels. **The indirect beneficiaries of the project area.** All health care users, especially the marginalized and poor, living in hard-to-reach areas.

2 Methodology

A mixed-method exploratory study design was followed during the review which included:

i. **Document Review:** The reviewed documents included the original project proposal as well the semiannual/ annual progress reports, project monitoring reports and other publications/ presentation documents/ media reports as relevant to the implementation of the project. The Meeting minutes of the Working and Thematic Groups were also reviewed

ii. **Key Informant Interview (KII):** Three Members of the Advisory Board, 5 public health professionals and 4 Journalists were interviewed following this approach. KIIs were also conducted with the Regional Chapter Representatives.

iii. **Focused Group Discussion (FGD):** FGDs were held with the Project staff members.

iv. **Semi-structured Group Interviews:** Working Group Members as well as few Thematic Group members were interviewed following this approach.

v. **Exchange of Opinions**: Opinions were exchanged with 2 Representatives of the Sponsor of the Project – the Swedish Sida.

Sabalamby Unnayan Smaity (SUS)
Netrokona

Solidarity,
Kurigram

PROYAS Manobik Unnayan
Society
Chapainowabgong

Efforts for Rural Advancement-ERA
Sunamgonj

Rupantar
Bagerhat, Khulna

Jago Nari
Patuakhali, Barishal

BARCIK
Manikgonj, Dhaka

Zabarang Kalyan Samity
Khagrachori, Chottogram

Tracking the Progress:

A Result-based Logical Framework was included in the Project Proposal for future tracking of the Progress and periodic Reports were submitted by the Secretariat following that framework. The present Reviewers cumulated the individual Reports for the period under review (with a summary description of activities) and the progress was re-reviewed based on their findings and impression. In the context of the Goal and Objectives of the present Project only Result Framework was considered to be insufficient by the Reviewers as the intended results may not be achievable within its relatively short span of time. Accordingly, the progress was also reviewed by a process based additional framework developed by the Reviewers which summarized achievement against Objectives and related Streams of Activities as originally conceived in the project document including the budgetary allocations.

3 Progress of implementation and achievements:

The Progress of implementation and achievements (against objectives and related streams of activities & sub-activities) are shown in Table 1

Table 1. Progress against objectives and related streams of activities & sub-activities

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
Objective-1 *To enable civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments*						
1.1 Meeting the promises of the published manifesto of the political party in power, the allocation for health in the annual national budget, and incorporating health care users, especially feedback from women and girls in program planning and reviews (annual/ mid-term) of the national sector-wide health program.	Reach Client feedback on GoB services in light of election manifesto commitments and national budget review		50% achieved	One (1) study done	Two client feedback generated	
		NA (Dec 2019)	33% achieved	One (1) review made	Three reviews with dissemination regarding the manifesto-aligned actions	
			50% achieved	One budget monitored	Three budget monitoring with dissemination	
				Done	Publish policy brief & advocacy initiatives with GoB policymakers	
				On process	Two results attributable to lobbying to GoB	

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
1.2 Strengthening the Bangladesh Health Watch secretariat to take initiatives to strengthen civil society's participation and influence in policy forums and national level strategic programme decisions by channeling the voices of end-users to the policy table through citizens' platforms	Secretariat Set-up	No dedicated staff	All recruitment done	Recruitment completed & team inducted	Recruit secretariat team as per project organogram	
		No job de-scription	Job description detailed	Done	Job description detailed	
		No dedicated office	Office facilities set	Done	Office facilities set	
		No detailed work plan	Detail work plan for the project developed	Done, to be reviewed as per need	Detail work plan for the project developed	
		No formal-ized SOP for coordi-nation	process for with JPGSPH developed with a customized SOP	Done, to be reviewed as per need, no formalized SOP	Coordination process for with JPGSPH developed	
	Established of Advisory Group, Working Group, Project Steering Committee, Thematic Groups	NA	Advisory Group formed with TOR		Advisory Group formed with TOR	
		NA	Working Group formed with TOR	Done	Working Group formed with TOR	
		NA	Project Steering Committee constituted	Done	Project Steering Committee constituted	
		NA	3-4 Thematic Groups formed with TOR	Three Themat-ic Groups es-tablished, two functioned	3-4 Thematic Groups formed with TOR	
	Reports Publication & instigate	NA	50% achieved	5 media reports instigated	10 media reports instigated	
		NA	50% achieved	Issue 2021 publication under process	One report published & dis-seminated (issue 2021), take prepa-ration for issue 2023	

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
1.3 Establishing Eight Regional Chapters of Bangladesh Health Watch to bring the grassroots voices of health care users and providers to the national level, especially from areas with marginalized populations.	Set-up Regional Chapter	NA	Eight (8) Regional Chapters (RCs) established	3 HOs were selected & 2 RCs formed Up to June'21	Eight (8) Regional Chapters (RCs) were established in eight divisions	
Objective-2 *To carry out evidence-based advocacy to improve the situation of quality of care, transparency, and equity especially in hard-to-reach, poor areas, particularly for women and young girls*						
2.1 Generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence-based policy advocacy. It will entail 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, gender considerations), equity, human rights, participation and voice.	Evidence to identify advocacy areas & policy generated	NA	3-4 research/ studies/ desk reviews/project analysis commissioned	Ten (10) research/ studies/ desk reviews/ project analysis accomplished	3-4 research/ studies/ desk reviews/ project analysis commissioned	
			50% achieved	2 policy briefs were published: advocacy done at limited scale	6 policy briefs were published and advocacy initiatives with GoB policymakers undertaken	
	Attain Membership in GoB policy forums & CSOs		100% achieved	Participated at MTR & APR meetings	Membership in 2 policy forums at MoHFW	
				3 CSOs conjunct members	CSO representation	
	Advocacy initiated, awareness raised throughout GoB & society	NA	3-4 advocacy initiatives done with GoB policuy makers	3 advocacy initiated & followed up at DG-DGHS with 3 letters	3-4 advocacy initiatives done with GoB policy makers	
		NA		Ten (10) research/ studies/ desk reviews completed	Dissemination of research/studies/ desk reviews	

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
		NA		18 webinars organized	Meeting, journal/ newspaper publications, mass media & social media campaigns, develop BCC & IEC materials	
				4 manuscripts submitted in different journals		
				3 Media fellowships awarded		
				54 articles/op-Ed's published in newspapers		
				Launched a research repository housed within BHW website		
				Posters developed		
				Website launched, Facebook page, blog, pop-up button on the website initiated		
		NA	9 Talk Shows facilitated	7 TV talk shows facilitated	Eighteen (18) talk shows organized	
		NA	4 Press Conferences organized	1 online press conference arranged	6 Press Conferences organized	
		NA	Preparatory activities for the book done	Ongoing	One book published	

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
Objective-3 *To enhance understanding of duty bearers on issues related to the quality of care, accountability and equity*						
3.1 Entailing disseminating the findings of various research/reviews to program planners and managers as well as the general public with the intent of generating debate and discussion	Participation of duty bearers in debate/ discussion through research/ studies	NA	Duty Bearers engaged in relevant Forums	Duty Bearers engaged in the usual discussion/ dissemination programs	Duty bearers included in Working Group, Regional Chapters, Thematic Groups and participate in advocacy initiatives	
	Social & mass media networking between duty bearers and end-users to identify problems and seek solutions			Television talk shows organized Website launched, Facebook page, blog, pop-up button on the website	Print, electronic, social media communication	
3.2 Developing and delivering of three short courses on 'Transparency for Good Governance', 'Participation and Accountability, 'Equity in Accessing Services'. These courses, which will be targeted to mid-level policy makers and implementers in the government, NGOs and private sector networks, will contribute to developing knowledge and skills of programme managers so that they can build the the elements of the three topics in their programmes/ projects	Develop & organize short courses for duty-bearers to increase understanding and commit-ment to qual-ity, participa-tion and equity of health care Widening national and international networking understanding of 'partici-pation' and 'equity'	NA	Course-curricula develop and organize courses	JPGSPH contracted to develop course-content and teaching-learning methodology	12 short courses organized	

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
		NA	2 lessons learned documents on the issue prepare and disseminate through BHW's website	Not initiated	6 lessons learned documents on the issue prepare and disseminate in each year through BHW's website	
		NA	scientific publications	3 scientific publications published & 1 in progress	2 scientific publications in relevant peer-reviewed journals	
		NA		Preparatory activities for the Conference initiated but postponed due to covid-19 pandemic	Prior to the conference a comprehensive publication launched	
		NA			One (1) international conference organized	
		NA			Post Conference proceedings drawn up, disseminated and recommendation placed to GOB	

Good Progress | Moderate Progress | poor Progress

4 Summary Findings from FGDs and KIIs:

1) *Relevance* - All of the Stakeholders agreed that the Project is highly relevant in the present health context of Bangladesh;

2) *Awareness about BHW Activities* - Optimum awareness about the Project has not yet been achieved.

3) *Involvement with BHW Activities* - Involvement of the advisory and implementing group members are heterogeneous and more engagement is necessary.

4) *Implementation Process* – Awareness needs to be transformed to 'citizen's voice', a comprehensive 'Advocacy Strategy' needs to be explicit, the appropriate partnership should be developed, media should be more effectively engaged, and decentralization efforts should be enhanced and coordinated; and

5) The issue of sustainability should be started to be addressed.

Strengths, Opportunities, Weakness, and Challenges (SOWC):

1) *Strengths* - Uniqueness as a health-specific community empowerment project, Alignment of a fairly large group of public health activists/enthusiasts, Involvement of senior-level policy makers and opinion leaders, Interest and commitment of the Regional Chapter Organizers, Attraction of locally respected organizations, and Support from JPGSPH of BRAC University.

2) *Opportunities* - Highest level Policy Makers and Administrators sensitized and health acknowledged as a 'Development Issue'; Weakness of the health sector more exposed during the pandemic and importance of the community engagement more realized, Involvement of opinion leaders in the project, Enthusiasm of the Regional Organizers, Active involvement of the younger generation.

3) *Weakness* - Insufficient engagement of the advisory and implementing

partners, Lack of comprehensive 'Advocacy Strategy', No explicit plan on future sustainability, Lack of a Project-specific (SOP).

4) *Challenges* - Transformation of the awareness/advocacy campaigns into effective 'citizen's voice', Designing a comprehensive 'Advocacy Strategy' balancing the 'conformational' and 'confrontational' modes, Harmonization of Partners having diverse objectives and agenda; Continuation of the enthusiasm of the Regional Chapters and local Host Organizations; Balancing between voluntarism and professionalism, and Future continuation of the project activities under a sustainable organizational/ institutional structure.

5 Conclusion:

The present Project of BHW is a unique one in the Bangladesh context and it is also a catalyst for a 'quantum jump' in the overall activities of BHW itself. The initial implementing period of the Project was highly challenging due to the global crisis created by the COVID-19 Pandemic and it is understandable that the substantial capacity of the secretariat (which has already been organized within a short period of time) had to be geared to address the demanding and deserving issues related to the pandemic. The crisis, however, has also created the opportunity with relatively higher levels of understanding on the socio-economic, environmental and political determinants of health among all segments of people. The Project now needs to transform this opportunity to a 'Citizen's Voice' through the creation and activation of effective civil society platforms in the health sector.

6. Recommendations:

a. Initiatives should be intensified to create more awareness about the activities of the Project among the advisory, organizing, and supporting groups.

b. Efforts should be made to increase the sense of involvement among the advisory, organizing, and supporting groups.

c. Opinion Leaders already involved with the Project should be more engaged, especially in advocacy-related issues;

d. Empowerment of the ultimate beneficiaries (mass people) should be prioritized, as and when necessary, through an appropriate partnership with other civil society and right based organizations as well as relevant public sector platforms like a2i;

e. Advocacy needs to be more focused and continuous with a result-based approach.

f. A comprehensive 'Advocacy Strategy' should be designed and all the implementing partners in the whole country should operate in compliance to the document in a coordinated manner.

g. For evidence generation, health-related data repository initiatives should be more emphasized.

h. Mass Media, both print and electronic, should be optimally utilized and some flagship programs may be conceived.

i. The capacity of the media to promote evidence-based journalism should be enhanced through additional focused initiatives undertaken by the Project.

j. In the context of the limited experience yet, the operation of the Regional Chapters should be considered as piloting with the provision of relevant adaptation and adjustment and, also, with consideration of necessary start-up logistic/financial support to the local Host Organizations on a 'case to case basis.

k. The operation of the Secretariat should be made more dynamic through a

dedicated organogram and Standard Operating Procedure (SOP) reflecting the objectives and requirements of the Project within the overall umbrella of the host organization (the JPGSPH);

l. Longer-term sustainability of the present initiatives undertaken by the project should be carefully evaluated within a broader context of the organizational identity and structure of BHW.

m. The Result Framework in the project document needs to be revisited with the possible reformulation of the indicators to 'achievable' ones within such a limited project period and, also, with an optional possibility of replacing the RFW itself by a Process related Framework which may better track the progress of the Project.

**** The management response to the recommendations is attached in the report as annex-5.**

Chapter 1
INTRODUCTION

1.1 Background

A strong civil society can positively impact social exclusion and health inequity through stronger participation, active monitoring, increased accountability, and transparency in the health sector. 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 with the publication of a series of reports, the Bangladesh Health Watch Reports. The reports identified the most critical challenges to the health sector at particular points in time and published insightful situation analyses leading to practical recommendations, based on evidence from existing and primary research. BHW has, however, not been effectively engaged in active advocacy on specific issues. Please visit: https://bangladeshhealthwatch.org/

BHW's work is carried out by a Working Group led by a Convener; the members are all stalwarts of the sector. The James P Grant School of Public Health (JPGSPH) hosts the Secretariat and provides the logistics support to conduct meetings and carry out work related to the publication of the Reports. An Advisory Committee provides strategic guidance to the Working Group.

Involving community members in the governance of health facilities through the activities of the previous Groups/ Committees proved an effective way to progress a voice and accountability agenda. However, to ensure the effective functioning of these entities addressing wider health-related issues considerable capacity-building support is required involving formal training as well as enhanced on-going mentoring support. Poor governance, particularly transparency, in the health sector negatively influences the service delivery mechanism in Bangladesh, resulting in the low utilization of many public facilities. Non-availability of drugs and commodities, discrimination against the poor, imposition of unofficial fees,

lack of trained providers, weak referral, feedback and monitoring systems, unfavorable opening hours, and interdepartmental schism contribute to low use of public facilities in Bangladesh.

