Purpose and process

It has been almost three years since the Commission on Information and Accountability for Women’s and Children’s Health (CoIA) delivered its ten recommendations to strengthen accountability for resources and results with special attention to women and children. Multi-stakeholder processes at regional and country level have resulted in country self-assessments; these lead to the translation of the recommendations into a country accountability roadmap which in turn defines priority areas for strengthening birth and death registration, monitoring of results, use of eHealth, tracking resources, maternal death surveillance and response, national mechanisms for review and accountability, advocacy/action.

Implementation of priority activities in the country accountability framework is now well underway. At this midpoint in implementation of the activities, the purpose of this assessment conducted by WHO in close collaboration with national stakeholders and partners, is to review the progress to date, identify issues, challenges and lessons learnt and identify priorities for further work. The review contributes to an overall review conducted by Every Woman Every Child of the United Nations Secretary-General’s office.

The review included a desk review (country self-assessment, accountability roadmap, country progress report, documents on monitoring and reviews) and a country visit by WHO HQ and an additional partner. Two workshops were held. The first focused on the progress of the accountability roadmap and involved representatives of the Ministry of Health, development partners (UNICEF, World Bank, WHO), NGOs and country institutions (ICDDR-B, Plan International, BRAC, Save the Children). The second workshop was focused on civil registration and vital statistics systems (CRVS) – one of the ten recommendations and one of the seven workstreams – and included high level participation (Secretaries and Additional Secretaries) from Local Government (chair), Statistics and Informatics, Health, Electoral Commission, Ministry of Education, Planning, as well as development partners (CIDA, UNFPA, WHO). In addition, individual meetings with held with GIZ and the White Ribbon Alliance.

Main findings

Process leading to the roadmap was extensive and inclusive

Following the regional workshop, in which a draft self-assessment was completed, an extensive in-country consultation process took place to discuss the accountability framework and the self-assessment, and develop a roadmap for the implementation of the recommendations of the Commission. This included three national multi-stakeholder workshops, which included development partners, CSOs, academic institutions and a MP. The CoIA process and implementation in Bangladesh has strong leadership from the Ministry of Health through the Additional Secretary (who is also Director of the MIS/eHealth unit).

CoIA funding is indeed catalytic

Bangladesh received US$250,000 in catalytic funds in early 2013. The roadmap included small amounts of resources to catalyse activities for all seven workstreams. The largest amounts were budgeted to eHealth (US$125,000) and advocacy and outreach activity (US$37,000). Most funding was used to organize meetings and bring the different partners together. In some areas, this funding was not needed because other donors contributed sufficiently (e.g. DFID supported the eHealth community pilots).
Elections in 2013 caused a substantial delay in implementation
By April 2014, less than half of the catalytic funds had been used. This is due to a standstill in
disbursements during the election year 2013 when activities were stalled for a prolonged period of time.

Development partners are investing in monitoring, aligned with CoIA framework
Several of the larger development partners that support monitoring through the MIS unit in the
Ministry of Health have aligned themselves with the CoIA process and framework. These include GIZ
(as part of its health systems support project in which health information is one of the three pillars),
DFID [who has provided considerable support to the MIS unit, eHealth policy and strategy, electronic
health information exchange] and the World Bank [laptops and mobiles for all community clinics and
CHWs]. USAID supports the DHS conducted by the Bureau of Statistics, ICDDR,B to assess the MIS
and improve it. Canada’s interest primarily lies in supporting the CRVS component. UNICEF invests
in multiple areas and is aligning with the CoIA framework. WHO plays a coordinating role.

CSOs are involved in multiple ways
CSOs, as part of the CoIA coordinating bodies, play a major role in service provision at the community level
and have begun to engage in streamlining monitoring, as there are currently multiple parallel systems
of recording and reporting. These CSOs include BRAC, ICDDR,B, Save the Children, Plan International
and others.

CRVS: making major progress involving multiple sectors with top leadership
The discussions on the development of a National Population Register predate the CoIA framework. The CoIA work, however,
has had a major impact on the discussions and progress. A rapid and
comprehensive assessment of the current CRVS-related systems
was completed and discussed. In February 2014, the continued
attention for CRVS and the renewed global interest, driven by
Canada, UNESCAP and WHO, led to top-level involvement in the process. The Cabinet Secretary has
now taken personal interest and leadership. In April, secretaries from multiple sectors (Education,
Health, Election Commission, Planning, Statistics and Informatics, as well as the Prime Minister’s office)
met to discuss a draft investment plan. This kind of cross-sectoral collaboration is unprecedented
in Bangladesh.

Monitoring of results: government infrastructure improving
There is much focus on ensuring that the 11 core indicators recommended by the Commission are
used. Only the two HIV indicators are still considered “exceptional”, and often not included, partly
because the epidemic in Bangladesh is low-level or concentrated. Mapping of all health facilities has
now been completed, and is now available in one database. There is much emphasis on electronic
reporting systems, and government community health centres (14 000) and CHWs (12 000) have
been equipped with hardware to implement the web-based DHIS and Open MRS. The first outputs
are visible at the central level.

eHealth: strategy in final stages
Bangladesh has developed an eHealth strategy, involving the major actors. The draft is in its final
stages and will appear later in 2014. The planned pilot of developing and field testing an integrated
information system for MNCH at the community clinic level in selected districts (including the use of
DHIS and Open MRS) was successfully implemented and will form the basis for a national roll-out.

