ওয়েভ ফাউন্ডেশন
WAVE FOUNDATION
Together for Better Life

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Assessment with Way Forward of the Interventions Implemented

under

Protection Against Covid-19 And Strengthening Demand Driven Health Services Project

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Conducted by
Md. A. Halim Miah

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Last but not least when I was closing my writing note I thought why so many Loak Murcha like Peoples Forum were developed in Chuadanga district which are exemplary? Who was the candle light of this social change, where a seed of 'Develop from Below' was sowed? I got the answer from a leader of the LM, Chuadanga District, "In the year 2004, Mohsin Bhai (Mr. Mohsin Ali, Executive Director, WAVE Foundation) shared with us this kind of idea to form a nonpartisan fully voluntarily civil society forum which will work for citizen rights. That was the beginning and we are continuing. It was like our passion; we get mental satisfaction when we could resolve a social problem successfully." I am grateful to Mohsin bhai that as Social Anthropologist I am very fortunate to get scope to be introduced with this Social Lab. In Chaudanga through the task of Assessment what was offered to me by the WAVE Foundation.


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Protection against Covid-19 and Strengthening Demand Driven Health Services Projec
কোভিড-১৯ এর বিরুদ্ধে সুরক্ষা ও জনচাহিদাভিত্তিক স্বাস্থ্যসেবা ব্যবস্থা শক্তিশালীকরণ প্রকল্প
কোভিড-১৯ প্রতিরোধে
জনসচেতনতা বিষয়ক মাইকিং
"আতংকিত না হয়ে, সচেতন হই প্রতিরোধের উপায় মেনে চলি"
প্রচারঃ লোকমোর্চা, ওয়েভ ফাউন্ডেশন, দামুড়হুদা উপজেলা প্রশাসন ও স্বাস্থ্য বিভাগ

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ABBREVIATIONS

BBB	Built Back Better
CC	Community Clinic
CDs	Communicable Diseases
CS	Civil Surgeon
DNCC	Dhaka North City Corporation
DGHS	Directorate General of Health Services
HPNSIP	Health Population Nutrition Strategic Investment Plan
LM	Loak Morcha
MOHFW	Ministry of Health and Family Welfare
NCDs	Non Communicable Diseases
NGOs	Non Government Organizations
NID	National Identification Data
RTF	Right To Food
RMO	Residential Medical Officer
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UHFWC	Union Health and Family Welfare Centre
UNO	Upazila Nirbahi Officer
UHFPO	Upazila Health and Family Planning Officer

1. INTRODUCTION

1.1 Project Context

Bangladesh is one of the most vulnerable countries to be affected by the fast-spreading COVID-19 and as of 23 September 2020 reported total 352,178 confirmed cases. Among the affected 260,790 individuals have recovered, and 5,007 cases of deaths have been recorded[1]. Bangladesh is committed to achieve Universal Health Coverage-UHC by 2030 under the SDGs. This calls for ensuring adequate financing; skilled health workers; good governance and political commitment; responsive and effective service delivery system; strong monitoring and supervision for accurate data management; and a strong legal framework to protect and promote the right to health. The health sector in Bangladesh is facing challenges due to rigid public financing structure with inadequate health services allocation (5% allocation in 2018-19FY[2]). There is huge human resources shortage and policy constraints. In addition, there are demand side challenges i.e. sociocultural disinclination, historical mistrust and lack of citizens participation.

The COVID-19 pandemic has revealed that the overall health system of Bangladesh is unprepared to manage such unprecedented crisis. A number of hospitals have been designated specifically for COVID and to that extent, the pandemic has crowded out services for other Non-COVID patients, in a country where the healthcare system was already under huge stress even before the pandemic. There is lack of Intensive Care Unit (ICU) beds with ventilator facilities, oxygen tubes shortage of Personal Protective Equipment (PPE) for health care workers, shortage of testing kits and shortage of national funds considering the support services required by all segment of the society to survive the crisis. Because of a fear of catching the virus, Non-COVID patients are also unable to doctors' appointments. The pandemic also posted challenges to effectiveness of the existing public health services and policies. In this context, the proposed project aims to address the needs of the people, to aware them in dealing with the COVID-19 crisis and to strengthen the health services through addressing the needs of the demand side and adhering to the values of equity and accountability.

1.2 Project Overview

Project Title

Protection against COVID-19 and Strengthening Demand Driven Health Services

Project Duration

December 2020 to December 2021

1 https://www.worldometers.info/coronavirus/country/bangladesh/

2 The Daily Star, April 07, 2019

Project Objectives

(SO1) Increased awareness of Covid-19-related safe health and hygiene practices and available support services and programs among marginalized populations.

(SO2) Improved delivery of policies and support services by national and sub-national authorities in the five countries to strengthen the long-term resilience of marginalized populations to pandemic and other emergencies.

Geographical coverage

1. Khulna Division: Chuadanga Sadar Upazila (10 Unions), Damurhuda Upazila (08 Unions) and Alamdanga Upazila (08 Unions) of Chuadanga District.
2. Dhaka North City Corporation-DNCC: WARD No. 30, Mehedibag Slum Area, Mohammadpur, Dhaka

Project Beneficiaries

The ultimate beneficiaries of the proposed project are the general population of the 26 Unions of 03 Upazilas under Chuadanga District and Word No. 30, Mehedibag Slum Area, Mohammadpur, North City Corporation-DNCC, Dhaka. But the direct beneficiaries will the women, children and Adivhashi, persons with disabilities from the most disadvantaged and marginalized population of the selected 26 Unions and 01 WARD of DNCC. The project directly involved the organized Civic Forum, with civic and political engagement (leaders of different political parties, representatives of local & urban government institutions, leaders of civil society, representatives of different professionals, media, NGO representatives and youth both male & female). In addition, representatives of local and urban government institutions, local media, political parties, relevant government offices (Upazila and District); and civic forum were included as influencing actors. The project also directly worked with the personnel of 03 Upazilla Health Complex (UzHCs), Chuadanga Sadar, Damurhuda & Alamdanga Upazila.

