4th HEALTH, POPULATION AND NUTRITION SECTOR PROGRAM

January 2017 - June 2022

Annual Program Implementation Report (APIR) 2019

July 2018 – June 2019

September 2019

PROGRAM MANAGEMENT & MONITORING UNIT
PLANNING WING
MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

PREFACE

The Program Management and Monitoring Unit (PMMU) of the Ministry of Health and Family Welfare (MOHFW) produces half-yearly and annual program implementation reports, as per the requirement of the approved Program Implementation Plan (PIP) of the 4th Health, Population and Nutrition Sector Program (4th HPNSP). Sharing of the implementation Reports allows all concerned to assess on-going implementation status and to make necessary course corrections during (future) implementation.

The Annual Program Implementation Report – 2019 (APIR-2019) is the second annual implementation progress report of 4th HPNSP covering the period from July 2018 to June 2019. The report has been prepared based on the physical progress measured by the Program's Operational Plan (OP) level indicators, major physical activities performed by the Line Directors (LDs) and the financial progress review of the Revised Annual Development Programme (RADP) allocation for the 4th HPNSP done by the Health Services Division (HSD) and the Medical Education and Family Welfare Division (ME&FWD) of MOHFW.

The APIR - 2019 has tried to capture some features of program implementation undertaken during FY 2018-19. The Report has used the "OP Fact Sheet" tool for monitoring implementation progress of individual OPs, which covers financial and physical progress along with the status of indicator progress in a nutshell. The APIR – 2019 contains a detailed implementation progress of the health-related SDG indicators covering the period July 2016 – June 2019. It also provides an in-depth updated picture of the Investment Project Financing- Disbursement Linked Indicator (IPF-DLI) mode of financing within the 4th HPNSP. Some issues of importance along with successful practices have also been highlighted in the Report as lessons for future course of actions.

This annual review provides an opportunity for the stakeholders to develop a more accurate roadmap to speed up progress of implementation. The policymakers of the MOHFW, the supervisory heads of Agencies/ Directorates, LDs of the OPs and their team members as well as the Development Partners (DPs) may find this report useful for improving overall performance of the 4th HPNSP. I hope that the findings, analysis and suggestions contained in the APIR – 2019 will help the stakeholders in making realistic decisions, improving implementation performance, and also allow them to take up encouraging steps on a priority basis to achieve better results.

The Technical Assistance Support Team (TAST) of PMMU deserves credit for producing a factual and insightful review of program performance in APIR - 2019. I congratulate them for this achievement and appreciate their contribution and hard work. Thanks are also due to the MEASURE Evaluation Team at icddr,b who supported the preparation of this Report.

I also thank the LDs/PMs/DPMs, other staff of DGHS, DGFP, etc. Agencies/Directorates under the two Divisions of MOHFW, and my colleagues in the PMMU, the Planning Wing, HSD and the Planning Branch, ME&FWD for their active support and cooperation in providing relevant information and data required for preparation of the APIR - 2019.

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ABBREVIATIONS & ACRONYMS

ADP	Annual Development Programme
ADR	Adverse Drug Reaction
ADRM	Adverse Drug Reaction Monitoring
AG	Accountant General
AIDS	Acquired Immune Deficiency Syndrome
AM	Antimicrobial
AMC	Alternative Medical Care
AMS	Asset Management System
AMTSL	Active Management of Third Stage of Labor
ANAB	ANSI National Accreditation Board
ANC	Antenatal Care
ANSI	American National Standards Institute
APA	Annual Performance Agreement
APIR	Annual Programme Implementation Report
APR	Annual Programme Review
AWP	Annual Work Plan
BAB	Bangladesh Accreditation Board
BAH&WS	Bangladesh Adolescent Health and Well-being Survey
BCC	Behavior Change Communication
BCPS	Bangladesh College of Physicians and Surgeons
BDHS	Bangladesh Demographic and Health Survey
BDS	Bachelor of Dental Surgery
BEmONC	Basic Emergency Obstetric and Newborn Care
BHFS	Bangladesh Health Facility Survey
BMMS	Bangladesh Maternal Mortality and Health Care Survey
BMRC	Bangladesh Medical Research Council
BNHA	Bangladesh National Health Accounts
BNMC	Bangladesh Nursing and Midwifery Council
BRAC	Bangladesh Rural Advancement Committee
BRCR	Birth Registration & Child Right
BSMMU	Bangabandhu Sheikh Mujib Medical University
CBHC	Community Based Health Care
CC	Community Clinic
CCM	Comprehensive Contract Management
CCSDP	Clinical Contraceptive Service Delivery Programme
CDC	Communicable Disease Control
CD-VAT	Customs Duty-Value Added Tax
CEmOC	Comprehensive Emergency Obstetric Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CES	Coverage Evaluation Survey
CFR	Case Fatality Rate
CH	Child Health
CHCP	Community Health Care Provider
CME	Continuing Medical Education
CMSD	Central Medical Stores Depot
CNC	Comprehensive Newborn Care
CSBA	Community Skilled Birth Attendant
CTM	Continuous Temperature Monitoring
CVC	Community Vision Center
CWH	Central Warehouse
DC	Datacenter
DDO	Drawing and Disbursement Officer
DFID	Department for International Development
DG	Directorate General
DGDA	Directorate General of Drug Administration
DGFP	Directorate general of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DH	District Hospital
DLI	Disbursement Linked Indicator
DLR	Disbursement-Linked Result
DOTS	Directly Observed Treatment, Short-Course
DP	Development Partner
DPA	Direct Project Aid
DPHN	District Public Health Nurse
DPM	Deputy Program Manager
DPP	Development Project Proposal
DQA	Data Quality Assurance
DR	Disaster Recovery
DSA	Diseases Specific Account
DSF	Demand Side Financing
ECD	Early Childhood Development
e-GP	e-Government Procurement
ENC	Essential Newborn Care
EOC/EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERCP	Endoscopic Retrograde Cholangio-Pancreatography
ESP	Essential Service Package
ETAT	Emergency Triage Assessment and Treatment
FAP	Fiduciary Action Plan
FDMN	Forcefully Displaced Myanmar Nationals
FM	Financial Management
FMAU	Financial Management and Audit Unit
FP	Family Planning
FP-FSD	Family Planning Field Service Delivery
FPP	Field Program Performance
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitors' Training Institute
FY	Fiscal Year
G&S	Governance & Stewardship

G6PD	glucose-6-phosphate dehydrogenase
GATS	Global Adult Tobacco Survey
GBV	Gender-based Violence
GED	General Economics Division
GFF	Global Financing Facility
GLP	Good Laboratory Practice
GMP	Good Manufacturing Practice
GOB	Government of Bangladesh
GRB	Gender Responsive Budgeting
GRS	Grievances Redressal System
H&FWC	Health and Family Welfare Centre
HB	Health Bulletin
HED	Health Engineering Department
HEF	Health Economics and Financing
HFS	Health Facility Survey
HIS&eH	Health Information System & e-Health
HIV	Human Immunodeficiency Virus
HLM	High-Level Meeting
HMS	Helping Mothers Survive
HNP	Health, Nutrition and Population
HPNSDP	Health, Population and Nutrition Sector Development Programme
HPNSP	Health, Population and Nutrition Sector Programme
HR	Human Resource
HRD	Human Resource Development
HRH	Human Resources for Health
HRIS	Human Resources Information System
HSD	Health Services Division
HSM	Hospital Service Management
HWF	Health Work Force
ICB	International Competitive Bidding
icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communication Technology
ICU	Intensive Care Unit
IDA	International Development Association
IEC	Information, Education and Communication
IEC	International Electrotechnical Commission
IEDCR	Institute of Epidemiology, Disease Control and Research
IFM	Improving Financial Management
IHR	International Health Regulations
IHS	Improving Health Services
IHT	Institute of Health Technology
IMCI	Integrated Management of Childhood Illness
IMED	Implementation Monitoring and Evaluation Division
IOM	International Organization for Migration
IP	Implementation Plan
IPF	Investment Project Financing
IRT	Independent Review Team
ISO	International Organization for Standardization
IT	Information Technology
IUD	Intra Uterine Device
IVA	Independent Verification Agency
JD	Job Description
JEE	Joint External Evaluation
JICA	Japan International Cooperation Agency
KMC	Kangaroo Mother Care
L&HEP	Lifestyle and Health Education & Promotion
LARC	Long Acting Reversible Contraceptive
LCG	Local Consultative Group
LD	Line Director
LLIN	Long lasting Insecticidal Net
LMIS	Logistic Management Information Systems
M&E	Monitoring and Evaluation
MA	Medical Assistant
MAF	Multi-Sectoral Accountability Framework
MATS	Medical Assistant Training School
MBBS	Bachelor of Medicine and Bachelor of Surgery
MBT	Medical Biotechnology
MCCOD	Medical Certification of Cause of Death
MCH	Medical College Hospital
MCH	Maternal and Child Health
MCRAH	Maternal, Child, Reproductive and Adolescent Health
MCWC	Maternal and Child Welfare Centre
MDR	Multi Drug-Resistant
MDTF	Multi Donor Trust Fund
MDVP	Multi Dose Vial Policy
ME&FWD	Medical Education & Family Welfare Division
ME&HMD	Medical Education and Health Manpower Development
MHVS	Maternal Health Voucher Scheme
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MM	Man-month
MMED	Master of Medicine
MMEIG	Maternal Mortality Estimation Inter-Agency Group
MMR	Maternal Mortality Ratio
MNCAH	Maternal, Neonatal, Child and Adolescent Health
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Neonatal Health
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MOPA	Ministry of Public Administration
MOU	Memorandum of Understanding
MPDR	Maternal Perinatal Death Review
MPDSR	Maternal and Parental Death Surveillance & Review
MPH	Master of Public Health
MR	Measles Rubella
MSH	Management Sciences for Health
MT	Medical Technologist
MTR	Mid-Term Review
NAPHS	National Action Plan for Health Security
NCB	National Competitive Bidding
NCD	Non-Communicable Disease
NCDC	Non-Communicable Disease Control

NCD-RF	Non-Communicable Diseases Risk Factor
NCIP	National Committee for Immunization Practice
NCL	National Control Laboratory
NEC	National Eye Care
NEMS	Nurse-Midwife Education Management System
NGO	Non-Government Organization
NHA	National Health Account
NICC	Nutrition Implementation Coordination Committee
NINS	National Institute of Neurosciences
NIPORT	National Institute of Population, Research and Training
NIS	National Integrity Strategy
NMES	Nursing and Midwifery Education and Services
NMR	Neonatal Mortality Rate
NNS	National Nutrition Services
NOA	Notification of Award
NSV	No-Scalpel Vasectomy
NTD	Neglected Tropical Disease
NTP	National Tuberculosis Control Programme
OGSB	Obstetrical and Gynecological Society of Bangladesh
OP	Operational Plan
OPIC	Operational Plan Implementation Committee
OPV	Oral Polio Vaccine
PA	Project Aid
PAP	Priority Action Plan
PCV	Pneumococcal Conjugate Vaccine
PDA	Personal Digital Assistant
PDCA	plan–do–check–act
PER	Public Expenditure Review
PFD	Physical Facilities Development
PH&WH	Public Health & World Health
PHC	Primary Health Care
PIC	Programme Implementation Committee
PIP	Programme Implementation Plan
PLMC	Procurement and Logistics Management Cell
PM	Permanent Method
PM	Program Manager
PME	Planning Monitoring and Evaluation
PMIS	Personal Management Information System
PMMU	Programme Management and Monitoring Unit
PMO	Prime Minister's Office
PMR	Planning Monitoring and Research
PNC	Post-natal Care
PPA	Public Procurement Act
PPH	Post-Partum Hemorrhage
PPP	Public Private Partnership
PPR	Public Procurement Rule
PPR	Public Procurement Rule
PSSM-FP	Procurement, Storage and Supplies Management of Family Planning
PSSM-HS	Procurement, Storage and Supplies Management of Health Services
PW	Planning Wing
PWD	Public Works Department
QGIS	Quantum GIS
QI	Quality Improvement
RADP	Revised Annual Development Programme
RCC	Reinforced Cement Concrete
RFW	Results Framework
RHIS	Routine Health Information System
RPA	Reimbursable Project Aid
SACMO	Sub Assistant Community Medical Officer
SBA	Skilled Birth Attendant
SC	Steering Committee
SCANU	Special Care Newborn Unit
SCMP	Supply Chain Management Portal
SDAM	Strengthening of Drug Administration
SDG	Sustainable Development Goal
SHR	Shared Health Record
SHS	Strengthening Health System
SID	Statistics and Informatics Division
SIR	SDG Implementation Review
SMF	State Medical Faculty
SmPR	Six-monthly Progress Report
SPS	Service Process Simplification
SRHR	Sexual and Reproductive Health and Rights
SSK	Shasthyo Shuroskha Karmasuchi
STD	Sexually Transmitted Disease
SUV	Special Utility Vehicle
SVRS	Sample Vital Registration System
SWPMM	Sector-Wide Programme Management and Monitoring
TA	Technical Assistance
TAC	Technical Advisory Committee
TAST	Technical Assistance Support Team
TB	Tuberculosis
TBL&ASP	TB-Leprosy and AIDS/STD Programme
TFR	Total Fertility Rate
TG	Task Group
THE	Total Health Expenditure
TIC	Training Implementation Committee
TL	Team Leader
TMIC	Training Implementation and Monitoring Committee
TMIS	Training Management Information System
TO&E	Table of Organization and Equipment
ToT/TOT	Training of Trainers
TRD	Training Research and Development
TWG	Technical Working Group
U5MR	Under 5 Mortality Rate
UESD	Utilization of Essential Service Delivery
UH&FWC/ UHFWC	Union Health and Family Welfare Centre
UHC	Universal Health Coverage
UHCC	Urban Health Coordination Committee
UHWG	Urban Health Working Group
UIMS	Upazila Inventory Management System
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNCPD	United Nations Commission on Population and Development
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UPS	Uninterruptible Power Supply
USAID	United States Agency for International Development
UzHC/UHC	Upazila Health Complex
VA	Verbal Autopsy
VAT	Value Added Tax
VDP	Village Defense Party
WB	World Bank
WHO	World Health Organization
WIMS	Warehouse Inventory Management System

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PART-A

CHAPTER I. INTRODUCTION

This is the second Annual Program Implementation Report (APIR) of the 4th Health Population Nutrition Sector Program (HPNSP), covering the implementation period FY 2018-19 (July 2018-June 2019). As part of the Program implementation review and as required by the Results Framework, it is essential to produce the APIR by the Program Management and Monitoring Unit (PMMU) of the Planning Wing under the Health Services Division (HSD) of the MOHFW to present the overall program performance and identification of areas for improvement. The APIR also captures some features of Program activities implemented by the Line Directors (LDs) during the reporting period. The APIR highlights issues for consideration to inform the upcoming Mid-term Review (MTR) 2020. This report can contribute to the Policy Dialogue of the MTR for improved implementation of activities in future years. This report aims to serve as an informative review based on implementation progress for the MOHFW and for stakeholders and donors.

METHODOLOGY FOR PREPARATION OF THE APIR - 2019

The preparation process of the APIR – 2019 involves data collection from respective OPs, analysis, presentation, report drafting, sharing with the LDs and the stakeholders for feedback and finalization of the report.

Data Collection

The 4th HPNSP has 29 Operational Plans (OPs) wherein each OP document lays out the objectives, strategies, priority activities, and financial and administrative management details specific to that OP. It also specifies the indicators on which the progress of the OP is measured. To collect data for the APIR - 2019 and capture information for FY 2018–19, a structured data-reporting template was designed. The reporting template was customized for each OP and sent to the LDs. Annex A includes a blank data collection template used for the APIR - 2019.

The template contains eight major sections – A) objectives of the OP, B) component/activity-wise physical progress, C) progress on priority action plan, D) update on indicators, E) training data, F) implementation challenges, G) program success story and H) financial expenditure information. The template was finalized in consultation with the concerned officials, LDs and their representatives in July 2019 through one workshop. The financial data was pulled from the MOHFW's monthly ADP Review.

Data Verification and Processing

Each filled-in template was checked for completeness, accuracy, and consistency of information by the PMMU Technical Assistance Support Team (TAST) composed of a technical group from MEASURE Evaluation and icddr,b. DGHS organized a APIR 2019 review workshop on 11 July 2019 at the DGHS MIS conference room where the respective Line Directors or OP-specific focal persons presented their reports to the PMMU and received feedback. Clarifications on the competed templates were sought from the LDs and/or respective OP focal persons for certain OPs. After checking the data in the templates, the LDs or their representatives (OP focal persons) were also contacted over phone for further information as necessary, and the information was updated to make the final data set. PMMU organized another meeting with relevant OPs on 29 September 2019 to get updates on relevant PAP and to obtain additional data for the last two years.

Data Analysis

Data analysis for the APIR - 2019 involved analysis of the performance of the OPs measured by (a) the respective indicators, and (b) the rate of fund utilization. For example, the progress of an indicator is calculated based on the target and achievement for the reporting period, classified into five categories as below:

1. **Achieved:** Equal or more than 80%
2. **Partially achieved:** Ranges from more than 20% to less than 80%
3. **Not achieved:** Less than or equal to 20%
4. **Not available:** Data was not provided by the OP
5. **Not applicable:** Inapplicable for this reporting period

The quantitative analysis also included a review of financial progress by calculating the percentage of expenditure related to ADP allocation and release of funds. The qualitative analysis described the achievement of physical activities, success stories and identified factors associated with achievement as well as challenges faced by the OPs during July 2018-June 2019. Data were analyzed in Excel and the R statistical programming environment and the graphs and maps were produced using the ggplot2 package and Quantum GIS (QGIS) software.

Data Presentation

The data is presented through visually attractive factsheets which provide a comprehensive picture on OP progress including, linkages between annual work plan, annual training plan and activities undertaken by the OPs, and the status of OP-level indicators, financial progress and training updates. The challenges faced by the OPs were also analyzed and presented in the factsheets to show whether any OPs encountered challenges that may have hampered smooth implementation of their activities. The fact sheets are intended to facilitate the tracking of progress of OPs, identify areas for improvements and facilitate rational budget planning and resource utilization for policymakers, program managers and Development Partners (DPs).

Finalization of APIR- 2019

After initial drafting, the report was shared with the Planning Wing and Planning Branch of the MOHFW and the LDs for their review and feedback. PMMU staff and the PMMU TAST members also met with the LDs to update and clarify different data points, in addition to email communications and face-to-face meetings. The report was finalized through a dissemination workshop which was held on 23 October 2019 in the presence of the Secretary, HSD and Additional Secretary, ME&FWD, representatives of the Planning Wing, Planning Branch, the LDs, the DPs and other stakeholders.

Limitations of the Report

The findings of the APIR 2019 present the "self-reported" information from the OP management, relating to physical activities undertaken and the Ministry's monthly Revised Annual Development Program (RADP) review reports, relating to financial performance.

Navigating this Report

The APIR-2019 has been presented in four parts: PART-A, PART-B, PART-C and PART-D.

PART-A contains 3 chapters: Chapter 1 presents a brief introduction of APIR-2019 and the methodology used for collecting information from the 29 OPs for this report. It also explains how the categories for performance for each OP were determined for the factsheets. In Chapter

2, a summary report of APIR-2019 is presented along with four progress updates on: a) Result Framework (RFW) indicators, b) Implementation progress of the Health-related SDGs, c) Progress on DLIs and d) Priority Action Plan (PAP) and Chapter 3 highlights an issue of imprtance that needs special attention from the policymakers for improving implementation of the National Tuberculosis Control Program.

PART-B presents 32 factsheets: 1 overall summary factsheet and two Division-wise OP aggregated factsheets followed by 29 OP-wise separate factsheets for the 4th HPNSP.

PART-C includes visual presentation of some key figures.

PART-D contains the Annexures (A-G) covering data collection template; OP-wise report submission status, completeness scoring of submitted reports, update of Intermediate Results Indicators, summary of the key challenges faced by LDs and their recommendations, list of DLIs with allocated fund and the list of OP focal persons.

CHAPTER 2. SUMMARY REPORT

A. FINANCIAL PROGRESS DURING FY 2018-19

2.1 OVERALL FINANCIAL PROGRESS OF MOHFW

The FY 2018-19 Revised Annual Development Program (RADP) allocation for the MOHFW covering 29 operational plans (OPs) under the 4th HPNSP as well as 36 investment projects was Tk. 11,612.0 crore. Of which, Tk. 8,261.4 crore (71%) was allocated for HSD and Tk. 3,350.6 crore (29%) for ME&FWD. The total RADP allocation of MOHFW was 34% higher than last year. Of FY 2018-19 RADP budget for MOHFW, Tk. 7,594.3 crore (65%) was allocated to the 4th HPNSP and Tk. 4,017.6 crore (35%) was allocated for 36 investment projects.

