

BANGLADESH
HEALTH WATCH

Citizen-Led Health Initiatives to Improve Local Health Services:
Lessons from Regional Chapters in Selected Districts of Bangladesh

Research Report



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In collaboration with
Host Organizations and Health Rights Forums across
Seven Regional Chapters in Bangladesh

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List of Acronyms

BHW	Bangladesh Health Watch
CHCP	Community Health Care Provider
CG	Community Group
CSG	Community Support Group
CSO	Civil Society Organisation
CC	Community Clinic
COVID-19	Coronavirus Disease
DHRF	District Health Right Forum
DHRYF	District Health Right Youth Forum
FGDs	Focus Group Discussion
FWV	Family Welfare Visitor
HO	Host Organisation
HCP	Healthcare Provider
HRF	Health Rights Forum
HRYF	Health Right Youth Forum
IDIs	In-depth Interviews
KIIs	Key Informant Interviews
NGOs	Non-Government Organisations
RC	Regional Chapter
RMO	Resident Medical Officer
Sida	Swedish International Development Cooperation Agency
UHC	Universal Health Coverage
UHRF	Upazila Health Right Forum
UHRYF	Upazila Health Right Youth Forum
UH&FWC	Union Health & Family Welfare Centre
UH&FPO	Upazila Health & Family Planning Officer

Executive summary

Background: Despite structural growth in Bangladesh’s healthcare system, persistent challenges—such as inequity, poor accountability, and insufficient responsiveness—continue to limit the quality and accessibility of services, particularly in rural areas. To address these issues and enhance social accountability in health, Bangladesh Health Watch (BHW), with support from SIDA, initiated a project to make healthcare systems more responsive and participatory. This involved establishing Regional Chapters (RCs) across eight regions, which formed Health Rights Forums (HRFs) and Health Rights Youth Forums (HRYFs). These Forums aim to empower communities to advocate for their health rights, monitor local services, and promote inclusive health governance.

This study explores how these Forums operate, the factors motivating member engagement, their impact on community health systems, the challenges they face, and the prospects for sustainability and scale-up.

Objectives: The study aimed to:

- understand how the Forums influenced health rights awareness and access to services.
- document their role in addressing community health challenges.
- identify the operational and systemic challenges they face.
- assess the sustainability and potential for institutionalization and scale.

Methodology: The research employed a qualitative cross-sectional design across seven RC sites between January and April 2025. Data were collected through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), In-Depth Interviews (IDIs), and desk reviews. Participants included Forum members, service recipients, host organization staff, local health officials, and BHW project managers. Thematic analysis using the framework method guided synthesis of findings.

Key Findings

The study found that Health Rights Forums (HRFs) and Health Rights Youth Forums (HRYFs) within the BHW Regional Chapters have played a crucial role in promoting participatory health governance at the local level. These Forums emerged as inclusive platforms that introduce collaborative dialogue between service recipients, providers, and local authorities. Their core strengths include grassroots representation, participatory decision-making, responsive coordination, and sustained civic engagement.

Forum strengths and strategies: Forums successfully created structured, community-driven spaces for addressing local health issues. Their inclusive composition—featuring women, youth, persons with disabilities, and religious and ethnic minorities—ensured representation of diverse perspectives. Regular meetings, informal coordination via mobile and WhatsApp, and strong linkages with Host Organizations enabled smooth operations. Strategic tools like site visits, joint problem identification, and public hearings reinforced accountability and trust in service delivery.

Motivating factors for engagement: Member participation was driven by strong civic values, social responsibility, and a personal connection to the challenges facing local health systems. They expressed a desire to "stand by the people" and work toward tangible improvements in healthcare access and quality. Visible successes—such as resolving sanitation issues, improving service hours, and securing supplies—further motivated continued involvement. Peer inspiration and leadership within the Forums were also critical in retaining active engagement.

Impact on access and rights awareness: The Forums enhanced public awareness of health rights and entitlements. Their advocacy efforts led to measurable changes in health service delivery, including improved availability of essential medicines, cleaner facilities, increased punctuality of staff, and reduced absenteeism. Vulnerable groups such as women, the elderly, persons with disabilities, and the poor gained better access to services. Patients also reported improved treatment from providers and increased confidence in navigating the health system.

Community and institutional feedback: The Forums were widely recognized by health authorities and community members as constructive partners. Local officials appreciated the Forums' role in identifying service gaps, raising community voices, and providing practical solutions. Community members viewed them as credible watchdogs and advocates, often approaching Forum representatives directly with concerns. However, in some cases, Forum activities were initially met with resistance due to a lack of formal recognition or perceived overreach.

Challenges faced: Despite their successes, the Forums faced notable obstacles. These included limited financial and logistical support, absence of formal status, inconsistent member participation, and resistance from segments of the healthcare system. Systemic barriers—such as understaffed facilities, outdated equipment, and bureaucratic delays—hampered their ability to influence institutional change. Additionally, forums struggled with turnover among

members, lack of sustained training, and operational uncertainties linked to dependency on central project support.

Sustainability and scalability: While enthusiasm for the Forums remains high, their long-term sustainability is uncertain without strategic planning. Current operations depend heavily on BHW and Host Organization support. To ensure continuity, stakeholders proposed solutions such as legal registration, formal integration into local health systems, and local fundraising or income-generating activities. Some Forums have shown promising signs of self-sufficiency through voluntary engagement, though these models remain fragile. Clear operational guidelines, capacity-building programs, and policy-level endorsement are essential for scaling and institutionalizing this model across other regions.

Conclusion and way forward: The BHW Regional Chapter Forums create inclusive, community-driven mechanisms for holding health services accountable and responsive to public needs. To ensure long-term viability, policy integration, formal recognition, and sustainable funding models must be prioritized. These Forums offer a replicable framework for advancing health system responsiveness across Bangladesh.

Section 1: Background

The health system in Bangladesh is characterized by a highly pluralistic structure, (Sattar D. 2021) with both public and private healthcare sectors playing a significant role. Despite the presence of extensive infrastructure, healthcare services provided by the private sector remain unaffordable for a large portion of the population, particularly for the poor. This has resulted in substantial out-of-pocket expenditures for many citizens (Molla AA, 2017). At the same time, the quality of healthcare in both sectors is compromised due to various factors, such as a shortage of healthcare workforce, inadequate medical equipment, and a lack of necessary logistics in health facilities (Islam A, 2014). These challenges are significant barriers to achieving Universal Health Coverage (UHC) by 2030, a goal to which the Government of Bangladesh is committed (Islam MS, 2012).

Beyond affordability and quality considerations, there are also concerns related to health system responsiveness in Bangladesh. Responsiveness includes such features as promptness, dignity, autonomy, confidentiality, communication, social support, basic amenities, and choice of providers. Sadly, these factors continue to be inadequate resulting in serious discrepancies between services offered and real community need (Kapepula PM, 2020). The lack of human resource and medical supplies aggravated this situation and put additional pressure on the government to achieve UHC goals and fulfil global health standards (Habib MA, 2024). A holistic approach towards community engagement is essential in addressing these systemic challenges as it improves the quality of care while also considering demand-side perspectives in the community. It makes the health system more responsive to the needs of the population and their preferences.

A bottom-up social accountability approach, with a focus on civic engagement, is one effective principle for making health systems more responsive (Chowdhury F, 2025). In this way, citizens, CSOs, and communities are empowered to hold public officials and service providers accountable to the quality of services that they provide. Social accountability can enhance the service quality and ensure that health services are aligned with the genuine needs of the populations by providing people a voice and a platform to express their grievances and demands (Ministry of Health and Family Welfare, 2016).

The Bangladesh Health Watch (BHW) was set up in 2006 by a group of socially conscious citizens interested in health to facilitate the public health service for all through practical and demand-based policies and work processes. And also to provide timely policy suggestions

through research and facilitate the government to formulate the right policies in different matters. Until 2018, BHW's main activity was the publication of well-recognized biennial reports. These publications identified the most critical challenges to the health sector at particular points of time and published insightful situation analyses leading to practical recommendations based on evidence from existing and primary research reports. These reports are well known and disseminated under the name " *Bangladesh Health Watch Report.*" Until now, nine such reports have been published.

In December 2019, BHW decided to undertake more active advocacy to make a deeper impact on the country's health situation in addition to the publication of the biennial reports. As part of these additional initiatives, BHW arranges training programs to enhance the skills of the persons related to health management. BHW also extended its advocacy activities by establishing eight Regional Chapters in eight districts of eight divisions in the country to bring the local level citizen's voice to the central policy level. Another important task of this venture is to provide health-related content in social media for people and increase mass awareness by doing so, as well as conducting a digital citizens' platform named Citizens' Voice.

To this end 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). These RCs are primarily focused on generating evidence to advocate for civil society mobilization, so that local healthcare providers are more responsive to the needs of the community.

The RCs combine multiple partners - NGOs, local chapters of CSOs, their activists and members, and youth leaders as well as citizens from local communities. These chapters actively work with communities using selected upazilas and one or two Community Clinics in a union for specific interventions. RCs keep close contact with citizens and government authorities on district, upazila and union levels; they keep abreast of health situations and can provide data out of the local context for discussions/action at national level. These RC areas are in Dhaka-Manikganj, Chittagong-Khagrachari, Rajshahi-Chapainawabganj, Khulna-Bagerhat, Sylhet-Sunamganj, Barisal-Barguna, Rangpur-Kurigram and Mymensingh-Netrokona.

Figure 1: Location of Regional Chapters

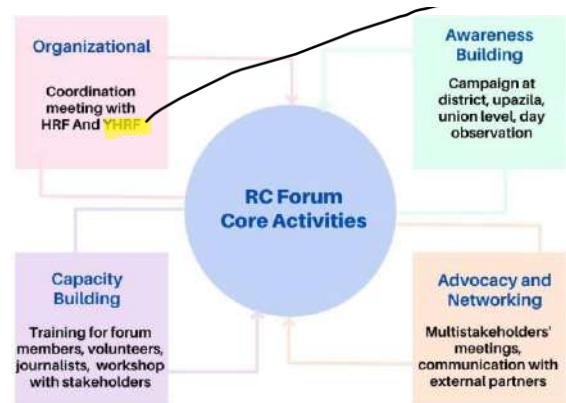


BHW has also created Health Rights Forums (HRFs) at the district and upazila levels in addition to the RCs. These groups, composed of 9 to 13 members, including 4 to 6 women, are intended to be a cross-section of society, with individuals from different professions, classes, religions, and ethnic groups. The Forums are effective watchdog bodies that work on a voluntary basis to enhance the standards of healthcare at the local level. HRFs are elected based on their acceptability and leadership quality and can serve as the respective chairpersons for up to two years. The Member Secretary is the Executive Director or his/her nominee from the host organization. These Forums are crucial in advocating for better health service provision and ensuring transparency, accountability and participation of the community in different government health institutions. Such is done in coordination with relevant authorities and approved by the BHW secretariat.

BHW also supports the formation of Health Rights Youth Forums (HRYFs) at both the district and upazila levels. These Forums, comprising 15 to 25 youth members with a significant representation of women, focus on engaging the wider community. The youth Forums are instrumental in collecting feedback from service recipients and providers, which contributes to BHW’s research activities. They also play a vital role in organizing awareness campaigns, including rallies, mass gatherings, and other events aimed at educating the public about their health rights and entitlements.