The project directly reaches 3 health facilities under 3 Upazilas; 5 Citizen Forums (Loak Morcha, 27 members in each with at least 40% women); 26 Union Parishads, 03 Upazila Parishads, WARD Commissioner of 30 No. WARD, DNCC (local government representatives); around 2,000 people of Adivashi community (Sawtal, Koal, Bagdi and Buno) of Chuadanga districts; around 100,000 community people with at least 60% women in Chuadanga and 5,000 targeted population with marginalized community of *Mehedibag* Slum of 30 No. WARD, DNCC.

1.3 Project Strategy and Relevant Actions

1. **Constituency building through facilitating multi-stakeholder engagement.**
   Formation/reformation of Citizen Forums (Loak Morcha), Organize awareness session on COVID-19, and dissemination of IEC materials, Development a digital platform and available authentic Health Information in collaboration with local Health and Administrative Agencies.

   Orientation and capacity building of stakeholders (e.g. representatives of Loak Morcah, representatives of Upazila Health Facilities and Local Government Institutions) about their roles and responsibilities regarding COVID-19 preparedness and prevention and also existing health services

2. **Facilitating civic engagements for evidence building and citizens' monitoring for better governance of overall health services.**
   Assessing availability and accessibility of Health Services of the people of Mehadibug Slum, DNCC WARD No. 30, Citizen Monitoring (Loak Morcha) of health service delivery, advocacy and lobby for better governance of health services at local level

3. **Facilitating lobby efforts with key actors on proper implementation of health services as per policies and on the required policy measures for better governance of health services.**
   Arrange Policy Dialogue both at district and at national level on Health Services with policy, law - makers and relevant stakeholders, gaps of present potential health policy measures and scope of develop longer-term policies and practical response measures on health services.

2. SPECIFIC OBJECTIVES OF THE ASSESSMENT

1. To understand whether there have had any institutional framework like sectoral policy (e.g. Standing Order on Disaster (SOD) for citizen engagement in the preparedness and response of emergency like Covid 19 Pandemic in the Health System at local level (Union, Upazila and district)

2. To identify the gaps and lacks of poor people's access to emergency health services like Covid 19 pandemic (resource gaps, knowledge gaps, poor governance) and other Universal Health Services (Quantitative Analysis from the Benchmark Data)

3. To explore the effectiveness of the instruments/tools, which were applied for citizen engagement in raising awareness for Covid 19 Pandemic related health and hygiene practices particularly among the marginalized communities like poor, disadvantages groups like women, poor and ethnic minorities.

4. To assess the effectiveness of the governance accountability tools (Citizen Platform, Citizen Monitoring, Public Hearing, Submitting Memorandum, Lobby Meeting with Responsible State Actor/s, etc.) particularly among Health Governance and Local Governance to improve the Service delivery at community level with special attention to marginalized communities like slums, vulnerable women and ethnic minorities.

5. To contribute to develop a citizen engagement strategy in the health governance system towards a resilient community in response to future emergency like Covid 19 pandemic and other health service deliveries in Bangladesh as Built Back Better.

3. METHODOLOGY

3.1 Population of the Assessment

Cross Section of people particularly peoples with multiple marginalization, State and Non State Actors of the intervening areas (Ward no. 30 of Dhaka North City Corporation (DNCC), Chuadanga Sadar Upazila, Damurhuda Upazila and Alamdanga Upazila of Chuadanga district)

3.2 Study Sample

As the study nature is exploratory, therefore purposive sampling technique were employed to cover the maximum range of heterogeneity of the populations and grounded contexts of the socio-politico institutions.

3.3 Data Collection Instruments

For empirical evidence primary data have been collected from the representative of the constituencies through employing Focus Group Discussions (FGD), case Studies and interviews of the respective policy and decision implementers at local (Union, Upazila and district) level. Besides, Base Line Data, Periodical Citizen Monitoring Reports and Quarterly Progress reports have been reviewed and collated to understand the varied gaps (resource, knowledge and governance) and effectiveness of the utilized tools for increasing citizen access to health services.

3.4 Data Analysis

Empirical data, Citizen Monitoring, periodical progress reports, and relevant public policies have been analyzed followed by descriptive narrative analytical model[3] and policy analysis model. Associated public policies- Health Policy, 2011, Infectious Diseases (Prevention, Control and Elimination) Act, 2018, National Guidelines on Clinical Management of Coronavirus Disease, 2019 (COVID-19), National Disaster Management Policy 2015 and Disaster Management (Committee Formation and Job Description) Acts, 2015 have also been collated.

3.5 Ethical Procedure

Considering reliability and sensitivity of the community, gender and stakeholder, objectives of the study were shared with participants and oral consent was obtained. Participation of the assessment was voluntary and anonymity of the participants were kept for conforming data reliability, sensitivity and confidentiality.

[3] Theories in Public participation in governance, Kathryn S. Quick and John M. Bryson, Research Gate