During this reporting period, a total of Tk. 11,435.6 crore was released (98% of allocation) and MOHFW spent a total of Tk. 9,891.8 crore, which was 85% of the allocated fund. The OPs fund utilization rate was higher – 90% of allocated fund, while the 'projects' utilized 77%. The Ministry's performance in utilization of fund was dragged down by lower performance by the 'projects'- which are outside of the 4th HPNSP. However, overall RADP fund utilization by MOHFW stood at 87% against release in FY 2018-19.

2.2 SUMMARY OF FINANCIAL PERFORMANCE OF THE 4th HPNSP

Allocation of Funds:

The 4th HPNSP's RADP allocation of Tk. 7,594.3 crore was 1% (88.9 crore) higher than the original Annual Development Program (ADP) of FY 2018-19. Out of total RADP allocation, Tk. 4,642.1 crore (61%) was from GOB and Tk. 2952.2 crore (39%) was from project aid (PA). Of the total PA allocation during the period, reimbursable project aid (RPA) allocation was Tk. 2,393.0 crore, which was 81% of PA and 32% of the total RADP allocation. Direct project aid (DPA) allocation was Tk. 559.2 crore, which was 19% of the PA and 7% of the total RADP allocation.

Compared to FY 2017-18, the RADP allocation for the 4th HPNSP increased by 26% in FY 2018-19, from Tk. 6,034.3 crore to Tk. 7594.3 crore, whereas the RADP allocation for investment projects of MOHFW increased by 51%, from Tk. 2,656.4 crore in FY 2017-18 to Tk. 4,017.6 crore in this reporting period. This indicates increased weightage to projects outside 4th HPNSP.

Release of Funds:

During FY 2018-19, 100% of the allocated fund was released, i.e. a total of Tk. 7,596.4 crore (GOB Tk. 4,642.1 crore and PA Tk. 2,954.3 crore) was released for the 4th HPNSP. However, the total released fund was slightly more than the allocation by 2.1 crore (DPA fund) for the CDC OP. During the same reporting period, a total of Tk. 2,381.6 crore was released as RPA fund, which is 81% of the PA fund released and 31% of the total released fund.

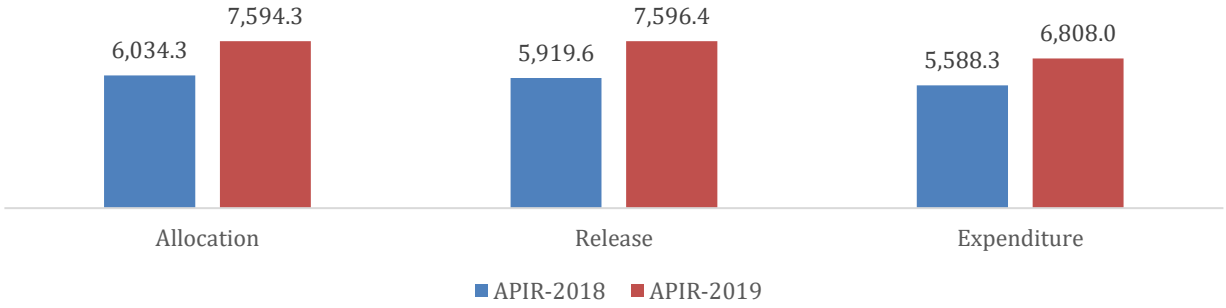
Expenditure of Funds:

During FY 2018-19, Tk. 6,808.0 crore was spent in total under the 4th HPNSP, which is 90% of both the RADP allocation and the released fund. The spending rate over released fund was 87% for GOB and that for PA was 93%. RPA expenditure was Tk. 2,182.2 crore, which is 92% of the RPA released fund, and 91% of RPA allocation, DPA spending rate was 100%. Fund utilization increased from Tk. 5,588.3 crore in FY 2017-18 to Tk. 6,808.0 crore in FY 2018-19, marking an

increase of 22%. It may be noted that the percent expenditure of total released and allocated fund during FY 2018-19 declined by 4 percentage points and 3 percentage points respectively, compared to those in FY 2017-18. During the reporting period, 10% of both released fund and allocation (Tk. 788.4 crore) remained unspent.

Figure 1-1 shows a comparison of allocation, release and expenditure between APIR-2018 and APIR-2019 (FY 2017-18 vs. FY 2018-19)

Figure 1-1: Trend in Financial Progress



It may be noted that between FY 2017-18 and FY 2018-19 the total allocation of funds increased by 26% while expenditure increased by 22% leading to increase in unspent fund. Details of OPs with large unutilized funds may be seen under sub-section on Large OPs, below Figure 1-3.

2.3 SUMMARY OF DIVISION-WISE FINANCIAL PERFORMANCE OF 4th HPNSP

Table 1-1 shows Division-wise total RADP utilization position OPs of the 4th HPNSP during the FY 2018-19. It is seen from Table 1-1 that the utilization rate of 19 OPs of the HSD stood at 92% over release and 93% over allocation. On the other hand, the utilization rate of 10 OPs under ME&FWD was 79% over release and 77% over allocation. [PME, PSSM-FP, FP-FSD, IEC and TRD OP under ME&FWD could not issue cheque on time, which collectively accounted for Tk. 35.0 crore. The spending rate against release for ME&FWD would have been 81% if Tk. 35.0 crore could be spent.]

Table 1-1: Division-wise RADP Allocation, Release and Utilization during FY 2018-2019 (in crore Tk.)

Division	OP	RADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
MOHFW	All 29 OPs	7,594.3	4,642.1	2,952.2	2,393.0	7,596.4	4,642.1	2,954.3	2,381.6	6,808.0	4,053.1	2,182.2	572.6	*90%*	*90%*
HSD	*19 OPs*	6,068.4	3,830.9	2,237.5	1,743.0	6,090.9	3,830.9	2,260.1	1,734.6	5,626.0	3,503.4	1,597.1	525.5	*92%*	*93%*
ME&FWD	*10 OPs*	1,526.0	811.3	714.7	650.0	1,505.5	811.3	694.2	647.1	1,182.0	549.7	585.1	47.1	*79%*	*77%*

2.4 SUMMARY OF COMPONENT-WISE FINANCIAL PERFORMANCE OF 4th HPNSP

Among the three components viz. Governance & Stewardship (G&S), Strengthening Health System (SHS), and Improving Health Services (IHS), the utilization rate over release was 79% for G&S component, 94% for SHS component and 84% for IHS component as can be seen at

Table 1-2 below. It is worth mentioning that the total unspent money in the 3 components was Tk. 788.4 crore of which Tk. 512.6 crore (65%) was due to 14 IHS OPs, Tk. 264.8 crore (34%) for 10 SHS OPs and Tk. 11.1 crore (1%) for 5 G&S OPs.

Table 1-2: Component-wise RADP Allocation, Release and Utilization during FY 2018-19 (in crore Tk.)

Component	OP	RADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
Total	**29 OPs**	**7,594.3**	**4,642.1**	**2,952.2**	**2,393.0**	**7,596.4**	**4,642.1**	**2,954.3**	**2,381.6**	**6,808.0**	**4,053.1**	**2,182.2**	**572.6**	***90%***	***90%***
G&S	**5 OPs**	**55.2**	**26.5**	**28.7**	**24.2**	**52.4**	**26.5**	**25.9**	**23.8**	**41.3**	**19.5**	**19.7**	**2.1**	**79%**	**75%**
SHS	***10 OPs***	**4,244.5**	**1,619.8**	**2,624.7**	**2,092.4**	**4,258.7**	**1,619.8**	**2,638.9**	**2,090.7**	**3,993.9**	**1,493.4**	**1,952.4**	**548.1**	**94%**	**94%**
IHS	***14 OPs***	**3,294.7**	**2,995.8**	**298.9**	**276.4**	**3,285.4**	**2,995.8**	**289.5**	**267.1**	**2,772.8**	**2,540.3**	**210.1**	**22.4**	**84%**	**84%**

2.5 OP-WISE RADP ALLOCATION, RELEASE AND UTILIZATION OF 4th HPNSP

OP-wise total RADP allocation, release and utilization position of the 4th HPNSP covering 29 OPs for the FY 2018-19 has been provided at Table 1-3 below, with the OPs under the two Divisions shown separately also. This table shows the OP-wise expenditure in absolute figure and in percentage terms both against allocation and fund release.

Table 1-3: OP-wise RADP Allocation, Release and Utilization during FY 2018-19 (in crore Tk.)

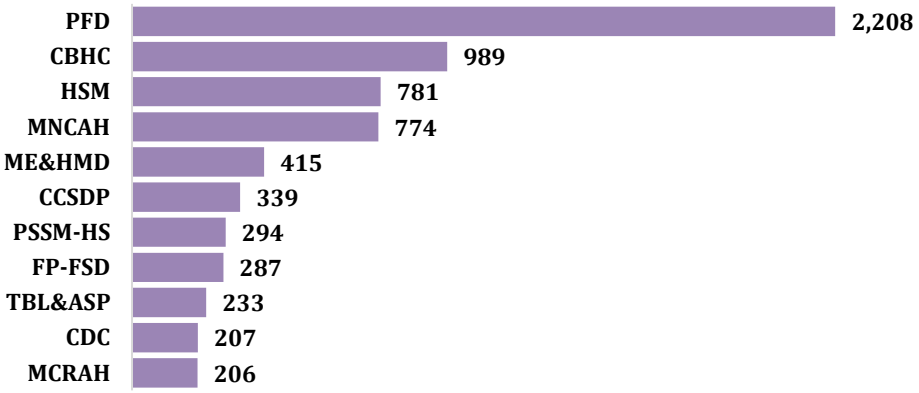
Division	OP	RADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
	All 29 OPs	**7,594.3**	**4,642.1**	**2,952.2**	**2,393.0**	**7,596.4**	**4,642.1**	**2,954.3**	**2,381.6**	**6,808.0**	**4,053.1**	**2,182.2**	**572.6**	***90%***	***90%***
Health Services Division (19OPs)	**Directorate General of Health Services (13 OPs)**														
	AMC	42.7	38.2	4.5	4.5	42.7	38.2	4.5	4.5	40.7	36.5	4.2	-	95%	95%
	CBHC	989.2	595.5	393.7	392.6	988.1	595.5	392.6	392.6	955.2	581.7	373.5	-	97%	97%
	CDC	207.1	86.6	120.6	94.1	248.2	86.6	161.7	94.1	218.5	76.5	74.5	67.5	88%	106%
	HIS&eH	164.9	134.9	30.0	28.0	164.9	134.9	30.0	28.0	163.3	133.3	28.0	2.0	99%	99%
	HSM	780.7	269.6	511.1	507.9	780.1	269.6	510.6	507.9	735.6	248.1	484.8	2.6	94%	94%
	L&HEP	28.5	19.1	9.4	7.8	28.5	19.1	9.4	7.8	26.4	18.1	6.6	1.7	93%	93%
	MNCAH	773.7	83.5	690.2	328.5	766.1	83.5	682.6	326.9	735.8	73.1	307.1	355.7	96%	95%
	NCDC	171.9	99.2	72.7	69.7	171.8	99.2	72.6	69.7	152.5	84.1	65.5	2.9	89%	89%
	NEC	27.5	4.4	23.1	23.1	27.5	4.4	23.1	23.1	21.2	3.7	17.5	-	77%	77%
	NNS	89.0	5.0	84.0	79.0	89.0	5.0	84.0	79.0	87.5	4.8	77.7	5.0	98%	98%
	PMR	19.4	9.1	10.4	7.4	17.2	9.1	8.1	7.4	14.5	7.2	6.5	0.8	84%	74%
	PSSM-HS	293.6	283.0	10.6	10.6	287.8	283.0	4.8	4.8	48.4	47.1	1.4	-	17%	16%
	TBL&ASP	233.2	45.3	188.0	102.0	233.2	45.3	188.0	102.0	213.1	37.3	89.8	86.0	91%	91%
	Total	**3,821.6**	**1,673.3**	**2,148.2**	**1,655.2**	**3,845.2**	**1,673.3**	**2,171.9**	**1,647.7**	**3,412.7**	**1,351.4**	**1,537.1**	**524.2**	**89%**	**89%**
	Ministry of Health and Family Welfare (5 OPs)														
	HEF	17.0	8.9	8.1	7.1	16.9	8.9	8.0	7.1	11.8	5.4	5.4	1.0	70%	69%
	HRD	4.7	2.0	2.7	2.7	4.7	2.0	2.7	2.7	1.3	0.8	0.6	-	28%	28%
	IFM	4.2	1.3	2.9	2.9	3.6	1.3	2.3	2.3	3.0	0.9	2.1	-	83%	72%
	PFD	2,208.0	2,138.0	70.0	70.0	2,208.0	2,138.0	70.0	70.0	2,186.0	2,138.5	47.4	-	99%	99%
	SWPMM	3.6	1.8	1.9	1.4	3.2	1.8	1.4	1.1	2.2	1.0	0.9	0.3	71%	62%
	Total	**2,237.5**	**2,151.9**	**85.5**	**84.0**	**2,236.3**	**2,151.9**	**84.4**	**83.1**	**2,204.3**	**2,146.6**	**56.3**	**1.3**	**99%**	**99%**
	Directorate General of Drug Administration (1OP)														
	SDAM	9.4	5.6	3.8	3.8	9.4	5.6	3.8	3.8	9.0	5.3	3.7	-	96%	96%
	Total	**6,068.4**	**3,830.9**	**2,237.5**	**1,743.0**	**6,090.9**	**3,830.9**	**2,260.1**	**1,734.6**	**5,626.0**	**3,503.4**	**1,597.1**	**525.5**	***92%***	***93%***
Medical Education and Family Welfare Division (ME&FWD)	**Directorate General of Family Planning (7 OPs)**														
	CCSDP	339.5	221.2	118.2	93.9	331.0	221.2	109.8	93.9	298.2	199.7	82.7	15.9	90%	88%
	FP-FSD	287.2	58.2	229.0	227.0	287.7	58.2	229.5	227.0	277.8	48.2	226.9	2.6	97%	97%
	IEC	68.3	30.0	38.3	34.3	65.5	30.0	35.5	34.3	42.1	18.1	22.8	1.2	64%	62%
	MCRAH	206.0	64.0	142.0	128.0	199.0	64.0	135.0	128.0	189.3	63.5	118.7	7.0	95%	92%
	MIS	50.0	7.5	42.5	42.5	50.0	7.5	42.5	42.5	42.9	6.0	36.9	-	86%	86%
	PME	5.8	1.2	4.6	4.6	5.8	1.2	4.6	4.6	3.8	0.5	3.2	-	66%	66%
	PSSM-FP	31.2	29.8	1.4	1.4	30.7	29.8	0.9	0.9	23.9	23.2	0.7	-	78%	77%
	Total	**987.8**	**411.9**	**575.9**	**531.7**	**969.8**	**411.9**	**557.9**	**531.2**	**877.9**	**359.2**	**492.0**	**26.7**	**91%**	**89%**
	Directorate General of Health Services (1 OP)														
	ME&HMD	415.0	360.0	55.0	55.0	415.0	360.0	55.0	55.0	219.0	164.8	54.3	-	53%	53%
	Directorate General of Nursing and Midwifery (1 OP)														
	NMES	71.3	17.8	53.6	33.1	71.3	17.8	53.6	33.1	57.9	12.5	25.0	20.4	81%	81%
	National Institute of Population Research and Training (1 OP)														
	TRD	51.8	21.6	30.2	30.2	49.4	21.6	27.8	27.8	27.1	13.2	13.9	-	55%	52%
	Total	**1,526.0**	**811.3**	**714.7**	**650.0**	**1,505.5**	**811.3**	**694.2**	**647.1**	**1,182.0**	**549.7**	**585.1**	**47.1**	***79%***	***77%***

2.6 SPECIAL FEATURES OF 4th HPNSP'S RADP

Special Features of RADP allocation to OPs:

1. There were 11 OPs each with more than Tk. 200 crore allocation: PFD (2,208), CBHC (989), MNCAH (774), HSM (780), ME&HMD (415), CCSDP (339), PSSM-HS (294), FP-FSD (287), TBL&ASP (233), CDC (207), and MCRAH (206) (Figure 1-2). Taken together these 11 OPs enjoyed 89% of total RADP allocation during FY 2018-19.

Figure 1-2: OPs with highest allocation in crore (Tk.)

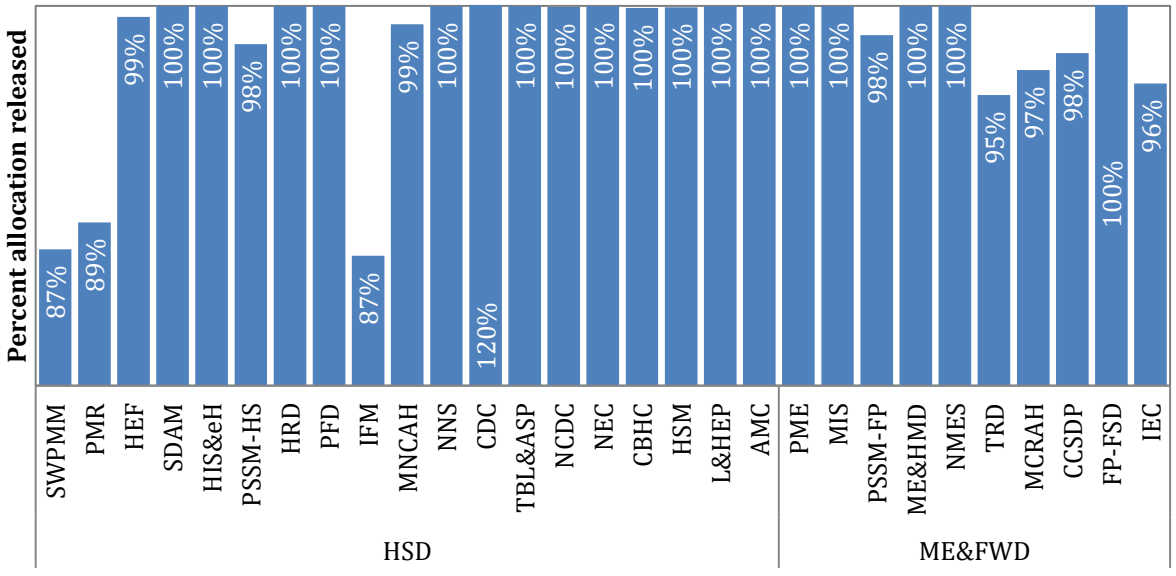


2. CBHC had the 2nd largest allocation – Tk. 989 crore which was larger than the combined allocation for all the OPs (7 OPs) under the DGFP.
3. Total allocation for 13 OPs of DGHS under HSD was Tk. 3,822 crore while PFD alone had an allocation of Tk. 2,208 crore.
4. There were 4 OPs each with less than Tk. 10 crore allocation: SWPMM (3.6), IFM (4.2), HRD (4.7), and PME (5.8).

Special Features of Fund Release:

Figure 1-3 shows the distribution of the proportion of released funds of RADP allocation among the 29 OPs: Seventeen OPs were able to release 100 percent of the allocated fund. Exceptionally, the released fund was more than the allocated fund for CDC OP (120%) and the reason was that some additional global funds as DPA were made available to CDC OP to implement activities for malaria at Cox's Bazar (for the Forcibly Displaced Myanmar Nationals). The fund release rate ranged between 90 and 99 percent for eight OPs (i.e. HEF, PSSM-HS, MNCAH, PSSM-FP, TRD, MCRAH, CCSDP and IEC). The OP with lowest fund release rate was IFM and SWPMM (87%), followed by PMR (89%).