Within the wider context of the above issues, BHW planned to address accountability, transparency, equity, and quality of care in the health sector through civil society platforms which will, ultimately, raise citizens' voices. To this end, it received three-year funding for the project 'Making Bangladesh's Healthcare Systems More Responsive and Participatory', funded by Swedish International Development Cooperation Agency (Sida) from December 2019 - December 2022.

From the starting of its journey in December 2019 to the end of June 2021 the project has been implemented for nineteen months and BHW is required to review the progress made to date and the program implementation process required to be revisited. Conducting a mid-term review (MTR) was also a part of the project activities supported by Sida.

1.2 Objectives of the MTR

The purpose of this review was two-fold. The first was to objectively evaluate if sufficient progress in the project's

output indicators has been made to achieve the expected results by the end of the program period. Secondly, it would document important lessons learned regarding the service delivery modalities, the management, and institutional arrangements employed by BHW.

In the ToR of the MTR assignment some specific questions were highlighted to be answered: Is the target group and priority group reached? If not, what suggestion are there to better reach them?

It was conceived that the information generated by the review will help BHW (a) to revisit the information on selected indicators in the performance framework to track the project's progress and provide evidence for comparing with the end-line of the project, and (b) to make recommendations on how the activities can be improved based on the findings of the assessment.

1.3 Overall Project Brief

Bangladesh Health Watch (BHW), a citizens' platform for improved accountability of the country's healthcare system through evidence based policy review and citizen feedback was established in 2006 dedicated to improve the health system in Bangladesh through evidence-based critical review of policies and programmes, and recommend appropriate actions for change. BHW is implementing the three years project, `Making Bangladesh's Healthcare Systems More Responsive and Participatory' with the financial assistance of the Swedish International Development Cooperation Agency (Sida) since December 1, 2019.

The Project Goal:

To strengthen the healthcare system so that it is more responsive to people's needs and demands.

The specific objectives of the project are:

- To enable civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments
- 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
- To enhance understanding of duty bearers on issues related to quality of care, accountability and equity

To achieve the ultimate result the project has three pronged strategies, which are as follows:

1. The first stream of work are planned activities to hold the government accountable in three specific areas:
   - Meeting the promises of the published manifesto of the political party in power;
   - Allocation for health in the annual national budget; and
   - Incorporating health care users, especially feedback from women and girls in programme planning and reviews of the national sector-wide health programme
2. Generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence based policy advocacy. It will entail research, reviews, and/or analysis of media reports and reporting from health systems seen through the lens of poverty, vulnerability, equity, human rights, participation and voice.
3. The third stream of work will entail disseminating the findings of various research/review to programme planners and managers as well as the general public with the intent of generating debate and discussion. Print, electronic and social media and events will be used for this purpose. In addition, development of three short courses on 'Transparency for Good Governance'. 'Participation and Accountability, 'Equity in Accessing Services' will be developed and delivered.

It was planned that the project activities will be implemented into two phases:

1. **Inception Phase:** The first 6 month (December 2019 to May 2020) of the project was set as inception phase. But due to COVID-19 pandemic BHW took approval from donor in April 2020 to extend this phase till August 15, 2020.

2. Regular activity Phase: All the planned activities are ongoing even in the pandemic situation.

The ultimate beneficiaries of the project

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

The direct target group of the project

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

The indirect beneficiaries of the project

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

Chapter 2
METHODOLOGY

A mixed-method exploratory study design was followed during the review which included: i. Document Review; ii. Key Informant Interview (KII); iii. Focus Group Discussion (FGD); iv. Semi-structured Group Interview; and v. Exchange of Opinions.

The methodology was designed to capture the current accomplishment and the result created by the implementation of the project from its inception till the mid-term period. Considering the project goal, objectives and the nature of the project implementation including the pattern of beneficiaries those the project intended to reach, the methodological process followed was mainly qualitative in nature. This was be done through an in-depth and focused desk review of the documents associated to the Project along with an extensive exploratory search in order to best draw the information, insights from various relevant sources. The findings were expected to be reflective to the objective oriented output /outcome which are made by the project so far and also exploratory data would demonstrate the implementation strengths, opportunities, weakness and challenges including the areas for future improvement and the lessons learnt as best practice elements of the project. The qualitative data collection was done using few tools, as mentioned above, which were designed and developed to capture the information and insights from diverse stakeholders and participants of the project. The instruments of data collection varied depending on the question content and probing purpose. At the end, however, all the questions aligned to the Project goal and objectives so that the findings could be cross validated across the instruments.

vi. Document Review: The reviewed documents included the original project proposal as well the semiannual/ annual progress reports, project monitoring reports and other publications/ presentation documents/ media reports as relevant to the implementation of the project. The Meeting minutes of the Working and Thematic Groups were also reviewed.

vii. Key Informant Interview (KII): Three Members of the Advisory Board, 5 public health professionals and 4 Journalists were interviewed following this approach. KIIs were also conducted with the Regional Chapter Representatives.

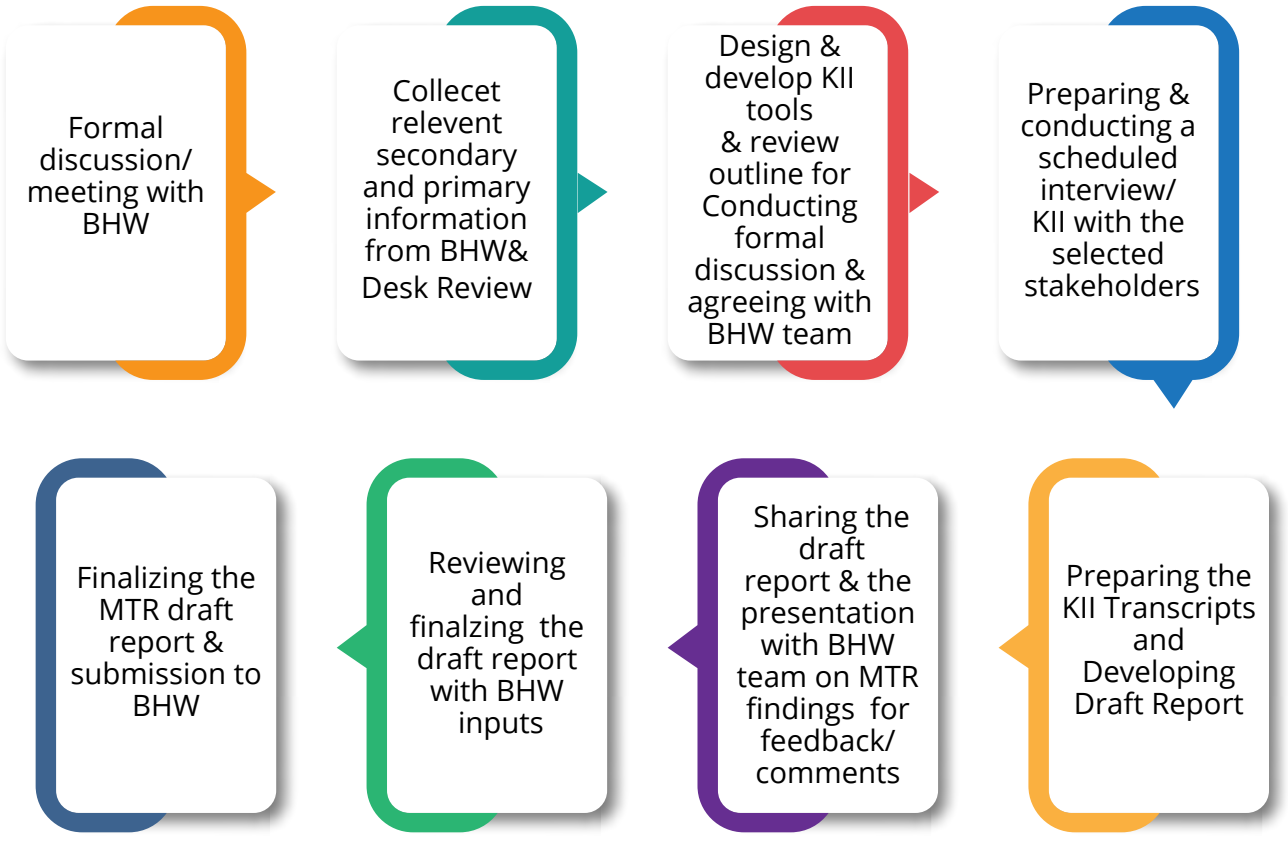
viii. Focused Group Discussion (FGD): FGDs were held with the Project staff members.

ix. Semi-structured Group Interviews: Working Group Members as well as few Thematic Group members were interviewed following this approach.

x. Exchange of Opinions: Opinions were exchanged with 2 Representatives of the Sponsor of the Project – the Swedish Sida.

Methodological Flow chart:

Data Quality & Data Management:



Data quality was ensured from the beginning to the end of the review process including tools design development, data drawing from the field, reporting, recording, consent taking from each interviewee (KII). The Qualitative data were sorted out according to project review objective theme focus and were transcribed and authenticated/validated with the other project reports and across the different KII groups and also through an implementer consultation workshop.

The draft findings were initially shared and consulted with the project implementers to have their feedback and comments to incorporate and finalize the report.

Tracking the Progress:

A Result-based Logical Framework was included in the Project Proposal for future tracking of the Progress and periodic Reports were submitted by the Secretariat following that framework (Table 2. Progress against Result Frame Work (RFW), Annex 1)). The present Reviewers cumulated the individual Reports for the period under review (with a summary description of activities) and the progress was re-reviewed based on their findings and impression.

In the context of the Goal and Objectives of the present Project only Result Framework was considered to be insufficient by the Reviewers as the intended results may not be achievable within its relatively short span of time. Accordingly, the progress was also reviewed by a process based additional framework developed by the Reviewers which summarized achievement against Objectives and related Streams of Activities as originally conceived in the project document including the budgetary allocations (Table 1. Progress against objectives and related streams of activities & sub-activities).

Chapter 3

PROGRESS OF IMPLEMENTATION AND ACHIEVEMENTS

3.1 Progress against objectives and related streams of activities

I. Objective-1: To enable civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments.

Streams of activities

1.1 Meeting the promises of the published manifesto of the political party in power, allocation for health in the annual national budget, and incorporating health care users, especially feedback from women and girls in programme planning and reviews (annual/mid-term) of the national sector-wide health programme.

Following activities have done to meet the above stream of works:

- Conducted an assessment of User's Perspective of Public Health Services in Bangladesh' to provide inputs into 4th HPNSP review, MTR 2020. In addition to the MTR team members the assessment findings were also shared with government officials and donor representatives.
- A Consultant firm led by a renowned and well respected national economist was appointed to carry out a desk review of the health sector allocations & expenditures in the National Budget (FY 20-21) with the aid of different ministries, implementation status of Annual Development Plan, other development plans, COVID stimulus budget. The assessment findings were shared with Policy Makers, Journalists and other Stakeholders' during the budget session. The dissemination was done through a webinar attended by a number of participants including media representatives and it was reported in national dailies as well as in television channels and online portals.

- Published a Policy Brief based on the above exercise & disseminated the brief to Parliament Members prior to the budget session 2021 of the National Parliament and to other relevant stakeholders;

- The Election manifesto was reviewed by the above consultant firm to identify gaps in funding and expenditure, particularly concerning the quality of care, accountability, and equity and to make solid recommendations for the policy planners on priority areas. The focus of this review was to assess the extent to which the ruling party's election manifesto commitments relating to health sector are reflected in the health budget for FY2020-21. It is planned to develop another policy brief in light of commissioned and research on government election manifesto commitments by the consultant. This policy brief will drive home findings of the manifesto relating to health sector as reflected in the health budget & inform public about the implementing progress

of commitments. It will be circulated among and discussed virtually with representatives from MOHFW and its offices along with parliamentarians, representatives of political parties, journalists & other stakeholders.

- Organized a pre-budget virtual webinar titled "Public Expenditure for Health Sector: Proposals for FY2021-22" to highlight the urgency of prioritizing the increase of allocation for the health sector and bringing reforms to the health system, and to focus on the current trends of allocations and expenditures of the health budget. The webinar was attended by 78 participants of whom 25 were media professionals. Seven daily leading Bangla (2) & English (5) newspapers and 5 online portals covered the news;

- Arranged an online press conference titled "Budget 2021: Reviewing the Health Allocations" in order to provide inputs to the budget development process and in the quest to making the health budget preparation and implementation more participatory;

- Considering the crisis created by the COVID-19 pandemic and its impact on the national budget, BHW carried out a rapid analysis focusing on various resource allocation of government and private sectors to COVID response known as "Stimulus Package" and the study findings were disseminated to stakeholders through a webinar meeting.

1.2 Strengthening the Bangladesh Health Watch secretariat to take initiatives to strengthen civil society's participation and influence in policy forums and national level strategic programme decisions by channeling the voices of end users to the policy table through citizens' platforms.

To Strengthen the BHW to work as an influential civil society voice to influence policy, initiatives taken are:

- **BHW** Secretariat which is the main engine for project implementation has been fully established. Recruitment of its team members has been fully completed as per project organogram and detailed job descriptions have been developed for its staffs;

- Formed/strengthened the following groups consisting with leading professionals in different sectors of Bangladesh who have superior expertise

and skills in their respective fields:

- Advisory Group with 9 members
- Working Group with 12 members
- A Project Steering Committee has also been established to oversee project implementation progress and ensure coordination and collaboration among various stakeholder groups (BHW Secretariat, Working Group, JPGSPH, donor).