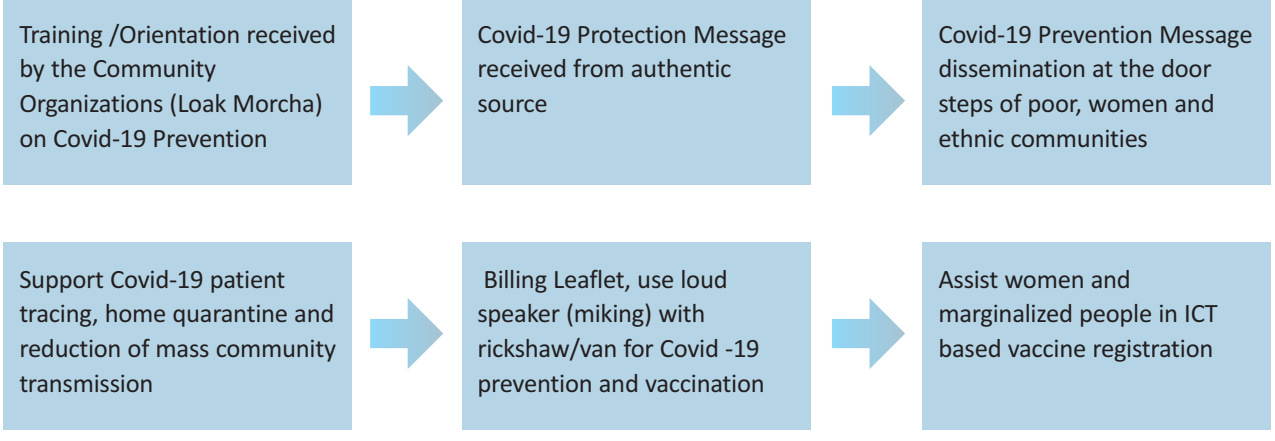
4. RESULTS OF THE ASSESSMENT

4.1 Constituency Building in Three Upazilas of Chuadanga District

As the project aims to make capable of people's those who are at higher risk from Covid-19 like viral infectious diseases so project has rightly chosen to strengthen people's organizations through provide relevant management trainings of the stakeholders and promotion of Covid-19 Pandemic prevention and safety. Macro study revealed that Chuadanga district is among the higher vulnerable 40 districts who has susceptible to get additional 25.8% newly poor, which would be added from its earlier national average of 20.45 due to effect of this pandemic (SANEM, 1 May 2020)[4]. Therefore, considering interventions modalities and time period, it was worthy investment to deliver services and focus the stakeholders who are most relevant for direct beneficiaries, e.g. poor, low income groups, women, people with disability and various ethnic minorities.

It has been revealed that constituencies were equipped with how to organize community meetings, dissemination of Covid-19 protection and prevention messages among the vulnerable communities with authentic sources by maintaining close collaboration with district, Upazila and Union health administration. Based on the discussions with some participants of a FGD, How the Constituencies were built, a Process flow can be drawn in the following way: (Flow Chart1: Recalling Community Based Covid-19 Protection Campaign Process Flow Diagram)

Flow Chart: 1 Community Based Covid-19 Protection Campaign Process Flow Diagram



4 South Asian Network on Economic Modeling (SANEM), led by the think tank's Executive Director Dr. Selim Raihan have assessed the poverty impacts of the COVID-19 Pandemic in Bangladesh. Using the latest Household Income and Expenditure Survey (HIES) data of Bangladesh Bureau of Statistics (BBS), the researchers have run simulations which reveals that with a negative income shock of 25%, the overall poverty rate will be 40.9%, which means another 20.4% population will fall into poverty. https://sanemnet.org/sanem-researchers-assess-poverty-impacts-of-covid-19/

4.2 Understanding Risks and Risks Mitigation Measures at the Community Level

Youth members of Citizen Forum (Loak Morcha), comprised of 300 volunteers of the Parkrishanapur-Modna Union of Damurhuda, Chuadanga formed a committee to make understanding about Covid-19 risks and how to reduce risks around 13 villages of the Ward no. 9 of the Madna Union. It was global crisis to have a large shortages of skilled and semi-skilled human resources in health sector during Covid-19 pandemic. Scenario of Bangladesh was not different. It was beyond of understanding of experts and all the relevant stakeholders to perceive the consequences of Covid-19 like pandemic at the existing human, social and cultural lives![5] On that catastrophic context youth members of the Citizen Forum played a responsive role to support in community preparedness where WAVE Foundation and the Project had provided all sorts of technical supports. We can say that all the peoples of that village universally well informed that Covid-19 is a kind of Virus and awareness is the most means to prevent this virus. About 100% people are also well informed about some behavioural and health protocols. In this assessment among the villagers there were participated 33 villagers where 15 women and 18 men and their age range was minimum 18 and maximum 68 years old. Some of the villagers described how to reduce Covid-19 spread at the community level. According to their perception Covid-19 pandemic risks reduction and risks management procedure are given below (Table: 2)

Table: 2 Villagers Perception of Covid 19 Prevention Behavioral Model

Serial	Covid-19 Prevention Behavioral Model	Perception Status of the Villagers (%)
1	Maintaining Social Distancing when in Public Space	100 %
2	Wearing mask when in public space	100%
3	Hand Washing by using soap for 20 Seconds after return in each time from outside	100%
4	Tracing affected person and strongly maintain home quarantine with lockdown of the affected households	100%
5	Vaccination for all the adults person	100%

5 Psychosocial and Socio-economic crisis in Bangladesh due to Covid 19: A Perception based Assessment, by Md. Bodrud- Duza et al., frontiers in Public Health, 26th June 2020

4.3 Understanding Covid-19 Risks and Risks Management Among an Ethnic Community

Project aimed to provide directly privileged services among the extinct ethnic communities in the project areas they are Santal, Koal, Bagdi and Buno. Koal or Bedh, an extinct ethnic minority group has been found in the Alamdanga Upazila. During this assessment, it was revealed that it was such an indigenous group who was traditionally engaged with hunting of birds and animals.

According to their perception Covid-19 Pandemic was first hit in the month of March in 2020 and mask is kind of shield for protection Covid-19 Virus. How did they know about this Virus and what is the way to prevent it and if somebody is attacked by Covid-19 then where should go for treatment?

It has been explored that all the community members have better understanding through court yard meeting, television, news in television and announcement through loud speaker (Microphone). A lady member name Sheela who was in the lead of this Covid prevention campaign among 32 Households. She was trained on How to make a risks understanding and how to aware community to get rid of the Corona virus. She described, what she learnt in her training so that she could volunteer

as a skilled health worker as well an active citizen! Here is the process of Covid-19 prevention model what was disseminated among this ethnic minority group-

“Participate in an orientation – use hand wash by using soap or detergent - Wear mask and even use double masks. Wearing mask is compulsory when somebody go outside- distribute masks among the households- Now we are used to wear mask and without this feel uncomfortable- if affected then isolation and seek health care from health centre (Upazila Health Centre)– Covid vaccine online registration and receive vaccine from Health Complex.”