Figure 1-3: Proportion of total RADP allocation released



Special Features of Fund Utilization:

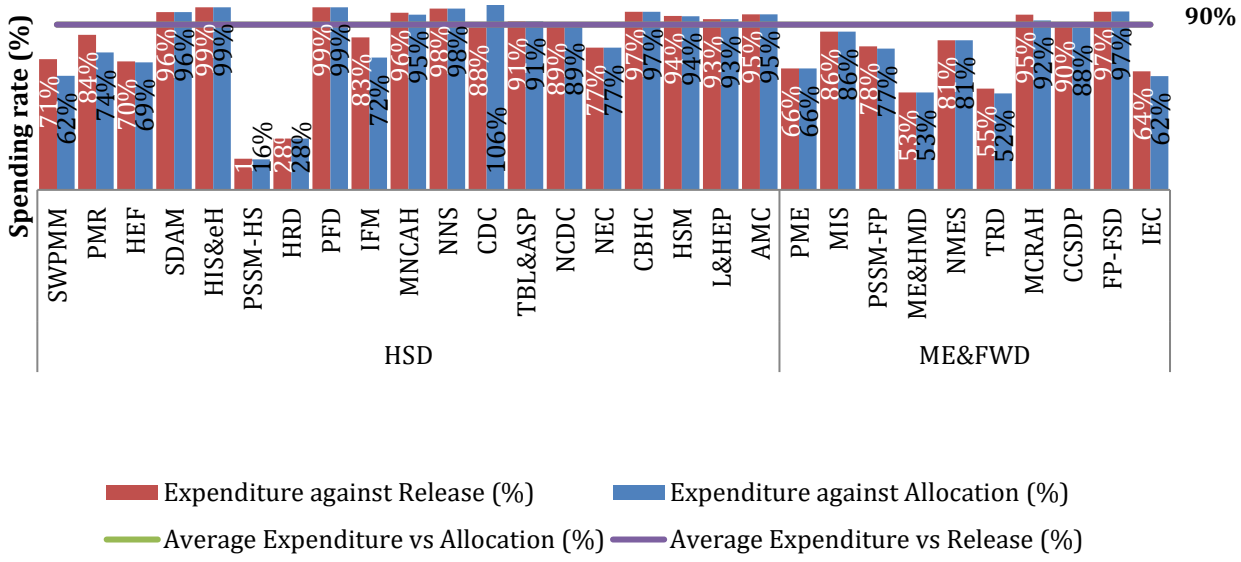
a) Utilization against allocation

As depicted in the figure 1-4 on the spending rate, 13 OPs (e.g. SDAM, HIS & e-H, PFD, MNCAH, MCRAH, NNS, CDC, TBL&ASP, CBHC, HSM, FP-FSD, L&HEP and AMC) were either equal to or above the program's overall spending rate of 90% against allocation, which is demarcated by a solid line in the figure. The OPs with the highest fund utilization rate against allocation were: CDC (106%), followed by HIS & e-H (99%), PFD (99%) and NNS (98%). The OPs with lowest utilization rate against allocation were: PSSM-HS (16%), followed by HRD (28%), TRD (52%) and ME&HMD (53%).

b) Utilization against release

The spending rate over released fund was equal to or above the overall spending rate (90%) for 13 OPs (e.g. SDAM, HIS & e-H, PFD, MNCAH, MCRAH, NNS, TBL&ASP, CBHC, HSM, CCSDP, FP-FSD, L&HEP and AMC). The OPs with the highest spending rate over released fund were: HIS & e-H (99%), PFD (99%), NNS (98%), CBHC (97%) and FP-FSD (97%). The lowest spending rate against release was made by PSSM-HS (17%), followed by HRD (28%), ME&HMD (53%) and TRD (55%). For rest of the 20 OPs, the spending rate against released fund ranged between 64% and 96%.

Figure 1-4: Spending rate by OPs



Large OPs:

It is worth mentioning that 11 large OPs out of 29 OPs of the 4th HPNSP accounted for 89% share of current year's RADP allocation, with the highest share of 29% going to PFD OP. Other large OPs were: CBHC (13%), HSM (10%), MNCAH (10%), ME&HMD (5%), CCSDP (4%), PSSM-HS (4%), FP-FSD (4%), TBL&ASP (3%), CDC (3%) and MCRAH (3%). For FY 2018-19, a total of Tk. 6,733.2 crore was allocated for these 11 OPs, and the aggregate expenditure by these OPs was Tk. 6,076.9 crore (90% of allocation) i.e. 10% of the allocation was unutilized (Tk. 656.3 crore). This was in line with the average unutilized fund of 10% for total RADP. The largest unspent amount lay with PSSM-HS (Tk. 246 crore) followed by ME&HMD (Tk. 196 crore). Other OPs with large unspent amount were: IEC (Tk. 50 crore), CBHC (Tk. 34 crore), TRD (Tk. 25 crore), PFD (Tk. 22 crore), MCRAH (Tk. 17 crore), NMES (Tk. 13 crore) and MIS-FP (Tk. 7 crore).

Large OPs under HSD:

Among the above mentioned 11 large OPs, seven OPs viz. PFD (29%), CBHC (13%), HSM (10%), MNCAH (10%), PSSM-HS (4%), TBL&ASP (3%) and CDC (3%) belong to the HSD Division and accounted for 90% share of RADP allocation for the OPs under HSD. These seven OPs together spent 93% (Tk. 5,092.6 crore) of the allocated fund i.e. 7% of the allocation (Tk. 393.0 crore) was unspent which accounted for 50% of the total unspent money allocated for 29 OPs.

Large OPs under ME&FWD:

Among the 11 large OPs, four OPs viz. ME&HMD (5%), CCSDP (4%), FP-FSD (4%) and MCRAH (3%) belong to the MEFWD Division and accounted for 82% share of RADP allocation for 10 OPs under ME&FWD. These four OPs spent 79% (Tk. 984.3 crore) of the allocated fund, i.e. 21% of the allocation (Tk. 263.3 crore) remained unspent.

2.7 CONCLUSION

It may therefore be noted that, for maximum utilization of yearly RADP allocation for the Program, it is essential to be more vigilant about the implementation performance of the above mentioned 11 large OPs. Special attention may be paid in the regular monthly ADP Review meetings of the two Divisions as well as those of the two Directorates (DGHS and DGFP) to improve the implementation performance of those large OPs.

It may be suggested that the respective Line Directors (LDs) be extra careful in the development of their annual work plans (AWPs) following ADP allocation, in procurement processing, HR handling and other critical implementation issues, so that the performance of these 11 OPs improves further.

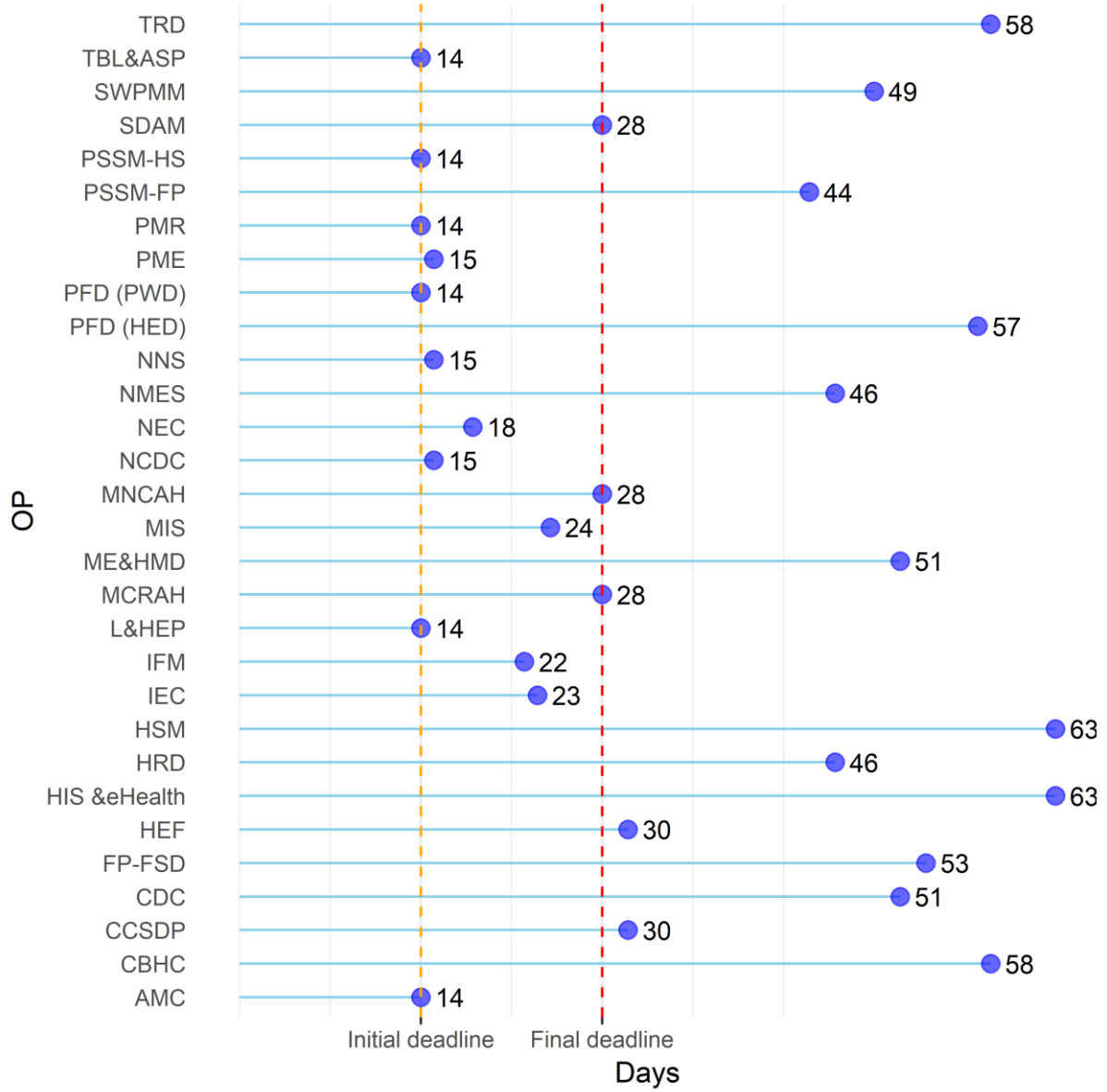
B. TIMELINESS AND COMPLETENESS OF REPORT SUBMISSION TO PMMU

PMMU makes a substantial effort to assess the quality of the data/information which are submitted by the OPs. The team undertakes qualitative and quantitative analyses to ensure the physical progress have enough details, cross-validate the physical progress with Annual Work Plan, detect outliers of numerical values, checks internal and external consistencies of figures. For example, the PMMU triangulates the indicator data with historical reports (SmPR 2018 and APIR 2018), matches physical progress with indicators and training data; simultaneously indicator achievements with challenges faced, validates the progress of overlapping DLI indicators and OP-level indicators to ensure coherence etc. Apart from completeness (all the data elements are appropriately filled out), the team also tracks timeliness of report submission in order to produce a high-quality report on a timely fashion.

Timeliness:

The OPs' report submission status is depicted in a bar chart (Figure 1-5) below wherein X-axis presents the number of days taken by OPs to submit their report. The X-axis has two vertical lines indicating the first deadline and the final deadline. Mentionable, PMMU sent an official notification along with the data collection template to all OPs on 07 July 2019 with the report submission deadline on 21 July 2019 (first deadline). The below chart shows that only six OPs (TBL&ASP, PSSM-HS, PMR, L&HEP and AMC) and Public Works Department (PWD) under PFD submitted their reports to the PMMU by the 1st deadline. Subsequently, the PMMU sent a reminder notification to the rest of the OPs to submit their reports by 04 August 2019 (final deadline). Within the set final (revised) deadline, only six OPs (MNCAH, NCDC, NNS, SDAM, MCRAH and PME) submitted their reports. The chart shows two OPs (HSM and HIS&eHealth) that took 63 days each to submit their reports.

Figure 1-5: Number of days used to submit OP report



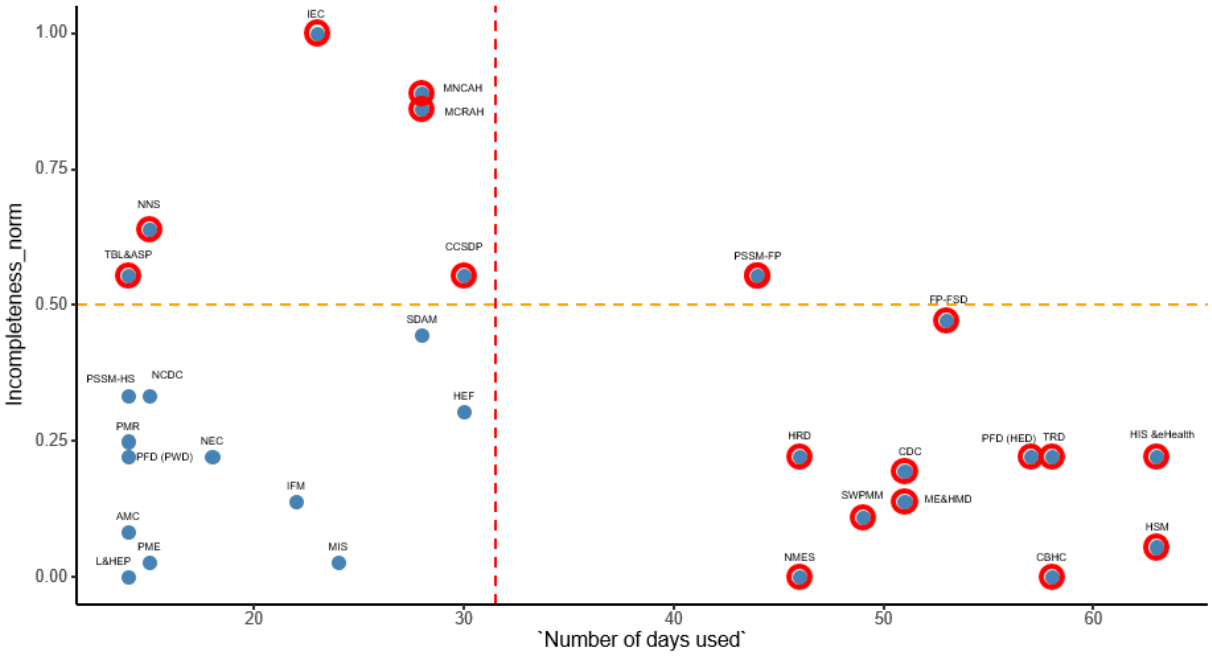
The PMMU also assessed the timeliness during SmPR 2017 (July – December 2017), APIR 2018 (July 2017 – June 2018), SmPR 2018 (July – December 2018) and APIR 2019 (July 2018 – June 2019). Mentionable, three OPs (SDAM, PME and AMC) have consistently submitted their reports to the PMMU on time during these three-reporting periods. On the other hand, three OPs (HRD, IFM and HSM) have not yet met the deadline ever (Annex B).

Completeness:

As mentioned above, the PMMU also examined each OP report on the dimensions of completeness of data elements, accuracy and preciseness and scored each OP report on a scale of 10 points (Physical progress -4 points, OP indicators – 3 points, Training – 2 points and Challenges -1 point) (Annex C -). The incompleteness score for all the OPs is normalized from 0 to 1 score (Y-axis) and data points are plotted by the number of days taken (X-axis) to submit their reports. The scatter graph (Figure 1-6) reveals that the dots encircled by red color are not performing at optimal level (compromised quality with timeliness or completeness or both). For

example, IEC, MNCAH and MCRAH have issues with reporting quality especially in physical progress (i.e. not having enough details on activity progress); on the other hand, PSSM-FP has both issues (timeliness and completeness). Looking at the plot, it seems the low allocated budget OPs (blue dot) in many cases are performing at satisfactory levels with their reporting. On the contrary, the largest allocated budget OPs (CDC, MNCAH, PFD etc.) have many components and collection and compilation of the report is time consuming and often exposed to having data/information gaps. Moreover, it was revealed from the data that the reporting quality improves with time for the largest allocated budget OPs.

Figure 1-6 – Relationship between number of days used and Incompleteness of OP's report



C. UPDATE OF 4th HPNSP RFW INDICATORS

The Government has been following the results-based development approach, as evident from the 6th and the 7th Five-Year Plans and the HPNSDP. The results-based development approach also continues in the 4th HPNSP, underpinning the idea that achieving results at different levels will lead to desired health impact. The Result Framework (RFW) of the 4th HPNSP consists of specific indicators and logical sequences between input, output, outcome and impact.

The RFW has set eight goal level indicators to be achieved by the end of the program period. In addition, there are 25 intermediate level indicators (outcome/output/process) covering the three components of the program (e.g., four governance and stewardship related indicators: six indicators related to stronger health systems; and 15 indicators related to quality health services).

Table 1-4 presents the status of the goal-level RFW indicators using published data. It can be mentioned here, out of 25 Intermediate level indicators, data was found only for nine indicators that emanated mostly from routine data sources. An update on Intermediate level indicators is shown in Annex-D. In addition, there are OP-level process/output indicators (n=131) covering

all the OPs for monitoring OP-wise progress of work on a six-monthly/annual basis as depicted in the respective OP factsheets.

Table 1-4: Status of goal-level RFW Indicators; data as of June 2019

RESULT	INDICATOR[1]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE 2019	TARGET 2022
Goal: *All citizens of Bangladesh enjoy health and well-being.*	GI 1. Under 5 Mortality Rate (U5MR)	BDHS, every 3 years	46, BDHS 2014	45 (BDHS 2017)	34
	GI 2. Neonatal Mortality Rate (NMR)	BDHS, every 3 years	28, BDHS 2014	30 (BDHS 2017)	18
	GI 3. Maternal Mortality Ratio (MMR)	BMMS/MPDR/ MMEIG[2], every year	176, WHO 2015[3]	173 (WHO, 2017); 196 (BMMS 2016);	121
	GI 4. Total Fertility Rate (TFR)	BDHS, every 3 years	2.3, BDHS 2014	2.3 (BDHS 2017)	2.0
	GI 5. Prevalence of stunting among under-five children	BDHS, every 3 years/UESD, every non-BDHS years	36.1%, BDHS 2014	31% (BDHS 2017)	25%
	GI 6. Prevalence[4] of hypertension among adult population	BDHS, every 3 years/NCD-RF, every 2 years	Female 32%, Male 19%, BDHS 2011	Female 28.7% Male 21.5% (NCD-RF 2018)	Female 32%, Male 19%
	GI 7. % of public facilities with key service readiness[5] as per approved Essential Service Package (ESP)	BHFS, every 2 years	FP: 38.2; ANC 7.8%; CH 6.7%, BHFS 2014	FP: 20.6%; ANC 12.6 %; CH 5.1% (BHFS 2017)	FP: 70%; ANC 50%; CH 50%
	GI 8. % of total health expenditure (THE) financed from public sector[6]	BNHA, every 3 years	23.1%, BNHA 2012	23%, BNHA 2015	26.2%

[1] Indicators in general would be stratified (where applicable) by age, gender, geographic area and wealth quintiles
[2] MMEIG: Maternal Mortality Estimation Inter-agency Group, consisting of WHO, UNICEF, UNFPA, UN Population Division and The World Bank
[3] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/
[4] Estimated as elevated blood pressure among women and men aged 35 years or older
[5] Defined as facilities (excl. CCs) having a) for FP: guidelines, trained staff, BP machine, OCP and condom; b) for ANC: guidelines, trained staff, BP machine, hemoglobin and urine protein testing capacity, Fe/folic acid tablets; c) for CH: IMCI guideline and trained staff, child scale, thermometer, growth chart, ORS, zinc, Amoxicillin, Paracetamol, Anthelmintics
[6] Government schemes and compulsory health care financing schemes

D. PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP LEVEL INDICATORS

Out of 131 OP-level indicators used for measuring physical progress, the report found 84 indicators (74%) as achieved and 15 indicators (13%) as partially achieved. Eight OPs (HIS & e-Health, NNS, NEC, PSSM-HS, PMR, HEF, MNCAH and NCDC) of HSD division and four OPs (NMES, PSSM-FP, IEC and MCRAH) from ME&FWD division were able to achieve all their OP-level indicators targets (>=80%) during July 2018-June 2019. Whereas, two OPs (FP-FSD and CCSDP) couldn't achieve any of their OP-level indicators (>=80% of the target) during the reporting period.

E. PROGRESS IN TRAINING AND WORKSHOPS

Overall training cost:

The 4th HPNSP devotes considerable effort to improving HR capacity through trainings (local and foreign) and workshops/seminars/orientations. Out of the total Programme expenditure of Tk. 6,808.0 crore for FY 2018-19, Tk. 386.5 crore (6%) was spent on capacity building activities. Of the total training cost, Tk. 225.4 crore (58%) was spent on local training, Tk. 101.8 crore (26%) was spent on workshops[7] related activities and Tk. 59.3 crore (15%) was spent on foreign training. The OP with highest training cost was ME&HMD (Tk. 48.9 crore) followed by NCDC (Tk. 44.0 crore), NNS (Tk. 41.3 crore), NMES (Tk. 37.4 crore), CDC (Tk. 37.4 crore), CBHC (Tk. 34.8 crore) and TRD (Tk. 20.6 crore). The highest percentage of total expenditure went to training cost for PME (84%) followed by TRD (76%), NMES (65%), SWPMM (62%) and HRD (52%).

Training cost of HSD Division:

The 19 OPs under HSD Division spent a total of Tk. 220.1 crore on training, which is 4% of the total expenditure of Tk. 5,626.0 crore for the Division. Of the total training cost, Tk. 123.7 crore (56%) was spent on local training, Tk. 80.7 crore (37%) was spent on workshops related activities and Tk. 15.7 crore (7%) was spent on foreign training. The OP with highest training cost was NCDC (Tk. 44.0 crore) followed by NNS (Tk. 41.3 crore), CDC (Tk. 37.4 crore) and CBHC (Tk. 34.8 crore). The highest percentage of total expenditure went to training cost for SWPMM (62%) followed by HRD (52%) and NNS (47%).