The major activities of both the Health Rights Forums and the Youth Forums include regular meetings for planning and reviewing progress, surveys for data collection, advocacy based on observations and user feedback, and campaigns to raise public awareness on health rights. These efforts are supported by various campaign activities such as rallies, press briefings, and the distribution of informational materials. All of these activities are intended to improve public understanding and public participation in health-related matters. With this structured Augmentation, BHW’s endeavours create a holistic and sustainable impact at multiple levels (community, organizational, national) throughout the regions of Bangladesh to work towards improving the quality of healthcare and advocating for the rights of individuals within it.

Figure 2: Core activities of RC Forum



Through the years, the functions of these Forums have adapted to meet changing needs. Through the lived experiences of community members already engaged, along with the input of other stakeholders, priorities for new efforts in a community are set. This is because members of the Forum are trained to serve as monitoring bodies, looking out for the shortcomings in health services concerning quality, accountability and equity. As a result of the sustained efforts, the Forums have grown into an influential tool for accountability and transparency in the health sector. They give communities the space to voice system challenges and co-message solutions, bringing together a diverse set of stakeholders, including beneficiaries, health authorities and civil society organizations.

The Forums have not only served as the primary drivers of change but have also catalysed measurable shifts in community dynamics. BHW is currently documenting these transformative outcomes attributed to the efforts of the BHW Regional Forums. Furthermore, local stakeholders have emphasized the importance of scaling up this RC model to amplify its impact. In recognition of this, BHW planned a comprehensive assessment to evaluate how the Forums of RCs have facilitated local-level changes through qualitative research. This assessment explored the strengths, strategies, and motivational drivers of Forum members that support their continued engagement in advancing positive, systemic, and sustainable improvements to local healthcare systems.

This documentation will serve as a valuable resource for strengthening BHW's advocacy efforts, enhancing stakeholder collaboration, and promoting the replication of successful practices across all Regional Chapters. It will also contribute to the broader discourse on community-driven health rights advocacy in Bangladesh.

Objectives

General objective: To explore the strengths, strategies, and motivating factors of Forum members that drive their engagement in bringing positive and sustainable changes to the health system at the local level.

Specific objectives are to:

- Understand the Forums' influence on beneficiaries' health rights awareness and access to healthcare services.
- To document the Forums' role in addressing community health issues and driving positive changes.
- To determine the challenges Forum members, face during their initiatives.
- To document and recommend the sustainability and scalability of these community-driven platforms.

Section 2: Methodology

Study design: A cross-sectional qualitative study was conducted utilizing a multi-method data collection technique, integrating Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), and In-Depth Interviews (IDIs). To triangulate data and ensure robust, comprehensive understandings, desk reviews were considered.

Study site, settings, and duration: The study focuses on RCs of BHW. The study sites were selected in health centre localities where BHW Forums actively operate. Study sites are:

- Dhaka – Manikganj
- Chittagong – Khagrachari
- Rajshahi – Chapainawabganj
- Sylhet – Sunamganj
- Barishal – Barguna ,
- Rangpur – Kurigram and
- Mymensingh – Netrokona.

The study was carried out during the period of January 1, 2025, to April 30, 2025. Data collection was conducted across seven out of eight RCs to capture geographic and operational diversity. RC in which the study could not be conducted (Bagerhat) was due to current political situation in Bangladesh, where the Forum could not operate properly in this region during the research period.

Study population and sampling: Purposive sampling ensures the inclusion of stakeholders with direct involvement or influence on BHW activities.

The study population includes:

- *Forum Members:* Individuals actively participating in the selected BHW regional Forums.
- *Community/service Recipients:* Beneficiaries residing in the catchment areas of the health centres associated with the selected Forums.
- *Host Organization representatives:* Key personnel (e.g., Focal Persons, Executive Directors) from the organizations hosting the selected BHW Forums.
- *Health Authorities:* Relevant government health officials at the local level (e.g., Superintendent/Resident Medical Officer (Super/RMO)) interacting with the selected Forums.
- *BHW project Managers:* Central project management staff overseeing the BHW Forum initiative.

Participant selection:

FGDs: Participants for Focus Group Discussions (FGDs) with Forum Members and Community/Service Recipients were selected using purposive sampling to ensure representation of diverse viewpoints (e.g., gender, age, duration of involvement/service use) among 6-8 participants of each FGD.

KIIs & IDIs: Participants for Key Informant Interviews (KIIs) with Host Organizations and In-Depth Interviews (IDIs) with BHW Project Managers and Health Authorities were also selected purposively based on their specific roles, knowledge, and experience related to the BHW Forums.

Table 1: Overview of study participants, sampling criteria, and data collection methods

Method	Study population	Objectives	Sampling Criteria	Sample Size
FGDs	Forum members	To understand the operational dynamics, challenges, achievements and the motivating factors of the forums to be involved with these initiatives.	Active members (≥ 6 months) involved in BHW activities	7
	Community/service recipients	To understand the forums' influence on beneficiaries' health rights awareness and their access to healthcare services.	Adults who accessed healthcare services in the RC area (≥ 1 interaction with BHW)	7
KIIs	Host Organizations	To explore the administrative and logistical support enabling forum activities.	Focal persons/Executive Directors providing administrative/logistical support	14
IDIs	Health authorities	To assess their engagement and collaboration with the forums.	Superintendent, District Hospital (representatives collaborating with BHW)	7
	BHW project Managers	To understand the overall support and coordination provided to the RCs	Managers overseeing BHW activities	2
Total				37

Data collection methods and tools

Desk review

A comprehensive desk review was conducted to analyse existing documents, reports, and data related to the activities and impacts of the Forums. This step provides a contextual background and helps refine data collection tools.

Relevant specific materials include:

- Reports from BHW Forums.
- Documents from host organizations.
- Health authority records.

Data collection

Data were gathered from multiple sources using a range of qualitative approaches to ensure a holistic understanding of the Forums' operations and impacts. Focus Group Discussions (FGDs) were conducted with Forum Members and Community/Service Recipients. Discussions with Forum Members explored group dynamics, shared experiences, operational processes, collective achievements, challenges faced by the Forums, and suggestions for improvement. FGDs



IDI with Health Authority, Sunamganj

with Community/Service Recipients aimed to capture community perceptions of the Forums, their awareness of health rights, perceived influence of the Forums on access to and quality of services, and their experiences engaging with Forums or related health services. Each FGD included 6–8 participants and followed a semi-structured facilitator's guide or checklist.

Key Informant Interviews (KIIs) were conducted with representatives of Host Organizations to explore the nature of administrative and logistical support, enabling factors, constraints, and their overall perspective on the Forums' roles and effectiveness. These interviews also followed a semi-structured guide.

In-Depth Interviews (IDIs) were held with Health Authorities and BHW Project Managers. Interviews with Health Authorities assessed their level of engagement with the Forums, perceived impact on health governance and accountability, collaborative experiences, and challenges. IDIs with BHW Project Managers focused on program strategy, support mechanisms, monitoring, cross-regional learning, and strategic barriers. All IDIs were guided by a semi-structured interview format to capture in-depth individual perspectives.

Study tools development

The study team developed a set of Qualitative guidelines for key informant interviews (KIIs), in-depth interviews (IDIs), and focus group discussions (FGDs). The guidelines were developed to address the general and specific objectives of the study through a set of questions. A Pre-test of the tools was conducted in a nearby program district, e.g., Manikganj. BHW research expert also gave technical inputs and refined. Incorporating valuable inputs from both the BHW team consultations and pre-test feedback, the tools were finalized.

Training of data Enumerators

A group of data enumerators were recruited as Field Research Assistants (FRA) who have the relevant expertise: Master's level anthropology students with knowledge of social structures, community dynamics, and qualitative research methods, and prior fieldwork experience in data collection, interviewing, and participant observation. A comprehensive three-day training session was conducted, covering:

- Detailed review of the study objectives and research questions.
- A thorough familiarization with the semi-structured interview guides (KIIs, IDIs, FGDs), including practice sessions.
- Techniques for establishing rapport, active listening, probing, and managing group dynamics in FGDs.
- Ethical considerations in qualitative research, include informed consent, confidentiality, and minimizing harm.
- Practical exercises and role-playing to simulate interview and FGD scenarios.
- Use of audio recording equipment and field notetaking.

Training materials included the interview guides, a training manual, and a self-developed draft sample transcripts. The enumerators' understanding and skills were assessed through observation of their performance in role-playing exercises and feedback sessions.

Data collection procedures

Data Enumerators conducted the FGDs, KIIs, and IDIs in the local language at locations convenient and comfortable for participants. Prior to field data collection, the purpose of the study was explained and informed written consent was obtained. Confidentiality was assured. Interviews and FGDs were audio-recorded (with permission) and supplemented with detailed field notes. Each session's duration was approximately 50-60 minutes.

Data management

Data processing: To ensure the integrity and reliability of the data, the following rigorous data processing procedures were implemented:

- *Data Transcription:* Audio recordings from FGDs, KIIs, and IDIs were transcribed verbatim by Research Assistants in the local language. FRAs were trained on transcription conventions to ensure consistency.

- *Transcription Check:* The BHW study team independently reviewed each transcript against the audio recording to verify accuracy and completeness. Any discrepancies were resolved through discussion and, if necessary, by re-listening to the recording.
- *Translation:* Transcripts in the local language were translated into English by Research Assistants with expertise in both the language and the subject matter. Translated transcripts were checked twice to ensure the accuracy and conceptual equivalence of the translated text.
- *Quality Control:* Throughout the data processing steps, quality control measures were in place. This includes regular checks on the accuracy of transcriptions and translations, as well as documentation of any issues encountered and how they were resolved.

The study team monitored and checked the audio records regularly and gave feedback on the transcripts for completeness, accuracy, and reliability. Eventually the transcripts were thoroughly examined to ensure comprehensive coverage of all relevant domains. The team further spot-checked the RC field areas to check for missed information and ways to mitigate any data gap.

Data synthesis and analysis using framework methods

The study utilized the framework method of analysis, as suggested by Gale et al. (Gale NK,2013), to analyse qualitative data. This method is particularly suitable for comparing large textual datasets across cases and synthesizing the information thematically. It provides a holistic, descriptive overview and is especially useful in multidisciplinary research settings. By identifying commonalities and differences in qualitative data, the framework method enables researchers to explore relationships between different parts of the data and draw descriptive or explanatory conclusions clustered around themes. This approach has become widely used in health research.

The data analysis process began with audio recordings being transcribed verbatim into the original language and subsequently translated into English for analysis. Transcripts were anonymized by removing any identifying information, and all data (transcripts, notes, consent forms) were securely stored. A sample of transcripts was independently read and re-read by members of the study team to develop an initial coding matrix of themes and categories. This step also involved familiarization with the data by thoroughly reading and re-reading transcripts and notes to gain a deep understanding. The coding framework was finalized both by the core research team and BHW Secretariat before analysing the transcripts.

Following discussions and refinements, a codebook was developed for systematically identifying and coding data segments. Both deductive codes (based on interview guides and research objectives) and inductive codes (emerging from the data itself) were applied during this process.

Thematic analysis was then conducted by grouping codes into themes and sub-themes, identifying patterns, relationships between participants and sites. Themes were reviewed to ensure they accurately represented the data and aligned with research objectives. Each theme was clearly defined, named, and synthesized into findings using illustrative quotes to support them. The results were interpreted in relation to study objectives and existing documents of RCs.