4.4 Access to Privilege Covid Vaccination

It was explored both male and female of privileged communities whether they have vaccinated or not. It was revealed that all the stakeholders both service recipients and service providers like representatives of local governments, health administrators both Upazila and district all of them were generous to acknowledge supportive role of the Citizen Forums and the WAVE Foundation particularly awareness of Covid vaccination among the hard to reach communities.

Civil Surgeon of the Chuadanga district opined that “I am well acquainted about the Loak Morcha of the WAVE Foundation since 2017 and I am always appreciate such citizen engagement initiatives as it creates avenues to share opinion among other stakeholders. Particularly I could mention that we as government though we try but due to lack of human resources we could not reach among the communities live in frontiers. During Covid-19 pandemic, WAVE Foundation and its varied Loak Morcha have been working at the community level to make them aware about how to be protected from Covid-19, mobilizing community about online vaccine registration and even their volunteers are being deployed at the Civil Surgeon Office”.

In general, majority of the participants opined that they have received both the doses and some of them said that they have taken first dose and waiting for the second one. In conversation with Civil Surgeon and one of the targeted Upazila Health and Family Planning Officer (UHFPO) it has been revealed that both of them were satisfied about the vaccination coverage of their respective district and Upazila. Both of them opined that they have achieved to vaccinated 85% of the targeted population (People of 40 years above, most vulnerable people like front line health workers, varied service sectors like Bank, law and enforcing agencies, teachers and public servants, etc.) and 50% of the total population has completed first dose and 30-32% peoples of total population completed both doses. In fact it has been revealed that comments of those local health administrators are also reflected with the Directorate General of Health Services daily produced district wise Covid vaccination status dashboard, which is given below (See table: 3)

Table: 3 Vaccination Status National VS Chuadanga District (Source: DGHS, Dashboard, 9/12/ 2021; http://dashboard.dghs.gov.bd/webportal/pages/covid19-vaccination-update.php)

National Target	National Status Dose 1 (Against total population)	Chuadanga Status Dose 1	National Status Both Dose against total population	Chuadanga Status both dose
80% of the population	39%	50%	26%	33%

Data shows that Chuadanga district regarding vaccination coverage is ahead from the national coverage.

5. WHAT IS THERE IN THE NATIONAL HEALTH POLICY, 2011 REGARDING DEMAND DRIVEN HEALTH SERVICES

Table: 4 Status of Health Facilities in Chuadanga, CSO, Chuadanga, January –October 2021

Serial	Facility Type	Facilities Number of Bed
1	Chest Disease Clinic	1
2	Community Clinic	119
3	District Hospital	1250
4	District level Office	1
5	NGO Hospital/Clinic	11
6	Union Health Centre	19
7	Union Sub Centre	15
8	Upazila Health Complex	3150 (3*50)
9	Upazila Level Office	1
10	**Total**	**171400**

A DGHS Health Bulletin of Chuadanga shows that in the district there are total 171 Health Facilities with total 400 Hospital Bed Capacity (See Table:4). From the Directorate of Health Services in partnership with national and international development partners has initiated to make accountable and demand driven health services e.g. a digital dashboard which shows real time health information, it has a mobile hotline number for sending any grievance through SMS.

In our constitution, It is agreed that state considered that provide health services one of the fundamental responsibilities of the state in the article 15 (a) and followed by article 16 for improvement of public health for rural areas and article 18 improvement of Public Health and Nutritional Status of the people. Present Health Policy[6] and Health, Nutrition and Population Strategic Investment Plan (HNPSIP)[7] for the period of 2016-21 both of these strategic guiding and action plan internalized state constitutional obligations. Therefore these valuable documents have identified some areas to provide improve and equitable health services. The major principles and strategic points regarding equitable and pro poor health services are excerpts from these two valuable state's policies, which are given below (Table: 5)

6 National Health Policy , 2011; Ministry of Health and Family Welfare, January 2012

7 Health Nutrition and Population Strategic Investment Plan (HNPSIP), 2016, Planning Wing, Ministry of Health and family Welfare, Government of Bangladesh

Social Accountability Practice and Experience in Bangladesh, MJF, September 2012, Bangladesh

Covid -19 Morbidity and Mortality Weekly Update, 1st August 2021, World Health Organization, Bangladesh, https://cdn.who.int/media/docs/default-source/searo/bangladesh/covid-19-who-bangladesh-situation-reports/who_covid-19-update_75_20210802.pdf?sfvrsn=1d0e79fa_9

OCHA HDX, Covid-19 Data Explorer : Global Humanitarian Operations, https://data.humdata.org/visualization/covid19-humanitarian-operations/?layer=covid-19_cases_and_deaths_(sex_disaggregated).

Table: 5 Status of Health Facilities in Chuadanga, CSO, Chuadanga, January –October 2021

Serial	National Health Policy, 2011	Health Nutrition and Population Strategic Investment Plan (HNPSIP), 2016-21
1 2 3	Protect people's from massive health expenditure and reduce amount of Individual Pockets for health services	Emphasizing Service Quality, Improve efficiency in resource use and reducing wastage and focusing on Quality
	Establish among all cross section of peoples that Health is their rights according to our constitutional obligations and international charters.	i.Strengthening Governance and Stewardship; ii. Strengthening HNP System and iii.
	Develop a well-organized, sustainable and Equitable demand led health services for the cross section of peoples and communities live in different regions	MOHFW has stewardship role and management role – that extends beyond services its finance and provides directly. Promote Pluralistic health services where NGOs, Private Sectors and Government are substantive of each and other