Training cost of ME&FWD Division:

The 10 OPs under ME&FWD Division spent a total of Tk. 166.4 crore, which is 14% of the total expenditure of Tk. 1,182.0 crore for the Division. Of the total training cost, Tk. 101.7 crore (61%) was spent on local training, Tk. 21.08 crore (13%) was spent on workshops related activities and Tk. 43.61 crore (26%) was spent on foreign training. The OPs with highest training cost was ME&HMD (Tk. 48.9 crore) followed by NMES (Tk. 37.4 crore), TRD (Tk. 20.6 crore). The highest percentage of total expenditure went to training cost for PME (84%) followed by TRD (76%) and NMES (65%).

Distribution of training participants:

During the FY 2018-19, a total of 744,086 persons (including personnel from outside MOHFW) took part in different capacity building programs. Of those total participants, 41,524 (6% of the total participants) were from MOHFW central level, 383,341 (52% of the total participants) were from MOHFW field level and 319,221 (43% of the total participants) were Non-MOHFW

[7] Workshops also include orientations and advocacies

participants. A total of 355,184 participants (48% of the total participants) attended local trainings, 386,938 participants (52% of the total participants) attended different workshops, seminars and advocacy, and only 1,964 participants (<1% of the total participants) received foreign training during the reporting period.

Duration of training:

Out of the total participants, 738,502 participants (99% of the total participants) received short term (1-28 days) training, 2,637 participants (<1% of the total participants) received medium term (29 days – 6 months) training and 2,947 participants (<1% of the total participants) received long term (more than 6 months) training. As most of the trainings are short term, it has been further categorized into 1-day, 2-day and 3-28 days' trainings. Among the 736,025 short term training participants, 66% participants attended 1-day long training/workshops, 15% participants attended 2-day long training/workshop and 19% participants attended 3-28 days long training/workshop. Mentionable, the training duration for rest 2,477 participants could not be categorized as 1-day, 2-day and 3-28 days' because a few trainings' duration reported as "1-2" days, "2-3" days, "2-5" days etc.

A total of 140,777 persons (almost 19% of total participants) took part in trainings/workshops conducted by NNS OP. NNS, CBHC, NCDC and CDC together provided trainings/workshops to 423,356 persons, which was 57% of the total participants.

Cost of training as per duration:

Almost 94% of the total training cost was spent on short term trainings/workshops. Among the short term trainings, approximately Tk. 200.03 crore (52% of the total training cost) was spent on 3-28 days' long trainings, whereas Tk. 110.43 crore (29% of the total training cost) was spent on 1-day trainings/workshops and Tk. 48.11 crore (12% of the total training cost) was spent on 2-day trainings/workshops.

Cost per trainee:

Per head cost was approximately Tk. 2,282.51 for 1-day trainings/workshops, Tk. 4,224.31 for 2-day trainings/workshops, Tk. 14,460.56 for 3-28 days' trainings/workshops, Tk. 48,862.72 for medium term trainings (29 days – 6 months) and Tk. 31,383.44 for long term trainings (more than 6 months).

Avoiding duplication in trainings:

About 6.3% of the total development budget of the 4th HPNSP is allocated for training and workshops. Of this allocation, local trainings cover 62.39%, foreign trainings 2.96% and workshop/seminars cover 34.65%. Moreover, 94% of the training cost is allocated for short-term trainings. Each year, a significant amount of funds allocated to conduct trainings under different OPs, is being spent for short-term trainings, especially for 1-2 days trainings (99% in FY 2018-19). As it is difficult to coordinate all the short-term trainings across the OPs, there are risks of duplication in training participants as well as in training subjects. Based on the decision made in a high-level meeting which was held on 20 December 2018, a committee was formed on 06 January 2019 by the MOHFW to find ways to coordinate trainings under the 4th HPNSP and reduce duplication. A report, drafted with the support from the PMMU/TAST, was submitted by the committee with some recommendations; a few of which are as follows:

- The Training Implementation and Monitoring Committee (TIMC) formed under both the Divisions of MOHFW need to be fully functional to review and recommend annual training plans prepared by the OPs and coordinate training activities;

- Training subjects and participants should be identified carefully to avoid duplication;
- One day long orientation training/workshop should be discouraged as much as possible;
- A subject-wise training calendar should be developed under each of the directorates;
- Trainings provided by several OPs in one Upazila on the same subject can be organized by one OP in a coordinated manner;
- The Training Management Information System (TMIS) of NIPORT can be transformed into a generic database to collect training-related information of all the OPs.

F. PROGRESS IN IMPROVING SERVICES AND STRENGTHENING SYSTEMS

Some of the key activities undertaken during July 2018-June 2019 were:

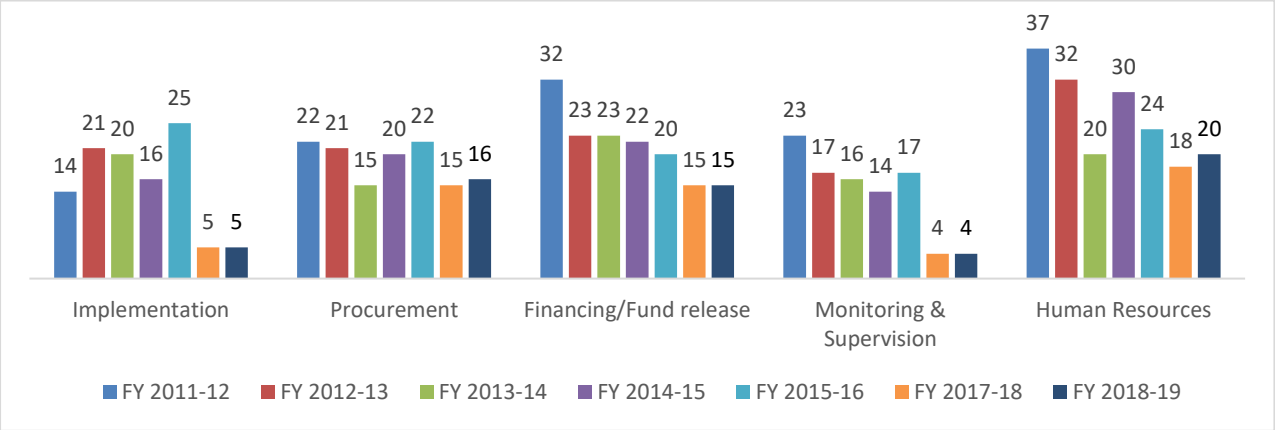
- DGHS achieved MR1 – 97.4%; MR2- 96.6% of its annual target for children immunized for measles and rubella in four districts in Sylhet division and MR1 – 96.0% and MR2 - 94.4% of its annual target for the same in 11 districts in Chattogram division.
- 1,31,015 normal deliveries took place in the public facilities of Sylhet and Chittagong divisions under DGFP (n=58,402) and DGHS (n=72,613).
- Notified 2,80,637 all forms of new TB cases (drug sensitive). Enrolled 1,119 Multi Drug Resistant (MDR) TB cases.
- Performed 1,27,509 of tubal ligation & no-scalpel vasectomies (NSVs); inserted 1,79,413 intrauterine devices (IUDs); and 3,35,450 implants.
- Arranged five cataract screening and surgical camps, provided OPD services to 10,635 persons. 1,970 adult cataract patients underwent surgery of which 1,652 cataract patients received demand side financing (DSF)/cash voucher.
- 3,458 newly recruited nurses and midwives received orientation and produced 2,925 registered midwives.
- Finalized the "Hospital Emergency Management Guidelines for secondary and tertiary hospitals" (8 MCHs, 12 DHs) and printed for distribution. The national policy and guidelines on geriatric care has been finalized with the inputs from subject matter experts and awaiting approval. The draft of "Guidelines for Patient Safety" has been finalized.
- Launched the online registration process for private hospitals, clinics, diagnostic centers and blood banks and is in operation since July 2018. Completed monitoring visit to 500 private hospitals.
- The draft "Health Care Institutions Accreditation Act" is under finalization.
- Developed institutional antimicrobial (AMs) guidelines for six different medical colleges/national institutes for monitoring and evaluation of ensuring adherence to AMs guideline and national AM policy.
- CDC/DGHS completed different researches and surveys: one drug resistance monitoring; six vector bionomics; four bio-assays on LLIN; two molecular epidemiological studies with sequencing; two vector incrimination study; and one G6PD deficiency survey in coordination with MIS.
- DGDA tested 2,844 drug samples through National Control Laboratory, Dhaka and Chittagong Drug Testing Laboratory also inspected 1,340 pharmaceutical manufacturing units and 59,856 retail drug shops.
- The Adverse Drug Reaction Monitoring (ADRM) Cell collected 660 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.

- FP-FSD/DGFP conducted orientation on FP-MCH issues in 16 Upazila for the DGHS service providers and FP-FSD/DGFP procured 14.5 million injectables.
- Completed Bangladesh Demographic and Health Survey (BDHS) 2017-18 and Bangladesh Health Facility Survey (BHFS)-2017.
- Completed preliminary activities e.g. selection of data collection agency and development of data collection tools for Utilization of Essential Service Delivery (UESD) Survey 2019 and Bangladesh Adolescent Health and Well-being Survey (BAH&WS) 2019.
- Developed the NCD management model on diabetes and hypertension at the community clinics with referral to Upazila health complex and implemented in 50 (CCs +UzHCs) and, also set up cancer registries in three medical college hospitals.
- Conducted the APR 2018 and prepared the timebound PAP.
- Prepared, published and distributed APIR 2018 and SmPR 2018.
- Arranged the PIP dissemination workshop at the national level and four workshops (three divisional-level workshops in Dhaka, Rangpur and Mymensingh; and another one on APR Launching workshop in Dhaka) to publicize and disseminate the HNP Sector Program.
- Monitored DLI achievement progress and took steps as and when necessary to guide the LDs to achieve DLRs. The MOHFW received disbursement of US$ 140.38 million for total achievement of 19 DLRs.
- Organized the national conference on "Celebrating the Successes of Health in Bangladesh and Vision for the future" attended by 117 central level MOHFW personnel.
- 2,000 CCs continue to report on gender disaggregated data in DHIS2. 100% of facilities (Upazila level and above) and 93% of community-level government health facilities submitted routine reports on time.
- DGHS published online version of Health Bulletin 2018. Ensured operationalization of the Human Resources Information System (HRIS) for evidence-based decision.
- e-MIS and DHIS2 scaled up in 1,706 UH&FWCs and four districts respectively.
- Incorporated provision of comprehensive maintenance contract in 50% tender document for high-tech equipment. DGFP awarded 100% of contracts within initial tender validity period.
- 98.09% of public health facilities/public service delivery points reported no stock outs of essential medicines/FP supplies and 100% of (a) WIMS and (b) UIMS were functional.
- Completed the review of re-structured Director, ME&HMD and the report is now available. And, also completed the draft organogram and sent to Ministry for approval.
- Observed the National Breastfeeding Week, Vitamin A Plus Campaign, World Rabies Day, World AIDS Day, World Population Day and World Mental Health Day.
- Developed apps for house-hold data collection and, also for the CC services. Field test of the apps has also been done. Generated individual health ID for measuring health outcomes.
- Continued unani, ayurvedic and homeopathic medicinal services in 654 MCHs, DHs, and UzHCs by providing adequate human resources, medicine and equipment.
- Established 11 Institute of Health Technologies (IHTs).
- Completed re-construction of 134 existing old Community Clinic; completed repair, renovation of 1,729 health and family planning infrastructures; completed construction of 102 community clinics; completed up gradation of one Upazila Health Complex from 50 to 100 beds; completed up gradation of BCPS at Mohakhali, Dhaka; completed up gradation/construction of Nurses Training Institutes; completed construction of two FWVTIs; completed Maligaon 50 Bed Hospital, Maligaon, Daudkandi, Comilla; completed up gradation and renovation of 29 UH&FWCs; completed construction of four Union H&FWCs; completed three new 31/50 bed Upazila Health Complex; completed construction of four 10-Bed Mother and Child Welfare Centers; completed construction of six Medical Assistant Training School (MATS); completed construction of three Nursing Colleges; completed construction of seven different office buildings; completed construction of two 50 Bed Diabetic Hospital; completed construction of Megdubi 20 Bed Mother and Child Welfare Center(MCWC).

G. IMPLEMENTATION CHALLENGES AND RECOMMENDATIONS

The reporting template used for obtaining information on the implementation progress of the OPs also collected information on the major challenges faced by the LDs during July 2018-June 2019 of 4th HPNSP implementation. At the same time, the LDs provided a list of recommendations to overcome the challenges. This section summarizes the challenges reported by the OPs which is illustrated in Annex E1 and a comprehensive list of recommendations made by the Line Directors are presented in Annex E2. Notably, out of 29 OPs; nine OPs (HSD-5, ME&FWD-4) reported that they faced no challenges. On the other hand, 14 OPs from HSD and six OPs from ME&FWD mentioned having faced challenges.

Fig: 2-3: Trends in number of challenges reported by LDs by area, July 2011- June 2019



The bar chart (Fig 2-3) shows the trend in challenges reported by LDs during the HPNSDP (July 2011-June 2016) and the first two fiscal years of the 4th HPNSP (July 2017- June 2018and July 2018- June 2019). The above figure reveals that the number of challenges decreased in the last two years compared to the previous five years in all categories. However, the number of challenges remained almost the same in all categories in between the 1st two fiscal years of 4th HPNSP (July 2017- June 2018 and July 2018- June 2019). In FY 2018-19, 85% of all the challenges were mainly in three areas: Procurement, Human Resources and Fund Release which highlight that more attention is required from the senior management of MOHFW and the agencies under it to overcome these persistent challenges. These challenges are consistent with the reporting of APIR 2018 (July 2017- June 2018; 84% of total challenges come from these three areas).

Among the key challenges reported in APIR 2019, six LDs reported delayed receipt of funds, which subsequently hindered on-time implementation of planned activities. On the other hand, delays in the procurement process or time-consuming procurement processes remain a concern; 11 OPs reported challenges in this area. On the other hand, the PSSM-HS/CMSD pointed out the delayed submission of procurement plans by LDs and changing of requirements from LDs after approval of consolidated procurement plans. Remarkably, the HIS &e-Health OP faced a new experience that the tender achiever refused to accomplish the next process even after getting NOA. In consequence, the OP could not procure 5,000 modems.

Moreover, eight LDs reported that they encountered challenges in implementing iBAS++ software. Although, trainings have been provided in order to mitigate the challenges

encountered with implementing iBAS++, however; additional attention needs to be paid in order to resolve this challenge. Shortage of manpower due to either vacancy in sanctioned positions or delayed recruitment of new staff coupled with frequent turn-over of the OP-level key positions posed challenges for implementation of planned activities. Retaining the trained manpower in remote/hard-to reach areas remain as another HR challenge. The CBHC OP mentioned that it was difficult to fulfill the OP Indicator-1 (Number of CCs functioning at Upazila Health Complexes) without deploying CHCP at CC to be established in UHC. Notably, two OPs (PMR, HIS & eHealth) mentioned that their Line Director positions were vacant for two to four months approximately, which hindered the overall progress of these OPs. Precisely, non-availability of the Line Director affected the ability to make progress in both physical and financial areas. Three OPs reported that they require technical manpower (Biomedical Engineer, M&E, MIS/IT expert and Procurement Specialist etc.) to smoothly run the program. Most importantly, the MNCAH OP noticed the weak system of monitoring and supervision currently in place.

The TB&LSP tried to explore the challenges in finding TB and Leprosy cases and the complex dynamics in the urban context. In addition, they mentioned unavailability of an optimal number of HIV detection centers and diagnostic facilities, hampering effective disease diagnosis. One OP (MNCAH) highlighted the long pending approval of carry-over funds from the 3rd sector program to undertake DSF and EOC training. Moreover, one OP (NCDC) reported not achieving its indicator targets due to a lack of clarity and understanding on the indicator definitions, unavailability of baseline data etc. These were also flagged by some other OPs in earlier reports (SmPR 2017, APIR 2018 and SmPR 2018).

Recommendations from the LDs to overcome the challenges:

Based on the responses from the LDs to address the longstanding challenges faced by the OPs**,** qualitative data were analyzed using content analysis and classified into five broad categories: 1) Implementation, coordination and capacity building; 2) Procurement; 3) Fund release; 4) Monitoring and Supervision; and 5) Human Resources.

Most of the recommendations (16 out of 46) were related to implementation, coordination and capacity building aspects. The OPs call for fostering effective collaboration and coordination; which are the key to successful implementation of the program. It was suggested that the data entry and reporting on iBAS++ should be easier and more user friendly with sub-national coverage. The OPs also requested training and refresher training for managers and users of iBAS++. The TBL &ASP OP recommended that the country should take the initiative for in-county production of TB drugs with World Health Organization (WHO) prequalification to avoid unnecessary procurement-related hiccup and potential stock-out of 1st line drugs.

Although several OPs requested approved procurement plans by August of each year, CMSD suggested maintaining uniformity of price for similar items by different LDs and encouraging all the LDs to submit their requirement at the beginning of the financial year to avoid frequent changing of requirements.

Regarding the fund release, one OP opined that the fund should be released according to the demand of the respective Line Director. The TB &LSP suggested that fund release from RPA GoB budget needs to be done altogether (from first to fourth quarter) to speed up the process of Anti-TB drugs procurement more efficiently and effectively.

A suggestion also emerged to strengthen monitoring and supervision mechanisms. Solid steps need to be taken to strengthen linkages between field level findings and central level programs design and planning. Like APIR -2018, a recommendation was again given to review, refine/revise the indicators and/or reset targets as appropriate in consultation with the

relevant OP personnel. This would ensure that the most relevant data needed to track OP progress is collected and used for effective decision-making.

A recommendation also emerged to create permanent positions (TB & Lab Experts, MT Lab, and Microbiologist) at all levels using the revenue budget. CMSD urged the necessity of more procurement-related skilled manpower for ensuring quality procurement. Moreover, it has been suggested that Line Director positions should not be vacant for long periods and post of 430 CHCPs should be approved in the revised OP.

Meanwhile, as part of revision/refinement of existing OP indicators, a team from PMMU met 19 OPs and conducted a desk review on the reported data (APIR 2018 and APIR 2019) and identified the following findings**:**

a) Some of the OP indicators identified at the time of OP preparation are vaguely defined/not appropriate, do not have baseline values or targets, are missing data sources, have unclear timelines, etc. For example, periodic survey was accepted as data sources for a significant number of OP indicators (e.g. MCRAH); whereas the OP must report back to MOHFW on bi-annual basis.
b) Some OPs have overlapping activities and implementation dependency on other OPs (e.g. FP-FSD).
c) Activities for which most of the fund being utilized are not measured by the OP indicators (e.g. AMC).
d) OP indicators could not be achieved in spite of satisfactory fund utilization rate (e.g. NCDC). That means there may be issues with prioritization of AWP implementation.
e) Time consuming and resource intensive preparatory tasks (e.g. MIS) led to delayed measure of indicator progress.

H. PROGRESS UPDATE:

i. IMPLEMENTATION PROGRESS OF THE HEALTH-RELATED SDGs

Introduction

The Government of Bangladesh (GOB) is committed to achieving the universally agreed Sustainable Development Goals (SDGs) by 2030. Out of the 17 goals, SDG 3 specifically relates to good health and well-being and SDG 2 refers to nutritional improvement. The Ministry of Health and Family Welfare (MOHFW) is responsible *as the lead* for implementation of nineteen indicators under SDG 3 and two nutrition related indicators under SDG 2. The SDG 3 covers the areas of maternal, neonatal and child health care, nutrition services, communicable and Non-communicable diseases, universal health coverage, health financing, etc.

MOHFW, after developing the SDG Action Plan, has been implementing the 5-year (2017/22) national health program of GOB - the 4th Health Population and Nutrition Sector Program (4th HPNSP) and 36 projects through the Health Services Division (HSD) and the Medical Education & Family Welfare Division (MEFWD) for making progress against the health-related SDG targets. Both HSD and MEFWD also conducted 13 divisional level workshops focusing on SDG-related activities, where people from all walks of life participated. Through these workshops, the MOHFW tried to enhance knowledge and understanding among stakeholders with key concepts and principles along with targets and indicators of the health-related SDGs, matching those with field level program activities.

Progress of Health-related SDGs

In the APIR 2018, a summary progress of some health-related SDGs was highlighted. In this Report, area wise implementation progress against each target and indicator of the health-related SDGs is described below covering the period from July 2016 to June 2019.

Progress against Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births:

Indicator 3.1.1 Maternal Mortality Ratio (per 1, 00,000 of population) and Indicator 3.1.2 Proportion of births attended by skilled health personnel

The Maternal Mortality Ratio (MMR) decreased from 181 per 1,00,000 live births in 2015 to 169 in 2018 (SVRS, 2018). The reduction in maternal mortality is attributed to multiple factors, including increased access and utilization of health facilities, improvements in female education and per capita income. Fertility reductions have contributed substantially to the lowering of MMR by lowering the number of high risks, high parity births. The number of births attended by skilled health personnel was 42.1% in 2014 (BDHS, 2014), which increased to 53% in 2017 (BDHS,2017-2018). This figure needs to increase to 65% by 2020, 72% by 2025 and to 80% by 2030 to meet the SDG target.