Regular team meetings were held throughout to ensure consistency, analytical rigour, and validity in the findings.

Finally, an analytic matrix was developed in a tabular format with themes and sub-themes, which was populated with compiled data to organize findings systematically. Data validation and interpretation were conducted to ensure accuracy and coherence in the results.

Table 2: Themes, sub-themes and codes used in synthesizing and analysing the data

Themes/Sub-themes	Codes
1. Strengths of the Forum	a. Collaboration between Health Authority, Service Recipients and Other Stakeholders
	b. Communication and Coordination
	c. Training and Assistance for Better Output
	d. Effective Administrative Support
	e. Community Representation in Decision-Making
	f. Logistical Support
	g. Issue Resolution
	h. Improved Healthcare Infrastructure
	i. Improved Healthcare Accessibility
2. Strategies of the Forum	a. Challenge Coping Mechanism
	b. Participatory Decision-Making
	c. Policy and Guidelines Implementation
	d. Awareness Campaigns
	e. Monitoring & Accountability
3. Motivating factors	a. Factors which encouraged the members to join this Forum
	b. Recognition and Community Impact
	c. Sense of Ownership in Decision-Making
	d. Success Stories
4. Forum's role in driving positive and sustainable changes to the local health system	a. Activities of the Forum
	b. Community Awareness and Advocacy
	c. Holding Healthcare Providers Accountable
	d. Bridging the Gap Between Patients & Providers
	e. Enhancing Local Collaboration
	a. Promoting Health Rights Education

5. Influence on Beneficiaries' health rights awareness & access to healthcare services	b. Reactions from the Health Authority or community
	c. Impacts on the local community
	d. Improvement of Healthcare access, equity and accountability
	e. Community Mobilization
	f. Accessibility Advocacy
	g. Enhanced Access to Essential Medicines
6. Challenges	a. Challenges faced with the Health Authority/Forum
	b. Challenges faced with the Community
	c. Logistics Challenges faced during activities
	d. Lack of Training
	e. Challenges faced working with other stakeholders
	f. Limited Resources & Infrastructure
	g. Referral Systems & Doctor-Patient Interaction
	h. Resistance to Change from Healthcare Authorities
	i. Challenges in Healthcare Services
	j. Financial and Logistical Barriers
	7. Recommendations
b. Any recommendation to the Forum for future changes or improvements	
c. Expanding Logistical/Training Support	
d. Strengthening Administrative Structures	
e. Strengthening Institutional Partnerships	
f. Capacity Building Initiatives	
g. Strengthen Collaboration with Forum	
h. Strengthen Health Authority's Governance	
8. Sustainability & scalability	a. Activities to strengthen Forum's sustainability
	b. Any successful strategy or way that can be imposed in other regional chapters
	c. Strategies when there will be no central help
	d. Institutionalizing Forum Operations
	e. Building a Stronger Volunteer Network
	f. Expanding/Continuing Forum Activities
	g. Adapting to Emerging Health Challenges
	h. Sustainable Development and Social Impact
	i. Challenges While Reducing Dependency on Central Support

Ethical considerations

The study adhered strictly to ethical principles throughout the data collection process in the field. Participants were provided with clear information about the study's purpose, procedures, potential risks and benefits, and their right to withdraw at any time without penalty. Informed written consent was obtained from all participants prior to their involvement. To maintain confidentiality and anonymity, all collected data were handled with care—identifying information was removed from transcripts and reports. Audio recordings and transcripts were securely stored on password-protected devices or servers accessible only to the research team. Participation was entirely voluntary, and efforts were made to ensure that no participant felt pressured or influenced. Researchers approached all interviews and discussions with respect and sensitivity, ensuring that participants felt safe and valued throughout the process.

Section 3: Research findings

This section describes the core research findings from seven study districts, offering a detailed look at how the Health Rights Forums function on the ground. It begins by highlighting the Forums' key strengths and the formal and informal support structures that enable their work. Next, it explores patterns of community participation and the motivations that drive members to stay engaged. The section then turns to the operational challenges these groups encounter and concludes by outlining their aspirations for sustainability and scale.

Forum strengths and approaches

Forums were noted for including diverse stakeholders like women, youth, people with disabilities, and civil society representatives, reflecting community diversity. Participants across all the study sites highlighted the value and unique strengths of the health Forums, emphasizing their collaborative nature. A key strength identified was the Forum's structure, bringing together local health authorities, service providers, and community voices. This portrayed shared ownership and provided a space for collective problem-solving. Smooth coordination was often maintained through informal but consistent methods like mobile phone communication and informal check-ins, supplemented by monthly meetings and WhatsApp groups. This flexibility was beneficial, especially in rural settings. Advocacy was identified as a central function, allowing Forums to raise concerns and provide necessary information to authorities when direct financial or material support wasn't possible. Educating the community through awareness campaigns was another important activity.

"Our Forum includes people with disabilities, adolescent representatives, and women's groups. Members contribute to decisions about where and how activities will be conducted. Their participation helps shape the Forum's plans and ensures that decisions reflect the needs of the community." —HO Focal

"The local community does its work at the local level regarding awareness campaigns. We don't actually see it from our institution, but their activities are ongoing. When we sit in different meetings, it comes up that they work at various local levels." — Health Authority

Despite inclusive composition, some members lacked role clarity or felt disempowered to speak. Irregular attendance and minimal contributions were concerns, with a few dominant voices often leading discussions. This pointed to a need for ongoing orientation, mentorship, and proactive facilitation.

"Often the same people speak in every meeting. Others, especially women, hesitate. We need someone to make sure everyone gets a chance."

“Many health committees at the sub-district level are inactive, often because they are politically motivated and lack accountability. This results in poor decision-making and mismanagement”-
Forum Members

Decision-making: The Forums use participatory and democratic processes for making decisions and are governed primarily during regular coordination meetings. Each member brings their own background and perspective, and while they share their views, decisions are made collectively and the plan is agreed upon by all. This structured approach allows to tackle health issues in a timely manner, with the authorities taking action to the best of their abilities and the Forum consistently following up to get results.

“The decision-making process in our Forum is democratic and participatory. We hold a regular meeting every month, where all Forum members are present. During these meetings, we discuss various health-related issues and the activities of the Forum. Decisions are made based on the opinions and suggestions of all members. We strive to value every member’s input and aim to reach a consensus before making a final decision” —Forum Members

Motivating factors behind voluntary engagement

Forum members express a deep sense of social responsibility after witnessing their neighbors’ struggles firsthand. In Kurigram, one volunteer explains that the desire to “stand by the people” is what compelled her to join: *“I always think about changing the lives of the people in my area... My main reason for joining is the desire to stand by the people.”* This strong belief leads members to set up medical camps during floods, organise rights-awareness campaigns, and press local officials to improve service delivery.

Along with this belief, members wanted to fix obvious problems in local health care. In coastal Barguna, a member recalls how unclear and under-resourced women’s health services prompted her involvement:

“In our coastal Barguna region, women’s healthcare... was neither transparent nor strong enough. There was a lack of doctors. So, to ensure that the Civil Surgeon or the authorities take our concerns seriously, I joined this forum.”

Such statements show that volunteers are not acting on pressure but responding to real needs they have identified in their own communities.

At the same time, participants emphasise the power of collective effort. One Barguna respondent said that although many NGOs work on healthcare services, it is difficult to handle such a large issue alone, and the Forum offers a single platform for bringing together talents, from journalists who can amplify local stories to long time residents who understand community dynamics. As a Sunamganj member put it, the Forum not only taught her about health rights but empowered her to pass that knowledge on:

“Through this forum, I have learned a lot myself and become more aware. Now, I can also educate others.”

Finally, trust in leadership and visible results reinforce members’ commitment over time. Having seen medicines arrive on shelves or irregular health staff held accountable, volunteers draw inspiration from real change. In Manikganj, one mentor’s encouragement was crucial: *“I was inspired by Monowar Hossain Sir (fellow Forum member), who encouraged us to participate... They invite us to every meeting, and we participate as much as we can within our capacity”* This combination of personal values, shared success, and respected guidance sustains the Forum’s voluntary mechanism.

Impact of Forums on Beneficiaries

During the FGD with Forums and IDI with Project Managers, participants consistently emphasized the role of the Forums in identifying problems and advocating for improvements in local health services. They highlighted how the Forums collaborated directly with hospitals and authorities, with monitoring local health facilities being a key strategy. Participants shared that they conducted site visits, gathered patient feedback, organized multi-stakeholder meetings or public events to hear community voices, and documented issues such as staff absenteeism or lack of supplies—these forming the basis for advocacy.

When asked about the empowerment of community members, participants noted that Forums equipped individuals with knowledge and skills through targeted awareness programs, encouraging a deeper understanding of healthcare rights and services. In areas like Sunamganj, the Forums facilitated direct engagement with service providers, helping to bridge the trust gap between citizens and health institutions.

Regarding the changes made in the community, the Forums underlined their role in enhancing accountability and expanding access to healthcare, especially for marginalized groups. Members reported tangible improvements resulting from Forum activities, such as better hospital cleanliness, improved availability of medicines, and increased punctuality of doctors, which reinforced their sense of purpose. Specific success stories, such as resolving hygiene issues or fixing faulty equipment, served as motivating examples that inspired continued efforts.

“Earlier, 250 patients had to share food meant for 50 people, but now the hospital has food provisions for all 250 patients. We successfully pressured the District Commissioner to make this happen, whereas politicians we had previously approached failed to resolve the issue. There was also a shortage of hospital beds. Although it was designated as a 250-bed hospital, the actual number of beds was insufficient. As citizen representatives, we took the initiative to arrange beds. With support from various institutions, including the Press Club, we managed to arrange 70

additional beds. This success was possible because of our active Citizen Forum.” —Forum Members

"Now, we can give feedback right away. And that's why the doctors are now more accountable for their deeds." —Service Recipients

"One time, I took my sister to the hospital... The oxygen mask... was unhygienic... I raised this issue... he immediately called his staff to ensure this didn't happen again. This was a significant achievement for me." —Forum Members

External support for community health Forums

External support from both national and local partners helps turn community enthusiasm into real change. Organizations like BHW and local hosts provide essential technical support, training, and day to day logistics that give the Forums the tools and structure they need to find gaps in services, plan strategically, and keep activities running smoothly.

Central level support: The study revealed that the success of the Forums heavily depended on external support from BHW. Participants from various districts emphasized BHW's essential role in strengthening the Forums through essential technical support, training, guidance, monitoring, and logistical assistance. These contributions were not only vital in enhancing the Forums' capacity but also served as the bedrock for their effective functioning and growth. Through BHW's involvement, Forums were better equipped to identify gaps in healthcare services, plan strategically, and engage with stakeholders. This ongoing support ensured that the Forums remained adaptable, resourceful, and empowered to address emerging challenges in healthcare advocacy.

"After the formation of the Forum, we received training from Bangladesh Health Watch. They provided us with essential guidance on how to monitor healthcare services, advocate for improvements, and engage with stakeholders effectively. Additionally, they offered logistical support, such as materials and resources, to help us conduct our activities efficiently." — Forum Members

Local support (HOs support): Local Host Organizations (HOs) play an essential role as the backbone of Forums, often acting as Host Organizations or Secretariats, ensuring the seamless operation of meetings and activities. They provide critical support by coordinating various logistical and organizational tasks, which include offering venues for meetings, assisting with communication (such as notifying members and calling meetings), and liaising with local authorities to secure necessary approvals or permissions. Additionally, these organizations often help with transportation arrangements, providing materials, or covering some of the financial costs associated with meetings and events. Their involvement ensures that Forums

remain active, organized, and able to engage with key stakeholders effectively, adopting collaboration and maintaining momentum within the community. Without this foundational support, Forums would struggle to sustain regular operations and achieve their objectives.