5.1 Social Accountability Initiative for Strengthening Demand Driven Health Services at Local Level

To strengthen demand led health services at local level, popular and widely applied Social Accountability tools were chosen[8]. These are facilitated gradually- i. Formation of a Citizen Forum (Loak Morcha) or revitalization of those where such previous Civil Society Organizations or Community Based Organizations which were struggling to raise voices due to lack of capacity and motivation, ii. Provide Training on Accountability Instruments and Health Service System in Bangladesh, iii. Carry out Citizen Monitoring and Develop a simple Health Service Perception report, iv. Organize Public Hearing with relevant Stakeholder, vi. Present Monitoring report by the forum member and followed by an open dialogue to diagnosis the real causes of dissatisfaction of existing services and facilities with by way forward. (See the Cyclic Diagram of Social Accountability Matrix which were followed to strengthen a demand driven health services at regional level: Diagram 1)

Diagram: 1 Social Accountability Initiative Strategy

8. Social Accountability Practice and Experience in Bangladesh, MJF, September 2012, Bangladesh

During October to December 2021 three Citizen Monitoring of respective targeted Upazilas and followed by Public Hearing were organized in the Chuadanga district. These Upazilas are- Chuadanga Sadar, Alamdanga and Damurhuda Upazila. The major observations of these three Citizen Monitoring Reports of each Upazila Health Complex respectively are illustrated below (See Table: 6). It shows that in all the three Upazilas more than 68% Physicians positions are filled and even in the Damurhuda Upazila it is 88%. Regarding nurses in terms of their allotted positions it is 100%, 82% and 100% positions are filled for Chuadanga, Alamdanga and Damurhuda Upazila respectively. Availability of emergency, testing and diagnostic instruments it is 80%, 58% and 75% for Chuadanga Sadar, Alamdanga and Damurhuda Upazila Health Complex.

Table: 6 Citizen Monitoring Report of the Upazila Health Facility and its Services

Serial	Name of Upazila Health Facility	Human Resources (%) positions allotted			Emergency facility (e.g. ICU, OT, X-ray, ECG, Ambulance etc. (%)	Covid- 19 Health Care (%)	Over all Services	Privileged for disadvantages and ethnic women
	########	Doctors & Ultra-sonographer* (%)	Nurse, technicians (%)	Others (e.g. Cleaners (%)	######	######	######	###########
1	Chusdanga Sadar	68%	100%	42%	80%	100%	Satisfactory	Unsatisfactory
2	Alamdanga	68%	82%	100%	58%	100%	Satisfactory	Unsatisfactory
3	Damurhuda	88	100	56%	75%	100%	Satisfactory	Satisfactory

- There is no any trained Ultra-sonographer position in the Upazila Health Complex according to RMO of the Chuadanga Sadar Health Complex

This compiled three Citizen Monitoring report shows that availability and accessibility of Covid-19 health care like testing facility, Covid-19 treatment and vaccination are 100%. In spite of the perception of Unsatisfactory mainly diagnosis and testing facilities, most of the people's perceived overall health care services of the UHC are satisfactory.

In the Citizen Monitoring results, Health Care providers in all the Upazilas reported that there were privileged services for the disadvantages and women of ethnic minorities but from the citizen's perspective it was found Unsatisfactory in Chuadanga and Alamdanga Upazila both and Citizen of the Damurhuda perceived Satisfactory.

5.2 Social Accountability Matrix at the Health Facilities of Chuadanga District

In the Citizen Monitoring Reports of all three health facilities under Chuadanga district five types accountabilities have described– i. Citizen Charter, ii. Complain Box, iii. Signage of Health Services, iv. Price and respective available service list and v. Cell Phone number of important authority, ambulance of the health facility. Revealing Citizen Monitoring data regarding available of Social Accountability initiatives it shows that respective health authorities of all the Upazila reported that they have all these five accountability initiatives. On the contrary, citizens of those Upazilas reported differently. About the existence of Citizen Charter 58%, 22% and 92% citizens of Chuadanga Sadar, Alamdanga and Damurhuda are positive respective. It is very disappointing regarding the Complain Box where it shows, 21%, 4% and 33% citizens of Chuadanga Sadar, Alamdanga and Damurhuda Upazila respectively are positive about that service. About the Signage of available health services in

the respective health facility it is 58%, 41% and 96% citizens opined positive for Chuadanga Sadar, Alamdanga and Damurhuda Upazila respectively. Displayed of Cell Phone number of important and emergency services citizens of Chuadanga Sadar, Alamdanga and Damurhuda Upazila reported 42%, 40% and 59% respectively. It is 33%, 7% and 41% was positive of the Chuadanga Sadar, Alamdanga and Damurhuda Upazila respectively regarding the visibility of the, "List of available health services with price is displayed" (See Table: 7).

Table: 7 Perception of Social Accountability Health Care Providers VS Citizen

Serial	Presence of Social Accountability Tools	Reported by the Authority of the Respective Health Facility, Chuadanga			Citizen's Perception (%)		
	########################## ####	Chuadanga Sadar	Alamdanga	Damurhuda	Chudanga Sadar (%)	Alamdanga (%)	Damurhuda (%)
1	Citizen Charter is displayed	Yes	Yes	Yes	58	22	92
2	Complain Box is established	Yes	Yes	Yes	21	4	33
3	Signage of Directions of Services at the Health Facility	Yes	Yes	Yes	58	41	96
4	Cell Phone Number of respective Health Facility's Authority is visible for all	Yes	Yes	Yes	42	40	59
5	List of available Health Services and price is displayed	Yes	Yes	Yes	33	7	41

5.3 Diagnosis of a Public Hearing at Chuadanga

On 1st December 2021, Loak Morcha (LM) of the Chuadanga sadar Upazila and WAVE Foundation jointly organized a Public Hearing with aimed to attain improvement of the existing Health Care Services at the respective Upzaila Health Facility (Figure: 1). In this session for two hours where relevant stakeholders e.g. respective Upazila Health and Family Planning Officer (UHFPO), Upazila Family Planning Officer (UFPO), Upazila Nirbahi Officer (UNO) and distinguished Chairman, Secretary and Members of the respective Upazila Loak Morcha (ULM).