Progress against Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births:

Indicator 3.2.1 Under 5 Mortality Rate and Indicator 3.2.2 Neo-natal Mortality Rate

Under-five mortality rate has persistently declined from 36 per 1,000 live births in 2015 to 29 in 2018 (SVRS, 2018), already achieving the SDG target for 2025.The neo-natal mortality rate (NMR) decreased to 16/1,000 live births in 2018 from 20 in 2015; also achieving the SDG 2025 target. Several programs/activities like the essential services package, expanded program on immunization, incremental provision of antenatal care services for all pregnant women, control of diarrheal diseases, etc. are playing key roles in decreasing U5 MR and NMR.

Progress against Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases:

Indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations

Prevalence of HIV/AIDS (all ages) has been very low in Bangladesh {<0.01 among all ages, and 0.015 among adults 15-49 years, per 1,000, UNAIDS, 2018}. However, it remains vulnerable to an HIV epidemic because of high prevalence in neighboring countries and the high mobility of Bangladeshis within and beyond the country. For this reason, the Government has continuously been monitoring the incidence and detection rates and addressing AIDS patients with adequate importance.

Indicator 3.3.2 Tuberculosis incidence per 100,000 population

The incidence rate of tuberculosis (TB) has been reduced to 221 in 2018 (Global Tuberculosis Report, WHO, 2018) from 225 per 1,00,000 population in 2015 (WHO,2015)[8]. The National TB Program (NTP) of Bangladesh along with its partners has been maintaining basic TB control services with reasonable case detection and excellent treatment outcomes. The TB treatment coverage rate has improved from 57% in 2016 to 67% in 2018 (Global Tuberculosis Report, WHO).

Indicator 3.3.3 Malaria incidence per 1,000 population

Malaria incidence per 1,000 population is 1.9 (World Health Statistics, WHO, 2019) down from 4.3 in 2015 (Malaria Control Program, 2015). Government interventions in collaboration with Development Partners and NGOs for malaria eradication resulted in this decline in incidence nationally. though most endemic areas (North East and South East districts) have not experienced the same decline.

Indicator 3.3.5 Number of people requiring interventions against neglected tropical diseases

There is a huge burden of Neglected Tropical diseases (NTDs) in Bangladesh, particularly for Kala-azar; Lymphatic Filariasis; and Dengue. The number of people requiring interventions against NTDs has been reduced from about 50 million (WHO, 2016) to about 47.5 million (World Health Statistics, 2018). By 2020 it needs to be reduced to 45 million and further to 35 million by 2030. The Government's various interventions such as integrated vector management; promotion of clinical management; and active engagement of communities have been helpful in reducing NTDs.

Progress against Target 3.4: By 2030, reduce by one third premature mortality from Non-communicable diseases through prevention and treatment and promote mental health and well-being:

Indicator 3.4.1 Mortality rate attributed to (between 30 and 70 years of age) cardiovascular disease, cancer, diabetes or chronic respiratory disease

Non-communicable diseases (NCDs) now contribute a major share of the overall disease burden and mortality. The mortality rate attributed to cardiovascular disease, cancer, diabetes and chronic respiratory disease is now 21.6 (World Health Statistics, WHO, 2018) compared to the baseline figure of 18 (WHO, 2016). Awareness programs on helpful behavioral patterns, changing dietary habits, lifestyle change, etc. are being implemented for preventing NCDs and facility readiness including training of doctors are going on for improved treatment of NCD patients.

Progress against Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education and the integration of reproductive health into national strategies and programmes:

[8] In National M&E Framework, the baseline is 287 (NTP,2016)

Indicator 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods

The proportion of women of reproductive age who have their need for family planning satisfied with modern methods is targeted to reach 75% by 2020, 80% by 2025 and 100% by 2030 against the baseline of 72.6% in 2014 (BDHS,2014). According to BDHS, 2017-2018, the proportion is now 70.3%.

Indicator 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in each age group

The SVRS, 2018 shows that the adolescent birth rate (aged 15-19 years) per 1,000 women is 74 against the base line of 75 (SVRS, 2015). It needs to be reduced to 70 by 2020, 60 by 2025 and 50 by 2030. Major activities relating to overall improvement of adolescent's health focus on awareness of safe sexual behavior, health risks, proper nutrition, hygiene, sexual and reproductive health rights.

Progress against Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all:

Indicator 3.8.1 Coverage of essential health services and Indicator 3.8.2 Proportion of population with large household expenditures on health as a share of total household expenditure or income

The MOHFW has taken the lead in promoting universal health coverage (UHC) in Bangladesh and implementing different activities including the Essential Services Package (ESP) through the 4th HPNSP. This represents the GOB's commitment to ensure the right to health and access to the most essential health services for the entire population. The Service Coverage Index of the WB-WHO (2018) assessed that Bangladesh achieved a score of 50% on a UHC index of essential Health Services.

The grass root level Community Clinic (CC)-based PHC service provision by the Government has created increased access to essential health services to the poor, particularly women and children.The CCs have taken off as the first-contact facility serving as a platform of community participation for achieving UHC and for ensuring equity and social justice. Besides, the social health protection scheme in the name of "Shasthyo Shuroksha Karmasuchi (SSK) is providing free hospital services to the - below poverty level card holders. The Maternal Health Voucher Scheme (MHVS), in operation in 55 upazilas, is another health protection scheme for ensuring safe delivery services to poor pregnant mothers. Various indicators, as evident from the BDHS 2017, indicate a sharp reduction in health inequity in Bangladesh.

In the case of catastrophic expenditure on health, 13.9% of people spent more than 10% of their household's total expenditure on health care (Health SDG Profile, Bangladesh, WHO, 2018). For the sustenance of health financing, the Government has been providing incremental budget funds to the MOHFW every year at an average rate of about 15%. Besides, many good examples exist of community participation in Bangladesh, e.g., the Community Clinic Model. Considering that only about 23% of people in Bangladesh seek care from the public health care providers and the rest rely on non-public health care providers (BNHA, 2015), public private partnership (PPP) models are also now being pursued by the Government, which could help improve coverage and access as well as improve quality of services.

Progress against Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination:

Indicator 3.9.3 Mortality rate attributed to unintentional poisoning (per 100,000 populations) air pollution

Deaths from unintentional poisoning give an indication of the lack of proper management of hazardous chemicals and pollution in the country. In an ideal health system, these deaths can be prevented with adequate management. The mortality rate attributed to unintentional poisoning per 100,000 populations was estimated at 0.3 in 2015 and the situation is unchanged since then (World Health Statistics, 2018).

Progress against Target 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate:

Indicator 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older

The MOHFW is implementing an anti-tobacco program based on the WHO- FCTC and Tobacco Control Law of Bangladesh. The Global Adult Tobacco Survey (GATS) 2018 found that the prevalence of tobacco uses among persons aged 15 years and older had decreased from 43.3% in 2009 to 35.3% in 2017, among the tobacco users 46.0% are men and 25.2% are women. Awareness raising activities against tobacco use are being implemented continuously.

Progress against Target 3.b Support the research and development of vaccines and medicines for the communicable and Non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all:

Indicator 3.b.1 Proportion of the target population covered by all vaccines included in their national programme

Bangladesh has developed an effective national immunization program starting from 1979 with the implementation of the Expanded Program on Immunization (EPI). The proportion of the target population (≤12-month-old children) covered by all vaccines increased from 78% (BDHS, 2014) to 86% (BDHS, 2017-18). It needs to be increased to 95% by 2020, 98% by 2025 and further to 100% by 2030.

Progress against Target 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States:

Indicator 3.c.1 Health worker density (per 10,000 populations) and distribution (physician: nurse: health technologist)

Health worker density was 7.4 per 10,000 populations (WHO, 2016) and the distribution of physician: nurse: health technologist was 1:0.5:0.2 (HRH Data sheet, 2014, MOHFW) in Bangladesh. But now the density has increased to 8.3 per 10,000 populations and the distribution is 1:0.56:0.40 (HRD unit, HRH country profile, 2017, MOHFW), which needs to be raised to 44.5 and 1:3:5 respectively by 2030.

Progress against Target 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks:

Indicator 3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness

Bangladesh has made considerable progress in national health regulations capacity building based on the gaps identified through the Joint External Evaluation (JEE). The country reached close to the global average score (60%) on National IHR capacity as assessed by the 'State Party Self-Assessment Annual Reporting Tool'. The communicable disease surveillance mechanism of Bangladesh has addressed major outbreaks in the country with the national and sub-national level rapid response teams (RRTs).

Bangladesh has recently developed a National Action Plan for Cholera Control which aims to reduce cholera morbidity and deaths by 90%, and CFR to <1% by 2030. The development of a National Action Plan for Health Security (NAPHS) is currently ongoing for monitoring and evaluation of IHR core capacities. The value of the indicator stood at 78 per cent in 2018 (World Health Statistics, 2018) and Bangladesh wants to have all core requirements in place by 2030.

Progress against Target b2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons:

Indicator 2.2.1 Prevalence of stunting and Indicator 2.2.2 Prevalence of malnutrition (wasting and overweight) (Indicators under SDG-2)

Malnutrition has been decreasing over the past decade and stunting is now below the WHO 'critical' threshold of 40%. Stunting (height-for-age) of children decreased from 43% in 2007 to 36.1% in 2014, while during the same period, wasting also decreased from 17% to 14.3% (BDHS,2014). BDHS, 2017-2018 indicates that stunting and wasting further reduced to 31% and 8% respectively.

Bangladesh is now facing over-weight related nutritional problems. According to MICS 2012-13, the rate of overweight in Bangladesh was 1.6 and the same has increased to 2.4 in 2019. The Government has already recognized that overweight is an issue of importance, particularly in urban life, and efforts are on to raise awareness against obesity and to promote healthy lifestyle change.

4. Challenges and Way Forward

Rapidly increasing demand for urban primary health care services; emergence/re-emergence of communicable diseases (e.g., Dengue, Chikungunya); and prevention and control of NCDs continue to remain as challenges during the SDGs period. On the other hand, continuously rising per capita out-of-pocket expenditure has been pushing the affected lower income and poor to hardship, thus creating hindrances to achieving UHC by 2030. Availability of yearly data on output/outcome level indicators of the SDGs also remain a challenge.

However, the MOHFW has been implementing various health related programs/projects/activities to overcome the challenges. In this respect, the 4th HPNSP serves as the first, and the foundation stone, of three subsequent programs for realizing the SDG targets including the overarching goal of achieving UHC by 2030.

ii. PROGRESS OF DLIs

IPF based DLI Financing

The World Bank introduced a new financing modality called Investment Project Financing with Disbursement Linked Indicator (IPF-DLI), while offering additional financing (US$ 150 million) in the last year (2017) of the third sector program HPNSDP (June 2011- December 2016). The World Bank continued this IPF-DLI modality in the fourth Sector Program (4th HPNSP, January 2017-June 2022), which is intended to change focus from input-based financing to achievement of pre-defined results.

For 4th HPNSP, 16 DLIs (Annex-F) were agreed by the GOB and the Bank including other Development Partners (DPs) of the Pool Fund. Each DLI has some specifically defined results to achieve, known as Disbursement-Linked Results (DLRs). There are 48 DLRs, some of which again have different milestones for different financial years. Taken together the total number of DLRs-with different milestones-is 98. MOHFW's claim of achieving DLRs has to be verified and certified by the Independent Verification Agency (IVA). Fund is disbursed by the World Bank against some 'eligible expenditure', as defined in the financing agreement.

Financing Sources and Available Funds

Under the IPF-DLI financing modality, the World Bank has pledged US$ 500 million to the 4th HPNSP as IDA credit and the Global Financing Facility (GFF) has committed US$ 15 million as grant. Initially the GFF fund was allocated for the achievement of three DLIs (# 9, 14 and 15), however, on 14 October 2018, the GFF grant agreement was amended and the fund was spread over all the DLIs for the first three financial years (FY 2016-17, FY 2017-18 and FY 2018-19).

In FY 2017-18, four DPs (United Kingdom, Canada, Sweden and the Netherlands) joined the multi-donor trust fund (MDTF) with grant financing under the IPF-DLI modality. This fund is administered by the World Bank. DFID (United Kingdom) joined the MDTF with a commitment of GBP 44 million (equivalent to US$ 57.64 million); Global Affairs Canada (Canada) with CAD 30 million (equivalent to US$ 23.12 million); Sida (Sweden) with 190 million Krona (equivalent to US$ 21.9 million); and EKN (the Netherlands) with US$ 13 million. This totals to a commitment of US$ 115.66 million from the MDTF or the pooling partners.

As of June 2019, the total fund committed/allocated from IDA, GFF and MDTF sources is US$ 630.66 million. However, following the grant agreement signed between the GOB and the World Bank for MDTF, US$ 26.84 million is available from MDTF in the first tranche for the achievement of FY 2017-18 DLRs. That is, as of June 2019, the total fund allocated for achievement of DLIs from IDA, GFF and MDTF sources stands at US$ 541.84 (=500+15+26.84) million.

In addition, the joining of Gavi-the Vaccine Alliance in the MDTF under IPF-DLI modality with US$ 50 million grant is under process with the World Bank.

Verification of Results

It was agreed by the Ministry of Health and Family Welfare (MOHFW), the World Bank and other DPs that the Implementation Monitoring and Evaluation Division (IMED) of the GOB would carry out verification of achievement of DLIs as the IVA.

Two consultants recruited by the World bank, one for MOHFW to assist the work of DLI monitoring and reporting and the other for IMED to assist the verification of DLRs, are working since the first quarter of 2018.

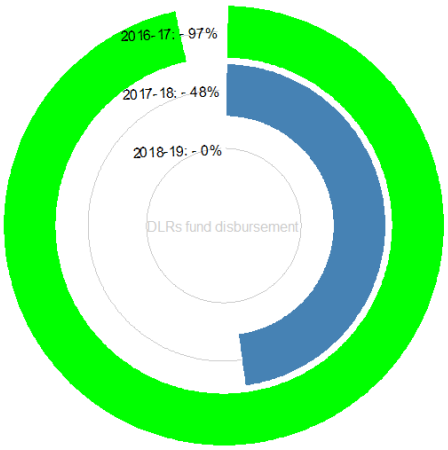
Progress Made Since January 2016

Up to June 2018, 10 DLRs were achieved and US$ 62.50 million (from IDA source) was disbursed.

On 23 September 2018, the MOHFW reported to IMED achievement of one DLR of FY 2016-17 (# 7.1) and eight DLRs (# 1.1, 8.1, 9.2, 10.1, 11.2, 11.3, 13.2, 14.2) of FY 2017-18. Moreover, on 10 March 2019, MOHFW reported achievement of six more DLRs (# 2.2, 3.2, 4.2 12.2, 13.4, and 14.4) of FY 2017-18 and one DLR of FY 2018-19 (# 13.4). That is, a total of 16 DLRs were claimed as achieved in FY 2018-19.

Between July 2018- June 2019, four DLRs (# 4.1, 7.1, 10.1 partially, and 11.3) of FY 2016-17 and five DLRs of FY 2017-18 (# 1.1, 9.2, 11.2, 13.2, 14.2)- a total of nine DLRs were verified as achieved by IMED. Total amount disbursed in FY 2018-19 by the World Bank from IDA, GFF and MDTF sources for achievement of nine DLRs is US$ 77.69 million.

That is, a total of 52 DLRs under the first three financial years should have been achieved be achieved by June 2019. Out of these, 19 (two partially) were achieved. A total of US$ 140.19 million was disbursed by June 2019 from IDA, GFF and MDTF sources (US$ 62.50 million in FY 2017-18 and US$ 77.69 million in FY 2018-19). A summary of the DLRs achieved and fund disbursed till June 2019 is given below:



FY	# of DLRs						Total Amount Allocated (in million US$)	Disbursed Amount (in million US$)
	To be Achieved	Achievement claimed to IMED	Verified by IMED as Achieved	At IMED for verification	Not yet reported by the LDs	Under process at MOHFW for sending to IMED		
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
2016-17	14[9]	13	12	1[10]	1[11]	0	103.16	99.77
2017-18	19[12]	16	7	9	3[13]	0	84.30	40.42

[9] DLR # 2.1, 3.1, 4.1, 4.2, 7.1, 9.1, 10.1, 11.1, 11.3, 12.1, 12.2, 13.1, 14.1, and 14.4;
[10] DLR # 4.2 which requires field visit for data quality assessment;
[11] DLR# 14.4 is not achievable due to unavailability of data;
[12] DLR # 1.1, 2.2, 3.2, 4.2, 5.1, 6.1, 7.2, 8.1, 9.2, 10.1, 11.2, 11.3, 12.2, 13.2, 13.4, 14.2, 14.4, 15.1 and 16.1;
[13] DLR # 6.1, 7.2, 16.1, DLR 7.2 of FY 2017-18 (CY 2017) is not achievable as no midwives were recruited in CY 2017;

2018-19	19[14]	1[15]	0	1	15	3[16]	88.53	0.00
Total	**52**	**30**	**19[17]**	**11**	**19**	**3**	**275.99**	**140.19**

The above table shows that 51% of the fund allocated for the first three financial years has been disbursed.

Suggestion for expediting the process:

- The MDTF partners need to allocate their fund for FY 208-19 so that the grant agreement can be amended soon;
- The LDs must give utmost priority to achieving DLRs within the stipulated time and the DLI consultant of the World Bank supporting the MOHFW needs to increase assistance to the LDs with documentation and reporting;
- The World Bank and MOHFW may start negotiation with GFF for additional financing for achievement of results beyond FY 2018-19.

DLRs Awaiting Verification by IMED

The following table provides a glimpse of the DLRs awaiting verification by IMED:

Sl. #	Financial Year	DLRs Waiting for verification by IMED for more than		Whether IMED requires field visit for data quality assessment
		3 months	6 months	
1.	2016-17	-	# 4.2	Yes
2.	2017-18	# 2.2	-	No
3.		# 3.2	-	No
4.		# 4.2	-	Yes
5.		-	# 8.1	Yes
6.		-	# 10.1	Yes
7.		-	# 11.3	Yes
8.		# 12.2	-	No
9.		# 13.4	-	Yes
10.		# 14.4	-	Yes
11.		# 13.4	-	Yes

Out of the 11 DLRs mentioned above, eight require data quality assessment and thus field visits are needed. Four of those have been awaiting verification for more than six months. However, by June 2019, IMED completed desk review of three DLRs (# 2.2, 3.2, 12.2) which did not require field visit, but their verification reported for these three DLRs were not made available to MOHFW by June 2019.

[14] DLRs (# 1.2, 2.2, 3.3, 4.2, 5.2, 6.2, 7.2, 8.1, 9.3, 9.4, 10.1, 11.3, 12.2, 13.3, 13.4, 14.3, 14.4, 15.2 and 16.2);
[15] DLR # 13.4;
[16] DLR # 5.2, 10.1, 16.2;
[17] Two partially achieved (DLR # 12.2 and 10.1 of FY 2016-17)

Suggestion:

- IMED may conduct field visits for data quality assessment as soon as the achievement reports with evidences are received. For reports lacking proper documentation, IMED can sit with the MOHFW and relevant LDs to resolve the issues. A realistic timeframe may be agreed for completing field visits, as necessary;
- The DLI Consultant of the World Bank supporting the MOHFW needs to ensure that documents sent to IMED fulfill all the requirements of the DLI verification protocol;
- Support for capacity enhancement of IMED officials is crucial. Orientation-workshop/training on the DLRs which IMED will verify in the coming financial year can be organized by the MOHFW and World Bank on a regular basis.

DLI Progress Monitoring

A DLI Monitoring Committee, comprising of representatives from relevant Ministries/Divisions and the World Bank, was constituted by the MOHFW in 2017 for monitoring progress towards achievement of DLIs, and support the LDs in implementation and in producing internal reports for claiming reimbursement for results. The MDTF or pooling partners were later co-opted in the Committee. Till June 2019, six meetings of the committee had been held, though ideally it was to meet more frequently.

Moreover, two missions of the World Bank- one Implementation Support Mission and the other Technical Support Mission- took place during FY 2017-18. Both the missions came up with some agreed actions to be implemented. A few of the actions were still pending.

The Annual Program Review (APR) of the 4th HPNSP, which covered FY 2017-18 and was conducted in February 2019 by an independent review team (IRT) of 13 national and international consultants, identified problems with the timely preparation of documentation for verification by IMED. The APR 2018 report recommended that more resources and additional training of key officials were needed.

Other key instruments for following-up progress of DLRs are meetings of the Task Groups (TG) formed under the 4th HPNSP. The TGs can discuss ways for resolving the challenges faced by the LDs in achieving the DLRs.