"To ensure smooth operation, we facilitate communication among people from different backgrounds. We organize discussions, provide logistical support, and make meeting arrangements. We provide institutional support to help them function effectively. This includes offering a venue for meetings, covering meeting-related expenses, providing travel allowances, and supplying necessary materials for activities." —HO Focal

Improvements in access, equity and accountability

In response to the question, “What are specific examples of how access, equity, or accountability have improved in the healthcare system in your area?”, participants shared a wide range of concrete and context-specific experiences. Their responses point to several recurring themes that demonstrate how community-led efforts—particularly through the Health Rights Forums—have influenced local healthcare delivery.

Improved access to healthcare services: Participants reported noticeable improvements in the availability and reach of health services. These included expanded service hours, more frequent availability of doctors (including specialists), and the introduction of dedicated service counters for elderly, disabled, and pregnant patients. Such changes have reduced waiting times and made healthcare more accessible, especially for previously underserved groups.

“Let me add to that. In the morning, there’s a bit of a crowd. But now, for almost two years, doctors also sit in the afternoon... there’s no crowd in the afternoon, and we can be seen immediately.” — Service Recipient, Khagrachari

“One noticeable improvement is at the ticket counter system... they have agreed to set up a dedicated booth or special counter for individuals such as persons with disabilities, elderly patients, pregnant women, and emergency cases.” — Forum Member, Chapainawabganj

Enhanced equity in service provision: Several respondents mentioned that marginalized populations, including low-income families and rural residents, are now better able to access healthcare services. This was facilitated by targeted advocacy efforts, which led to welfare funds for medicine purchases, the introduction of patient-friendly infrastructures (e.g., elevators and relocated departments), and active support for maternal and child health services.

“Previously, marginalized communities faced difficulties in receiving healthcare services at hospitals. Now, it is ensured that they receive medical attention when they visit the hospital.” — Forum Member, Barguna

“Through our forum, poor and marginalized people now have better access to healthcare... now they are more informed and willing to seek medical care.” — Forum Member, Kurigram

Accountability of healthcare providers: Forum members emphasized that their regular interactions with health authorities—such as monthly meetings and public hearings—have led to increased responsiveness from service providers. Mechanisms such as complaint boxes, patient feedback systems, and citizen charters have also contributed to holding providers accountable. In several areas, the behavior of doctors and nurses was said to have improved significantly, and healthcare staff were seen to be more punctual and attentive than before.

“Now, we can give feedback right away. And that’s why the doctors are now more accountable for their deeds.” — Service Recipient, Kurigram

“One significant task of the forum is to create accountability among the authorities... it also creates an accountability space within the hospitals.” — Project Manager

Improved availability of essential medicines: Respondents noted significant progress in the supply of essential medicines. Whereas patients previously had to purchase nearly all medicines externally, hospitals now regularly provide medications for conditions such as diabetes, blood pressure, and infections. This improvement has been recognised to continuous dialogue between Forum members and hospital authorities.

“Before, we only used to get Napa and Histacin, but now... the hospital provided three doses of antibiotics. So, there has been some change.” — Service Recipient, Barguna

“Medicines for conditions like gas, paracetamol, metronidazole, diabetes, and blood pressure are now regularly supplied... If this continues, we, the people, will benefit.” — Forum Member, Kurigram

Feedback from community and health authorities

When asked, “What feedback have you received from the community or health authorities regarding the Forum’s activities? What were some examples?”, respondents described a generally positive reception of the Forums’ work. Their reflections reveal both appreciation and suggestions for improvement, which are grouped under the following themes:

Positive recognition from health authorities: In multiple regions, health officials described the Forums as collaborative partners who support the healthcare system by identifying service gaps, providing logistical support (such as dustbins or awareness campaigns), and bridging communication between patients and providers. Health managers acknowledged that the Forums made their jobs easier by raising community concerns in a structured and constructive manner.

“They help identify the flaws and limitations in our work... there are still various challenges, but they’ve made the work easier.” — Health Authority, Chapainawabganj

“The activities of the Health Rights Forum with us are similar to those of a supporting organization... it has made our work easier.” — Health Authority, Manikganj

Community trust and growing expectations: Community members expressed appreciation for the Forums' efforts in advocating for their rights and improving healthcare delivery. Many shared that they now feel more empowered to voice concerns and engage with hospital authorities. Some mentioned that the Forum has become a point of contact for health-related grievances, offering a sense of hope that their problems might be addressed.

“The community has become aware that there is a forum working actively for their rights... this gives them confidence that their problems can be solved.” — Forum Member, Chapainawabganj

“Community members have praised the forum’s activities. They believe that through the forum, they have become more aware of healthcare services and their rights.” — Forum Member, Kurigram

Resistance from a minority of health Officials: Although the overall feedback was positive, a few respondents noted occasional resistance from individual healthcare providers who felt their Authority was being challenged. In some cases, Forum interventions were initially met with skepticism, though this often shifted to cooperation once mutual understanding developed.

“We have received some negative feedback from certain health officials. They feel that we are interfering with their work. However, most people support our activities.” — Forum Member, Kurigram

“At first, our Youth Forum was not given importance... after solving big issues, even the doctors congratulated us.” — Forum Member, Netrokona

Increased Patient-Provider engagement: Patients reported noticeable improvements in the behavior and communication of healthcare staff. These changes were widely seen as a result of the culture of accountability encouraged and reinforced by the Health Rights Forums. Many service recipients linked these improvements to the Forums’ continued presence and advocacy, which have compelled providers to be more responsive and respectful in their interactions. As a result, patients have experienced more satisfactory service encounters and a greater sense of dignity when seeking care compared to the past.

“Before, they used to get angry at us. Now, they listen. Earlier, they didn’t have much patience and used to snap at us. Now, they don’t get as angry.” — Service Recipient, Chapainawabganj

“Previously, it was difficult to identify who the staff or brokers at the hospital were. To resolve this, we introduced complete uniforms... Overall, the forum’s actions have gained general acceptance.” — Forum Member, Netrokona

Challenges faced by Forum Members

Forum members across all regions reported a range of challenges that hinder their efforts. These obstacles include limited financial and logistical support, lack of formal recognition, and difficulties engaging with unresponsive authorities. Understanding these challenges is key to strengthening the Forums and ensuring their long-term effectiveness.

Logistical support gaps: Logistical support for some Forums has been inconsistent, creating significant challenges in maintaining regular operations and momentum. Many Forums faced issues such as a lack of dedicated meeting spaces, limited access to transportation, and insufficient resources like stationery and formal record-keeping. The unavailability of venues often led to cancelled or postponed meetings, undermining continuity and morale. Members often had to pay for transportation and refreshments out of their own pockets, which strained resources. Despite these limitations, Forums remained committed to managing within their means, but there was a clear need for basic logistical support, such as dedicated spaces, transportation funds, and ID cards for recognition. Addressing these gaps would greatly enhance the Forums' ability to operate more effectively and improve their overall impact on the community.

"Our Forum faces some resource and logistical limitations. We do not have our own funds and are dependent on the support provided by Health Watch. Additionally, there is a lack of transportation and other logistical support for our members. These limitations do affect our Forum's activities to some extent. However, we try to manage our operations effectively within these limited resources and strive to contribute to improving the local healthcare system."

Added by another respondent. *"While we acknowledge these challenges, we are committed to overcoming them by optimizing the use of available resources. In the future, if additional funding or logistical support can be obtained, it would greatly enhance the efficiency and impact of our efforts,"*— FGD with Forum Members, Khagrachari

"We don't provide much logistical support to the Forum, apart from a meeting room when available. Sometimes we have to cancel or postpone because the room is booked." — IDI, Kurigram

Recognition & Authority gaps: The Forums faced significant operational challenges due to their lack of formal recognition and authority. In the early stages, health officials often responded with indifference, perceiving the Forums as marginal or irrelevant. Their unofficial status meant that recommendations from Forum members were frequently disregarded, and in some cases, they were actively dismissed or excluded from decision-making processes. The perception of the Forums as external actors—especially when names like "Health Rights Forum" evoked notions of protest or confrontation—further strained relationships with local health authorities. Without official government endorsement or institutional backing, the Forums lacked the legitimacy needed to influence policy or practice meaningfully. This

recognition gap not only limited their effectiveness but also left members feeling disempowered and sidelined. Although engagement with key stakeholders such as the Upazila Health and Family Planning Officer (UH&FPO) and Bangladesh Health Watch gradually improved their standing, the absence of formal status continued to hinder their ability to drive sustained change within the health system.

"Obstacles arise, but I face fewer in my case because I am a journalist by profession. However, my youth Forum and Health Rights Forum, when they started working, they were not taken seriously at first. When I received complaints about this issue, we arranged a meeting with the THO and those from the Bangladesh Health Watch in Dhaka. Since then, our committees have been given much more attention. Initially, there was a lot of resistance. Our committee members were not even acknowledged; when we asked questions, they would act as if they didn't know who we were." —

"Especially, when we first approached the hospital authorities with the name "Health Rights Forum," they thought we had come to supervise or control them. Many believed we were here to protest, organize rallies, or demand rights through movements. But over time, the situation changed." —

"Sometimes, health officials don't give much importance to our recommendations because we are not part of the official system." — Forum Members

Systemic issues & bureaucracy: The lack of formal recognition and authority within the health system presents a significant barrier to meaningful progress, as it operates within a landscape burdened by systemic issues like corruption, resource shortages, and the often-overwhelming weight of bureaucracy. As one Forum member in Chapainawabganj noted, the limited resources available for large-scale events force organizations to seek mutual cooperation, relying on collective contributions to overcome these constraints. However, even in settings where resources like equipment are abundant, inefficiencies are evident, with vital tools lying dormant due to poor maintenance practices—a situation described in Kurigram, where millions of taka in equipment are left to rust. This highlights the disconnect between the willingness to acquire resources and the inability to manage them effectively. Deep-seated problems like corruption further complicate any attempts to reform the system, making it all the more difficult to navigate the bureaucratic red tape, as echoed by participants in Barguna and Manikganj. Ultimately, these systemic weaknesses prevent the full potential of advocacy efforts from being realized, as the bureaucratic and corruption-driven roadblocks drown out the voices pushing for change. The lack of formal recognition and authority perpetuates this cycle of inefficiency, leaving progress hindered at every level.

"Our hospital has equipment, but there is a strong tendency to purchase new things. We feel comfortable purchasing, but not repairing them" also added, "millions of dollars' worth of equipment are bought, but because they are not being repaired, especially under the Ministry of Health, they are rusting and getting damaged."—Health authority

"Changing the system is difficult. There are deep-rooted problems like corruption and lack of resources that are beyond our control." "Navigating the bureaucratic procedures to get things done can be very frustrating." —Forum Members, Manikganj

Member engagement, turnover & follow-up: Maintaining active participation in the Forum is challenging due to frequent member turnover and a lack of structured follow-up mechanisms. When members lose interest or new members join, the group often requires reorientation and ongoing training to stay engaged. Without clear pathways for implementing decisions made during meetings and consistent follow-up, activities risk losing momentum and impact. Addressing these issues with regular training, learning opportunities, and improved communication is essential to building a more engaged and effective Forum.