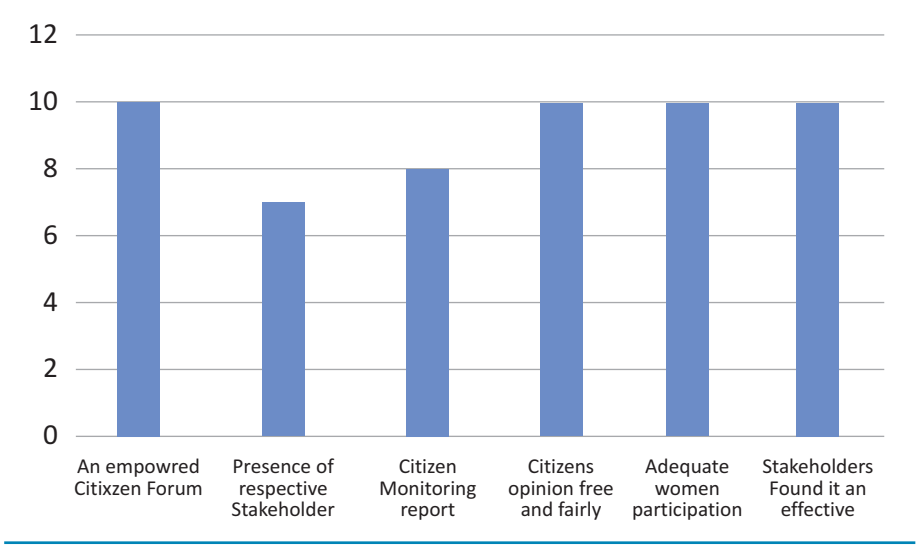


Figure:1 Diagnosis of a Public Hearing on Existing Health Services

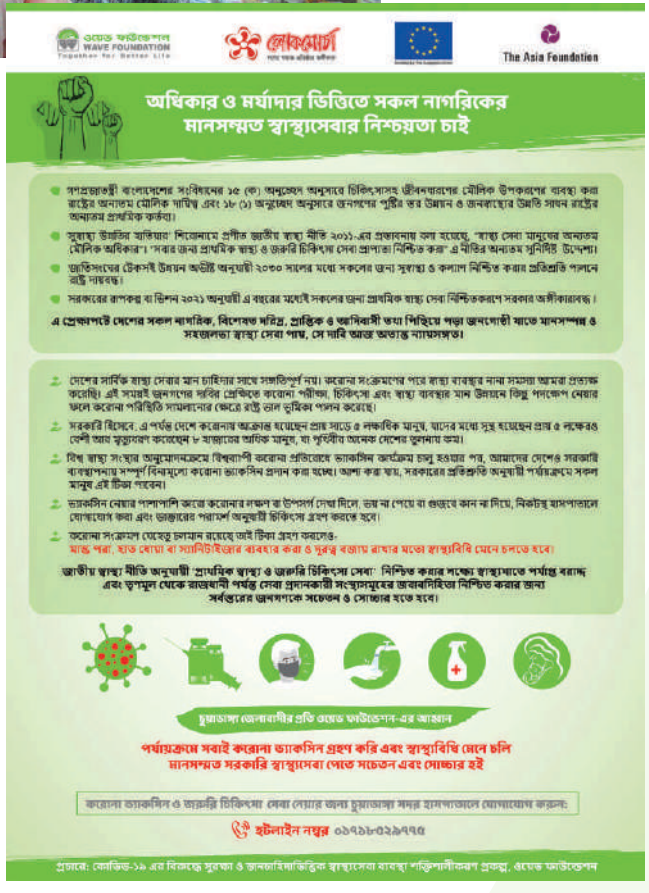
It was a successfully Public Hearing as respective representatives of the Chudanga Sadar Health and Family Welfare Complex, Upazila Nirbahi Officer were on the Treasury Bench and on the opposite of them there were adequate number of LM members with representation of cross section of the citizens of the respective Upazilas. There was a written citizen monitoring report which was quite impartial health services data where health service providers and recipients both opinions were illustrated. It is revealed that the respective LM was so empowered to speak their issues before the representative of the health facilities. Most of the participants either their own experience or from their nearest relatives shared as complaints before the treasury bench/health sector's representatives. It was finally ended with following conducive conclusions –

1. Since the existing Health Complex was declared to raise 250 beds hospital but in reality yet to absence any progress
2. Limited of allotted health service providers like ultra-sonographer, cleaners and physicians and limited essential resources often causes of dissatisfaction of constituencies
3. In some cases health recipients do not act properly like 'When they come to take Covid-19 vaccine, they think to reimburse their travel expenditure and time by crowding at the line of access to free medicines'.
4. There were crowd of 'dalal' (intermediaries) who used to misguide poor and disadvantages health care seeking people in the health complex. According to health care representative, this is the responsibility of the law and enforcing agency.
5. The respected UNO in his speech, committed to improve the issues that are his jurisdiction e.g. traffic congestion in front of health complex and actions against 'dalal'.
6. Allocations of sufficient human resources, infrastructure improvement and increase yearly budget all of these required to have a political decision and therefore the house universally agreed to write a Memorandum/ Pleading and place it to the respective Member of Parliament (MP).

6. SITUATION OF CITIZEN FORUM (LM) INITIATIVES REGARDING COVID-19 PROTECTION AND STRENGTHENING DEMAND DRIVEN HEALTH CARE SERVICES AT THE MEHEDIBAGH, WARD NO. 30, DNCC

In quick assessment it is revealed that as urban neighbourhood structure is a complex one and it is more complex when there is no any direct service offer for the program participants who are belong to extreme poor or poor quarantine. Besides, this kind of behavioural and introduction of Social Accountability Practices for Governance Improvement initiatives are not only a difficult to think but also a daring to idea to take into consideration to introduce for only 12 months period when there is the Covid pandemic situation prevailed!