Suggestion:

- The DLI Monitoring Committee needs to meet regularly, i.e., on monthly basis;
- Due to frequent turnover of LDs along with their associated staff, orientation workshops on reporting procedure could be held at regular intervals;

Conclusion

There exists a resource gap between the RPA amount estimated in the PIP and the amount allocated for DLRs. It was expected during preparation of the 4th HPNSP that this gap would be minimized with more financing from the World Bank and other DPs.

In between January 2017 and June 2019, the total amount spent by the LDs from RPA source is approx. US$ 622 million and only 140.19 million has been disbursed so far upon achievement of verified DLRs. This rate of progress in achievement of DLRs - unless expedited - would increase the RPA resource gap estimated in the PIP.

Combined effort of the MOHFW, other relevant Ministries/Divisions, the World Bank and other DPs would lead to timely achievement of expected results and disbursement of allocated funds.

iii. UPDATE OF PRIORITY ACTION PLAN (PAP)

Annual Program Review (APR).

The Annual Programme Review (APR) is a monitoring and management instrument designed for both the Government of Bangladesh (GOB) and Development Partners (DPs) to monitor progress in the implementation of the programme and to verify that management and policy responsibilities are met in the health sector programme (4th HPNSP). The APR 2018 is the first for 4th HPNSP, with the overall intention to review progress of implementation in key target areas. As part of its review of the 4th Health Population and Nutrition Sector Programme, the MOHFW engaged 13 consultants (11 National and two International subject matter experts). The review took place between 20th January and 20th February 2019 and covered the period from January 2017 through to the end of June 2018. The overall objectives of the APR were:

- Assess the overall progress including physical and programmatic progress of the 4th HPNSP in light of an up-to-date results framework using the latest data, indicators and targets.
- Assess progress of the Results Framework (RFW) and the operational plan (OP) indicators of the 4th HPNSP.
- Assess the financial progress of the program and review the financing arrangements and assess how well the GOB and DP support meets the priorities.
- Assess the progress of Disbursement Linked Indicators (DLI) as applicable.
- Identify the challenges in implementing the programme and make recommendations to overcome the challenges.
- Review the institutional arrangements for engagement between the Government and DPs and recommend ways for improving its effectiveness.
- Recommend actions along with a priority action plan (PAP) to accelerate implementation of the programme.
- Recommend ways to improve progress

The APR Steering Committee consisting of GOB and DP representatives had the primary responsibility for the oversight of overall process, and was chaired by Government (Joint Chief, Planning Wing, MOHFW). The main APR deliverables include thematic reports by the Independent Review Team (IRT) for the APR, a Priority Action Plan (PAP) to reflect major recommendations of the IRT.

APR Prioritized Action Plan (PAP) Implementation Review: In response to the IRT recommendations, a detailed action plan identifying the implementers and their supervisors is developed by the MOHFW in consultation and agreement with the program implementers and DPs. The APR PAP is finalized during the APR's Policy Dialogue attended by a wide range of stakeholders. The implementation of PAP items is closely monitored through periodic Task Group meetings and reported to the Local Consultative Group (LCG) Working Group for Health.

Progress in APR 2018 PAP activities

During the APR 2018 policy dialogue, the GOB and DPs identified 22 priority actions under three components (**GOVERNANCE AND STEWARDSHIP, HEALTH SYSTEMS STRENGTHENING, QUALITY HEALTH SERVICES**) to implement IRT recommendations. This list is referred to as the APR 2018 Priority Action Plan (PAP). Of the 22 action items in the PAP, 1 action is completed, 21 actions are ongoing. 11 actions are to be completed by December 2019, 10 to be completed by June 2020.

The detailed implementation status of all PAP items, as of 30 September 2019, is provided in table below.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
COMPONENT 1: GOVERNANCE AND STEWARDSHIP				
Sector Management				
1.1.	Review activities, budgets, indicators and milestones of all OPs (including cross-cutting issues such as, gender, equity and inclusion).	Review reports submitted to MOHFW, by December 2019	Implementer: LDs of all OPs Supervisor: SWPMM in collaboration with PME, PMR	The SWPMM drafted a template for reviewing OP activities, budgets, indicators and milestones to share with the LDs. Meanwhile, the PMMU TAST met 19 OPs to discuss on the indicators.
1.2.	Review and update the urban health strategy (with clear demarcation of roles and responsibilities of MOHFW and MOLGRDC).	Updated Urban Health Strategy, by December 2019	Implementer: Urban Health Working Group (UHWG) Supervisor: Urban Health Coordination Committee (UHCC)	• Developed PHC services guidelines for urban health in consultation with concerned stakeholders and awaiting approval. • Conducted a baseline survey on Government Outdoor Dispensary in Dhaka Division. • Drafted urban immunization strategy and awaiting approval • A ToR on "TA support to Urban Health Coordination Committee and Urban Health Working Group" is developed and an inception report would be submitted by the TA provider.
Governance and Stewardship				
1.3.	a. Finalize the draft Accreditation Act for Health Care Institutions b. Strengthen existing licensing, enforcement and regulatory systems for health service provision;	a. Approval of the Act, by June 2020 b. Evidence of progress on strengthening existing licensing, enforcement and regulation system available, by	Implementer: LD-HSM Supervisor: Additional Secretary (Hospital), HSD	a. The draft "Health Care Institutions Accreditation Act" is under finalization. b. Launched the online registration process for private hospitals, clinics, diagnostic centers and blood banks and is in operation since July 2018. Completed monitoring visit in 500 private hospitals.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
		June 2020		
Health Financing				
1.4.	Explore a set of identified pathways to address the high OOP burden, especially for the poor in collaboration with other Ministries	Technical report, by December 2019	Implementer: LD-HEF Supervisor: Secretary, HSD	With the support from WB, a technical report is being drafted.
1.5.	Make available one Anti-hypertensive, one anti-diabetic drug across the country at generic cost	One Anti-hypertensive, one anti-diabetic drug across the country at generic cost is available, by June 2020	Implementer: NCDC, L&HEP Supervisor: DG, DGHS	• One Anti-hypertensive, one anti-diabetic drugs are available in all UHCs and DHs free of cost. • The SWPMM OP arranged TA to gather evidence to support policy, advocacy on making available at least two common anti-hypertensive and two anti-diabetic drugs in generic name and at affordable cost throughout the country to contribute to universal health coverage and SDG-3 achievement. A ToR was developed on this activity which was approved by TAC.
Pharmaceuticals and Drug Administration				
1.6.	Conduct training of key DGDA authorized personnel in GMP and Pharmacovigilance in preparation for regulatory actions	Staff training completed on GMP and Pharmacovigilance, by December 2019 [WHO certification]	Implementer: DGDA Supervisor: Additional Secretary (PH & WH), HSD	• Training on GMP was conducted in January 2019 for the officers of DGDA. A total of 80 personnel participated in the training. • Training on Pharmacovigilance has been planned. •

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
Data/Digital health/ eHealth				
1.7.	Develop, review, approve and publish the Digital/eHealth strategy in line with national ICT policy and strategy	Digital/eHealth strategy disseminated, by December 2019	Implementer: HIS-eHealth and MIS Supervisor: DG, DGHS	A zero-draft digital health strategy has been developed, which is being reviewed for finalization.
COMPONENT-2: HEALTH SYSTEMS STRENGTHENING				
Human Resource Development				
2.1.	Establish a recruitment and deployment action plan against the existing projections, which prioritize the PHC workforce and support delivery of ESP	• Approved plan available, by December 2019 • Reduction of existing vacancies in public facilities, by June 2020	Implementer: HRD Supervisor: Secretary, HSD with support from USAID	• Upon establishment of a technical working group to establish a recruitment and deployment action plan against the existing projections, a national consultant was hired by USAID. • Data collection of primary and secondary levels' health workforce from public and private sectors is in progress. The public-sector health workforce projection report to be completed by November 2019. • HRD Unit developed a TOR for hiring a consultant to conduct a need assessment of creating new positions in the primary and secondary level health facilities. The TOR was finalized, and hiring is in process.
2.2.	Undertake innovative approaches to ensure availability of specialist health services (Surgery, Medicine, anaesthetists, Obs/Gyn, Paediatrics specialists) at District level hospital.	Number of DHs with full set of Specialists (Surgery, Medicine, anaesthetists, Obs/Gyn, Paediatrics specialists) present by June 2020	Implementer: HRD Supervisor: Secretary, HSD	• The HRD OP has devised a plan to conduct a research on "promoting retention of HWF by creating culture through innovative methods and technologies to encourage retention" in 2019-20 and hiring of a competent firm is in progress. • The OP has already organized four workshops to discuss on the retention of health workforce in rural and hard-to-reach areas. A technical report has been

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
				prepared focusing on the issue.
2.3.	(a) Finalise Job Descriptions (JDs) for nurses. (b) Review JDs for all other staff at Upazila and below (PHC workforce)	(a) by December 2019 (b) by December 2019	Implementer: (a) DG, DGNM (b) Additional Secretary (Administration) Supervisor: Secretary, HSD	• The job description for nursing workforce (services) was updated by a technical working group in the DGNM. • Updated job descriptions of nursing workforce (education) has been submitted to ME&FWD for approval. • Three workshops were held to review the job descriptions of health workforce working at district level and below. Hiring of a consultant is in progress, who will support to gradually update the JDs of health workforce.
Physical Facilities Development, Procurement and Supply Chain Management				
2.4.	Develop a guideline for Comprehensive Contract Management (CCM) for regular maintenance of medical equipment at public facilities.	Approved guideline available, by December 2019	Implementer: DG, DGHS Supervisor: Additional Secretary (Hospital), HSD	Preparation of CCM guideline is in process.
2.5.	Reactivate Procurement and Logistics Management Cell's (PLMC) in MOHFW	Evidence of PLMC revitalization and functioning, by June 2020	Implementer: PFD, PSSM-HS, PSSM-FP Supervisor: Secretary, HSD	Procurement and Logistics Management Cell (PLMC) was re-established on 26 June 2019.
2.6.	Ensure all health facilities of one district of each Division have in-house medical waste management system	Medical Waste Management system in place in all health facilities of one district of each Division, by June 2020	Implementer: HSM, CBHC and MCRAH in collaboration with PFD Supervisor: Additional Secretary (Hospital), HSD	MCRAH: Budget allocated to buy waste bin of different colors (yellow, green and black). CBHC: eight districts under all divisions have been selected in consultation with LD/HSM to provide logistics for Medical Waste Management and necessary training. HSM: Capacity Development done in eight district hospitals, awaiting

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
				delivery of logistics, bins and consumables.
Financial Management and Audit				
2.7.	Finalize Asset Management Guideline as part of Fiduciary Action Plan (FAP)	Approved AMS guideline available, by June 2019	Implementer: HSM Supervisor: Additional Secretary (Hospital), HSD	Published Asset Management Guidelines.
COMPONENT-3: QUALITY HEALTH SERVICES				
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)				
3.1.	Implement the PPH-eclampsia action plan to address two major causes of maternal deaths	Action plan implemented in 20% of UHCs, by June 2020	Implementer: MNCAH, MCRAH, NMES Supervisor: DGs of DGHS, DGFP and DGNM	The action plan was implemented in 62 Upazilas. NMES: prepared midwifery students to manage PPH and eclampsia at UHCs through Helping Mother Survive (HMS) training. MNCAH: Provided mentorship of midwives; ensured supply of eclampsia kits. MCRAH: • Prevent PPH - 7.5 lac dose of tablets Misoprostol distributed through FWA/ FWV for home delivery to pregnant mothers in their 32 weeks of gestation. • injection oxytocin is being provided for AMTSL for facility delivery • Prevent eclampsia- Inj. Magnesium Sulphate ($MgSO_4$) is under procurement
3.2.	Accelerate accreditation of District Hospitals under Women	Accomplish accreditation of at least 20 District	Implementer: HSM, MNCH, MCRAH, NMES in	Accomplished accreditation for 23 District Hospitals as Women Friendly. As reported by HSM OP, a total of 19,129 deliveries held in

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
	Friendly Hospital Initiative	Hospitals as Women Friendly. C-Section rates in accredited hospitals, by June 2020	collaboration with OGSB Supervisor: DG, DGHS and DG, DGFP	nine district hospitals (Lalmonirhat, Kurigram, Madaripur, Sherpur, Cox's bazar, Rangamati, Tangail, Jamalpur and Moulvibazar); of which 43% deliveries were conducted through C-section.
3.3.	Assess comprehensively the resources and develop action plan to ensure BEmONC in all UHCs and designated UHFWCs based on resource mapping exercise) and MCWCs	Assessment report with recommendations, by June 2020	Implementer: MNCAH, MCRAH in collaboration with UNFPA Supervisor: DG, DGHS and DG, DGFP	MNCAH: Initiated preparatory work on BEmONC services for UHCs MCRAH: • BEmoc services at UH&FWC is under proposal stage. • established CEmoc services in old 72 MCWCs and for other facilities. • Manpower sanction is under process
Family Planning				
3.4.	Develop an action plan for the improvement of current low utilization of LARC and PM services at public and private health facilities	Action plan agreed by DGHS and DGFP and disseminated, by December 2019	Implementer: CCSDP Supervisor: DG, DGFP	A meeting was held on 06 May 2019, involving the Line Director, Program Managers, Deputy Program Managers of CCSDP and officials from DGHS and development partners. In the meeting, a small committee was formed to develop an action plan. After development of a draft action plan, the committee arranged an internal meeting and then shared the draft with UNFPA in a working group meeting. The recommendations of the UNFPA have been incorporated in the draft and would be finalized by November 2019.
NCD and Lifestyle and Environment				
3.5.	Scale up "healthy schools" approach aimed at improving	100 schools actively engaged in programme,	Implementer: MNCAH, L&HEP, NCDC Supervisor:	Preparatory meeting was held to define criteria for selecting 100 schools. Training materials were prepared, and logistics would be

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Current status/progress as of 30th September 2019
(1)	(2)	(3)	(4)	(5)
	lifestyle choices of school age children	by June 2020	DG, DGHS	provided (e.g. DGFP will be providing sanitary napkins)
3.6.	Start active public awareness campaign on sugar and salt intake through mass media and schools	Campaign activities in place, by December 2019	Implementer: NCDC, L&HEP, Supervisor: Additional Secretary (WH&PH), HSD	10 workshops on dietary salt conducted involving teachers of school (primary and secondary) in Dhaka district (outside metropolitan areas). Two TV spots under preparation. TV scroll running on dietary salt and sugar intake.
Communicable Disease Control				
3.7.	Following completion of the Joint Evaluation Exercise (JEE), develop the National Action Plan for Health Security (NAPHS)	NAPHS completed, by December 2019	Implementer: CDC in collaboration with IEDCR Supervisor: DG, DGHS	Two workshops held to develop the action plan.
Nutrition				
3.8.	Promote the standard regimen of iron-folate and calcium supplementation of pregnant women during ANC and ensure adequate supplies in place.	Issue instruction circular; and inclusion into orientation materials, by December 2019. Supply coordination discussion and decision in NICC meetings.	Implementer: MNCAH, MCRAH, CBHC, NNS Supervisor: DG, DGHS and DG, DGFP	According to CBHC, the standard regimen of iron-folate and calcium are being procured every year and supplied to all health facilities under CBHC. Instruction was given to all concerned to provide Iron-folate (200mg iron+400 microgram folic acid) to all pregnant mothers from the day of identification of pregnancy to 3 months after delivery. At the same time, instructions were given to provide calcium lactate to pregnant and lactating mothers up to 3 months after delivery. A decision was made in the NICC meeting to ensure uninterrupted supply of these medicines in all facilities. Three NICC meetings chaired by DG/DGHS.

iv. SUCCESS STORY FROM THE FIELD

The MOHFW implements many successful interventions throughout the country and sometimes, those are not showcased or documented in progress reports. Considering that fact, PMMU prepared a structured data collection template and clarified and shared with all OPs to submit a success story along with their APIR 2019 OP report. The response was overwhelming and a total of 32 stories from 13 OPs were submitted to PMMU. After careful review of submitted entries, one success story has met the defined criteria which is illustrated below:

COMMUNITY VISION CENTER (CVC):

Globally, eye diseases are considered as one of the major contributors of nonfatal disabling conditions. In Bangladesh, 1.5% of adults are blind and 21.6% have low vision. Alarmingly, around 1.5 million children in Bangladesh are suffering from low vision, which can be avoided through intervention while around 250,000 people in Bangladesh risk losing eyesight because of diabetic retinopathy[18]. Experts say around 80% of blindness is avoidable by interventions. A recent study undertaken by BRAC suggests that the high prevalence of refractive error, allergic conjunctivitis, cataract, and visual impairment require provisions for eye care services[19].

National Eye Care (NEC) is an operational plan (OP) under the Health Services Division of the Ministry of Health and Family Welfare to ensure comprehensive eye care is available in every corner of the country. Primarily, NEC is working to prevent and eliminate avoidable blindness from the community. It was a great challenge for the NEC to provide comprehensive eye care to marginalized and rural people with its existing set-up. As a result, all the indices of blindness eradication are very low in our country. To overcome this scenario, NEC has introduced the 'Community Vision Center - CVC' model, a proven community eye care service delivery system to reach marginalized people.

Features of CVC:

- CVC is established in an area where eye care facilities are not available.
- CVC is well equipped with modern equipment and trained ophthalmic nurses to ensure primary eye care at the vision center and set-up video consultation with a tertiary level eye hospital (Base Center) for specialized services and establish a perfect referral system between the CVC and the Base Center.
- CVC delivers primary eye care services which include refraction, emergency eye care, counselling etc. free of cost, as well as , provision of free medicines, free spectacles and ensures free ophthalmic surgeries done at the base hospital for the referred patients.

Composition of CVC: Two highly trained ophthalmic nurses run each CVC and capture visiting patients' demographics and clinical data. After the registration process is completed, nurses perform refraction and clinical examinations, electronically transfer the findings data to the base center and arrange a video-consultation between patient and ophthalmologist. After having the video-consultation and evaluating patient's data, the ophthalmologist issues a prescription with his/her electronic signature. Nurses take a print of the prescription, deliver medicine and spectacles to the patient and eventually, perform counselling. Nurses also complete the formalities for the referred patient to the Base Center.

[18] https://www.dhakatribune.com/bangladesh/2018/10/12/experts-750-000-people-suffer-from-blindness-in-bangladesh

[19] Ipsita Sutradhar et.al. Eye diseases: the neglected health condition among urban slum population of Dhaka, Bangladesh

Current scenario of CVC: The operation plan of NEC has the provision to establish 200 CVCs throughout the country by 2022. Honorable Prime Minister, Sheikh Hasina inaugurated 20 CVCs on 29th August 2018. Sheikh Fazilatunnesa Mujib Eye Hospital & Training Centre, a highly specialized tertiary level eye hospital serves as Base Center for these 20 CVCs. Later, NEC established 30 more CVCs on 01 March 2019 with Base Centers at Rangpur Medical College Hospital and Rajshahi Medical College Hospital. These 50 CVCs are spread over 18 districts under 50 UHCs.

Outcome: Since the inception of these CVCs, a total number of 1,31,438 20 patients (Male – 37%, Female – 63%) have been served and in the case of critical cases, the ophthalmic nurses referred 17,942 patients (14% of total patients) to Base Centers.

Picture: nurses are busy conducting patients' eye examination at CVC.

Challenges Faced:

- Financial constraints to conduct free eye surgery and supply free spectacles and free medicines.
- Lack of human resources at Base Center and CVCs
- Unavailability of uninterrupted electricity and network connectivity.

Lessons Learned:

- CVC is an effective method of eliminating avoidable blindness from society.
- Innovative idea or concept may change behaviors, but this is often associated with lots of challenges which require constant effort to overcome.

[20] Data as of 28 September 2019

CHAPTER 3. ISSUES OF IMPORTANCE

Tuberculosis in Bangladesh --- a stubborn SDG challenge

INTRODUCTION

TB has been known as a fatal infectious disease in Bangladesh for centuries. However, new knowledge and technology has made it possible to make it known that it is curable, and that assistance is available free of cost to all citizens to get rid of TB and return to a normal active life.

The National Tuberculosis Programme introduced the internationally acclaimed DOTS strategy as early as 1993 and had been implementing the 'Stop TB' strategy since 2006. DOTS services have been made available by the government free of cost in all Upazila Health Complexes (UHCs) since 1998, when the first health sector programme was launched by the MOHFW. By 2007, Bangladesh achieved 100% DOTS coverage! The MOHFW took further steps to mandate notification of TB in 2014.