"Currently, the Forum operates with our support or the support of Bangladesh Health watch. Sometimes, we notice that some members lose interest and don't want to continue working. To keep them engaged, we could provide better training from time to time and motivate them. If we could take them on learning visits to places where good work is being done, it would help." —HO Focal

Health system constraints: Forums operated within a challenging health system context marked by acute staff shortages, inadequate equipment, and poor infrastructure. The lack of available doctors and other essential personnel in hospitals and health centres often left patients without the care they needed, leading to growing frustration and demotivation among service users. Outdated or sporadically functioning equipment further limited access to vital diagnostic services, forcing many patients to seek costly alternatives in private clinics. Overcrowded facilities, with far more patients than available beds, compounded these difficulties for both patients and health workers, making it even harder to provide quality care. These systemic issues significantly hindered the Forum's ability to address community health concerns effectively, underscoring the urgent need for broader health system strengthening.

"There isn't much equipment and manpower, like the ultrasound and X-ray machines are available, but they don't operate every day. They usually do it two or three days a week, like on Monday or Tuesday. It's not regular. Also, another issue is that we know the hospital's equipment is often old, and sometimes it doesn't provide accurate results. As a result, people go to external clinics with new machines for testing." —Service Recipient

"The main challenge in our hospital is the shortage of staff, nurses, and we don't have cleanliness staff. Also at our district hospital, there is a severe shortage of beds. Instead of 250 beds, there are 400 to 500 patients admitted, which creates problems for both patients and management." — Health Authority

Relationships with Authorities: While Forums generally aimed for a collaborative relationship with health authorities, their interactions were often marked by challenges arising from differing perspectives and a lack of understanding or cooperation. Authorities sometimes faced difficulty communicating the systemic limitations they work under, leading to public frustration and unmet community expectations. Forums occasionally encountered hesitation or

resistance from local officials, especially when advocacy efforts seemed to highlight gaps in service or required resources that were beyond local control. Bureaucratic processes, such as the inability to recruit essential staff without higher approval, added to the complexity and limited the responsiveness of local authorities. These dynamics sometimes strained the partnership between Forums and health officials, making it harder to align demands with available resources and achieve shared goals.

"When working with the Forum, one of the problems is that some people at the root level do not fully understand our challenges. When we hold a meeting, we have to include all kinds of people, but the public does not always recognize our limitations. They only ask, 'Why aren't we getting this? Why aren't we getting that?' However, they do not need to see the constraints we face. This sometimes leads to dissatisfaction—'Why didn't we get this?' But I do not always have all the answers. My limitation itself is my answer." — Health Authority,

"They might have thought that we were working against them, which created a sense of hesitation. The real challenge is aligning our demands with their resources. For instance, if we need a cleaner immediately, both we and the authorities agree on the necessity. But neither we nor they have the power to recruit one locally—it requires approval from higher authorities in Dhaka, which is a major challenge." — Executive Director

Sustainability and scalability of these community-driven platforms

The long-term sustainability and potential for scaling up community-led health governance Forums depend heavily on how well they transition from externally supported initiatives to locally owned and maintained platforms. While these Forums have demonstrated strong community engagement and localized impact, their continued functionality and growth are challenged by limited resources, fragile institutional links, and reliance on donor funding. This section examines the current patterns of dependency, explores emerging models of self-sufficiency, and outlines what is needed to ensure that these platforms remain viable and impactful in the long run.

Current dependency and future funding: A major challenge confronting the Forums is the lack of consistent financial support beyond project cycles. Once external funding ends, Forum activities often diminish due to reduced motivation and operational constraints. Although members in areas like Barguna have shown strong commitment—continuing their work even without allowances for travel or snacks, they still face the unsustainable burden of covering expenses out-of-pocket. This reliance on personal contributions underscores the system's fragility, as not all members are able or willing to bear ongoing financial responsibilities.

In locations such as Khagrachari, where Forums rely heavily on organizations like Bangladesh Health Watch, the absence of dedicated funding threatens their continuity. Participants

emphasized the urgent need for well-defined sustainability strategies to ensure the Forums can operate independently of external donors. Core operational needs—such as office space, equipment, and internet connectivity—remain difficult to secure without central support.

To address this, participants proposed tapping into local resources through membership fees, community donations, and partnerships with local or international benefactors. Some also recommended developing income-generating activities to build a self-sustaining financial base. However, concerns were raised about the practical challenges of implementing such strategies, especially if external support were to end suddenly. There was broad agreement that without carefully designed, long-term funding mechanisms and stronger volunteer engagement, the Forums' ability to maintain their operations and impact would be significantly compromised.

"If Health Watch abandons the Forum and stops supporting it, the Forum will definitely not be able to continue its activities. If support is suddenly stopped without any long-term, sustainable plans in place, it will not be possible for the Forum to function. Who will provide support then? It's like parents having a child without planning—the child will suffer from malnutrition. Similarly, without a long-term plan, if Health Watch stops supporting, the Forum will face the same issue."

— Executive Director

"In our health service Forum, we do not think about whether Health Watch will provide travel allowance or snacks. There was never a time when our meeting didn't happen due to travel allowance. We take initiatives at different times, and our activities will continue even without Bangladesh Health Watch." —Forum Members

Emerging self-sufficiency models: Even though there are worries about funding and sustainability, many believe the Forums have the potential to become self-sufficient over time. This could happen if community members willingly contribute their time, efforts, and leadership, without expecting financial rewards. People understand that running these Forums is about serving the community rather than making money, which helps set the right mindset. While it's true that it takes time to build a strong, stable group—since some members come and go—there are always dedicated individuals who feel responsible and ready to keep the work going. With their continued commitment and support from local authorities, the Forums could carry on their important advocacy and activities even if outside funding stops. This belief gives hope that, with enough passion and cooperation, the Forums can stand on their own feet in the future.

"Financial constraints are a major issue. We are trying to build a social organization where people from the community participate, contribute their time, and take on leadership roles. We, the members of this Forum, are already aware of these issues. But when we work in the field, people assume that NGOs have a lot of money. This misconception is a significant challenge. When people attend a meeting and don't receive any financial benefit, they feel disappointed."

— Forum Members

"If the members are truly committed, the Forum can continue its advocacy work even without external funding." —Executive Director

Recommendations and aspirations

Forum members expressed a strong aspiration for formal recognition and institutional integration within local government structures. They emphasized that meaningful ownership by members, coupled with incorporation into the formal health governance system, would significantly enhance the Forums' sustainability and effectiveness. Official recognition—whether through registration as cooperatives or formal inclusion in local health systems with defined roles and access to resources—was seen as essential for legitimizing the Forums and ensuring consistent support.

Such integration was perceived as a critical step toward strengthening collaboration with health authorities, facilitating community engagement, enhancing accountability mechanisms, and enabling evidence-based policy influence. In the absence of formal linkage and institutional support, there was widespread concern that the Forums would continue to operate as informal, marginal entities with limited capacity to effect systemic or sustainable change.

"To make it sustainable, the more the committee members take ownership of it, the more sustainable it will be. In the future, we could plan sustainability strategies accordingly. If possible, they could obtain a cooperative registration under the name of the District Health Development Committee, making it a permanent entity. This would ensure its long-term continuity." —Forum member
"The Forum should be included in the official structure with allocated resources and clear responsibilities. Otherwise, it will always remain a side initiative." —HO Focal

Operational guidelines: Having clear and easy-to-follow operational guidelines is seen as crucial for the smooth running of the Forums. Written policies help everyone know what is expected, such as how to recruit new members, what happens if someone becomes inactive, and what the responsibilities are for attending meetings. Yearly planning, sharing responsibilities, and dividing up tasks help keep everyone involved and on track. Regular feedback sessions—where Forum members discuss what went well and what could be improved after each meeting—make it easier to learn and adapt as a group. There's a strong belief that if orientation materials and operational rules are simple and available for everyone, and if each member's role is clearly defined from the start, the Forum's activities will be more organized, participatory, and effective.

"Yes, there is a guideline for operating the Forum. I would need to check the guideline at the moment, but I do know that it exists. The Forum is operated based on that policy. For example, it outlines what happens if a member becomes inactive, how members are recruited, and the responsibilities they have in attending regular meetings." —HO Focal

Capacity building: Forum members strongly felt that more training and practical learning opportunities were needed to help them do their work better and with more confidence. They asked for hands-on training in key areas like advocacy, data analysis, budgeting, and engaging with the community. Many also wanted to learn directly from real-life experiences, such as field visits to other districts to see successful Forums in action. Sharing lessons and stories between districts was seen as a great way to inspire and teach each other. By building up their skills in these ways, members believed they could run the Forums more independently, keep everyone involved, and become more effective at achieving their goals—even if outside support becomes less available in the future.

“We still face many challenges in advocacy and campaigns. We cannot always keep all Forum members active at the same time. In this regard, if we want to keep the Forums more active, we need to introduce more training programs and increase their capacity. Especially, if we can train them more on how an organization operates, I believe the capacity of Forum members will increase. I still feel that our Forums have a shortage of capacity to independently carry out advocacy work. These areas need to be improved more.” —Project Manager

Logistical support improvements: Forum members highlighted the importance of better logistical support to make their work easier and more effective. They recommended providing travel allowances and dedicated transport, especially for longer journeys, so that everyone can attend meetings and activities without hassle. Having access to reliable and comfortable meeting spaces would help avoid scheduling conflicts and make it simpler to gather regularly. Additionally, participants felt that holding meetings more often—ideally at least once a month—would strengthen teamwork, make it easier to spot health issues, and improve cooperation with local authorities. Even small improvements in these areas would go a long way in helping the Forums function more smoothly and reach their goals.

“If meetings can be arranged at least once every month, it will further facilitate the identification of healthcare issues and improve cooperation.” —Health Authority

Final reflections

Participants spoke with real hope and passion about the future of the Forums. They see these spaces as giving people a much-needed voice and a way to speak up about community health issues. Members expressed a strong desire for the Forums to keep growing and remain active, even if outside support eventually ends. They want the Forums to be truly community-owned places where people can work together for better health services, continue raising awareness, and keep pushing for positive change. Many also said it’s important to have a solid system in place to help the Forums become more independent. Overall, there is clear determination to make sure the Forums continue their important work for years to come.

“This Forum gave us a voice. We don’t want to lose that. We want to grow it.” —
“The activities of this Forum cannot be stopped in any way. It has to continue forever.”
—Forum Member

Section 4: Discussion and recommendations

Discussion

This study reinforces the critical role of community-led initiatives in strengthening health system accountability and responsiveness in Bangladesh. The Regional Chapter Forums of BHW have emerged as vital grassroots platforms for civic engagement, enabling community members to monitor health services, influence decision-making, and advocate for improved service delivery.

The Forums significantly contributed to raising health rights awareness and increasing access to essential services. Through advocacy, outreach, and collaboration with service providers, they helped bridge the gap between health authorities and underserved communities. These findings directly align with the first and second study objectives and support existing evidence that community monitoring can enhance service equity and quality (Fox, 2015; Lodenstein et al., 2017).

The Forums' participatory structures and shared ownership motivated sustained engagement. Members, drawn from diverse social backgrounds, were driven by a commitment to civic duty and a desire for tangible change. Their capacity to generate local solutions to health service issues reflects the strength of community mobilization when paired with technical guidance and local legitimacy.