- Set-up of office facilities completed and developed process for coordination **with JPGSPH** since **BHW** secretariat is located at James P Grant School of Public Health (JPGSPH), BRAC University premises;
- Made a detailed work plan for project to work as an influential civil society voice to influence policy;
- Plan for P-R event to launch secretariat cancelled due to Covid 19 pandemic. The funds allocated re-programmed in consultation with Sida, the Donor agency;
- To provide guidance on technical issues on a particular theme and to provide expert opinion and support in developing and implementing advocacy initiatives, **BHW** formed three thematic groups consist of members from other civil society platforms, professional associations and individual experts. The groups are:
  - Thematic Group on approach to Advocacy with three members;
  - Thematic Group on Vaccination (Covid-19) with six members to monitor government decisions, vaccine rollout, technical aspects etc;
  - Thematic Group on National Budget for the Health Sector with five members to analyse National Budget.
- **BHW** instigated a number of media reports;
- **BHW** Team members are working to publish and disseminate a report on a contemporary topic of importance with a title and contents as 'Prevention and containment of COVID-19 pandemic in Bangladesh: Generating Quick Data for Evidence-Based Response' in December 2021 on the eve of Golden

Jubilee of Bangladesh Independence.

1.3 Establishing Eight Regional Chapters of Bangladesh Health Watch to bring the grassroots voices of health care users and providers to the national level, especially from areas with marginalized population.

Steps taken to accomplish the above stream of works are:

- To form Regional Chapters (RCs) at eight divisions BHW appointed a consulting firm and through a formative research three Host Organizations (HO) were selected at Kurigram, Sunamganj & Khagrachhari hill districts (Rangpur, Sylhet & Chattogram division). Out of these two RCs which will be named as District Health Rights Forum (DHRF) were formed at Kurigram, Sunamganj. Formation of Upazila Health Rights Forum & union selection also finalized for these two districts. Due to Covid-19 travel restrictions delayed to carry the chapter formation. However, internal BHW team is working to select potential HOs for other five divisions;
- Developed an operational manual/SOP for the Regional Chapter (RC) in both English & Bangla. A guideline to meet with health authorities and stakeholders is under working;
- Due to travel restrictions for the covid-19 outbreak, six virtual meetings were held among **BHW**, HOs representatives, and RCs members for project orientation, to develop a working plan for **DHRFs;**
- Both **DHRFs** conducted a 5 day-long awareness campaign on COVID-19 precautions and health rules and distributed face masks among mass people on the street. Since a formal launching could not be carried out, these activities were conducted as PR measures to introduce DHRF among members, generate energy and vibe and bring the members closer to communities at the beginning of DHRF's journey. It is also a part of the Citizen's Voice initiative of **BHW**.

II. Objective-2: 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.

Streams of activities

2.1 Generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence-based policy advocacy. It 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.

The following activities were performed to achieve the up above streams of works:

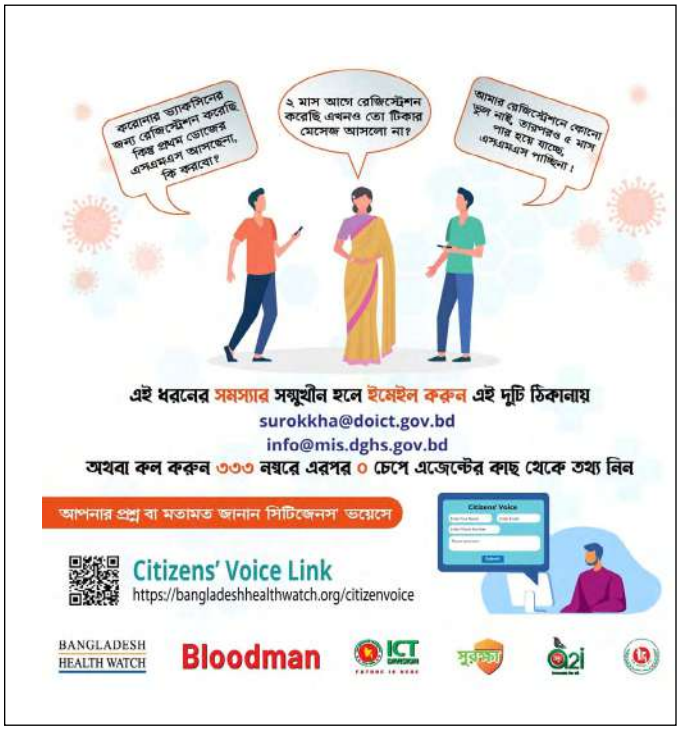
- To identify advocacy topic BHW commissioned seven research/studies/ desk reviews and findings were disseminated through webinars, policy brief, social media to different stakeholders. The works titled are-
  - 'Front Line Health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh';
  - 'Re-visiting the Front Line Whealth Workers' (FLWs) attending suspected or confirmed COVID-19 patients in Bangladesh: how far the situation improved in a month since the last survey';
  - 'Fear and Stigma In The Context Of Corona Epidemic In Bangladesh: A Rapid Assessment';
  - 'Analysis of financial allocations for COVID 19 Response';

- 'Opportunities and Challenges of COVID-19 Overall Case Handling in Bangladesh: Testing- Isolation- Contact Tracing- Quarantine- Hospitalization';
- 'COVID-19 +ve Cases Home Treatment & other Measures taken in Bangladesh';
- 'Sample collection and sample testing for SARS-Co-2 in Bangladesh: A descriptive qualitative study'.

- Conducted a study titled 'Inventory of Police Forums: A qualitative Research' to develop an inventory of policies formulated in the health sector in Bangladesh since its Independence and to identify the forums involved in developing these policies. To disseminate the findings of the study, BHW planned to publish an Op-Ed with a set of recommendations to get a good impact of the study and the Op-Ed writing is in progress to publish in Newspaper;

- Based on the findings of above works four manuscripts have been submitted in different scientific Journals;

- Two policy briefs were published based on the following title study findings:
  - 'Fear and Stigma In The Context Of Corona Epidemic In Bangladesh: A Rapid Assessment';
  - Bangladesh's Evolving Response to the Covid Challenge.



- Those two policy briefs were shared among the Secretary of MOHFW; Home Ministry; Directorate General of Health Services (DGHS); all Deputy Commissioner (DC), Superintendent of Police (SP), Civil Surgeon (CS) for their information and necessary action.

The brief was also sent to different NGOs and Civil Society Organizations for their understanding and broader dissemination among the beneficiaries. To assess the first policy brief's impact, an online-based survey monkey software was used with five basic questions regarding the policy brief and was sent to the 271 people. Among 24 responses, 79% reported that this policy brief will help to mitigate the fear and stigma related to Covid-19;

- As Civil Society Organization's (CSO) representation, BHW carried out a virtual dissemination of a study results titled "COVID-related risk factors among slum and non-slum populations" carried out by ICDDR,B; BHW also devoted with the Risk Communication and Community Engagement (RCCE) pillar of the health emergency preparedness and response platform in Bangladesh and its M&E sub-group;

- Collaboration with UNICEF to work with some specific goals has been initiated:

  - To Creating 'noise' (debates, discussions, opinions) in mainstream and social media on the topics of UHC and urban health to catalyze demand for quick action;
  - mobilizing citizens opinion on UHC and urban health;
  - Facilitate the development of consensus on 'how-to' for UHC and urban health.

- Organised a webinar to advocate the vaccine deployment plan and proposal to influence policy through the lens of equity and transparency with eminent Public Health Experts, Economists, Cold Chain Experts, Gob officials, INGOs and NGOs, Donor representatives, Journalists and other Civil Society members;

- As a follow-up of above event, the Technical Committee of BHW urged with a letter to the DGHS and senior official of Health Ministry to consider the three-month gap between the two doses of Astrazeneca (AZD1222) vaccine to increase vaccine efficacy. This proposal was made based on review of a number of international research and discussions with selected key scientists in the country;

- In collaboration with CSO Alliance Bangladesh, BHW jointly organized a webinar on the Vaccination to influence policy and raise burning issues of governance, equity, and priorities regarding vaccine management and distribution process;

- To promote on 'whole of society' approach to fight against the COVID pandemic, BHW arranged a webinar meeting to share BRAC praiseworthy experiences through 'The Hunger Project and SAJIDA Foundation' on the community engagement for prevention and control in the ongoing COVID-19 pandemic. BHW advocated including The Hunger Project in the RCCE Community Engagement Pillar to get the learning to maintain essential health services and systems;

- To step up joint salient initiatives during the COVID19, BHW organized a virtual NGO coordination meeting among national and international NGOs. BHW Convenor also wrote an article in newspaper titled **'করোনা মোকাবিলায় দরকার পুরো সমাজের অংশগ্রহণ'** in English ***"to tackle corona a whole of society approach is needed";***

- Conjointly arranged a webinar with the Bangladesh Unnayan Parishad (BUP) titled "COVID-19 and the Future of Healthcare Systems for Bangladesh";

- Organized a virtual Open Dialogue titled "BHW Open dialogue - The second wave and Covid-19 management". Participants emphasized on ways to manage second wave efficiently from the lessons learned of the first wave, need to prioritize community engagement, expedite the

procurement of vaccination from different sources, involvement of epidemiologists or public health experts in Covid management committees and coordination between Covid management committee & technical advisory committee;

- To influence policy on Vaccination BHW sponsored three investigative reports as "Media fellowship on Vaccine deployment" which were published in 'the Prothom Alo' and 'The Daily Star'. In line with these reports, Amnesty International issued a statement on April 13, 2021 where Amnesty stressed on bringing cleaners, unskilled workers and lower wage earners under vaccination;

- The findings from the above three reports were summarised and a recommendation letter was sent to DG of DGHS for ensuring vaccination for the marginalized groups e.g. cleaners, quarry workers of municipalities and city corporations and grave diggers;

- Another letter was sent to DG of DGHS for the mix and match approach of vaccination which allows the use of a suitable vaccine from a different company as the second dose. Since Bangladesh was running short of Astrazeneca vaccine and there was a possibility about 14 lakh people

will miss the second dose until any other arrangement is done, so that no one is left out from the priority list of Covid 19 vaccination programmes that letter was sent to GoB. As per The Spanish and The German Studies through this mix and match approach of vaccination, antibody levels were about 40 times higher for those who got Pfizer's vaccine two weeks after AstraZeneca's than participants who got a single AstraZeneca dose. Neutralizing antibodies were boosted more than seven times higher after the dose of Pfizer's shot;

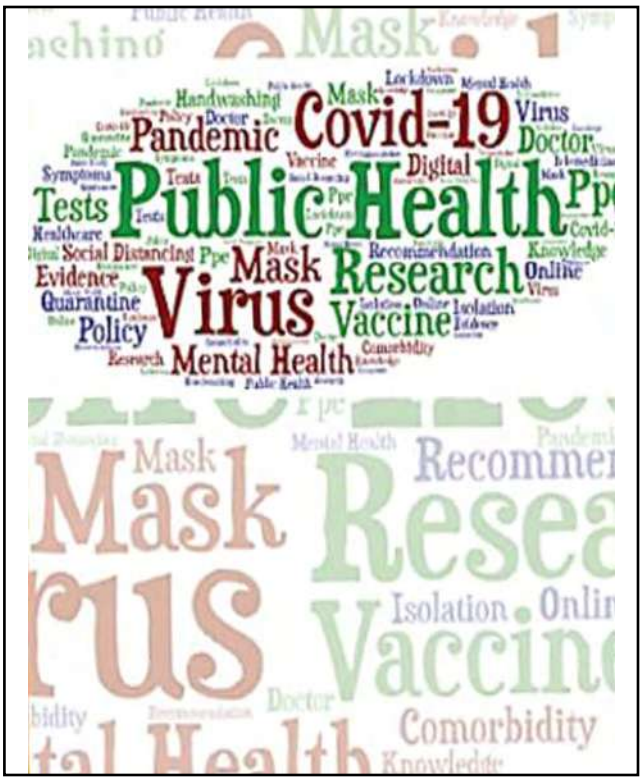
- To generate evidence for topical issues, BHW contracted out an external agency to track health related news that is published on six mainstream leading daily newspapers (3 Bangla, 3 English). The media house developed monthly analytical report based on the media scanning over previous one year. It also carried out media synthesis report on different aspects of health issues. The monthly media scan report is posted on BHW's Facebook page. BHW is taking initiative for developing couple of manuscripts using the findings from the scans which will be published in international journal;

- To raise demand on diverse issues, BHW Working Group and its members have been writing 54 articles/ op-Ed's on contemporary issue in different newspapers and other media;

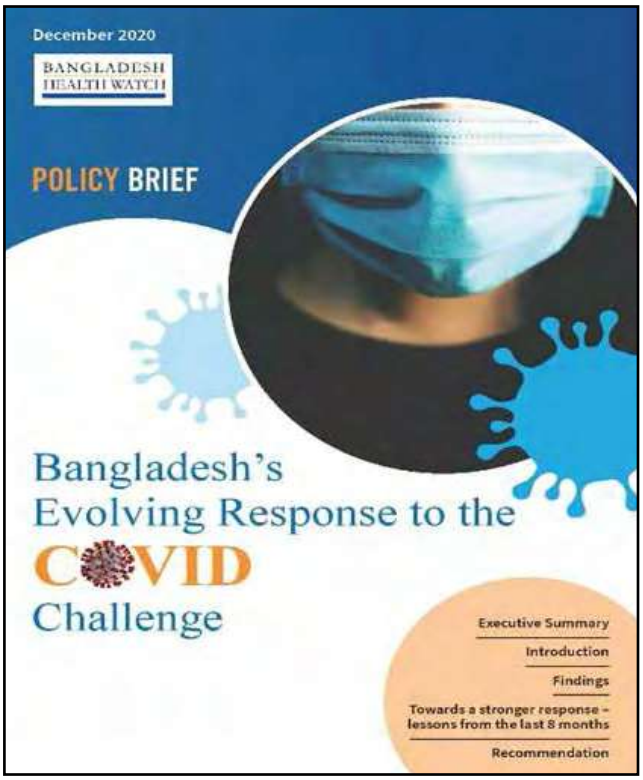
- To promote awareness of a broad spectrum of stakeholders and spark attention for bringing about much needed changes, BHW arranged seven (7) talk shows in a renowned private television channel on budget, covid-19 & other health sectorial issues;

- **BHW** and **Unnayan Shamannay** jointly organized a press conference titled "Budget 2021: Reviewing the Health Allocations" in order to provide inputs to the budget development process in the quest to making the health budget preparation and implementation more participatory;

- To create demand on Universal Health Coverage (UHC), BHW organized a webinar on 'Bangladesh's health system anditscommitmenttoachieving universal health coverage' in presence of panellists from MOH&FW, former caretaker government member and other civil society members. To convey the barriers to fulfilling UHC commitments to the policymakers and create demand among the wider population, an article was also written in newspaper;



- Launched an informative own website which carry details news about BHW project updates, interesting and relevant information on the health sector in general, and related research reports, bulletins;



- As per strategy to carry out advocacy and awareness, BHW continues social media & mass media activities through digital posters, Facebook page, blogs, YouTube and TikTok contents including videos and posters;

- Launched a Covid related Research Repository and housed within BHW website to bring all the public health research conducted on COVID-19 in

the Bangladesh context under one umbrella, it currently houses 354 pieces of research;

- BHW has taken an initiative to publish a Book titled **'Fifty Years of Bangladesh: Journey of our Health Sector'** to document changes that took place in the health sector of Bangladesh on the eve of its Golden Jubilee of Independence. The title of Bengali version is **'স্বাধীনতার পঞ্চাশ বছর: বাংলাদেশের স্বাস্থ্যখাত'** The book is arranged with a total of 19 chapters on various issues especially equity, transparency and good governance of the Bangladesh health sector, 70% of the final chapters are ready.