Through a transact walk in the Mehidibagh area and met with some stakeholder it was explored that regarding Covid-19 prevention and required health and hygiene messages have been reached from multiple communication channels. As most of the people mainly poor and their household members are very hard to reach to their vacant/ leisure time as there is very lacked to manage a common space for gathering so trained facilitator of the project utilized innovative techniques to build such Citizen Group (Loak Morcha) at the urban context. The project identified locally available resources like credit recipient groups, some youths who are underemployed, private security guard, shop keeper or tea stall owners who work as info point. In this twelve months period they have reached 14,000 people where there was 8,000 men and 6,000 women roughly. In outreach activities there was Bill Board, Leaflet distribution, Group meeting, Training, Project Briefing, announcement through micro-phone/loud speaker mainly.



It was found very effective to install a mobile online registration vaccination registration desk in an open space at the main point of the Community. This demonstration effect positively to encourage many other who were reluctant to do vaccine registration as community like urban poor who were in multiple complexities of access to Covid vaccination like misconception of difficulties of vaccine registration, considering cost involvement of registration etc. However there were many people who were completed their first dose of vaccine but still a good number of urban poor who were most vulnerable like young man who used to work informal sector where was difficult to maintain protection behavior and some elderly people. They could not receive vaccine due to multiple complexities like absence of NID card and perceived his or her health conditions might not suitable to receive vaccine.

A very fascinating initiative this very newly formed Loak Morcha successfully completed. They have completed a citizen monitoring and followed by submission of a Memorandum to the Counselor of the Ward 30, DNCC. It was an effective initiative as the respected Counselor counted the all the demand of the community were based on their necessity and rationale like set up a primary health care centre at the Mehedibagh area.

7. DISCUSSION AND REMARKS

7.1 Discussion

Globally mortality rates due communicable diseases (CDs) have been declined, while significant rises of Non Communicable Diseases (NCD). WHO data shows that NCDs kills 41 million people each year, which is equivalent to 71% of all deaths globally. It is called health transition while Bangladesh has also remarkable achievement to drastically reduce both mortality and morbidity in CDs like once Cholera, Diarrhoea, Pneumonia, Polio, and Diphtheria were major deadly diseases for the children. However, we have some benchmark achievement in reducing child mortality from CDs where our Expanded Program of Immunization (EPI) and National Campaign played exemplary role, but in the 2020 when Covid-19 like pandemic spread out widely, that showed us again pointing finger how dilapidated condition of our health services to manage such epidemic! Bangladesh is still one of the top ten vulnerable countries regarding expansion of new cases per 100,00 people weekly[9] and it is also a vulnerable countries that susceptible to expansion of rapid new cases from UNOCHA[10] . Therefore, it was not only a pragmatic decision to participate in support of vulnerable communities like women, poor and ethnic minorities in Bangladesh but also a moral responsibility to act in such global humanitarian crisis.

7.1.1 The Project targeted locations and peoples were rightly chosen and interventions packages considering timeframe and resources are all rights – dissemination of Covid-19 prevention and health care accessibility related outreach activities, promotion of Covid-19 vaccination among the most disadvantages communities and facilitating social accountability for improving existing health services.

7.1.2 If we classified the interventions services into two major domains then, i). Behaviour Change Communications and ii. Endorsing Social Accountability in health facilities at local level. All of the participants irrespective of their locations like either rural or urban inhabitants they were informed some messages how to be saved from Covid-19 virus. These messages were wearing mask, hand wash by using soap and keep social distance when somebody go outside or participate in a social gathering. It also revealed that all the participants mentioned (both locations) they came to know about Covid-19 protection messages from court-yard meeting, listening from loud speaker (announcement from micro phone) and television news.

7.1.3 However, among rural participants in one of the FGDs somebody mentioned that some households of their community affected from Corona Virus but surprisingly none of the participants (50) from both rural and urban communities affected from Corona Virus.

7.1.4 Covid -19 Vaccination coverage found more popular in rural communities compare to urban poor. Among the urban poor, a good number of elderly people and some adult men and

9. Covid -19 Morbidity and Mortality Weekly Update, 1st August 2021, World Health Organization, Bangladesh, https://cdn.who.int/media/docs/default-source/searo/bangladesh/covid-19-who-bangladesh-situation-reports/who_covid-19-update_75_20210802.pdf?sfvrsn=1d0e79fa_9

10. OCHA HDX, Covid-19 Data Explorer : Global Humanitarian Operations, https://data.humdata.org/visualization/covid19-humanitarian-operations/?layer=covid-19_cases_and_deaths_(sex_disaggregated).

women could not receive vaccine due to multiple complexities e.g. somebody reported that registration complexities, huge crowd in vaccination points and vaccine could be harmful considering his or her chronic illness (self-declared). All the participants, authorities of health facilities and representatives of local governments acknowledged WAVE Foundation volunteering assistance in vaccination registration at community levels.

7.1.5 It was revealed that WAVE Foundation has long operational experiences of Social Accountability Practices with many voluntarism like self-help group, grassroots organization in Chuadanga district. Therefore activities related to improvement of existing health services where without close social interaction it is impossible to form such citizen groups, organizing related training and carry out Citizen Monitoring, and when Covid-19 health protocol as an impasse, even though the prime mover vehicle- Citizen Forum or Loak Morcha (LM) rolled out effectively at the Chuadanga district.

7.1. 6 Urban community is a complex one and it is the poor strata of the society (Mehedibagh), who is neither organized, nor do they have any neighborhood organization. Besides, there is existence of strong class divide among the ruling class and furthermore the targeted agency like City Corporation –one of the tiers of local government where the entire local government system is in multiple challenges then thinking of implementing such social accountability initiatives is a daring one! Since the WAVE Foundation is experienced of doing policy advocacy on citizen rights and longitudinal campaign on Strengthening Local Government both local and national level therefore within this given critical context it was implemented some events successfully. These were formation of citizen forum (LM), citizen monitoring report of accessibility and availability of health services and health facility and submission of a memorandum to the respective Ward Councilor Office.