However, the study also highlights constraints threatening the Forums' long-term viability. Limited financial resources, lack of formal government recognition, and bureaucratic resistance have hindered consistent operations. These challenges resonate with literature on civic initiatives in low-resource settings, which suggests that sustainability depends on institutional support, legal status, and stable funding (Joshi, 2014; Gaventa & McGee, 2013).

Notably, the Forums expressed strong interest in long-term planning. Participants proposed strategies such as registration as cooperatives, community-based resource mobilization, and capacity building. These align with the fourth study objective, highlighting that despite operational dependency, there is significant potential for self-sufficiency with appropriate policy and structural support.

In summary, the Forums have proven to be effective tools for local-level health governance. Their work demonstrates how participatory mechanisms can promote accountability, improve

trust in health services, and ensure that healthcare delivery aligns with real community needs. Embedding these Forums into formal health governance frameworks, supported by long-term funding and capacity development, is essential for sustaining and scaling this impact.

Limitations: This study has several potential limitations. First, as with most qualitative research, subjectivity is inherent due to the interpretative nature of data analysis. To minimize researcher bias, the team employed reflexivity, engaged in regular discussions, and applied a rigorous analytical process. Second, there is a possibility of recall bias, as participants may have had difficulty accurately remembering past events or experiences. Third, social desirability bias could have influenced responses, especially on sensitive topics; however, efforts were made to mitigate this by building rapport with participants and ensuring confidentiality throughout the data collection process.

Recommendations

The Regional Chapter (RC) Forums of Bangladesh Health Watch (BHW) have emerged as effective community-driven platforms to improve health accountability and access at the local level. This study revealed both their strengths and the systemic challenges they face. To ensure their sustainability, institutional recognition, and expanded impact, the following actions are recommended:

- Formally integrate Forums into local health governance structures to enhance legitimacy, coordination, and influence in decision-making.
- Develop sustainable funding mechanisms, such as local donor engagement, modest membership fees, or income-generating initiatives, to reduce dependency on external support.
- Build the capacity of Forum members through regular training on advocacy, leadership, data collection, and engagement with government systems. *Provide technical support and mentorship from Bangladesh Health Watch and Host organisations.*
- Strengthen logistical and operational support, including meeting spaces, travel allowances, and communication tools, to enable consistent activities.
- Facilitate structured partnerships with health authorities to enhance trust, improve collaboration, and align goals for health system responsiveness.
- Promote social audit tools like **community scorecards**, **citizen feedback tools** to ensure systematic documentation of service gaps and community experiences.
- Promote community ownership by expanding participation of youth, women, and marginalized groups, and by sharing Forum successes locally to build pride and support.

- Showcase **success stories and community-level impact** in public forums and media to build broader acceptance and trust among health authorities and political leaders.
- Increase member engagement and retention: Develop a plan for motivation strategies (e.g., recognition awards, public appreciation, horizontal learning opportunities) to sustain interest and reduce turnover.
- Plan for phased withdrawal of central support, ensuring Forums are equipped to operate autonomously with minimal technical assistance.

Conclusion

This study has demonstrated the substantial contribution of BHW's Regional Chapter Forums in strengthening inclusive, participatory health governance in Bangladesh. By creating space for communities to collectively engage with health authorities, monitor services, and advocate for improvements, these Forums have addressed real service delivery gaps and promoted equity.

Their success is rooted in participatory structures, community ownership, and strong collaboration with local stakeholders. The Forums have contributed to enhanced service responsiveness, increased public awareness of health rights, and improved access to care for marginalized groups.

However, their long-term impact remains uncertain without formal recognition, stable funding, and integration into the institutional health system. Operational dependency on project-based support and bureaucratic constraints highlight the need for systemic reforms to sustain such community-driven models.

Despite these challenges, the Forums offer a promising and scalable model for promoting social accountability in health. Their experience underscores that when communities are empowered, supported, and institutionally recognized, they can play a transformative role in advancing equitable and responsive healthcare.

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Annex: Guideline/Checklist

BANGLADESH
HEALTH WATCH

Citizen-Led Health Initiatives to Improve Local Health Services: Lessons
from Regional Chapters in Selected Districts of Bangladesh

FGD with Forum Members

নাম	বয়স	লিঙ্গ	শিক্ষাগত যোগ্যতা	পেশা	স্বাক্ষর

সম্মতি পত্র

সালাম/আদাব!

আমরা আশা করি আপনারা সবাই ভালো আছেন। আমরা Bangladesh Health Watch থেকে এসেছি এবং আপনাদের এলাকায় স্বাস্থ্যসেবা ব্যবস্থাপনা নিয়ে যারা কাজ করেন, সে সকল সংস্থাগুলোর কার্যক্রম নিয়ে আলোচনা করতে চাই।

এই আলোচনার মাধ্যমে আমরা এই এলাকার স্বাস্থ্যসেবার বর্তমান অবস্থা এবং BHW এর স্বাস্থ্য অধিকার ফোরামের কার্যক্রম সম্পর্কে আরও বিস্তারিতভাবে জানতে পারব এবং এই তথ্য ব্যবহার করে ভবিষ্যতে সেবার মান উন্নয়নের জন্য কাজ করতে পারব। সাক্ষাৎকারটি প্রায় ৪০ মিনিট সময় ধরে চলতে পারে। এটি সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিতে এবং আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন। আপনার সকল তথ্য গোপন রাখা হবে, আপনার নাম বা

পরিচিতি কোনো প্রতিবেদনে প্রকাশ করা হবে না। গবেষণায় প্রদত্ত তথ্য শুধুমাত্র গবেষণার জন্যই ব্যবহার করা হবে। আলোচনা করার আগে আমরা আপনাদের সম্মতি চাই।

প্রারম্ভিক অংশ

- আপনি নিজের পরিচয় দিন এবং ফোরামে আপনার ভূমিকা সম্পর্কে বলুন।
- কতদিন ধরে আপনি ফোরামের সাথে যুক্ত আছেন এবং কী আপনাকে এই ধরনের কাজে সম্পৃক্ত হতে অনুপ্রাণিত করেছে?

পর্ব ১: ফোরামের কার্যক্রমের গতিশীলতা

- আপনার ফোরামের প্রধান কার্যক্রম কী কী?
- ফোরাম কীভাবে স্বাস্থ্য কর্তৃপক্ষ, সেবাদাতা এবং অন্যান্য অংশীদারদের সাথে কাজ করে?
- ফোরামের মধ্যে সিদ্ধান্ত গ্রহণের প্রক্রিয়া কীভাবে পরিচালিত হয়?
- ফোরামের সদস্যদের মধ্যে কার্যকর যোগাযোগ এবং সমন্বয় কীভাবে নিশ্চিত করা হয়?
- আপনার কাজ কার্যকরভাবে সম্পাদনের জন্য আপনি কী ধরনের প্রশিক্ষণ বা সহায়তা পেয়েছেন?

পর্ব ২: চ্যালেঞ্জসমূহ: ফোরাম পরিচালনার সময় প্রধান চ্যালেঞ্জগুলো কী কী?

- স্বাস্থ্যসেবা প্রদানকারী বা কর্তৃপক্ষের সাথে কাজ করতে কী ধরনের প্রতিবন্ধকতার সম্মুখীন হন?
- কমিউনিটির সাথে যুক্ত হতে বা তাদের সচেতন করতে কী ধরনের সমস্যা হয়?
- আপনি কীভাবে এই চ্যালেঞ্জগুলো সমাধান করেন বা মোকাবেলা করেন?
- কী ধরনের সম্পদ বা লজিস্টিক সংক্রান্ত সীমাবদ্ধতা ফোরামের কার্যক্রমকে প্রভাবিত করে?
- ফোরামের সদস্যরা কাজ সম্পাদনের জন্য কী ধরনের প্রশিক্ষণের অভাব অনুভব করেন? এই ঘাটতি পূরণ করতে কোনও পদক্ষেপ নেওয়া হয়েছে কি?
- সমমনা প্রতিষ্ঠান [BRAC, Transparency International Bangladesh (TIB), সুজন] এর সাথে কাজের সমন্বয় করতে কী ধরনের সমস্যায় পড়তে হয়? কীভাবে এই সমস্যাগুলো মোকাবেলা করেন?

পর্ব ৩: অর্জনসমূহ: আপনার ফোরামের প্রধান অর্জনগুলো কী কী?

- ফোরামের মাধ্যমে কমিউনিটির ওপর কী ধরনের ইতিবাচক প্রভাব পড়েছে, তা নিয়ে নির্দিষ্ট উদাহরণ দিন।

- আপনার এলাকার স্বাস্থ্যসেবা ব্যবস্থায় প্রবেশাধিকার, সমতা বা জবাবদিহিতা কীভাবে উন্নত হয়েছে?
- কমিউনিটি বা স্বাস্থ্য কর্তৃপক্ষের পক্ষ থেকে ফোরামের কার্যক্রম নিয়ে কোনও প্রতিক্রিয়া পেয়েছেন কি? যদি পেয়ে থাকেন, তবে তা কী ছিল?

পর্ব ৪: টেকসইতা ও সম্প্রসারণ

- ফোরামের টেকসইতা নিশ্চিত করতে কী পদক্ষেপ নেওয়া হয়েছে?
- এমন কোনও সফল পদ্ধতি বা কৌশল আছে যা অন্যান্য অঞ্চলে প্রয়োগ করা যেতে পারে?
- ফোরামের প্রভাব ধরে রাখা বা বাড়ানোর জন্য আপনারা কী ধরনের সহায়তা প্রয়োজন মনে করেন?
- বাংলাদেশ হেলথ ওয়াচ কি কেন্দ্রীয়ভাবে ফোরামের কাজে সহায়তা করে? কেন্দ্রীয় সহায়তা না পেলে কি ফোরাম তাদের কার্যক্রম চালিয়ে নিতে পারবে বলে মনে করেন? কেন্দ্রীয় সহায়তা না পেলে কী কী চ্যালেঞ্জ এর মুখোমুখি হতে হবে? চ্যালেঞ্জ মোকাবেলার জন্য আপনার কী পরামর্শ থাকবে?

পর্ব ৫: সাধারণ প্রতিফলন

- ভবিষ্যতে আপনি ফোরামের ভূমিকা কীভাবে দেখতে চান?
- ফোরামের আরও কার্যকরী পরিচালনার জন্য আপনার কী পরিবর্তন বা উন্নতির প্রস্তাব রয়েছে?

উপসংহার

- আপনি কি কোনও অতিরিক্ত মতামত বা পরামর্শ দিতে চান?

Citizen-Led Health Initiatives to Improve Local Health Services: Lessons from Regional Chapters in Selected Districts of Bangladesh

FGD with Service Recipients

নাম	বয়স	লিঙ্গ	শিক্ষাগত যোগ্যতা	পেশা	স্বাক্ষর

সম্মতি পত্র

সালাম/আদাব!