III. Objective-3: To enhance understanding of duty bearers on issues related to quality of care, accountability and equity.

Streams of activities

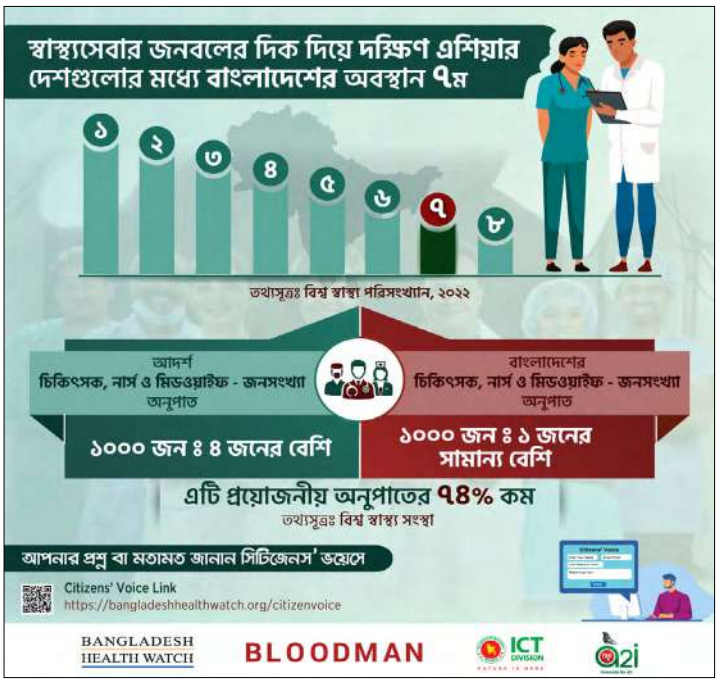
3.1 Entailing disseminating the findings of various research/review to programme planners and managers as well as the general public with the intent of generating debate and discussion.

Underneath activities were performed to achieve the above streams of works:

- Duty bearers were interviewed through an assessment to capture users' perspectives on public health services both at the field and national level. The results were shared with the consultants who undertook the MTR and NGOs, MOHFW officials, and other civil society members;
- Developed a research brief on `Front Line health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh' and the brief was shared among with different government authorities including DGHS, Directorate of NIPORT, IEDCR, NIPSOM, BSMMU, CPD and PPRC for their information

and further action;

- Duty bearers (GoB policy makers, officials) were involved in research findings dissemination through various webinars;
- BHW launched its Facebook page (Bangladesh Health Watch–BHW) and blog (bhw2020.blogspot.com), YouTube and TikTok. To carry out campaigns launched COVID19 prevention and protection awareness messages, live broadcasting of webinars, and subsequently, articles, media scanning news, awareness posts content including videos & posters regularly uploaded through those platforms. Those awareness materials have also been shared in different media platforms, including RCCE, GUK, ADAB, Youth Ending Hunger, a2i – digital Bangladesh Platform;



- Developed a website for sharing information and updates of BHW, connect with duty bearers & end users. To create Citizens' Voice platform BHW also launched a new pop-up button on the website and planning to promote Citizens' Voice in association with Bloodman and A2i;
- Ran a poll on the "Willingness of citizens to take the vaccine on Facebook and Citizens' Voice platform of the website;
- To achieve herd immunity by taking out Covid vaccine hesitancy among people, BHW ran a campaign on social media and Citizens' Voice on 'myth's vs reality of COVID-19 vaccine' in partnership with A2i, Directorate of ICT, Surokkha and DGHS. BHW also led a social media campaign with six posters to remove vaccine hesitancy among people.

3.2 Developing and delivering of three short courses on 'Transparency for Good Governance', 'Participation and Accountability, 'Equity in Accessing

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

Following activities were performed to achieve the said streams of works:

- Three short courses are planned and due to Covid 19 pandemic BHW planned another online based short course, and the themes of four courses are: i) 'Transparency for Good Governance'; ii) 'Voice and Participation' iii) 'Equity for Accessing Services'; iv) Equity for Accessing Health Service;
- A contract was signed between BRAC James P Grant School of Public Health (JPGSPH), BRAC University and Bangladesh Health Watch (BHW) to plan and conduct those courses for Bangladesh Health Watch (BHW), as envisage din the proposal. As per agreement attempt taken by JPGSPH's are:
  - Organized a workshop towards designing short courses;
  - Accompanied Virtual' Training Needs Assessment (TNA) Validation Workshop with key stakeholders to finalize and streamline course content and teaching-learning Methodology;
- Due to Covid 19 outbreak, there was a delay in starting courses which is planned to be made up within due time;
- BHW planned to organize an international conference of Equity and Participation in Health Sector. Due to travel restrictions, limits to the holding of public meetings, and other measures enacted to contain the spread of the virus, the international conference is not being held at the moment. If the situation improves, BHW will arrange that in the next year.

Table 1. Progress against objectives and related streams of activities & sub-activities

Objectives and related streams of activities & Sub-activities		Baseline (Timing)	Estimated Mid-Target (June 2021)	Progress	End-Target (December 2022)	Comments
Objective-1 *To enable civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments*						
1.1 Meeting the promises of the published manifesto of the political party in power, allocation for health in the annual national budget, and incorporating health care users, especially feedback from women and girls in programme planning and reviews (annual/ mid-term) of the national sector-wide health programme.	Reach Client feedback on GoB services in light of election manifesto commitments and national budget review		50% achieved	One (1) study done	Two client feedback generated	
		NA (Dec 2019)	33% achieved	One (1) review made	Three reviews with dissemination regarding the manifesto-aligned actions	
			50% achieved	One (1) budget monitored	Three budget monitoring with dissemination	
				Done	Publish policy brief & advocacy initiatives with GoB policy makers	
				On process	Two results attributable to lobbying to GoB	
Objectives and related streams of activities & Sub-activities		**Baseline (Timing)**	**Estimated Mid-Target (June 2021)**	**Progress**	**End-Target (December 2022)**	**Comments**

1.2 Strengthening the Bangladesh Health Watch secretariat to take initiatives to strengthen civil society's participation and influence in policy forums and national level strategic programme decisions by channeling the voices of end users to the policy table through citizens' platforms	Secretariat Set-up	No dedicated staff	All recruitment done	Recruitment completed & team inducted	Recruit secretariat team as per project organogram	
		No job description	Job description detailed	Done	Job description detailed	
		No dedicated office	Office facilities se	Done	Office facilities set	
		No detailed work plan	Detail work plan for the project developed	Done, to be reviewed as per need	Detail work plan for the project developed	
		No formalized SOP for coordination	Coordination process for with JPGSPH developed with a customized SOP	Done, to be reviewed as per need, no formalized SOP	Coordination process for with JPGSPH developed	
	Established of Advisory Group, Working Group, Project Steering Committee, Thematic Groups	NA	Advisory Group formed with TOR		Advisory Group formed with TOR	
		NA	Working Group formed with TOR	Done	Working Group formed with TOR	
		NA	Project Steering Committee constituted	Done	Project Steering Committee constituted	
		NA	3-4 Thematic Groups formed with TOR	Three Thematic Groups established, two functioned	3-4 Thematic Groups formed with TOR	
	Reports Publication & instigate	NA	50% achieved	5 media reports instigated	10 media reports instigated	
		NA	50% achieved	Issue 2021 publication under process	One report published & disseminated (issue 2021), take preparation for issue 2023	
Objectives and related streams of activities & Sub-activities		**Baseline (Timing)**	**Estimated Mid-Target (June 2021)**	**Progress**	**End-Target (December 2022)**	**Comments**

1.3 Establishing Eight Regional Chapters of Bangladesh Health Watch to bring the grassroots voices of health care users and providers to the national level, especially from areas with marginalized population.	Set-up Regional Chapter	NA	Eight (8) Regional Chapters (RCs) established	3 HOs selected & 2 RCs formed upto June'21	Eight (8) Regional Chapters (RCs) established in eight divisions	
Objective-2 *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*						
2.1 Generating evidence on topical issues in the areas of quality of care, transparency and equity, followed by evidence-based policy advocacy. It will entail 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, gender considerations), equity, human rights, participation and voice.	Evidence to identify advocacy areas & policy generated	NA	3-4 research/ studies/ desk reviews/ project analysis commissioned	Ten (10) research/ studies/ desk reviews/ project analysis accomplished	3-4 research/ studies/ desk reviews/ project analysis commissioned	
			50% achieved	2 policy briefs published; advocacy done at limited scale	6 policy briefs published and advocacy initiatives with GoB policy makers undertaken	
		Attain Membership in GoB policy forums & CSOs	100% achieved	Participated at MTR & APR meetings	Membership in 2 policy forums at MoHFW	
			3 CSOs conjunct members		CSO representation	
Objectives and related streams of activities & Sub-activities		**Baseline (Timing)**	**Estimated Mid-Target (June 2021)**	**Progress**	**End-Target (December 2022)**	**Comments**

	Advocacy initiated, awareness raised throughout GoB & society	NA	3-4 advocacy initiatives done with GoB policy makers	3 advocacy initiated & followed up at DG-DGHS with 3 letters	3-4 advocacy initiatives done with GoB policy makers	
		NA		Ten (10) research/ studies/ desk reviews com-pleted	Dissemination of research/ studies/ desk reviews	
		NA		18 webinars organized	Meeting, journal/ newspaper publications, mass media & social media campaigns, develop BCC & IEC materials	
				4 manuscripts submitted in different journals		
				3 Media fellowships awarded		
				54 articles/op-Ed's published in newspapers		
				Launched a research repository housed within BHW website		
				Posters developed		
				Website launched, Facebook page, blog, pop-up button on the website initiated		
		NA	9 Talk Shows facilitated	7 TV talk shows facilitated	Eighteen (18) talk shows organized	
		NA	4 Press Conferences organized	1 online press conference arranged	6 Press Conferences organized	
Objectives and related streams of activities & Sub-activities		**Baseline (Timing)**	**Estimated Mid-Target (June 2021)**	**Progress**	**End-Target (December 2022)**	**Comm ents**

		NA	Preparatory activities for the book done	Ongoing	One book published	
Objective-3 *To enhance understanding of duty bearers on issues related to quality of care, accountability and equity*						
3.1 Entailing disseminating the findings of various research/review to programme planners and managers as well as the general public with the intent of generating debate and discussion.	Participation of duty bearers in debate/ discussion through research/ studies	NA	Duty Bearers engaged in relevant Forums	Duty Bearers engaged in the usual discussion/ dissemination programs	Duty bearers included in Working Group, Regional Chapters, Thematic Groups and participate in advocacy initiatives	
	Social & mass media NETnet-working between duty bearers and end-users to identify problems and seek solutions			Television talk shows organized Website launched, Facebook page, blog, pop-up button on the website	Print, electronic, social media communication	
3.2 Developing and delivering of three short courses on 'Transparency for Good Governance', 'Participation and Accountability, 'Equity in Accessing Services'. These courses, which will be targeted to mid-level policy makers and implementers in the government, NGOs and private sector networks, will contribute to developing knowledge and skills of	Develop & organize short courses for duty-bearers to increase understanding and commitment to quality, participation and equity of health care	NA	Course-curricula develop and organize courses	JPGSPH contracted to develop course-content and teaching-learning methodology	12 short courses organized	
Objectives and related streams of activities & Sub-activities		**Baseline (Timing)**	**Estimated Mid-Target (June 2021)**	**Progress**	**End-Target (December 2022)**	**Comments**

programme planners and managers so that they can build the elements of the three topics in their programmes/ projects.	Widening national and internation-al network-ing understand-ing of 'par-ticipation' and 'equity'	NA	2 lessons learned documents on the issue prepare and disseminate through BHW's website	Not initiated	6 lessons learned documents on the issue prepare and disseminate in each year through BHW's website	
		NA	scientific publications	3 scientific publications published & 1 in progress	2 scientific publications in relevant peer reviewed journals	
		NA		Preparatory activities for the Conference initiated, but postponed due to covid-19 pandemic	Prior to confer-ence a compre-hensive publica-tion launched	
		NA			One (1) international conference organized	
		NA			Post Conference proceedings drawn up, dis-seminated and recommenda-tions placed to GoB	

Good Progress Moderate Progress poor Progress

Chapter 4

SUMMARY FINDINGS FROM FGDS AND KIIS

4.1. Relevance: All of the Stakeholders agreed that the Project is highly relevant in the present health context of Bangladesh. There is a need for an effective civil society platform who can function as the voice of the common mass as well as a catalyst to transform the health system to a more accountable and participatory one. Some of relatively short-lived initiatives were cited, but the need for an evidence-based health-specific movement was clearly felt. The Goal and Objectives of the Project were, in general, appreciated and no change was suggested to be imperative.