Lesson Learned

- Regular communication and good relationship with the local authorities are always helpful to implement the intervention at local level smoothly.
- Involvement of local government representatives and regular communication with the local authorities are supportive to implement the project activities.
- To perceive the result and/or tangible change of field intervention along with lobby and advocacy is not a short-term issue, it takes more time.

Challenge

- High rate of death and infection of COVID-19 situation and restriction on movement by the government, hampered a number of in person activities at field level.

- Unavailability of all stakeholders, especially the policy makers, local government representatives and urban working community people.

Successes

- Accomplishment from the local authorities both from the administration and health division for rigorous awareness interventions at community level. In this connection, they requested to continue the miking, organize the public awareness raising meeting and registration of COVID-19 vaccination program at community level.
- Loak Morcha members are motivated to take initiative for the community people in protecting of COVID-19 pandemic as well as access to other health services.
- Regular support from the local health authorities and local government representatives at district and Upazila level in Chuadanga and in Dhaka
- Loak Morcha members are pro-active to take initiative for organizing lobby meeting and distribution of facemask by their own contribution.
- Loak Morcha members organized a number of lobby meetings and COVID-19 vaccination camp both in Chuadanga and DNCC 30 no. Ward.
- Advocacy initiative with the respective policy maker in Chuadanga.
- Consensus building among national level stakeholders by organizing the national dialogue.
- Facilitation to strengthen the health governance at local level by organizing successful public hearing events at Upazila level.

Overall Achievement

- Increased awareness on prevention and preparedness on COVID-19 of the community people especially vulnerable and adivashi community in Chuadanga and 30 no. Ward, DNCC through sensitization meeting, small group meeting, miking, leaflet distribution, establishment of billboard, message dissemination using local cable TV channel, digital platform and vaccination registration camp.
- Health service providers and local authorities have taken a number of initiatives i.e. mass campaign, awareness meeting, establish COVID-19 isolation center and ICU, arrangement of vaccination to prevent COVID-19 crisis situation in Chuadanga.
- Strengthened resilience of marginalized populations (Adivasi, extreme poor, poor women and so on) to pandemic and other emergencies through different health and hygiene practices viz. wearing mask, regular hand washing, maintain social distancing and isolation from COVID patients, etc.
- Increased capacities of Civic Forum (Loak Morcha) on monitoring of health service delivery mechanisms and reporting through receiving training and they have done two citizen monitoring.
- Improved coordination among different stakeholders related to health care service delivery i.e. local administration, local health authority, local government, civil society and Loak Morcha.
- Accelerated accountability and transparency of health service providers through voice raising of community people and regular interventions of Loak Morcha, especially by lobby, advocacy, dialogue and public hearing.

7.2 Remarks

7.2.1 Citizen Monitoring Reports could be improved with extending the number of samples, incorporating narratives of victims like presenting testimony or case studies, observation of facilities and services on hourly and make the whole report a thick one.

7.2.2 As the country possess a pluralistic health system (Public, Private and Some Non-profit Charities, NGOs) therefore in the Social Accountability practices all the stakeholders should be included.

7.2.3 As a good number of people are out of vaccinations though they are eligible so it should be explored what are the socio-cultural and administrative challenges that creating obstacles to expansion of vaccination rates.

7.2.4 Partnership can be built among the stakeholders for mainstreaming the Social Accountability Practices to improve health services at regional level. Like WAVE Foundation and respective Department of Health Services at Chuadanga have a good mutual beneficial relationship. Both of them can develop a long term Memorandum of Understanding to provide Technical Assistance to improve the health services through improvement of Social Accountability. Thus way can materialize the constitutional obligations of health is a right (it has been revealed that most of the Social Accountability procedures at the Public Health Facilities in district and Upazila level are not effective as most of the people of the constituencies do not participate in the central system).

7.2.5 Bangladesh is still a vulnerable to Covid-19 and it may turns into more vulnerable if any global shocks adjoined with this current pandemic due to its huge population, very poor annual health financing, lower coverage rate of vaccination compare to similar economy and neighboring countries and lack of governance in health system. Therefore, it will be rationale to extend the project period with its expansion in some areas for two and half years. This will bring incremental benefit for the entire communities through building a responsive and accountable community.

ANNEX: 1

LIST OF THE DISTINGUISHED PERSONS MET DURING ASSESSMENT

1. Dr. A.S. M. Maruf Hasan, Civil Surgeon, Chuadanga
2. Mr. Md. Asadul Haque Biswas, Chairman, Sadar Upazila Parishad, Chuadanga
3. Dr. Hadi Zia Uddin Ahmed, Residential Medical Officer, Alamdanga Upazila Health Complex
4. Mr. Sah Alam Soni, General Secretary, Chuadanga Distrcit LM
5. Ms Tanjila Monwar, Vice President, Chuadanga District LM
6. Advocate manik Akbar, President, Chuadanga Sadar Upzila LM
7. Mr. Islam Uddin, Chairman, Alokdia Union Parishad
8. Mr. Shafiqur Rahman Raju, Chairman, Goraitupi Union Parishad
9. Mr. Mahbub Huque, Ward Secretary, Ward No. -30, DNCC

ANNEX: 2

FOCUS GROUP DISCUSSIONS

10. Focus Group Discussions with an ethnic community (Bedh), Alamdanga (Male: 1, Female:26)
11. Focus Group Discussions with a Community of Parkrishna Pur, Madna Union, Darshana (Male: 18, Female:15)
12. Focus Group Discussion with a Upazila Loako Murcha, Chuadanga Sadar Upazila (Male: 12, Female :6)
13. Focus Group Discussions at Mehedibagh, Ward -30, DNCC (Female- 5)

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