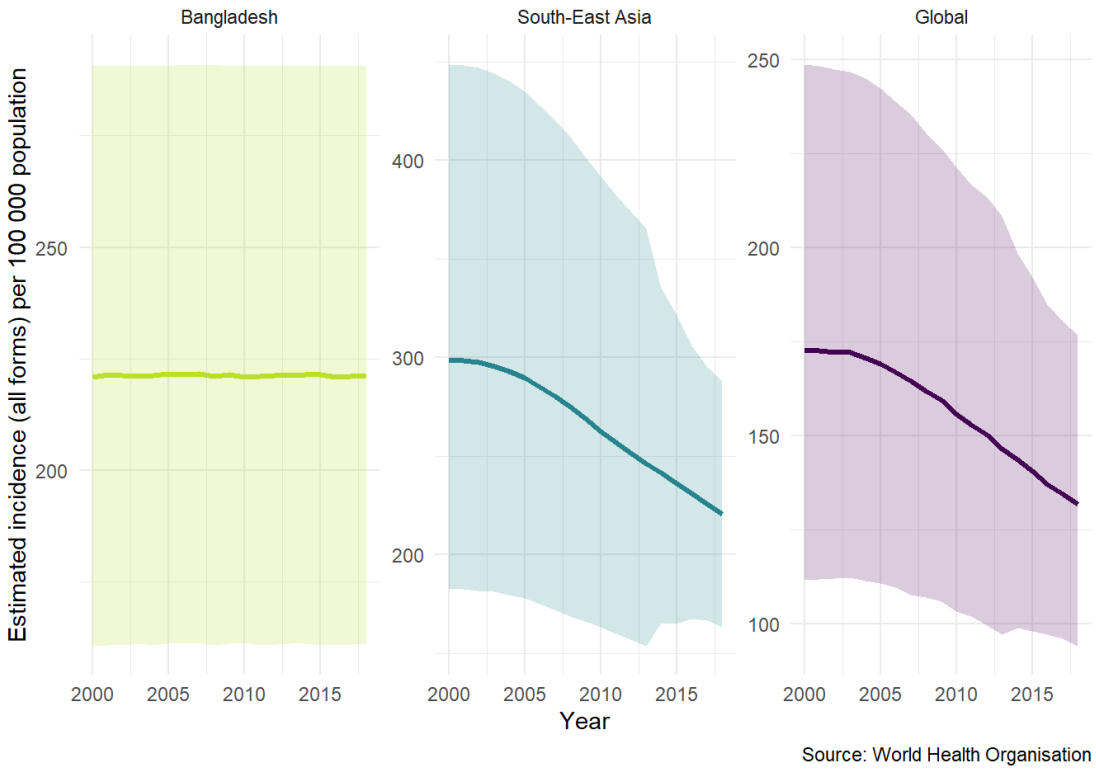
Yet Bangladesh continues to be one of the 30 high-burden countries in the world where 87% of new TB cases occurred in 2017. Worse still, it is one of the 8 countries, which accounted for two-thirds of these new cases (The 8 countries are: India, China, Indonesia, Philippines, Pakistan, Nigeria, Bangladesh and South Africa).

SDG TARGETS

International concern with the stubborn continuance of TB is reflected in the fact that the health-related SDG (3.3.2) has targeted reducing the incidence of TB by 90% and TB-related deaths by 95% by 2030. In the case of Bangladesh, these targets translate to the following figures:

a) **TB incidence:** The Global Tuberculosis Report 2016 estimated 3,60,000 number cases of TB incidence in Bangladesh which yields a rate of 221 (161 - 291) per 100,000 population making it number 33 in the world and number five regionally (Fig 3-1). In the last 10 years this has changed by 0% on average each year. The SDG target is to reduce the rate to only 22 within the next 11 years (since the 2018 figure remained at the same level)! The gravity of the task becomes apparent when it is realized that the incidence rate of TB in Bangladesh has remained nearly static during the last 10 years: from 225 in 2009 to 221 in 2018! Given this performance, it is obvious that achieving the SDG target for reducing TB incidence is next to impossible with the strategy and resources Bangladesh has been using to 'end TB'. More investment of resources to the current way of doing things may however help improve the situation somewhat but the baseline of this SDG target for Bangladesh is so low that without fundamental change in approach and rethinking, achieving this target within the time available to us does not look either feasible or probable.

Fig-3-1: Regional and Global Trends Comparison



TB mortality: The Global Tuberculosis Report 2016 estimated the number of TB-related deaths in Bangladesh as being 73,000 which translates into a rate of 45 per hundred thousand population. In order to reach the SDG target of 95% reduction in TB mortality, the target for Bangladesh would be 365 TB deaths a year and a rate of 2.75 per one hundred thousand population. TB mortality however has been steadily falling in Bangladesh: from 81,000 in 2014 to 66,000 in 2016 to 47,000 in 2018 – a reduction of 42% between 2014 and 2018. In 2018 Bangladesh had an estimated Tuberculosis mortality rate (excluding HIV) of 29 (18 - 42) per 100,000 people making it number 30 in the world and number 6 regionally (Fig – 3-2 and 3-3). In the last 10 years this has changed by -5.7% on average each year. This is still a far cry from the drastic reduction demanded by the SDG target. As in the case of the target for TB incidence, achieving this SDG target and timeline appears not to be either feasible or possible – with the existing national strategy and programme.

Fig – 3-2 - Proportion of TB Cases that Died (excluding HIV) - Regional and Global Comparison

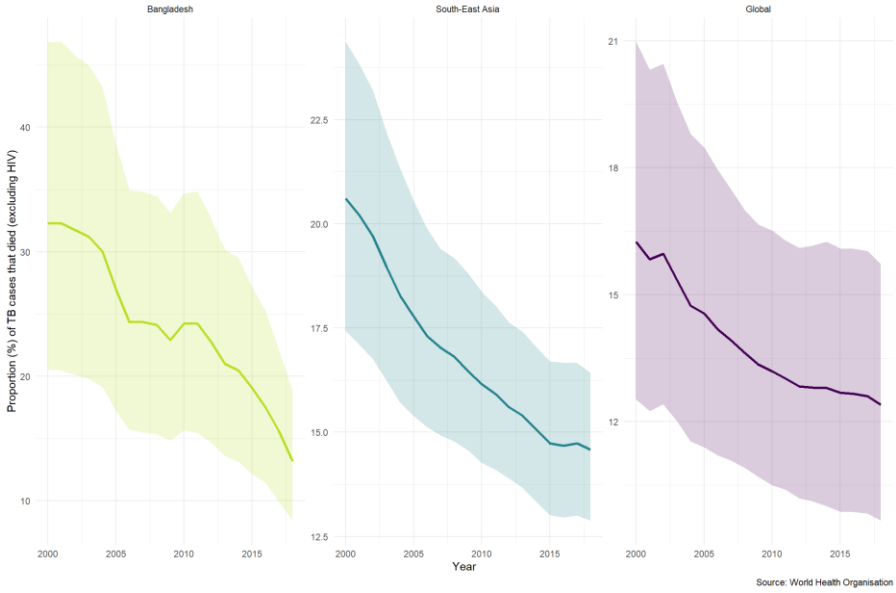
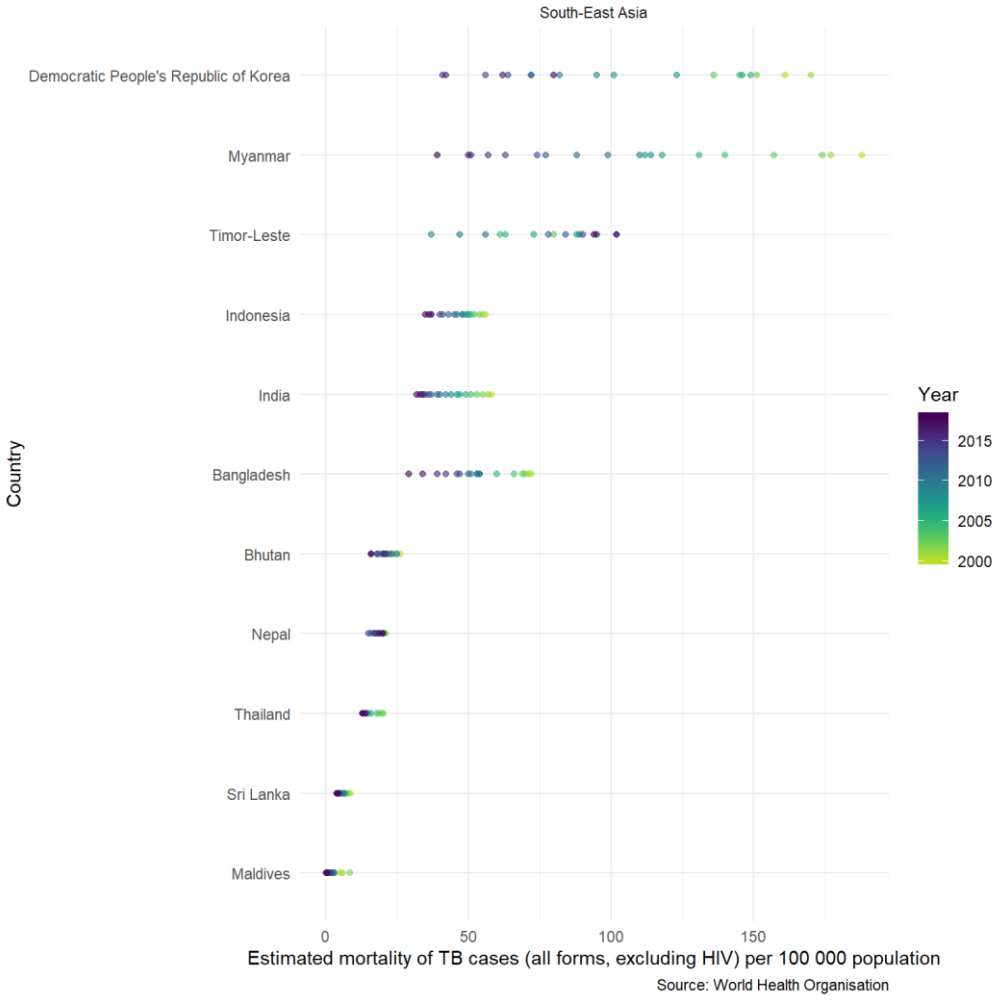


Fig – 3-3 Rates Regional Breakdown, 2018



UNHLM Targets for TB

The UN General Assembly, as a follow-up of the SDG targets on tuberculosis, held the first-ever high-level Heads of Government meeting in Sep. 2018 to emphasize the political commitment of countries to end TB. The Bangladesh delegation to this meeting was led by our Hon'ble PM and committed to achieve country specific targets along with a multi-sectoral accountability framework (MAF). The HLM targets include specific year wise number cases for diagnosis and treatment of: TB, MDR-TB and Childhood-TB, as well for TB Preventive Therapy. A current update on these four indicators provided by the Bangladesh National TB cCntrol Programme-NTP-for 2018 shows a shortfall in achievement in the case of Childhood TB and Preventive Therapy while the targets for TB and MDR-TB have been successfully met. The UN-HLM had also affirmed that TB required comprehensive response, including towards achieving UHC and one that addresses its social and economic determinants. This shift focuses beyond the epidemiological approach to a broader consideration of other issues relevant to addressing the age-old scourge.

Organization and Management of Bangladesh TB Programme

The National TB Programme (NTP) is located within the DGHS's Mycobacterial Diseases Control Directorate. On the "development" side, it is supported by the OP on Tuberculosis Leprosy and AIDS STD Program (TB-L & ASP). The NTP is implemented in partnership with BRAC, the Damien Foundation, USAID and icddr,b, MSH etc. BRAC provides DOTS services along with its sub-contracted NGOs and is the principal service provider in urban areas. It is also the major recipient of Global Funds financing. The NTP's programme budget was US$ 66m in 2018 as per the Global Tuberculosis Rpt 2018, out of which 55% was funded internationally and only 14% nationally, with 31% remaining unfunded! The Global Fund maintains rigorous oversight and expects increasing national cost-sharing. NTP holds quarterly coordination meetings with the partner NGOs and stakeholder DPs. Every 3 years, it conducts - with WHO technical support - epidemiological analysis of the TB situation in the country based on available data, the latest having been done very recently (Epidemiological Review in Bangladesh, 2019-draft Report). Diagnosis and care services for TB patients are provided through all UHCs, DHs, chest disease clinics (44), 8 chest disease hospitals, 4 Divisional chest disease hospitals and DOTS centers all over the country.

TB services however are not available at Union-level public facilities or at the CCs. Given the enormity of our TB burden, it may be worthwhile to seriously consider ways of bridging this service gap during the on-going review by NTP for updating the current Strategic Plan (2018-2022). Moreover, the urban services are dependent on the NGOs and on the unregulated private sector, which is the dominant provider of all categories of health services, including for TB. By the end of SDG in 2030, the urban population could be as high as half the total population of the country which makes it urgent on the MOHFW to establish clear organizational arrangements for coordinating with private providers for TB, (as also for Immunization, vector-borne diseases like Dengue & Chikungunya and other re-emerging communicable diseases). NTP has already launched an App for mandatory notification through which the private providers can notify new cases diagnosed at their private chambers. The recently held Joint Monitoring

Mission also pointed out the need "to focus on engaging all stakeholders including medical colleges in a more structured way as well as the private sector which is the first point of care for the majority of the populace" (WHO: Global TB Programme – News Flash, 2019). It also commended Bangladesh for "narrowing the proportion of missing people with TB, maintaining a consistently high TB treatment success rate and expanding diagnostic services to reach the periphery." These were more than 1,100 microscopy labs in the country (2017) and over 300 Gene Xperts machines, but their full utilization is hampered by capacity shortage.

Findings of the Health Facility Survey 2017 relating to TB

Some of the findings of the Bangladesh Health Facility Survey (BHFS 2017) that require immediate attention are cited here. Readiness of health facilities to provide quality TB services, using the WHO criteria, was assessed as follows: 36% for DH, 58% for UHC, 28% for NGO clinics. None of the private facilities had readiness to provide TB services! On the other hand, readiness among UHCs improved from 36% to 58% between HFS 2014 and 2017. Also, overall availability of TB services across all health facilities increased between the two periods of the Survey. Other important findings of BHFS 2017 are:

a) TB service availability: 98%- UHC, 90%- DH, 48%- private facilities and 13%- NGO facilities;
b) TB X-ray machines: 64%- private hospitals, 41%- DH and 11% UHC
c) TB diagnosis smear microscope: 75%- UHC, 61%- DH, 67% private hospitals, 28%- NGO facilities which provide TB services.
d) First-line medicine for treating TB: 84%- DH, 87%- UHC, 65%- NGO clinics. However; in all, only 4 out of 10 facilities providing TB services had first-line medicine for treating TB at the time of the Survey (mid-2017)!

The above assessment shows the urgent need for improving availability of first-line TB medicine and smear microscopes in the NGO clinics in particular and that of TB X-ray machines in the UHCs.

It also exposes the lack of readiness of the private facilities to provide acceptable TB services (as per WHO criteria) and thereby emphasizes the need for dealing with this serious shortfall, given the importance of the private sector in overall health service delivery in Bangladesh.

Removing the Problems faced by OP-TB-L&ASP

The 4th HPNSP has accommodated a specific OP on TB-Leprosy-HIV AIDS to emphasize the importance attached to these diseases in spite of the existence of a broader OP on communicable diseases control (CDC). This OP is a small part – in budgetary terms, of the broader sectoral issues regarding TB. Yet it plays a catalytic role in activating the national programme on TB control, spanning other actors – NGOs, private sector, international partners and UN body, i e. WHO.

The OP has highlighted a number of problems it has been facing during the implementation of the 4th HPNSP. These are of similar nature as mentioned during both APIR 2018 and 2019 which means that these problems have remained unresolved. A look at the factsheet of this OP attached to this APIR document details these problems which relate to HR, as usual, but also to

some process issues like fund release and procurement, etc. The DG of DGHS and the Jt. Chief, PW of HSD may set up a working group with the LD of the OP to initiate steps to remove the continuing roadblocks facing the efficient operation of the OP. The OP's strategies, activities and budget also need to be reviewed, given the national commitment to end-TB and the adverse implications of failing to honour commitments made to the international community.

Way Forward

I. Improving Supply-side Responses:

- The gaps pointed out by the Health Facility Survey– in readiness of health facilities of the government, the private sector clinics or those of the NGOs – need to be addressed sooner than later to further improve treatment and cure of TB patients, which happen to be areas in which Bangladesh has been making progress in recent times.
- Further intensive efforts will have to be made to address the role of NGOs and the private sector regarding strengthening existing services, accelerating case detection and preventing transmission.
- Experience gathered regarding urban TB through the Challenge TB project (supported by USAID) could be utilized to strengthen NTP's strategy and interventions relating to urban TB which is expected to expand with increasing urbanization in the coming decades.
- The private sector demands new approaches and arrangement to get better aligned with the National TB Control Programme for improved reporting and referral, in particular.
- Bangladesh's inclusive approach towards providing TB services would gain by setting up the multi-sectoral accountability framework (MAF) recommended by the UN-HLM, attended by our Hon'ble Prime Minister (mentioned earlier in this note). TOR and composition of a two-tier TB taskforce, along the lines of the MAF has been recently drafted for consideration of the MOHFW.
- TB-LC OP should be revised-strategies, activities and budget-in the light of the recommendation of the recently held Joint Monitoring Mission so that existing services are strengthened.

II. Developing Demand-management strategy:

- A strategy for prevention of the disease may be developed keeping in view the multi-sectoral factors which contribute to the unremitting incidence of TB and its transmission. This strategy may be designed to generate a comprehensive response for addressing the social and economic determinants of TB, as called for by the UN-HLM. Steps for reducing the impact of crowding and poor ventilation, the reduction of malnutrition and smoking as well as the extent of diabetes, etc., could form part of this comprehensive approach.

The Strategic Plan for TB (2018-22) may be redesigned to reflect the long-neglected need for addressing the demand-side issues, in addition to improving efficiency of the existing supply-side responses to TB incidence and mortality.

PART-B

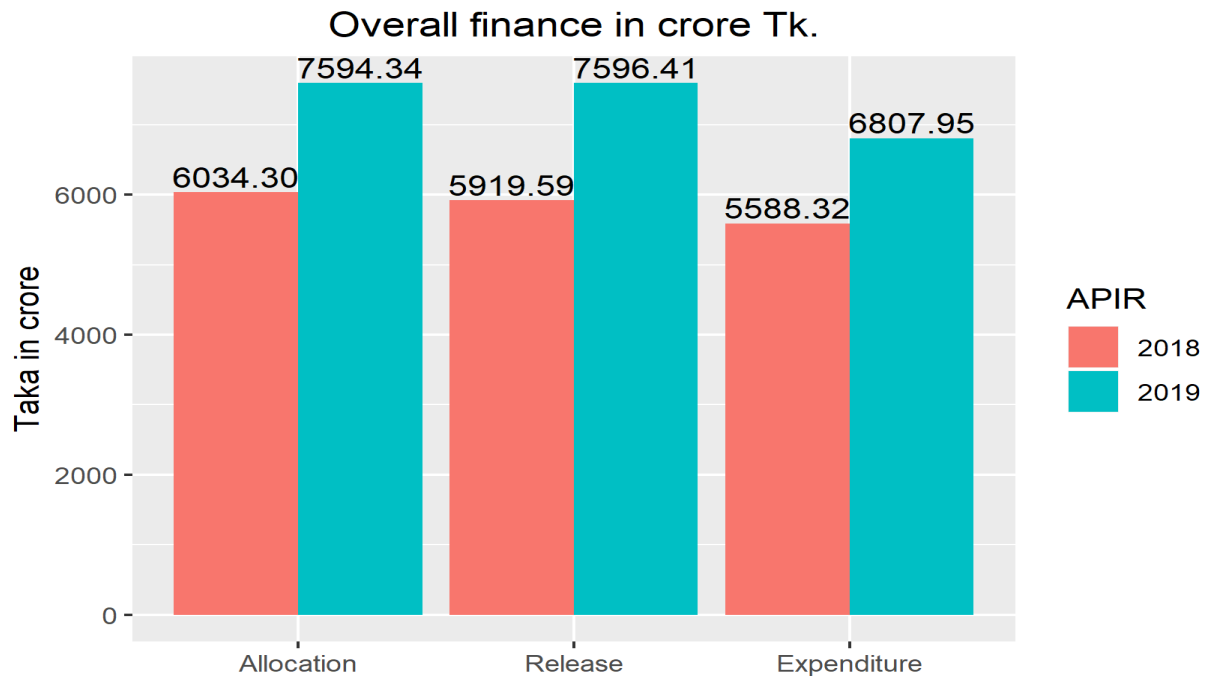
4th HPNSP Overall Performance – Summary Factsheet

16 out of 29 OPs submitted report timely	Activities in line with AWP **100%**	Achieved indicators **74%** **(84 out of 131 indicators achieved; 18 indicators are not applicable)**	Fund release against allocation **100%**	Fund utilization against allocation **90%**	Fund utilization against release **90%**

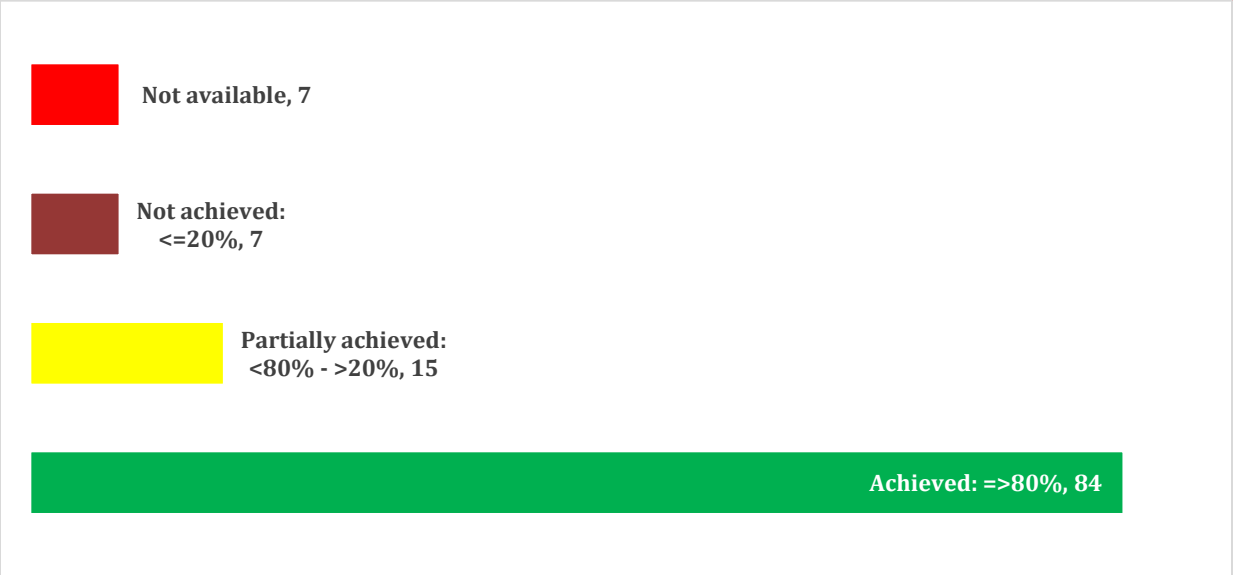
General Objective

To have focused improvements in increasing access to quality health care and improvement in equity along with efficiency by gradually achieving UHC.