4.2. Awareness about BHW Activities: Apart from the Project Staff, Working Group Members and Regional Chapter Organizers (who, obviously, were aware of the activities) there was a wide variation in the level of awareness among the Participants regarding the background, mission, objectives and programs of BHW in general as well as on the Project itself. Everybody is acquainted with name of the organization and almost all of them are aware about the serial publication of the BHW Reports. However, some of them are vaguely aware of the objectives and activities of the present Project.

4.3. Involvement with BHW Activities: Like awareness, the involvement with BHW activities were found to be highly variable among the Participants. The Staff showed a high degree of ownership and commitment to the mission of the project. Similar enthusiasm and involvement ware found among already functioning Regional Chapter Organizers and, in case of recently established Chapters, a very high degree of 'Willingness to get involved' was observed. However, in case of the Advisors, Working Group Members and Thematic Group Members the present degree of involvement were not so homogeneous. A few Members were highly involved, some were marginally involved and most were in between. The high degree of engagement in other issues among these 'heavy-weight' persons are the main reasons for such heterogeneity; however, deficient initiatives to make them more involved may also contribute in this issue.

4.4. Implementation Process: There were diversity of opinions regarding the process followed by BHW to implement the Project. At the one end there was fairly good satisfaction with the present process of evidence generation, dissemination and soft advocacy with the Policy Makers and Implementing Agencies. On the other end, needs are felt for more active roles to make the people's voice heard. Most of the Participants expressed opinions in favor of a midway considering the present sociopolitical context. Some suggestions were received on specific issues:

a. **Awareness vs Citizen's Voice:** During the COVID-19 situation the Project has been relatively successful in conducting awareness campaigns, using virtual platforms in most cases. As obvious, the programs were mostly pandemic related, but those also addressed the health system issues (like health budget) in general. During the discussion, these activities were highly appreciated; however, it was also felt that the meetings were mostly scholarly and those were participated mostly by the relevant professionals only. In many cases, those were arranged to disseminate research findings. A few Participants branded the programs as mostly 'Elitist' in nature. Accordingly, those have been considered to be necessary for developing an evidence-based civil society platform but, at the same time, those are not enough to create the 'Voice of the People' on health related issues. The need for some degree of 'activism'

in the form of campaigning is necessary to transform the mere 'awareness' to the audible 'voice' status. Awareness about the health rights of the people is a prerequisite for raising people's voice and a focal attention will be required during all the awareness campaigns conducted by the Project.

In the above context, the recent initiatives of the Project to operate a portal with the provision of direct input by the general mass has been highly appreciated as a step in the right direction. Specially, linkages with the government program like A2i has a great potential as it can convey the complaints and opinions of the citizens directly to the relevant agencies and a follow-up as well as persuasion mechanism from BHW can facilitate the addressing of the specific issues by the relevant authorities. It has been felt that rather than duplicating the efforts of other public or CSOs to create general awareness BHW should concentrate on such focused process in raising people's voice.

b. Advocacy: Although utilization of the 'advocacy' tool has been explicitly mentioned only in Objective 2, it constitutes a core process for all the three objectives. During the discussion, almost a general consensus was established that a clear distinction among 'awareness', 'campaign' and 'advocacy' was not made in the activities of the Project. The realization is also reflected in the various reports of the Project where substantial overlapping of these activities may be seen. Although such distinction may not be straight lines or solid walls, the need for a well-designed and coordinated 'Advocacy Strategy' was clearly felt. So far, the limited advocacy conducted by the Project were mostly 'Soft' or 'Conformational' in nature. There were diverse opinions among the Participants regarding this process and it ranged from the need for 'nonconfrontational' to 'confrontational' advocacy. Specially, there are organizations and individuals in the Regional Chapters who are 'Activists' at their locality and a very explicit 'advocacy strategy' is required to guide them all over the country to avoid unanticipated events during their functioning. Most of the Advisors and WG/TG Members are not satisfied with the effectiveness of the advocacy conducted so far by the Project. Even with the present 'soft' approach utilization of the Project-associated highly reputed persons have not been optimum. The context of the COVID-19 pandemic may be one reason; however, other strategic and

process related reasons should also be identified and rectified. It needs to be emphasized again that a comprehensive 'Advocacy Strategy' should be framed for the achievement of the objectives of the Project.

c. **Partnership:** Creation of appropriate partnership was felt as a central requirement for the successful implementation of the Project and it was found to be still limited. Preoccupation with the pandemic-related issues was one reason; however, more attention is needed in this direction in the remaining period. The already active Partners expressed satisfaction regarding the support from the BHW executives and they are very positive about their future involvement. Exploration of further targeted partnership may help in solving some of the challenges discussed in the above sections. Due to inherent limitations in the organizational background and structure of the Project it may not be able to lead any confrontational awareness or advocacy campaigns; however, partnership with right kind of organizations may enable it achieve the same target while working in the background. For example, it can facilitate the activities of a right-based organization in advancing their legal steps against a health related irregularity or crime. This, apart from solving an individual issue, leads to the creation of media sensation which is sometimes not possible by other types of activism.

d. **Role of Mass Media:** So far mass media has been involved in the activities of

the Project, only passively, for the purpose of dissemination cum advocacy. However, a need for more active involvement as a 'Partner' in the Project has been felt. Periodic interactions with a selected group of media professionals will be required for this purpose and a context-based media strategy will need to be developed and updated from time to time. The potential of the print media for sustained awareness and advocacy should not be forgotten under the present digital obsession. The Project should also support capacity development on evidence-based health reporting through initiatives like training programs and fellowships.

e. **Decentralization:** Decentralization of Project activities through Regional Chapters have been appreciated by all the Participants. However, few participants suggested some piloting to explore the best model of local level partnership. The SOP already supplied by BHW, supplemented by the orientation, have been very helpful for the Regional Chapter Organizers. A need for further comprehensive advocacy strategy, as discussed above, was strongly felt by the majority of Participants. Regarding the need for logistic and financial support to the regional chapters a range of mixed feelings were obtained. Some degree of local level capacity development was found to be necessary and the extent and nature of the support should be decided on case to case basis.

4.5 Sustainability: This was a major concern among many of the Participants as the goal and objectives of the Project inherently require a long-term struggle and some of the results of the Project may need few years to be visible. Various options for the organizational and financial sustainability may be possible and some of those may be combined. Specially the 'project' nature of the implementing organization (BHW) itself needs to be revisited and a careful decision needs to be taken for the continuation of activities as a 'Project' or as an 'Organization'.

Chapter 5
STRENGTHS, OPPORTUNITIES, WEAKNESS AND CHALLENGES (SOWC)

5.1. Strengths

a. Uniqueness as a health-specific community empowerment project in Bangladesh;

b. Alignment of a fairly large group of public health activists/enthusiasts from among the professionals, social workers, media and other relevant members of the society;

c. Involvement of senior level policy makers and opinion leaders;

d. Interest and commitment of the Regional Chapter Organizers in realizing the objectives of the Project;

e. Attraction of locally respected organizations to act as regional chapter secretariats;

f. Support from a highly reputed organization like JPGSPH of BRAC University.

5.2. Opportunities:

a. Highest level Policy Makers and Administrators sensitized regarding the importance of public health during the COVID-19 outbreak and health is now acknowledged as a 'Development Issue';

b. The weakness of the health sector more exposed during the pandemic and importance of the community engagement and empowerment more realized during the pandemic;

c. Involvement of opinion leaders who may be effective in influencing the health-related policies and programs through advocacy initiatives reaching up to the highest layers of the GOB and Development Partners;

d. Enthusiasm of the Regional Organizers who are already experienced as social mobilizers and activists and, in nearly all cases, they have high degree of respect in their local community;

e. Active involvement of the younger generation through the youth wing of the District Health Rights Youth Forum (DHRYF).

5.3. Weakness

a. Insufficient engagement/ involvement of the advisory/ organizing/ implementing individuals and other Partners;

b. Lack of comprehensive policy regarding advocacy;

c. No explicit plan on future sustainability of the activities initiated under the present Project;

d. Lack of a Project-specific Standard Operating Procedure (SOP) within the broader purview of the parent organization.

5.4. Challenges

a. Transformation of the awareness/advocacy campaigns into effective 'citizen's voice' to which the Project fundamentally aims;

b. Designing a comprehensive 'Advocacy Strategy' balancing the 'conformational' and 'confrontational' modes;

c. Harmonization and coordination of balanced awareness and advocacy programs through substantial number of Partners having diverse objectives and agenda;

d. Continuation of the enthusiasm and involvement of the Regional Chapters and sustainability of the local Host Organizations;

e. Balancing between voluntarism and professionalism, both of which are necessary;

f. Future continuation of the project activities under a sustainable organizational/ institutional structure.

Chapter 6
CONCLUSION

The present Project of BHW is a unique one in Bangladesh context with a potential to empower the community on health-related issues. It is also a catalyst for a 'quantum jump' in the overall activities of BHW itself with increased capability as well as visibility to address wider issues in the health sector. One of the major achievement of the Project is the organization of the Secretariat with competent human resources within a relatively short period of time. The period itself was highly challenging due to the global crisis created by the COVID-19 Pandemic and it is understandable that substantial capacity of the secretariat had to be geared to address the demanding and deserving issues related to the pandemic. During this period it was not possible to expand public attention to wider health issues beyond the pandemic. The crisis, however, has also created opportunity with relatively higher levels of understanding on the socioeconomic, environmental and political determinants of health among all segments of people. The Project now needs to transform this opportunity to a 'Citizen's Voice' through the creation and activation of effective civil society platforms in the health sector.

Chapter 7
RECOMMENDATIONS

n. Initiatives should be intensified to create more awareness about the activities of the Project among the advisory, organizing and supporting groups;

o. Efforts should be made to increase the sense of involvement among the advisory, organizing and supporting groups;

p. Opinion Leaders already involved with the Project should to be more engaged specially in advocacy related issues;

q. Empowerment of the ultimate beneficiaries (mass people) should be prioritized, as and when necessary, through appropriate partnership with other civil society and right based organizations as well as relevant public sector platforms like a2i;

r. Advocacy needs to be more focused and continuous with a result-based approach;

s. A comprehensive 'Advocacy Strategy' should be designed and all the implementing partners in the whole country should operate in compliance to the document in a coordinated manner;

t. For evidence generation, health related data repository initiatives should be more emphasized;

u. Mass Media, both print and electronic, should be optimally utilized and some flagship programs may be conceived;

v. The capacity of the media to promote evidence-based journalism should be enhanced through additional focused initiatives undertaken by the Project;

w. In the context of the limited experience yet, the operation of the Regional Chapters should be considered as piloting with provision of relevant adaptation and adjustment and, also, with consideration of necessary start-up logistic/financial support to the local Host Organizations on a 'case to case' basis;

x. The operation of the Secretariat should be made more dynamic through a dedicated organogram and Standard Operating Procedure (SOP) reflecting the objectives and requirement of the Project within the overall umbrella of the Parent Institute (the JPGSPH);

y. Longer term sustainability of the present initiatives undertaken by the project should be carefully evaluated within a broader context of the organizational identity and structure of BHW;

z. The Result Framework in the project document needs to be revisited with possible reformulation of the Indicators to 'achievable' ones within such a limited project period and, also, with an optional possibility of replacing the RFW itself by a Process related Framework which may better track the progress of the Project.

PROGRESS AGAINST RESULT FRAME WORK (RFW)

Result 1: Civil society platforms/individual voices enabled to hold government (and other actors) accountable to major health sector commitments.

Indicator wise following activities contributed to meet the above result area:

1.1 Client feedback on GoB services informs MTR and annual reviews

1.1.1 Conducted an assessment of User's Perspective of Public Health Services in Bangladesh' to provide inputs into 4th HPNSP review, MTR 2020, Annual Programme Review (APR).

1.2 Areas of underinvestment/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

1.2.1 A Consultant firm appointed to follow out a desk review of the health sector allocations & expenditures in the National Budget (FY 20-21) with the aid of different ministries, implementation status of Annual Development Plan, other development plans, COVID stimulus budget. The assessment findings were shared with Policy Makers, Journalists and other Stakeholders' during the budget session;

1.2.2 Organized a pre-budget virtual webinar titled "Public Expenditure for Health Sector: Proposals for FY2021-22" to highlight the urgency of prioritizing the increase of allocation for the health sector and bringing reforms to the health system, and to focus on the current trends of allocations and expenditures of the health budget;

1.2.3 Arranged an online press conference titled "Budget 2021: Reviewing the Health Allocations" in order to provide inputs to the budget development process and in the quest to making the health budget preparation and implementation more participatory;

1.2.4 Published a Policy Brief on Public Expenditure for Health Sector

Reviewing Budget 2021-22 & disseminated the brief to Parliament Members prior to the budget session 2021 of the National Parliament and also distributed to different stakeholders;

1.2.5 Considering the crisis created by the COVID-19 pandemic and its impact on the national budget, BHW carried out a rapid analysis focusing on various resource allocation of government and private sectors to COVID response known as "Stimulus Package" and the study findings were disseminated to stakeholders through a webinar meeting.

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

1.3.1 Election manifesto was reviewed by appointed consultant firm with salient point to identify gaps in funding and expenditure, particularly concerning the quality of care, accountability, and equity and to make solid recommendations for the budget planners on priority areas for required investment. Moreover, the second focus was to assess the extent to which the ruling party's election manifesto commitments relating to health sector are reflected in the health budget for FY2020-21. It is planned to develop another policy brief in light of commissioned and research on government election manifesto commitments by the consultant. To drive home findings of the manifesto relating to health sector reflected in the health budget & informed public about the Implementing progress of commitments this policy brief will be circulated & carry out a virtual discussion including representatives from MOHFW and its offices along with parliamentarians, representatives of political parties, journalists & other stakeholders.