Resource tracking: investments delivering in 2014
The last National Health Accounts (NHA) exercise was in 2007. Currently, a NHA is ongoing and the
results will be released mid 2014. By the end of the year, the results of subaccounts including RMNCH
will be completed and released.
Advocacy for women and children’s health

Civil society and CSOs play a prominent role in the provision of and advocacy for services for women and children’s health. The White Ribbon Alliance is devoted exclusively to advocacy and focuses on involving parliament and media training. Successes include:

- Prime Minister, Sheikh Hasina, is strongly committed to WCH issues and recently reinstated Safe Motherhood day (May 29).
- Parliamentarians have been educated about the CoIA and its recommendations. Recent discussions in parliament were about improving RMNCH services. There is close collaboration with the IPU on women’s and children’s health issues.
- Two training workshops were held for journalists, as well as senior management in the media, and a health reporter’s forum has been established.

A CoIA secretariat, as part of advocacy and outreach, was established to allow staff from Ministry and CSOs to work together on the common agenda and provide visibility and outreach. The CoIA secretariat also works on how to implement a new electronic MIS system, made possible in part by a major injection of hardware and connectivity in all community clinics (with World Bank funds), within the NGO sectors. NGOs provide more than half of the primary health care services in Bangladesh and generally operate separate systems. ICDDR,B is working closely with MOH in this process.

Develop a CRVS system and national population register

The development of a CRVS system will require considerable effort in the coming years, building upon the political momentum and commitment, supported by global partners. Bangladesh is one of four countries that are supported by WHO through a grant from Canada to prepare a Country case study and investment plan for CRVS. These are prepared for the high-level event in Canada at the end of May 2014, alongside a global investment plan.

Ensure all partners are involved in the information system and build analytical capacity

The development of a comprehensive health management information system has made progress but will need considerable attention to ensure that government (Ministry of Health–rural and Ministry of Local Government – urban), civil society and private sector, are all integrated into a single reporting system and that all information is taken into account in progress and performance reviews, perhaps through the proposed common health information centre. Much more and faster data are collected through innovative approaches. Little has been invested in data quality assessment and analytical capacity. This capacity will be essential to be able provide the relevant monitoring results to decision makers.

Capacity to use data and statistics to influence programs

The capacity to use data for decision-making, and stimulate demand for data and statistics, will need to be strengthened, building upon ongoing projects (e.g. MOH and UNICEF’s local level projects). Population awareness and demand for information and accountability are still low and need more investment. There is a beginning of an emphasis on service quality and some projects address these (e.g. UNICEF’s total quality management in 11 districts). Use of social media should receive more attention, given the strong emphasis on digitalization in Bangladesh.

Institutionalize financial tracking

The NHA with subaccount system will need to be institutionalized, avoiding the long intervals between NHA exercises. This would build upon the annual public expenditure reviews.
Strengthen maternal death surveillance and response
Maternal and perinatal death reviews are supported by UNICEF in ten districts (out of 54); these reviews also monitor the full continuum of care. BRAC is implementing a system to report maternal deaths, using rapid SMS. There is an additional system supported by JICA, as well as the recent WHO/CDC guidance. The different systems need to be brought together and scaled up into one national system. Maternal death is not yet a notifiable event.

Develop a well-established transparent system of reviews
Annual national reviews of progress and performance are conducted (in September) but do not appear to have a high profile and are not easily available. These are led by the Program management and monitoring unit of the Planning Wing of the MOHFW (PMMU). The PMMU prepares an annual programme implementation report that describes performance; this is then summarized by an external team as an annual progress review report. The results are further summarized in the Health Bulletin by MIS of the MOHFW. The performance reports currently do not have strong public analytical documents or open documentation of the process. This may partly be due to the overall national Health, Population, Nutrition, Strategic Development Plan (HPNSDP 2011-16), which has no less than 32 operational areas with many indicators. There is a core set of about 40 indicators (including the 11 indicators recommended by the Commission) and targets that could be used more extensively. The roles of civil society, parliamentarians and country institutions outside of government in the review process need to be clarified. The development of the new strategic plan in the coming years should address these issues.

Advocacy for women’s and children’s health
There is a strong civil society coalition on women’s affairs (as well as a Minister) but health issues have not been prioritized. Continued advocacy at this level is needed as health is a critical contributor to women’s development. The considerable overlap and competition among the NGOs also needs to be addressed through a strong coalition.

Conclusions
- There are multiple examples that show that accountability for women’s and children’s health, and health in general, has made progress in Bangladesh in the past few years.
- Multiple partners, including CSOs, are engaged in the CoIA, which appears to have become a common acronym in the discussions.
- The Accountability framework, with or without funding, has triggered actions in several areas, and also guided some of the investments.
- The main successes revolve around the CRVS partnership, improvements in the routine monitoring systems using eHealth, and the efforts to raise awareness on women’s and children’s health issues. There is still a significant accountability agenda to be taken forward in the coming year.