আমরা আশা করি আপনারা সবাই ভালো আছেন। আমরা Bangladesh Health Watch থেকে এসেছি এবং আপনাদের এলাকায় স্বাস্থ্যসেবা ব্যবস্থাপনা নিয়ে যারা কাজ করেন, সে সকল সংস্থাগুলোর কার্যক্রম নিয়ে আলোচনা করতে চাই।

এই আলোচনার মাধ্যমে আমরা এই এলাকার স্বাস্থ্যসেবার বর্তমান অবস্থা এবং BHW এর স্বাস্থ্য অধিকার ফোরামের কার্যক্রম সম্পর্কে আরও বিস্তারিতভাবে জানতে পারব এবং এই তথ্য ব্যবহার করে ভবিষ্যতে সেবার মান উন্নয়নের জন্য কাজ করতে পারব। সাক্ষাৎকারটি প্রায় ৪০ মিনিট ধরে চলতে পারে। এটি সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিতে এবং আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন। আপনার সকল তথ্য গোপন রাখা হবে, আপনার নাম বা

পরিচিতি কোনো প্রতিবেদনে প্রকাশ করা হবে না। গবেষণায় প্রদত্ত তথ্য শুধু গবেষণার জন্যই ব্যবহার করা হবে। আলোচনা শুরু করার আগে আমরা আপনাদের সম্মতি চাই।

১। পূর্বের স্বাস্থ্যসেবার অবস্থা মূল্যায়ন

- ১.১ আগে আপনার এলাকায় স্বাস্থ্যসেবা কতটা সহজলভ্য ছিল?
- ১.২ স্বাস্থ্যসেবা কেন্দ্রে প্রয়োজনীয় ওষুধ কেমন পাওয়া যেত ?
- ১.৩ চিকিৎসা নেওয়ার আগে কতক্ষণ অপেক্ষা করতে হতো?
- ১.৪ সেই সময় চিকিৎসা গ্রহণে কত পরিমাণ পরামর্শ ফি প্রদান করতে হতো?
- ১.৫ রোগীদের রেফারেল ব্যবস্থাটি কেমন ছিল?
- ১.৬ সেবাগ্রহণের পর ফিডব্যাক প্রদানের কোনো সুযোগ ছিল কি? থাকলে সেটি কেমন ছিল?
- ১.৭ স্বাস্থ্যকেন্দ্রগুলোর পরিচ্ছন্নতার অবস্থা কেমন ছিল?
- ১.৮ সেই সময় স্বাস্থ্যসেবা প্রদানকারীদের রোগীদের প্রতি মনোযোগ ও ব্যবহার সম্পর্কে আপনার অভিজ্ঞতা কী?
- ১.৯ তখন আপনার প্রাপ্ত স্বাস্থ্যসেবার মানে আপনি কতটা সন্তুষ্ট ছিলেন?

২। বর্তমান স্বাস্থ্যসেবার অবস্থা মূল্যায়ন

- ২.১ বর্তমানে আপনার এলাকায় স্বাস্থ্যসেবা কতটা সহজলভ্য বলে আপনি মনে করেন?
- ২.২ বর্তমানে স্বাস্থ্যসেবা কেন্দ্রে প্রয়োজনীয় ওষুধ কেমন পাওয়া যায় ?
- ২.৩ এখন চিকিৎসা নেওয়ার আগে সাধারণত কতক্ষণ অপেক্ষা করতে হয়?
- ২.৪ বর্তমানে চিকিৎসা গ্রহণে কত পরিমাণ পরামর্শ ফি প্রদান করতে হয়?

২.৫ রোগীদের রেফারেল ব্যবস্থাটি এখন কেমন?

২.৬ সেবাগ্রহণের পর ফিডব্যাক প্রদানের কোনো সুযোগ আছে কি? থাকলে সেটি কেমন কাজ করছে?

২.৭ বর্তমানে স্বাস্থ্যকেন্দ্রগুলোর পরিচ্ছন্নতার অবস্থা কেমন?

২.৮ এখন স্বাস্থ্যসেবা প্রদানকারীদের রোগীদের প্রতি মনোযোগ ও ব্যবহার সম্পর্কে আপনার অভিজ্ঞতা কী?

২.৯ এখন আপনার প্রাপ্ত স্বাস্থ্যসেবার মানে আপনি কতটা সন্তুষ্ট?

৩। উপসংহার: সাধারণ মন্তব্য ও প্রত্যাশা

৩.১ বর্তমান স্বাস্থ্যসেবা ব্যবস্থা নিয়ে আপনার কোনো মন্তব্য আছে কি?

৩.২ ভবিষ্যতে স্বাস্থ্যসেবা প্রতিষ্ঠানগুলোর উন্নতির জন্য আপনার কোনো বিশেষ প্রত্যাশা বা সুপারিশ আছে কি? সাগুলো কী?

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স্বাস্থ্য কর্তৃপক্ষের সাথে ইন-ডেপথ ইন্টারভিউ গাইডলাইন

সম্মতিপত্র

আসসালামু আলাইকুম। আমার নাম _____ এবং আমি
Bangladesh Health Watch নামক একটি প্রতিষ্ঠানের এর সঙ্গে যুক্ত।

আমাদের গবেষণার উদ্দেশ্য হলো বাংলাদেশ হেলথ ওয়াচ এর স্বাস্থ্য অধিকার ফোরাম তথা রিজিওনাল চ্যাপ্টারের প্রশাসনিক ও লজিস্টিক সহায়তার ভূমিকা, চ্যালেঞ্জ এবং উন্নয়নের সুযোগগুলো অন্বেষণ করা। এই গবেষণার মাধ্যমে ভবিষ্যতে ফোরামের কার্যক্রম আরও কার্যকরভাবে পরিচালনার উপায়গুলো নির্ধারণ করা হবে। আপনাকে একটি সাক্ষাৎকারে অংশগ্রহণ করার জন্য আমন্ত্রণ জানানো হচ্ছে। সাক্ষাৎকারটি প্রায় ৪০ মিনিট সময় ধরে চলতে পারে। এটি সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিতে এবং আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন। আপনার সকল তথ্য গোপন রাখা হবে, আপনার নাম বা পরিচিতি কোনো প্রতিবেদনে প্রকাশ করা হবে না। গবেষণায় প্রদত্ত তথ্য শুধুমাত্র গবেষণার জন্যই ব্যবহার করা হবে। এই গবেষণায় অংশগ্রহণের কোনো সরাসরি ঝুঁকি নেই। গবেষণার ফলাফল স্থানীয় স্বাস্থ্যব্যবস্থা ও ফোরামের কার্যক্রম উন্নয়নে সহায়ক হতে পারে। আপনি যে কোনো প্রশ্ন করতে পারেন এবং যে কোনো সময় অংশগ্রহণ বন্ধ করতে পারেন। আপনি যদি গবেষণা সম্পর্কে কোনো তথ্য জানতে চান, তাহলে গবেষণার পরিচালক বা সহকারী গবেষকদের সঙ্গে যোগাযোগ করতে পারেন।

যোগাযোগঃ **ডাঃ ইমরুল মোহাম্মদ সিফাত**, প্রোগ্রাম অফিসার, বাংলাদেশ হেলথ ওয়াচ,
ফোন নম্বর- ০১৯১১৭১৮৫৭১।

অনুগ্রহ করে একটু ধৈর্য ধরে স্পষ্টভাবে প্রশ্নগুলোর উত্তর দিন।

স্বাস্থ্য কর্তৃপক্ষের সাথে ইন-ডেপথ ইন্টারভিউ প্রশ্নমালা

উদ্দেশ্য: হেলথ রাইটস ফোরাম (HRF) এর সাথে তাদের সম্পৃক্ততা এবং সহযোগিতা মূল্যায়ন করা।

১. পটভূমি তথ্য

- ১.১. আপনার নাম এবং পদবী কী?
- ১.২. আপনি এই পদের দায়িত্বে কতদিন ধরে রয়েছেন?
- ১.৩. আপনার কাজের এলাকায় প্রধান স্বাস্থ্যসেবা চ্যালেঞ্জগুলি কী কী?

২. ফোরামের সাথে সম্পৃক্ততা

- ২.১. আপনি কি হেলথ রাইটস ফোরামের (HRF) কার্যক্রম সম্পর্কে জানেন?
- ২.২. ফোরামের সাথে আপনার বা আপনার প্রতিষ্ঠানের সহযোগিতা কেমন?
- ২.৩. এই ফোরামগুলো কি আপনার কাজকে সহজ বা চ্যালেঞ্জিং করে তুলেছে? কিভাবে?

৩. স্বাস্থ্য সেবা ব্যবস্থায় ভূমিকা

- ৩.১. ফোরামগুলো স্বাস্থ্যসেবার মান উন্নয়নে কীভাবে অবদান রাখছে বলে আপনি মনে করেন?
- ৩.২. ফোরামের মাধ্যমে কী ধরনের সমস্যাগুলো সমাধান হয়েছে?
- ৩.৩. স্থানীয় জনগণের স্বাস্থ্যসেবা নিয়ে সচেতনতা বাড়াতে ফোরামগুলোর ভূমিকা কতটা কার্যকর?

৪. চ্যালেঞ্জ এবং সীমাবদ্ধতা

- ৪.১. ফোরামের সাথে কাজ করতে গিয়ে আপনি কী ধরনের চ্যালেঞ্জের সম্মুখীন হন?
- ৪.২. ফোরামের কার্যক্রম পরিচালনার জন্য আরও কী ধরনের সহযোগিতা বা সংস্থান প্রয়োজন?

৫. ভবিষ্যৎ দৃষ্টিভঙ্গি এবং সুপারিশ

- ৫.১. স্বাস্থ্যসেবার উন্নয়নে ফোরামগুলোর কার্যক্রম আরও উন্নত করার জন্য আপনার প্রস্তাব কী?
- ৫.২. আপনি কি মনে করেন ফোরাম তাদের এই কার্যক্রম অব্যাহত রাখুক? কেন কার্যক্রম অব্যাহত রাখবে বলে মনে করেন?
- ৫.২. আপনি কি মনে করেন এই ফোরামগুলো টেকসই এবং দীর্ঘমেয়াদীভাবে কার্যকর হতে পারবে? কেন?

৫.৩. ফোরাম এবং স্বাস্থ্য কর্তৃপক্ষের মধ্যে সহযোগিতা আরও জোরদার করার জন্য আপনার সুপারিশ কী?

৬. অতিরিক্ত মতামত

৬.১. এই বিষয়ে আপনি আর কিছু শেয়ার করতে চান যা আমরা এখনও আলোচনা করিনি?