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

1.4.1 BHW Secretariat which is the main engine for project implementation, recruitment of its team members fully completed as per project organogram and developed detailed job description for staff;

1.4.2 Formed the following groups consisting with leading professionals in different sectors of Bangladesh who have superior expertise and skills

in their respective fields:

- Advisory Group with 9 members
- Working Group with 12 members
- A Project Steering Committee

1.4.3 Set-up of office facilities completed and developed process for coordination with JPGSPH since BHW secretariat is located at James P Grant School of Public Health (JPGSPH), BRAC University premises;

1.4.4 Made a detailed work plan for project to work as an influential civil society voice to influence policy;

1.4.5 Plan for P-R event to launch secretariat cancelled due to Covid 19 pandemic. The funds allocated re-programmed in consultation with the Swedish Sida the Donor agenciy;

1.4.6 To provide guidance on technical issues on a particular theme and to provide expert opinion and support in developing and implementing advocacy initiatives, BHW formed three thematic groups consist of members from other civil society platforms, professional associations and individual experts. The groups are:

- Advocacy activism group with three members;
- Thematic Vaccination Group (Covid-19) with six members to monitor the government decision, vaccine rollout, technical aspects etc;
- Thematic Health Sector and National Budget Group with five members to analyse National Budget.

1.4.7 As Civil Society Organization's (CSO) representation, BHW carried out a virtual dissemination of a study results titled "COVID-related risk factors among slum and non-slum populations" carried out by ICDDR,B; BHW also devoted with the Risk Communication and Community Engagement (RCCE) pillar of the health emergency preparedness and response platform in Bangladesh and its M&E sub-group;

1.4.8 Collaborated with UNICEF to work with some specific goals:

- To Creating 'noise' (debates, discussions, opinions) in mainstream and social media on the topics of UHC and urban health to catalyze demand for quick action;
- mobilizing citizens opinion on UHC and urban health;
- Facilitate the development of consensus on 'how-to' for UHC and urban health.

1.4.9 BHW instigated five (5) media reports;

1.4.10 To form Regional Chapters (RCs) at eight divisions appointed a consulting firm and through a formative research three Host Organizations (HO) were selected at Kurigram, Sunamganj & Khagrachhari hill districts (Rangpur, Sylhet & Chattogram division). Out of these two RCs which will be named as District health Rights Forum (DHRF) were formed at Kurigram, Sunamganj. Formation of Upazila Health Rights Forum & union selection also finalized for these two districts. Due to Covid-19 travel restrictions delayed to carry the chapter formation. However, internal BHW team is working to select potential HOs for other five divisions;

1.4.11 Developed an operational manual/SOP for the Regional Chapter (RC) in both English & Bangla. A guideline to meet with health authorities and stakeholders is under working;

1.4.12 By cause of travel restriction for covid-19 outbreak, six virtual meetings were held among BHW, HOs representatives and RCs members for project orientation, to develop working plan for DHRFs;

1.4.13 Both DHRFs conducted a 5 day-long awareness campaign on COVID-19 precautions and health rules and distributed face masks among mass people on the street. Since a formal launching could not be carried out, these activities were conducted as PR measures to introduce DHRF among members, generate energy and vibe and bring the members closer to communities at the beginning of DHRF's journey.

1.5 Bangladesh Health Watch Report published and launched

1.5.1 BHW Team members are working to publish and disseminate a report on a contemporary topic of importance with a title and contents as 'Prevention and containment of COVID-19 pandemic in Bangladesh: Generating Quick Data for Evidence-Based Response' in December 2021 on the eve of Golden Jubilee of Bangladesh Independence.

Result 2: Evidence based advocacy carried out to improve the situation related to quality of care, accountability and equity.
Indicator wise below activities accomplished which contributed to achieve on top result area:

2.1 Priority advocacy areas identified and evidence generated

2.1.1 To identify advocacy topic BHW commissioned seven research/studies/ desk reviews and findings were disseminated through webinars, policy brief, social media to different stakeholders. The works titled are-

- 'Front Line Health Workers' (FLWs) perceptions and opinions on their personal safety while attending suspected or confirmed COVID-19 patients in Bangladesh';
- 'Re-visiting the Front Line health Workers' (FLWs) attending suspected or confirmed COVID-19 patients in Bangladesh: how far the situation improved in a month since the last survey';
- 'Fear and Stigma In The Context Of Corona Epidemic In Bangladesh: A Rapid Assessment';
- 'Analysis of financial allocations for COVID 19 Response';
- 'Opportunities and Challenges of COVID-19 Overall Case Handling in Bangladesh: Testing- Isolation- Contact Tracing- Quarantine-Hospitalization';
- 'COVID-19 +ve Cases Home Treatment & other Measures taken in Bangladesh';

- 'Sample collection and sample testing for SARS-Co-2 in Bangladesh: A descriptive qualitative study'.

2.1.2 Conducted a study titled 'Inventory of Police Forums: A qualitative Research' to develop an inventory of policies formulated in the health sector in Bangladesh since its Independence and to identify the forums involved in developing these policies. To disseminate the findings of the study, BHW planned to publish an Op-Ed with a set of recommendations to get a good impact of the study and the Op-Ed writing is in progress to publish in Newspaper;

2.1.3 Based on the findings of above works four manuscripts have been submitted in different scientific Journals;

2.1.4 Organised a webinar to advocate the vaccine deployment plan and proposal to influence policy through the lens of equity and transparency with eminent Public Health Experts, Economists, Cold Chain Experts, Gob officials, INGOs and NGOs, Donor representatives, Journalists and other Civil Society members;

2.1.5 As a follow-up of above event, the Technical Committee of BHW urged with a letter to the DGHS and senior official of Health Ministry to consider the three-month gap between the two doses of Astrazeneca (AZD1222) vaccine from two months to increase vaccine efficacy. Based on review a number of international research and discussions with selected key scientists in the country this proposal was made;

2.1.6 BHW and Unnayan Shamannay jointly organized a press conference titled "Budget 2021: Reviewing the Health Allocations" in order to provide inputs to the budget development process and in the quest to making the health budget preparation and implementation more participatory;

2.1.7 In collaboration with CSO Alliance Bangladesh, BHW jointly organized a webinar on the Vaccination to influence policy and raise burning issues of governance, equity, and priorities regarding vaccine management and distribution process;

2.1.8 Organized a virtual Open Dialogue titled "BHW Open dialogue - The second wave and Covid-19 management". Participants were emphasized on manage second wave efficiently from the lessons learned of the first wave, need to prioritize community engagement, expedite the procurement of vaccination from different sources, involvement of epidemiologists or public health experts in Covid management committees and coordination between Covid management committee & technical advisory committee;

2.1.9 To influence policy on Vaccination BHW sponsored three investigative reports as "Media fellowship on Vaccine deployment" which are published in 'the Prothom Alo' and 'The Daily Star'. Based on these reports, Amnesty International issued a statement on April 13, 2021 where Amnesty stressed on bringing cleaners, unskilled workers and lower wage earners under vaccination;

2.1.10 From the above three reports summarized, a recommendation letter was sent to DG of DGHS for ensuring vaccination for the marginalized groups e.g. cleaners, quarry workers of municipalities and city corporations and grave diggers;

2.1.11 Another letter was sent to DG of DGHS for mix and match approach of vaccination;

2.1.12 To generate evidence for topical issues, BHW contracted out an external agency to track health related news that is published on six mainstream leading daily newspapers (3 Bangla, 3 English). The media house developed monthly analytical report based on the media scanning last one year. It also carried out media synthesis report on different aspects of health issues. The monthly media scan report is posted on BHW's Facebook page. BHW taking initiative for couple of manuscripts using the findings from the scans are under preparation which will be published in international journal.

2.2 Evidence based advocacy on topical areas carried out

2.2.1 To promote awareness to a broad spectrum stakeholders and sparked of attention for bringing about much needed changes, BHW arranged

seven (7) talk shows in the renowned private channel on budget, covid-19 & other health sectorial issues;

2.2.2 To create demand on Universal Health Coverage (UHC), BHW organized a webinar on 'Bangladesh's health system and its commitment to achieving universal health coverage' presence of the panellists from the representative of MoHFW, former caretaker government member & other civil society members. To convey the barriers on fulfil UHC to the policymakers and create demand among the wider population an article was also written in newspaper;

2.2.3 To promote on 'whole of society' approach to fight against the COVID pandemic, BHW arranged a webinar meeting to share BRAC praiseworthy experiences through 'The Hunger Project and SAJIDA Foundation' on the community engagement for prevention and control in the ongoing COVID-19 pandemic. BHW advocated including The Hunger Project in the RCCE Community Engagement Pillar to get the learning to maintain essential health services and systems;

2.2.4 To step up joint salient initiatives during the COVID19, BHW organized a virtual NGO coordination meeting among national and international NGOs. BHW Convenor also wrote an article in newspaper titled 'করোনা মোকাবিলায় দরকার পুরো সমাজের অংশগ্রহণ' in English ***"to tackle corona a whole of society approach is needed";***

2.2.5 Conjointly arranged a webinar with the Bangladesh Unnayan Parishad (BUP) titled "COVID-19 and the Future of Healthcare Systems for Bangladesh";

2.2.6 Launched an informative, communal own website which carry details news about BHW project updates, interesting and relevant information on the health sector in general, and related research reports, bulletins;

2.2.7 To raise demand on divers issues, BHW Working Group and its members have been writing 54 articles/ op-Ed's on contemporary issue in different newspapers and other media;

2.2.8 As per strategy to carry out advocacy and awareness, **BHW** continues

social media & mass media activities through Posters, Facebook page, Blog, YouTube and TikTok content included videos and posters;

2.2.9 BHW has taken an initiative to publish a **Book titled** 'Fifty Years of Bangladesh: Journey of our Health Sector' to see the changes that took place in the health sector of Bangladesh on the eve of its Golden Jubilee of Independence. The title of Bengali version is 'স্বাধীনতার পঞ্চাশ বছর: বাংলাদেশের স্বাস্থ্যখাত' The book is arranged with a total of 19 chapters on various issues especially equity, transparency and good governance of the Bangladesh health sector & 70% of the final chapters are ready.

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

Indicator wise following activities conducted to meet the above result area:

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

3.1.1 Duty bearers were interviewed through an assessment to capture users' perspectives on public health services both at the field and national level. The results were shared with the consultants who undertook the APR and NGOs, MOHFW officials, and other civil society members;

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

3.1.3 Two policy briefs were published based on the following title study findings:

- 'Fear and Stigma In The Context Of Corona Epidemic In Bangladesh: A Rapid Assessment';
- 'Bangladesh's Evolving Response to the Covid Challenge'.

3.1.4 Those two policy briefs were shared among the Secretary of MOHFW; Home Ministry; Directorate General of Health Services (DGHS); all Deputy Commissioner (DC), Superintendent of Police (SP), Civil Surgeon (CS) for their information and necessary action. The brief was also sent to different NGOs and Civil Society Organizations for their understanding and broader dissemination among the beneficiaries. To assess the first policy brief's impact, an online-based survey monkey software was used with five basic questions regarding the policy brief and was sent to the 271 people. Among 24 responses, 79% reported that this policy brief will help to mitigate the fear and stigma related to Covid-19;

3.1.5 Duty bearers (GoB policy makers, officials) were involved in research findings dissemination through various webinars action.

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

3.2.1 BHW launched its Facebook page (Bangladesh Health Watch–BHW) and blog (bhw2020.blogspot.com), YouTube and TikTok. To carry out campaigns launched COVID19 prevention and protection awareness messages, live broadcasted of webinar, and subsequently, articles, media scanning news, awareness posts content included videos & posters regularly uploaded through those platforms. Those awareness materials also shared in different media platforms, including RCCE, GUK, ADAB, Youth Ending Hunger, a2i – digital Bangladesh Platform;

3.2.2 Developed a website for sharing information and updates of BHW, connect with duty bearers & end users. To create Citizens' Voice platform BHW also launched a new pop-up button on the website and planning to promote Citizens' Voice in association with Bloodman and A2i;

3.2.3 Launched a Research Repository and housed within BHW website to bring all the public health research conducted on COVID-19 in the Bangladesh context under one umbrella & currently houses 354 pieces of research;

3.2.4 Ran a poll on the "Willingness of citizens to take the vaccine on Facebook and Citizens' Voice platform of the website;

3.2.5 To achieve herd immunity by taking out Covid vaccine hesitancy among people, BHW ran a campaign on social media and Citizens' Voice on 'myth's vs reality of COVID-19 vaccine' in partnership with A2i, Directorate of ICT, Surokkha and DGHS. BHW also leaded a social media campaign with six posters to remove vaccine hesitancy among people.

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

3.3.1 Three short courses were planned and due to Covid 19 pandemic BHW planned another online based short course, and the themes of four courses are: i) 'Transparency for Good Governance'; ii) 'Voice and Participation' iii) 'Equity for Accessing Services'; iv) Equity for Accessing Health Service;

3.3.2 A contract was signed between BRAC James P Grant School of Public Health (JPGSPH), BRAC University and Bangladesh Health Watch (BHW) to plan and conduct those courses for Bangladesh Health Watch (BHW), as envisage din the proposal. As per agreement attempt taken by JPGSPH's are:

- Organized a workshop towards designing short courses;
- Accompanied Virtual' Training Needs Assessment (TNA) Validation Workshop with key stakeholders to finalize and streamline course content and teaching-learning Methodology;3.3.3 Due to Covid 19 outbreak, delayed in starting courses which is planned to be made up within due time.

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

3.4.1 BHW planned to organize an international conference of Equity and Participation in Health Sector. Due to travel restrictions, limits to the

holding of public meetings, and other measures enacted to contain the spread of the virus, the international conference is not being held at the moment. If the situation improves, BHW will arrange that in the next year.

Table 2. Progress against Result Frame Work (RFW)

Result Indicator	MOV	Y1	Y2	Y3	Mid-Term Status (June 2021)	Comment
Result 1: *Civil society platforms/individual voices enabled to hold government (and other actors) accountable to major health sector commitments*						
1.1 Client feedback on GoB services informs MTR and annual reviews	MTR/APR reports	Process for collecting and collating feedback put in place	Process well entrenched; regular annual feedback generated and considered by review teams	Process well entrenched; regular annual feedback generated and considered by review teams	One (1) study done	
1.2 Areas of under-investment/under-spend 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	Budget analysis report, media reports	First round of analysis and media engagement carried out	BHW in official dialogue with MOHFW, and MoF on budget allocation	BHW partner of choice of MOHFW and MOF to represent civil society feedback on budget allocation	One (1) budget monitored	
1.3 Progress on implementing political government's election manifesto reviewed and assessed; public informed about progress	Review report, media report	First round of review compleed; media reports of progress reach public; government lobbied on the basis of review result	Review process well entrenched; at least one result attributable to lobbying of GoB	Review process well entrenched; another result attributable to lobbying of GoB	One (1) review made	
1.4 BHW strengthened to work as an effective civil society voice to influence policy	Project progress report, media reports, membership in MOHFW and CSO platforms	Secretariat fully established; WG strengthened; Regional Chapters in place and working; Feedback provided to MTR/APR	Thematic Groups established and functional; BHW membership in at least 2 policy forums of MOHFW; At least 5 media reports instigated by BHW	Thematic Groups established and functional; BHW membership in at least 2 policy forums of MOHFW; At least 5 media reports instigated by BHW	Recruitment completed & team inducted Developed detail job description Completed Set-up of office facilities	

Result / Indicator	MOV	Y1	Y2	Y3	Mid-Term Status (June 2021)	Comment
					Developed detail work plan for project	
					Developed process for coordination with JPGSPH	
					Formed Advisory Group & developed terms of reference	
					Constituted Working Group & developed terms of reference	
					Constituted of Project Steering Committee	
					3 HOs selected & 2 RCs formed	
					Three (3) Thematic Groups established, two functioned	
					Participated at MTR & APR meeting	
					3 CSOs conjunct members	
					5 media reports instigated	
1.5 Bangladesh Health Watch Report published and launched	BHW Report, WG meeting minutes	Planning for publication of 2021 issue in place	Report published and launched	Preparation for 2023 issue underway	issue 2021 publication under process	

Result / Indicator	MOV	Y1	Y2	Y3	Mid-Term Status (June 2021)	Comment
Results 2: *Evidence based advocacy carried out to improve the situation related to quality of care, accountability and equity*						
2.1 Priority advocacy areas identified and evidence generated	Research report, WG meeting minutes	Priority research areas for 2021 identified Thematic group composition and ToR agreed by WG	2-3 research completed; specific advocacy area identified	Another 1-2 research completed; specific advocacy area identified	Thematic group composed & ToR developed	
					Ten (10) research/ studies/ desk reviews/ project analysis accomplished	
2.2 Evidence based advocacy on topical areas carried out	Thematic group meeting minutes, project progress report, MOHFW interviews		Thematic groups develop advocacy strategies; evidence based advocacy carried out in 2-3 areas	Thematic groups develop advocacy strategies in 1-2 areas; evidence based advocacy carried out	3 advocacy initiated & followed up DG-DGHS with three letters	
					Ten (10) research/ studies/ desk reviews	
					18 webinar organized	
					3 Media fellowship awarded	
					4 manuscripts submitted in different journals	
					54 articles/op-Ed's published in newspaper	
					developed posters	
					Launched website, Facebook page, blog, pop-up button on the website	

Result / Indicator	MOV	Y1	Y2	Y3	Mid-Term Status (June 2021)	Comment
					7 TV talk shows organized	
					1 online press conference arranged	
					Progress ongoing for one (1) book publication	
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	Duty bearers' participation in advocacy activities reported in project reports	Duty bearers included in Working Group, Regional Chapters, Thematic Groups;	Duty bearers participate in advocacy initiatives	Duty bearers participate in advocacy initiatives	Duty Bearers engaged in the usual discussion/ dissemination programs	
					2 policy briefs published	
3.2 Social media interface between duty bearers and end users help to identify problems and seek solutions	Social media/other online postings/ exchanges, project report	-	Duty bearers and end users engage in social media/BHW website chat room	Strong presence of both groups in social media	Actions have been taken for strong presence of duty bearers and end users in social media	
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	Short courses curriculum; post test results	Short course design work started	4 short courses held	4 short courses held	Progress on going to develop courses curriculum	
					Delayed in starting courses due to Covid-19 outbreak	

Result Indicator	MOV	Y1	Y2	Y3	Mid-Term Status (June 2021)	Comment
3.4 Understanding of 'participation' and 'equity' enhanced among national and international scientific community, academia and policy planners	Pre-conference publication, conference proceedings and feedback	Design of international conference and identification of potential resource persons started	Conference held during Q4; Declaration committing to Participation and Equity adopted in the conference	Post Conference proceedings drawn up and disseminated; Recommendations placed to GoB	Conference postponed due to Covid-19 pandemic	

Good Progress | Moderate Progress | poor Progress

LIST OF AUTHORITIES/ORGANIZATIONS/ PERSONS INTERVIEWED/ CONSULTED

Focus Group Discussion with Working Group Members

Date: **13 November 2021,** Time: **07.00 pm to 08.15 pm**
Place: **Zoom Platform**

Meeting Participants:

Sl No	Name	Designation
01	**Dr. AM Zakir Hussain**	Independent Consultant and Former Director, Primary Health Care, Directorate General of Health Services
02	**Dr. Ahmed Al Sabir**	Independent Consultant and former Director of Research, NIPORT

FGD with WG & Secretariat Members

03	**Dr. Abu Jamil Faisel**	Independent Consultant, Former Country Director, Engender Health
04	**Dr. Md. Khairul Islam**	Regional Director, WaterAid
05	**Dr. Rumana Huque**	Professor of Economics, Dhaka University
06	**Dr. Sayeedur Rahman Khasru**	Professor and Head, Department of Pharmacology BSSMU
07	**Dr. Syed Masud Ahmed**	Director, UHC, JPGSPH
08	**Dr. Ubaidur Rob**	Country Director, Population Council
09	**Ms Samia Afrin**	Nominated representative from Naripokkho
10	**Mr Faruque Ahmed**	Former Executive Director, BRAC International
11	**Shaikh Masudul Alam**	Chief Coordinator, BHW

Focus Group Discussion with Secretariat Members

Date: **08 November 2021,** Time: **10.00 am to 12.30 pm**
Place: **BRAC JPG School of Public Health Meeting Room**

Meeting Participants:

Sl No	Name	Designation
01	**Shashanka Baran Roy**	Coordinator (Field Operation)
02	**Mahruba Khanam**	Programme Officer (Knowledge Management)
03	**M. Morshed Alam**	Programme Officer (Networking and Liaison)
04	**Rajesh Adhikary**	Program Officer (Networking and Liaison)
05	**Raihana Sayeeda Kamal**	Programme Officer (Media and Communications)

One-on-One Interview

Place: **Zoom Platform**

Sl No	Name	Designation	Date & Time for Interview	
1. Advisory Group (AG) Members				
01	**Professor Rounaq Jahan**	Distinguished Fellow, Center for Policy Dialogue and Chair of the Advisory Group	15/12/2021	4.00pm-4.30pm
02	**Dr. Hossain Zillur Rahman**	Executive Chairman, Power and Participation Research Center and Chairperson, BRAC	6/12/2021	5.00pm-5.30pm
03	**Barrister Rashna Imam**	Managing Partner of Akhtar Imam & Associates	10/12/2021	5.00pm -5.30pm
2. Public Health Community Group				
01	**Dr MH Chowdhury (Lenin)**	Expert, Preventive Medicine	29/11/2021	3.30pm-4.00pm
02	**Dr. Rubaiul Morshed**	Columnist, Paediatric Surgeon	23/11/2021	10.00pm-10.30pm
03	**Mr. Ashadul Islam**	Former Senior Secretary, MOHFW and Planning Division	4/12/2021	4.00pm-4.30pm
3. Journalist Community Group				
01	**Dr Tareq Salahuddin**	Health Editor, The Daily Star	7/12/2021	4.00 pm-4.30pm
02	**Mr Toufiq Maruf**	President, Bangladesh Health Reporters Forum; Deputy Chief Reporter, Daily Kaler Kantho	9/12/2021	11.00am-11.30am

Sl No	Name	Designation	Date & Time for Interview	
03	**Sishir Morol**	Prothom Alo	4/12/2021	12.00pm-12.30pm
04	**Omar Sharif**	Channel 24	4/12/2021	11.00am-11.30am
05	**Sarwar Sumon**	Channel 24	4/12/2021	11.00am-11.30am
4. Partners/Collaborating Organizations				
01	**Mr. Manik Mahmud**	Head of Social Inovations, a2i, DGHS	6/12/2021	9.00pm-9.30pm
02	**Dr. Badiul Alam Majumder**	Country Director, The Hunger Project	6/12/2021	7.00pm-7.30pm
03	**Dr Atiur Rahman**	Chairman, Unnayan Sammonya	2/12/2021	1.00pm-1.30pm
04	**Ms Yasmin Khan**	Manager, Communication for Development (C4D), UNICEF	5/12/2021	6.00pm-6.30pm
5. Thematic National Budget Group				
01	**Dr. Rumana Huque**	Professor of Economics, Dhaka University	28/11/2021	9.15pm-9.45pm
02	**Dr. Md. Khairul Islam**	Regional Director, WaterAid	26/11/2021	5.30pm-6.00pm

Sl No	Name	Designation	Date & Time for Interview	
6. Thematic Vaccination Group				
01	**Dr. Sayeedur Rahman Khasru**	Professor and Head, Department of Pharmacology BSSMU	23/11/2021	8.00pm-8.30pm
02	**Barrister Rashna Imam**	Managing Partner of Akhtar Imam & Associates	10/12/2021	5.00 pm -5.30 pm
7. Advocacy Activism Group				
01	**Dr. Abu Jamil Faisel**	Independent Consultant, Former Country Director, Engender Health	23/11/2021	6.00pm-6.30pm
8. Regional Chapter Members				
01	**Md. Shahjahan Chowdhury**	President, DHRF, Sunamganj	17.11.2021	7.00-8.00 pm
02	**Harun Or Rashid Lal**	ED, Soliderity; Scretery, DHRF, Kurigram	17.11.2021	8.00-9.00 pm

Consultation with AG & TG Members

Consultation with AG & TG Members

Individual Interview

Sl No	Name	Designation	Date & Time for Interview	
03	**Hosne Ara Hasi**	ED, Jagonari; Secretary, DHRF, Barguna	17.11.2021	9.00-10.00 pm
04	**Mathura Bikash Tripura**	ED, Zabarang; Secretary, DHRF, Khagrachhari	18.11.2021	8.00-9.00 pm
05	**Sahadat Hossein Kayes**	Secretary, Youth Organization Affairs, DHRF, Khagrachhari	18.11.2021	9.00-10.00 pm
06	**Ajoy Das**	Joint Coordinator, DHRYF, Khagrachhari	18.11.2021	9.00-10.00 pm
07	**Adv. Dipok Kumar Ghos**	Vice-President, DHRF, Manikganj	19.11.2021	7.00-8.00 pm
08	**Adv Md. Shah Alam Tuku**	President, DHRF, Bagerhat	19.11.2021	8.00-9.00 pm
09	**Saifullah Emran**	Secretary, Health Institutions Affairs, DHRF, Netrokona	19.11.2021	9.00-10.00 pm
10	**Julia ZulkerNain**	Member; DHRF, Kurigram	20.11.2021	3.00-4.00 pm
11	**Mizanur Rahman Ridoy**	President, DHRYF**, Manikganj	20.11.2021	4.00-5.00 pm
12	**Professor Sultana Razia**	President, DHRF*, Chapainawabganj	20.11.2021	5.00-6.00 pm
9. Donor Group Members				
01	**Dr Daniel Novak**	First Secretary / Program specialist SIDA Health at Embassy of Sweden	13/12/2021	4pm-4.30pm

Key Informant Interview (KII)/ Focus Group Discussion Instruments

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form

ADVISORY GROUP

Date: .....

Name: .....

Designation: .....

Organization: .....

Address: .....

Mobile: .....

Email: .....

1. As an Advisor, what is your general opinion regarding the BHW Project on 'Making Bangladesh's Healthcare System more responsive and participatory'?
2. The first objective of the project is 'To permit civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments'. In your opinion, how far the Project has been able to achieve this objective?
3. The second objective of the project is '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'. In your opinion, how far the Project has been able to achieve this objective?
4. The third objective of the project is 'to enhance the understanding of duty bearers on issues related to quality of care, accountability and equity'. In your opinion, how far the Project has been able to achieve this objective? In your opinion how well the Project is performing to achieve its goal?
5. How the research undertaken by BHW during the pandemic was used and what influence they had on national/local level policies/practices/decision making ?

6. What are the strength and weakness of the Project?
7. How do you visualize the potentials of this project?
8. What are the challenges for this project in your opinion?
9. What are your advice/ suggestions to improve its performance?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

FGD-Questionnaire

WORKING GROUP

Date : .....

Place:.....

[Participant Details (names, contact details etc) in a separate Form]

1. As a working group member, what is your general opinion regarding the BHW Project on 'Making Bangladesh's Healthcare System more responsive and participatory'?
2. The first objective of the project is 'To permit civil society platforms/individual voices to hold government and other stakeholders accountable to major health sector commitments'. In your opinion, how far the Project has been able to achieve this objective?
3. The second objective of the project is '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'. In your opinion, how far the Project has been able to achieve this objective?
4. The third objective of the project is 'To enhance the understanding of duty bearers on issues related to quality of care, accountability and equity'. In your opinion, how far the Project has been able to achieve this objective?
5. In your opinion, how well the Project is performing to achieve its goal?
6. How the research undertaken by BHW during the pandemic was used and what influence they had on national/local level policies/practices/decision making?
7. What is the overall image of BHW among stakeholders - public health world, media, policy makers?
8. Does BHW work collaboratively? What is the experience of current partners in such

working? Are there potential partners out there who need to be explored?

9. What are the strength and weakness of the Project?
10. How do you visualize the potentials of this project?
11. What are the challenges for this project in your opinion?
12. What are your advice/ suggestions to improve its performance?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form

THEAMATIC GROUP: VACCINATION

Date: .....

[Participant Details (names, contact details etc) in a separate Form]

1. What were the objectives of this Thematic Group?
2. What are the activities done, so far, by the Group?
3. Did you develop any specific proposal/document through your activities?
4. How far the Group communicate with the relevant government authorities and other stakeholders regarding the implementation of its proposals and ideas?
5. In what way you played active role to protect the interest of the civil society beneficiaries and Health care providers to bring them under vaccine coverage during this COVID pandemic? Is there any example to share?
6. How far the proposals/ideas of the Group were accepted and implemented by the relevant government authorities and other stakeholders?
7. How the research undertaken by BHW during the pandemic was used and what influence they had on national/local level policies/practices/decision making?
8. What are the strength and weakness of the Project?
9. How do you visualize the potentials of this project?
10. What are the challenges for this project in your opinion?
11. What are your advice/ suggestions to improve its performance?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form

THEAMATIC GROUP: HEALTH SECTOR AND NATIONAL BUDGET

Date: .....