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Key Informant Interview (KII) with Host Organization

ফোরামের কার্যক্রমে প্রশাসনিক ও লজিস্টিক সহায়তা নিয়ে সাক্ষাৎকার (ফোকাল পারসন ও নির্বাহী পরিচালক-এর জন্য)

সম্মতিপত্র

আসসালামু আলাইকুম। আমার নাম _____ এবং আমি

Bangladesh Health Watch নামক একটি প্রতিষ্ঠানের এর সঙ্গে যুক্ত।

আমাদের গবেষণার উদ্দেশ্য হলো বাংলাদেশ হেলথ ওয়াচ এর স্বাস্থ্য অধিকার ফোরাম তথা রিজিওনাল চ্যাপ্টারের প্রশাসনিক ও লজিস্টিক সহায়তার ভূমিকা, চ্যালেঞ্জ এবং উন্নয়নের সুযোগগুলো অন্বেষণ করা। এই গবেষণার মাধ্যমে ভবিষ্যতে ফোরামের কার্যক্রম আরও কার্যকরভাবে পরিচালনার উপায়গুলো নির্ধারণ করা হবে। আপনাকে একটি সাক্ষাৎকারে অংশগ্রহণ করার জন্য আমন্ত্রণ জানানো হচ্ছে। সাক্ষাৎকারটি প্রায় ৪০ মিনিট সময় ধরে চলতে পারে। এটি সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিতে এবং আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন। আপনার সকল তথ্য গোপন রাখা হবে, আপনার নাম বা পরিচিতি কোনো প্রতিবেদনে প্রকাশ করা হবে না। গবেষণায় প্রদত্ত তথ্য শুধুমাত্র গবেষণার জন্যই ব্যবহার করা হবে। এই গবেষণায় অংশগ্রহণের কোনো সরাসরি ঝুঁকি নেই। গবেষণার ফলাফল স্থানীয় স্বাস্থ্যব্যবস্থা ও ফোরামের কার্যক্রম উন্নয়নে সহায়ক হতে পারে। আপনি যে কোনো প্রশ্ন করতে পারেন এবং যে কোনো সময় অংশগ্রহণ বন্ধ করতে পারেন। আপনি যদি গবেষণা সম্পর্কে কোনো তথ্য জানতে চান, তাহলে গবেষণার পরিচালক বা সহকারী গবেষকদের সঙ্গে যোগাযোগ করতে পারেন।

যোগাযোগঃ **ডা ইমরুল মোহাম্মদ সিফাত**, প্রোগ্রাম অফিসার, বাংলাদেশ হেলথ ওয়াচ,
ফোন নম্বর- ০১৯১১৭১৮৫৭১

অনুগ্রহ করে একটু ধৈর্য ধরে স্পষ্টভাবে প্রশ্নগুলোর উত্তর দিন।

Key Informant Interview (KII) Checklist

বাংলাদেশ হেলথ ওয়াচ এর স্বাস্থ্য অধিকার ফোরামের প্রশাসনিক কার্যক্রম ও লজিস্টিক সহায়তা নিয়ে সাক্ষাৎকার

(ফোকাল পারসন ও নির্বাহী পরিচালক-এর জন্য)

উদ্দেশ্য:

ফোরামের কার্যক্রম পরিচালনা ও বাস্তবায়নে প্রশাসনিক এবং লজিস্টিক সহায়তার ভূমিকা ও চ্যালেঞ্জসমূহ অন্বেষণ করা।

১. সাধারণ তথ্য

১.১ আপনার নাম ও পদবী:

১.২ প্রতিষ্ঠানের নাম ও কার্যক্রমের সংক্ষিপ্ত বিবরণ:

১.৩ আপনি কতদিন ধরে বাংলাদেশ হেলথ ওয়াচ এর সাথে সম্পৃক্ত আছেন?

২. প্রশাসনিক সহায়তা

২.১. ফোরামের কার্যক্রম পরিচালনায় আপনার প্রতিষ্ঠান কী ধরনের প্রশাসনিক সহায়তা প্রদান করে?

২.২. ফোরামের জন্য বিশেষ কোনো নীতিমালা বা গাইডলাইন রয়েছে কি? থাকলে সেগুলোর ভূমিকা সম্পর্কে বলুন।

২.৩. প্রশাসনিক সিদ্ধান্ত নেওয়ার ক্ষেত্রে ফোরামের সদস্যদের কতটা অন্তর্ভুক্ত করা হয়?

৩. লজিস্টিক সহায়তা

৩.১. ফোরামের কার্যক্রম পরিচালনায় আপনার প্রতিষ্ঠান কী ধরনের লজিস্টিক সহায়তা প্রদান করে (যেমন অফিস স্থান, যোগাযোগ সরঞ্জাম, যানবাহন, ইত্যাদি)?

৩.২. এই সহায়তাগুলো প্রদান করতে গিয়ে কোনো চ্যালেঞ্জ বা সীমাবদ্ধতা রয়েছে কি?

৩.৩. লজিস্টিক সহায়তা আরও উন্নত করতে কী ধরনের পদক্ষেপ নেওয়া যেতে পারে?

৪. ফোরাম ও স্থানীয় সহযোগী সংস্থা (Host Organization) এর সাথে সমন্বয়:

৪.১. ফোরামের কার্যক্রম পরিচালনায় আপনার প্রতিষ্ঠান কিভাবে সমন্বয় করে?

৪.২ সমন্বয় করতে গিয়ে আপনারা কি কোন সমস্যা সম্মুখীন হন। হলে কি কি ধরনের এবং কিভাবে তা মোকাবেলা করেন?

৫. ফোরামের কার্যক্রমের প্রভাব ও টেকসইকরণ

- ৫.১. আপনার দৃষ্টিতে ফোরামের কার্যক্রম স্থানীয় জনগণের উপর কী ধরনের প্রভাব ফেলছে?
- ৫.২. ফোরামের কার্যক্রম টেকসই করার জন্য আপনার প্রতিষ্ঠানের ভূমিকা কী?
- ৫.৩. ভবিষ্যতে ফোরামের কার্যক্রম সম্প্রসারণ ও টেকসইকরণে আপনার প্রস্তাবনা কী?
- ৫.৪. বাংলাদেশ হেলথ ওয়াচ কি কেন্দ্রীয়ভাবে ফোরামের কাজে সহায়তা করে? কেন্দ্রীয় সহায়তা না পেলে কি ফোরাম তাদের কার্যক্রম চালিয়ে নিতে পারবে বলে মনে করেন? কেন্দ্রীয় সহায়তা না পেলে কী কী চ্যালেঞ্জ এর মুখোমুখি হতে হবে? চ্যালেঞ্জ মোকাবেলার জন্য আপনার কী পরামর্শ থাকবে?

৬. অতিরিক্ত মতামত

- ৬.১. ফোরামের প্রশাসনিক ও লজিস্টিক সহায়তা উন্নয়নে আপনি অন্য কোনো মতামত বা সুপারিশ করতে চান কি?

আপনার সময় এবং মূল্যবান মতামতের জন্য আপনাকে ধন্যবাদ। আপনার প্রদত্ত তথ্য গবেষণা প্রতিবেদনে উপস্থাপন করা হবে এবং এটি সম্পূর্ণ গোপনীয় থাকবে।

Citizen-Led Health Initiatives to Improve Local Health Services: Lessons from Regional Chapters in Selected Districts of Bangladesh

বাংলাদেশ হেলথ ওয়াচের প্রজেক্ট ম্যানেজারের সাথে ইনডেপথ ইন্টারভিউ

সম্মতিপত্র

আসসালামু আলাইকুম। আমার নাম _____ এবং আমি

Bangladesh Health Watch নামক একটি প্রতিষ্ঠানের এর সঙ্গে যুক্ত।

আমাদের গবেষণার উদ্দেশ্য হলো বাংলাদেশ হেলথ ওয়াচ এর স্বাস্থ্য অধিকার ফোরাম তথা রিজিওনাল চ্যাপ্টারের প্রশাসনিক ও লজিস্টিক সহায়তার ভূমিকা, চ্যালেঞ্জ এবং উন্নয়নের সুযোগগুলো অন্বেষণ করা। এই গবেষণার মাধ্যমে ভবিষ্যতে ফোরামের কার্যক্রম আরও কার্যকরভাবে পরিচালনার উপায়গুলো নির্ধারণ করা হবে। আপনাকে একটি সাক্ষাৎকারে অংশগ্রহণ করার জন্য আমন্ত্রণ জানানো হচ্ছে। সাক্ষাৎকারটি প্রায় ৪০ মিনিট সময় ধরে চলতে পারে। এটি সম্পূর্ণ স্বেচ্ছাসেবী ভিত্তিতে এবং আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন। আপনার সকল তথ্য গোপন রাখা হবে, আপনার নাম বা পরিচিতি কোনো প্রতিবেদনে প্রকাশ করা হবে না। গবেষণায় প্রদত্ত তথ্য শুধুমাত্র গবেষণার জন্যই ব্যবহার করা হবে। এই গবেষণায় অংশগ্রহণের কোনো সরাসরি ঝুঁকি নেই। গবেষণার ফলাফল স্থানীয় স্বাস্থ্যব্যবস্থা ও ফোরামের কার্যক্রম উন্নয়নে সহায়ক হতে পারে। আপনি যে কোনো প্রশ্ন করতে পারেন এবং যে কোনো সময় অংশগ্রহণ বন্ধ করতে পারেন। আপনি যদি গবেষণা সম্পর্কে কোনো তথ্য জানতে চান, তাহলে গবেষণার পরিচালক বা সহকারী গবেষকদের সঙ্গে যোগাযোগ করতে পারেন।

যোগাযোগঃ **ডা ইমরুল মোহাম্মদ সিফাত**, প্রোগ্রাম অফিসার, বাংলাদেশ হেলথ ওয়াচ,
ফোন নম্বর- ০১৯১১৭১৮৫৭১।

অনুগ্রহ করে একটু ধৈর্য ধরে স্পষ্টভাবে প্রশ্নগুলোর উত্তর দিন।

১. ভূমিকা

১.১. স্বাগত বক্তব্য ও পরিচিতি

১.২. সাক্ষাৎকারের উদ্দেশ্য ব্যাখ্যা

১.৩. তথ্যের গোপনীয়তা এবং ব্যবহারের শর্তাবলী

২. প্রেক্ষাপট

২.১. বাংলাদেশ হেলথ ওয়াচ এবং এর কার্যক্রম নিয়ে আপনার অভিজ্ঞতা

২.২. আপনার দৃষ্টিতে ফোরামের প্রধান লক্ষ্য কী?

৩. ফোরামের কার্যকারিতা

৩.১. ফোরাম কীভাবে সুবিধাভোগীদের স্বাস্থ্যসেবা সম্পর্কে সচেতনতা বাড়িয়েছে?

৩.২. ফোরামের মাধ্যমে কীভাবে স্বাস্থ্যসেবায় প্রবেশাধিকার বৃদ্ধি পেয়েছে?

৩.৩. স্থানীয় স্বাস্থ্য সমস্যাগুলো সমাধানে ফোরামের ভূমিকা কেমন ছিল?

৪. কৌশল ও চ্যালেঞ্জ

৪.১. ফোরামের কার্যক্রম পরিচালনার সময় প্রধান চ্যালেঞ্জগুলো কী ছিল?

৪.২. চ্যালেঞ্জ মোকাবেলায় আপনারা কী ধরনের কৌশল গ্রহণ করেছেন?

৫. টেকসইতা ও সম্প্রসারণ

৫.১. বাংলাদেশ হেলথ ওয়াচ এর সহায়তা ছাড়া ফোরাম মেম্বার রা কী কাজ করতে পারবেন বলে আপনি মনে করেন?

৫.২. ফোরামের টেকসইতা নিশ্চিত করতে কী পদক্ষেপ নেওয়া হয়েছে/ হচ্ছে?

৫.৩. অন্যান্য অঞ্চলে এই মডেল প্রয়োগের জন্য আপনার পরামর্শ কী?

৬. ভবিষ্যৎ পরিকল্পনা

৬.১. ভবিষ্যতে ফোরামের কার্যক্রম কীভাবে উন্নত করা যেতে পারে?

৬.২. স্বাস্থ্য অধিকার নিয়ে কাজ করার ক্ষেত্রে কোন নতুন ধারণা প্রয়োগ করার পরিকল্পনা আছে কি?

৭. সমাপ্তি

৭.১. সাক্ষাৎকারের সারাংশ

৭.২. ধন্যবাদ জ্ঞাপন