[Participant Details (names, contact details etc) in a separate Form]

1. What were the objectives of this Thematic Group?
2. What are the activities done, so far, by the Group?
3. Did you develop any specific proposal/document through your activities?
4. How far you are actively engaged in the planning and implementation of the 4th HPNSP (original and revised) as well as in the national health budget development process?
5. Could you play any role to incorporate the interest of the making Bangladesh's healthcare systems more responsive and participatory during the health sector program & national budget development process? If so, how?
6. How the research undertaken by BHW during the pandemic was used and what influence they had on national/local level policies/practices/decision making?
7. What are the strength and weakness of the Project?
8. How do you visualize the potentials of this project?
9. What are the challenges for this project in your opinion?
10. What are your advice/ suggestions to improve its performance?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form

REGIONAL CHAPTER MEMBERS

Date: .....

Name: ..... **Designation**: .....

Organization: ..... **Address**: .....

Mobile: ..... **Email**: .....

1. What ideas you do have about the BHW project on 'Making Bangladesh's healthcare systems more responsive and participatory'?
2. Through the Regional Chapter, What are the local activities you are doing in relation to the Project?
3. Which authorities/ local leaders/other stakeholders are being targeted through the Project?
4. What kind of response you are getting from the local stakeholders in relation to the activities in the Project?
5. What are the challenges you are facing during implementing the Project activities in your locality?
6. What are the strength and weakness of the Project?
7. How do you visualize the potentials of this project?
8. What are the challenges for this project in your opinion?
9. What is your opinion regarding the support you are getting from the Project Secretariat? Are you satisfied with the number and quality of staff?
10. What are your suggestions to improve the performance of the Project?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form/ FGD-Questionnaire

JOURNALISTS

Date: .....

Name: .....

Designation: .....

Organization: .....

Address: .....

Mobile: ..... .

Email: .....

1. Do you have any idea about the BHW project on 'Making Bangladesh's healthcare systems more responsive and participatory'?
2. Do you have any involvement in disseminating the messages of this project?
3. How much the Project is successful in communicating the messages of the Project to the relevant stakeholders?
4. Do you observe any response from the stakeholders in relation to the messages from the Project?
5. What are the strength and weakness of the Project?
6. What is the overall image of BHW among stakeholders - public health world, media, policy makers?
7. How do you visualize the potentials of this project?
8. What are the challenges for this project in your opinion?
9. What are your suggestions to improve the performance of the Project?

MAKING BANGLADESH'S HEALTHCARE SYSTEMS MORE RESPONSIVE AND PARTICIPATORY

A Project of **Bangladesh Health Watch** | supported by **Sida**

Mid-Term Review (MTR)

KII-Form

GENERAL PUBLIC HEALTH COMMUNITY/COLLABORATING PARTNERS

Date: .....

Name: ..... **Designation**: .....

Organization: ..... **Address**: .....

Mobile: ..... **Email**: .....

1. What is your idea about the goal, objectives and implementation process of the BHW project on 'Making Bangladesh's healthcare systems more responsive and participatory'?
2. Do you have any involvement in the implementation of this Project? If yes, in which way?
3. Do you feel that BHW is working collaboratively?
4. If you are a collaborating partner, what is your experience in this partnership?
5. Do you suggest any further potential partner(s) who should be explored for this project?
6. How the research undertaken by BHW during the pandemic was used and what influence they had on national/local level policies/practices/decision making?
7. What is the overall image of BHW among stakeholders - public health world, media, policy makers?
8. Do you feel any impact of the BHW Project on the healthcare system of the country? If so in what way the HSS is happening through this implementation, any observation from your end, please share.
9. What are the strength and weakness of the Project?
10. What are your advice/suggestions to improve the performance of the Project?

TERMS OF REFERENCE (TOR)

Mid-Term Review for the project titled

"Making Bangladesh's Healthcare Systems More Responsive and Participatory"

1. Introduction:

Bangladesh Health Watch (BHW) is commissioning a Mid-Term review of its project '**Making Bangladesh's Healthcare Systems More Responsive and Participatory Bangladesh'** (Henceforth called "The Project") funded by the Swedish International Development Cooperation Agency.

2. Background and Rationale:

A strong civil society can positively impact social exclusion and health inequity through stronger participation, active monitoring, increased accountability, and transparency in the health sector. 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 with the publication of a series of reports, the Bangladesh Health Watch Reports. The reports identified the most critical challenges to the health sector at particular points in time and published insightful situation analyses leading to practical recommendations, based on evidence from existing and primary research. BHW has, however, not been effectively engaged in active advocacy on specific issues.

Please visit: *https://bangladeshhealthwatch.org/*

BHW's work is carried out by a Working Group led by a Convener; the members are all stalwarts of the sector. The James P Grant School of Public Health (JPGSPH) hosts the Working Group and provides the logistics support to conduct meetings and carry out work related to the publication of the Reports. An Advisory Committee provides strategic guidance to the Working Group.

Involving community members in the governance of health facilities through health facility committees proved an effective way to progress a voice and accountability agenda. However, to ensure that these committees functioned effectively, considerable capacity-building support is required in the formal training and on-going mentoring support. Poor governance, particularly transparency, in the health sector negatively influences the service delivery mechanism in Bangladesh, resulting in the low utilization of many public facilities. Non-availability of drugs and commodities, discrimination against the poor, imposition of unofficial fees, lack of trained providers, weak referral, feedback and monitoring systems, unfavorable opening hours, and interdepartmental schism contribute to low use of public facilities in Bangladesh.

2.1: Program Overview

BHW received a three-year funding for the project "Making Bangladesh's Healthcare Systems More Responsive and Participatory", funded by Swedish International Development Cooperation Agency (Sida) from December 2019 - December 2022.

2.2: The program goal

The goal of the project is to strengthen the healthcare system so that it is more responsive to people's needs and demands

2.3: The specific objectives of the project are:

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

2.4 Target groups/beneficiaries

The ultimate beneficiaries of the project would be the citizens of Bangladesh, especially the poor and people living in hard-to-reach areas. Among them, girls and women who are even more marginalized will be a priority group. The direct target group would be Government/NGO policy planners, programme managers, service providers, and CSOs at central and local levels. The indirect beneficiaries would be all health care users, especially the marginalized and poor, living in hard-to-reach areas. Given that the project interventions will make special efforts to bring to light and alleviate the situation of women and girls among these various groups, it is expected that the project will benefit women and girls disproportionately more

2.5 Rationale for the Review

The project has been implemented for more than twenty months and BHW must review the progress made to date and the program implementation process. Conducting a mid-term review is also a part of the project activities supported by Sida.

3. Purpose of the Mid-Term Review

The purpose of this review is two-fold. The first is to objectively determine if sufficient progress in the project's output indicators has been made to achieve the expected results by the end of the program period. Secondly, it will document important lessons learned regarding the service delivery modalities, the management, and institutional arrangements employed by BHW. This review will evaluate the progress made by the project implemented by BHW.

Specific question to be answered:

Is the target group and priority group reached? If not, what suggestion are there to better reach them?

4. Users of the Review

The primary users of the results and the recommendations made will be BHW. BHW will also share the results with donor, BHW Working Group, and Advisory Group.

5. Specific Objectives

The information generated by this review will help BHW:

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

6. Review Methodology

6.1 Review design

The consultant will use two different methods for the review: (1) Review the project documents including semi-annual reports, project monitoring reports, and (2) carry out key informant interviews (KII) with Working Group and Advisory Group members, Journalists, general public health community, thematic group members, Regional Chapter members and project staffs.

6.2: Submit Report:

Prepare and submit the final report (both electronic and hardcopy)

6.3 Timeline:

Work plan and time schedule for the evaluation.

7. Deliverables

- Preliminary summary of key findings, conclusions and recommendations.
- Final report (both electronic and hard copy)

8. Consultant Eligibility

- The consultant must have in-depth knowledge on advocacy and health systems of the country.
- The consultant must have relevant experience, reputation in the field and excellent report writing skills with good command of Englis

9. Administrative and Logical Support

The responsibilities of the consultant will be to;

- Lead the review design, select and analyze/present the information collected.
- Submit all the documents as mentioned above with an expected quality within the agreed timeline.
- Maintain an effective communication with BHW contact staff and supervisors

The responsibilities of BHW will be to;

- Provide financial resources needed to conduct the Review
- Assist the consultant to identify thematic areas
- Provide a comprehensive overview of the BHW project
- Provide consultant with key documents including project progress reports and/or activity plans and other published reports.
- Monitor the review implementation
- Introduce the consultant to different stakeholders
- Review the report and provide feedback

10. PAYMENT

As full consideration for the services performed by the consultant, the payment will be made according to the schedule as follows:

- **1st Installment:** 50% of the total value will paid as advance with Work Order.
- **2nd Instalment:** And the remaining 50% will be paid after the submission of the aforementioned documents for the assessment to BHW and having the final survey report accepted by BHW.

All drafts and final reports including the raw data should be submitted to BHW in both hardcopy and electronic versions. The ownership of the report rests in BHW.

Here is the name and address on contact person for further communication:

Shaikh Masudul Alam
Chief Coordinator
Bangladesh Health Watch
BRAC James P Grant School of Public Health, BRAC University
9th Floor, Medona Tower, 28 Mohakhali Commercial Area
Bir Uttom A K Khandakar Road, Dhaka-1213, Bangladesh
masudul.alam@bracu.ac.bd

MTR Recommendations and Management Responses:

Sl #	Recommendations	Management Response
1.	Initiatives should be intensified to create more awareness about the activities of the Project among the advisory, organizing, and supporting groups.	Advisory Group meetings are planned to be held twice, instead of once every year. All AG members are being regularly sent updates on BHW activities and invited to all BHW events. Induction of new members has been undertaken. It is expected that once that process is complete, the group will become more vibrant. - Organisations supporting BHW (e.g., Host NGOs of Regional Chapters, collaborating agencies in research, technology, and communication) are more aware of BHW's activities now, by virtue of long association. BHW is also proactively promoting its website (which contains comprehensive information about the project), sharing printed materials (e.g. Newsletters) and using social media to reach out to them. They are also invited to all BHW events
2.	Opinion Leaders already involved with the Project should be more engaged, especially in advocacy-related issues	The engagement of opinion leaders is a continuous process and a function of time. Already there is a better level of engagement than when the midterm review took place. This process will continue through more engagement of the opinion leaders in activities, information sharing, and engagement through social media.

3.	Empowerment of the ultimate beneficiaries (mass people) should be prioritized, as and when necessary, through an appropriate partnership with other civil society and right based organizations as well as relevant public sector platforms like a2i;	BHW strongly believes in working in partnership with allied organisations. As such it has a number of individual and organisation-based partnerships (formal and informal) in place, e.g. with researchers and research agencies (Unnayan Shamannay, James P Grant School of Public Health, others), journalists' bodies (Health Reporters forum, PIB), like-minded civil society platforms at the regional and central levels (CSO Alliances at the regional level, TIB and Naripokkho) digital platforms (A2i, Bloodman). These efforts will be strengthened over the coming months by extending the number of collaborations and depth of engagement.
4.	A comprehensive 'Advocacy Strategy' should be designed, and all the implementing partners in the whole country should operate in compliance with the document in a coordinated manner.	BHW is still learning from its experiences. A comprehensive advocacy strategy/ SOP (which will in effect be a melee of advocacy strategies given the complexity and multifarious nature of topics BHW deals with will be developed once all the project activities take off and are mature to some extent, perhaps around the end of 2022.
5.	For evidence generation, health-related data repository initiatives should be more emphasized.	The Covid research repository introduces BHW to scholars and journalists. Since its inception, the number of visitors to the site increased significantly. The Covid research hub was developed to respond to the need of the hour during Covid, when a number of research were being conducted but they remained unfathered and hard to access. Since BHW is not a research organization, it will not add additional hubs but will continue to strengthen the Covid one.

6.	Both print and electronic media should be optimally utilized, and some flagship programs may be conceived.	BHW is known for its close connections with the media and has been able to influence policy decisions through media reports. So it will continue to strengthen the relationship through active engagement of the media both in events as well as other advocacy initiatives, like involvement in Thematic Groups. It will also consider extending its fellowship program to cover topics related to the project and strengthen training for journalists so that they can report more accurately and objectively.
7.	The operation of the Secretariat should be made more dynamic through a dedicated organogram and Standard Operating Procedure (SOP) reflecting the objectives and requirements of the Project within the overall umbrella of the Parent Institute (the JPGSPH)	A new organogram has been developed and proposed for approval. The organogram is proposed based on the mid-term recommendations and the future focus of the existing programs. **JPGSPH** is not the parent organisation, but a host for BHW's secretariat. So far the agreement between JPGSPH and BHW regarding the project has been sufficient to guide the relationship. But as advocacy picks up, the need for an SOP may emerge. BHW will at that point work to develop the SOP.
8.	The longer-term sustainability of the current initiatives undertaken by the project should be carefully evaluated within a broader context of the organizational identity and structure of BHW.	Three members working sub-group has been set up to explore ways of ensuring long-term institutional sustainability. Simultaneously BHW has prioritized exploring new funding opportunities to continue/expand its project portfolio.

9.	The Result Framework in the project document needs to be revisited with the possible reformulation of the indicators to 'achievable' ones within such a limited project period and, also, with an optional possibility of replacing the RFW itself with a Process related Framework that may better track the progress of the Project.	BHW agrees with the MTR observation that the Results Framework may be too ambitious to capture the changes brought about by the project, given the limited time frame of the project and the ambitious results. It will work with Sida's guidance to develop 'intermediate' process indicators to capture the project achievements.

BANGLADESH
HEALTH WATCH

BRAC James P Grant School of Public Health, BRAC University
6th Floor, Medona Tower,, 28 Mohakhali Commercial Area,
Bir Uttom A K Khandakar Road, Dhaka-1213, Bangladesh