Financial Progress



Progress of OP-level Indicators



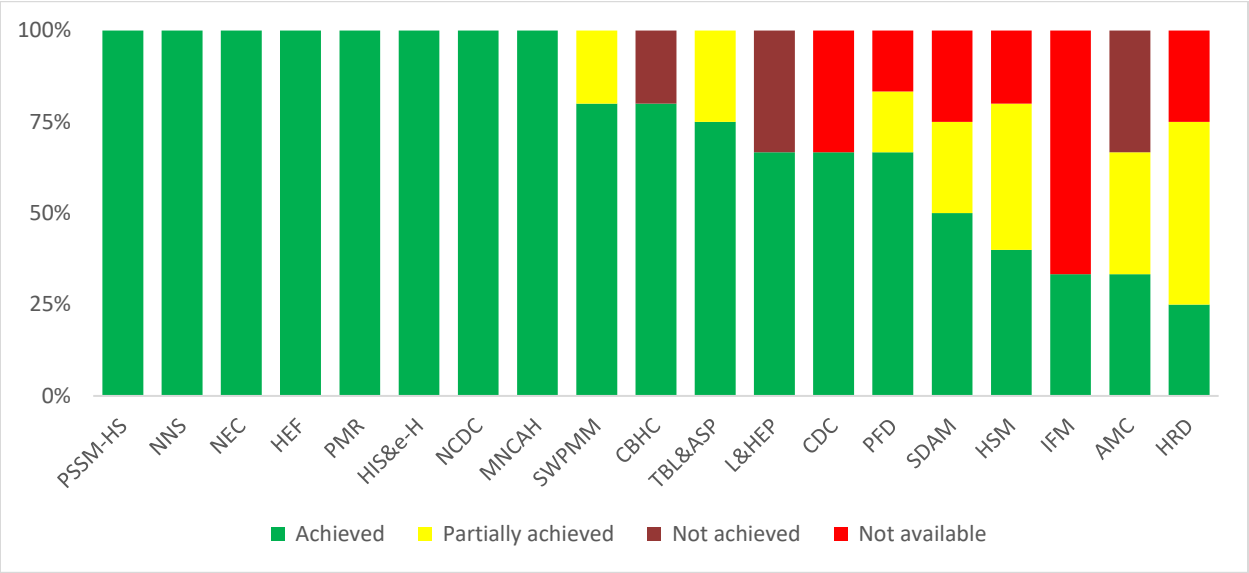
** 18 indicators that are not applicable have not considered in calculation.

Overall achievement measured by OP-level indicators:

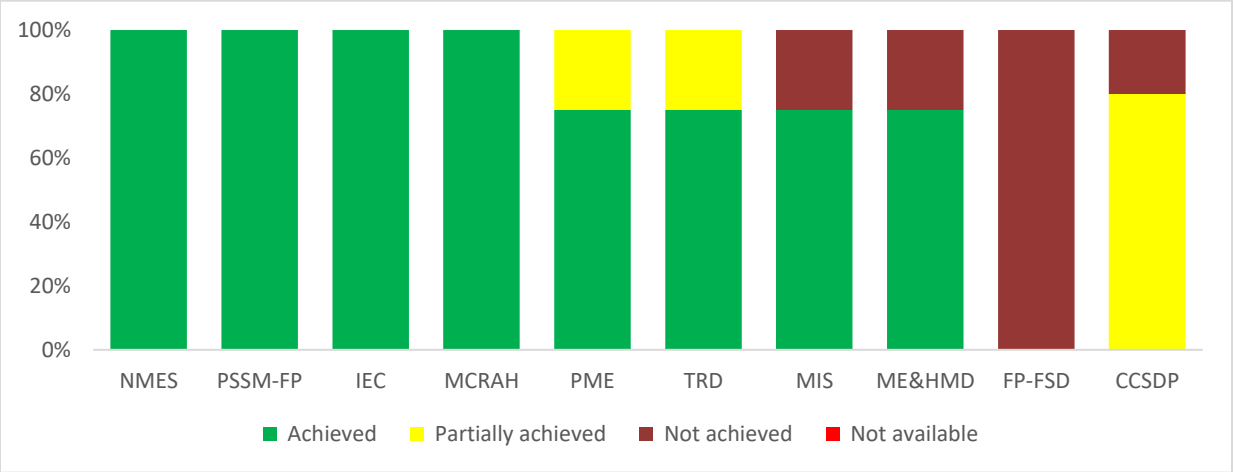
Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	20	44	49	113
Achieved	16 (80%)	34 (77%)	34 (69%)	84 (74%)
Partially achieved	3 (15%)	4 (9%)	8 (16%)	15 (13%)
Not achieved	0 (0%)	2 (5%)	5 (10%)	7 (6%)
Not available	1 (5%)	4 (9%)	2 (4%)	7 (6%)

** 1 indicator from SGS, 3 indicators from SHS and 14 indicators from IHS component were not applicable.

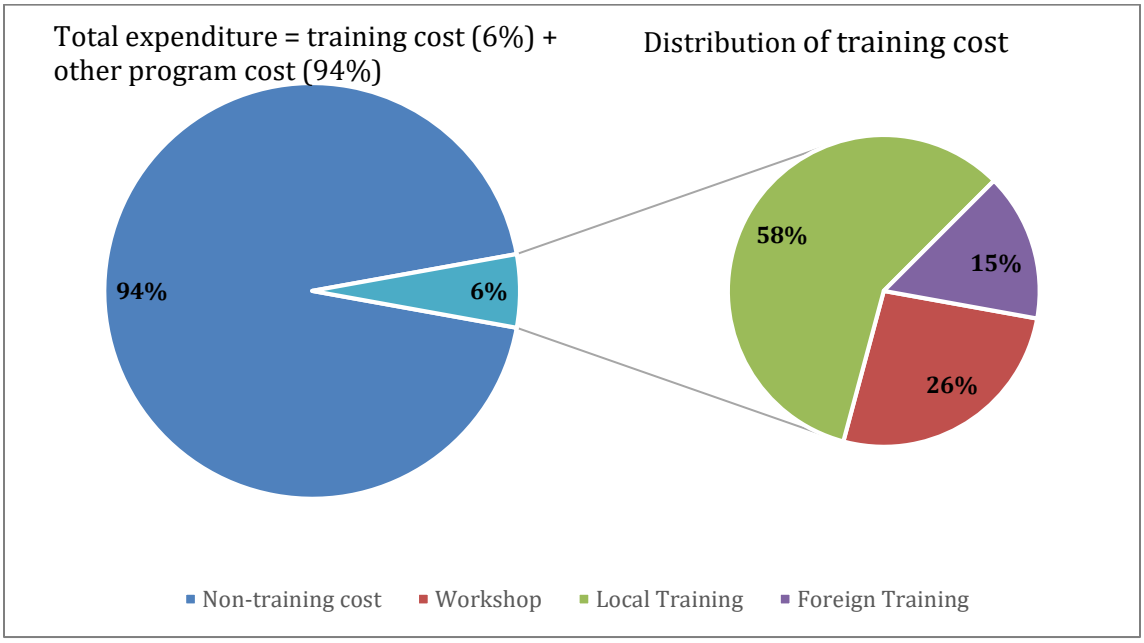
Progress measured by OP indicators of HSD (n=19)



Progress measured by OP indicators of ME&FWD (n=10)



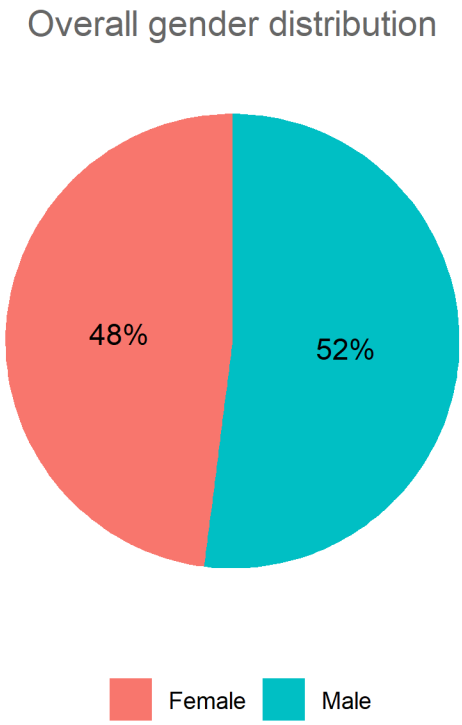
Training Information



Out of the total expenditure of Tk. 6,807.95 crore, 386.50 crore (6%) was spent on training. Of the total training cost, Tk. 225.43 crore (58%) was spent on local training, Tk. 101.78 crore (26%) was spent on workshop and Tk. 59.28 crore (15%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	27,856 (67)	197,477 (52)	129,851 (41)	355,184 (48)
Foreign Training	1,196 (3)	753 (<1)	15 (<1)	1,964 (<1)
Workshop	12,472 (30)	185,111 (48)	189,355 (59)	386,938 (52)

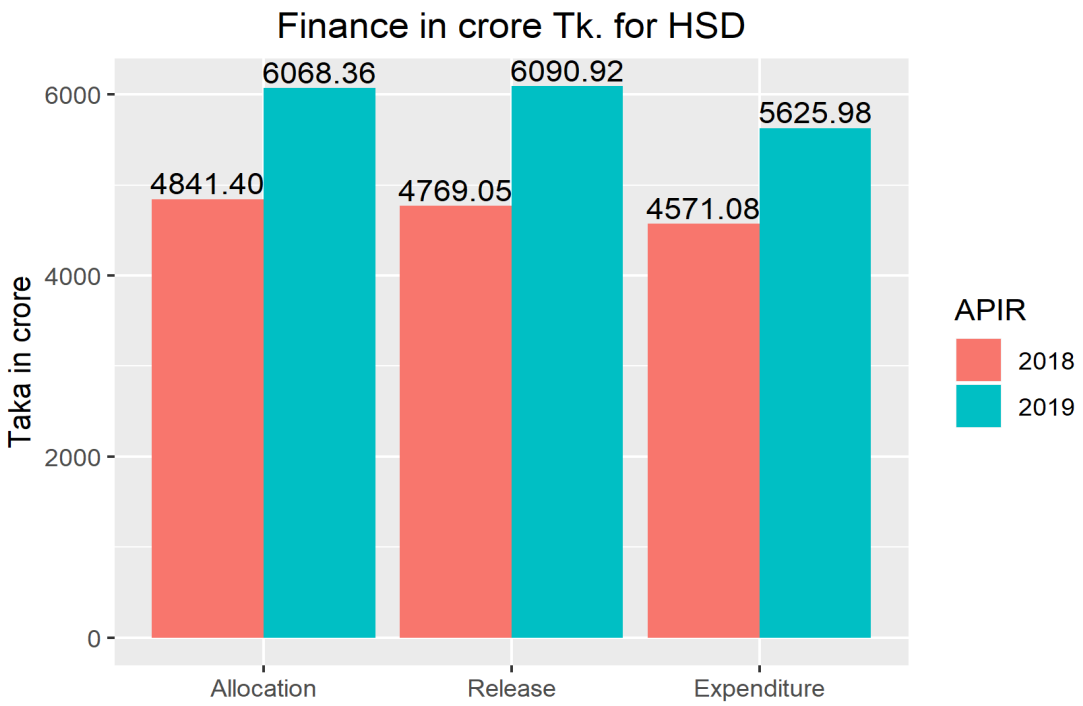
Training duration	Training participants		Cost of training (Taka in crore)	
	Number	%	Number	%
Short term (1-28 days)	738,502	99.25%	364.37	94.27%
Medium term (29 days – 6 months)	2,637	0.35%	12.89	3.33%
Long term (6+ months)	2,947	0.40%	9.25	2.39%
Total	**744,086**	**100.00%**	**386.50**	**100.00%**


Overall gender distribution
48%
52%
Female
Male

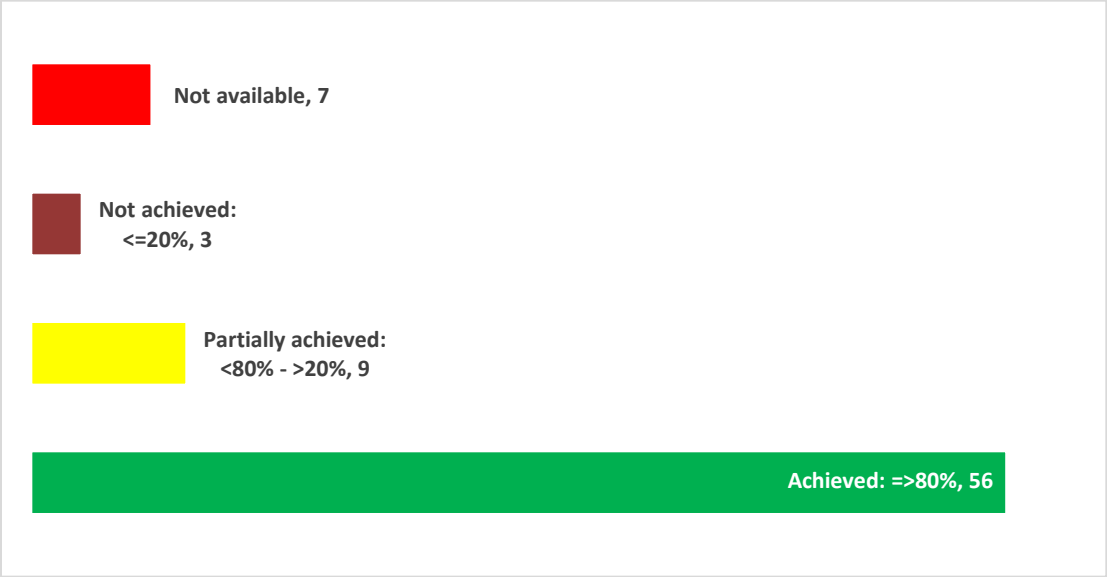
Health Services Division (HSD) – Summary Factsheet (19 OPs)

12 out of 19 OPs submitted report timely	Activities in line with AWP **100%**	Achieved indicators **75%** (56 out of 85 indicators achieved; 10 indicators are not applicable)	Fund release against allocation **100%**	Fund utilization against allocation **93%**	Fund utilization against release **92%**

Financial Progress



Progress of OP-level Indicators



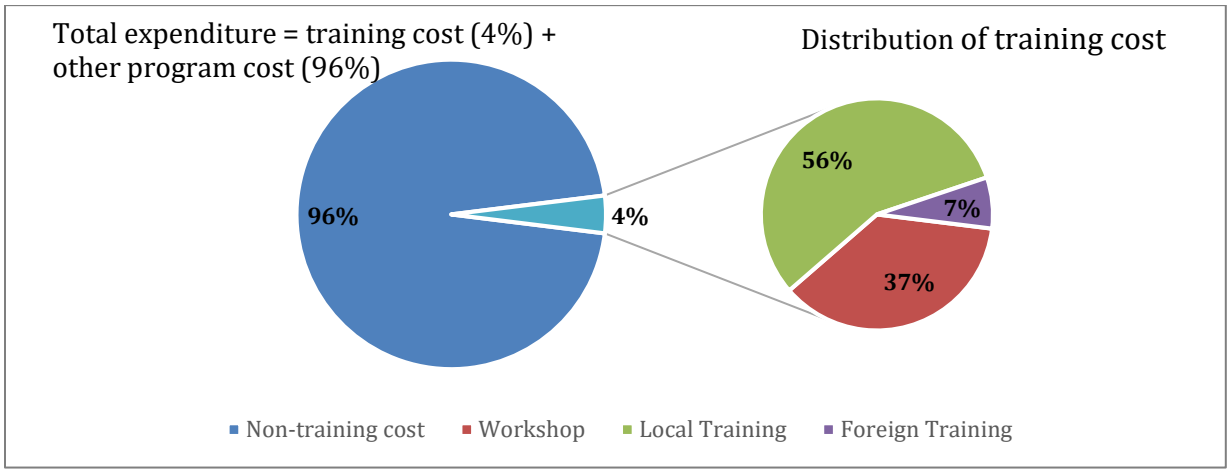
** 10 indicators that are not applicable have not considered in calculation.

Overall achievement measured by OP-level indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	16	22	37	75
Achieved	13 (81%)	15 (68%)	28 (76%)	56 (75%)
Partially achieved	2 (13%)	3 (14%)	4 (11%)	9 (12%)
Not achieved	0 (0%)	0 (0%)	3 (8%)	3 (4%)
Not available	1 (6%)	4 (18%)	2 (5%)	7 (9%)

** 1 indicator from SGS, 2 indicators from SHS and 7 indicators from IHS component were not applicable.

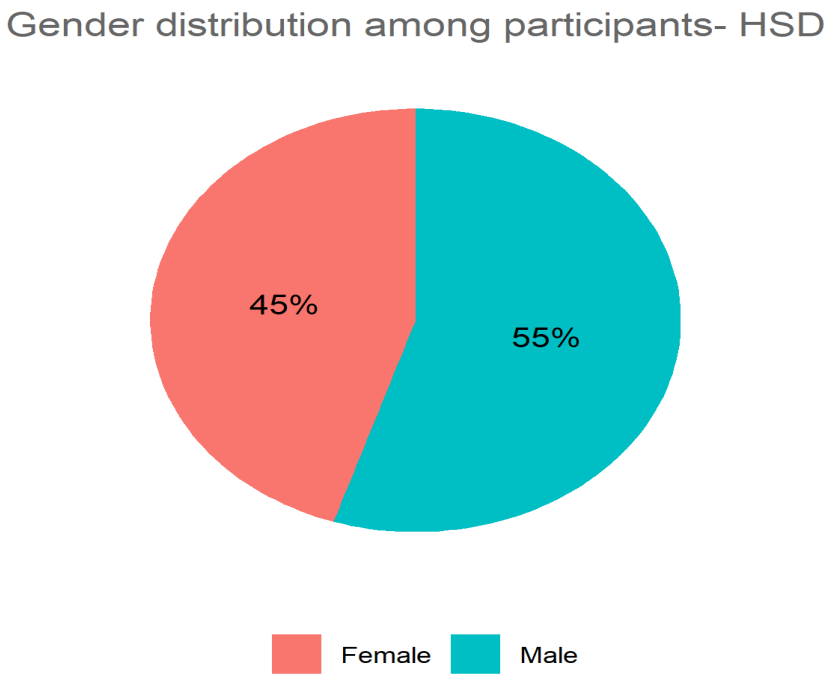
Training Information



Out of the total expenditure of Tk. 5,626.0 crore, Tk. 220.08 crore (4%) was spent on training. Of the total training cost, Tk. 123.70 crore (56%) was spent on local training, Tk. 80.71 crore (37%) was spent on workshop and Tk. 15.67crore (7%) was spent on foreign training.

Training and workshop participants by OPs

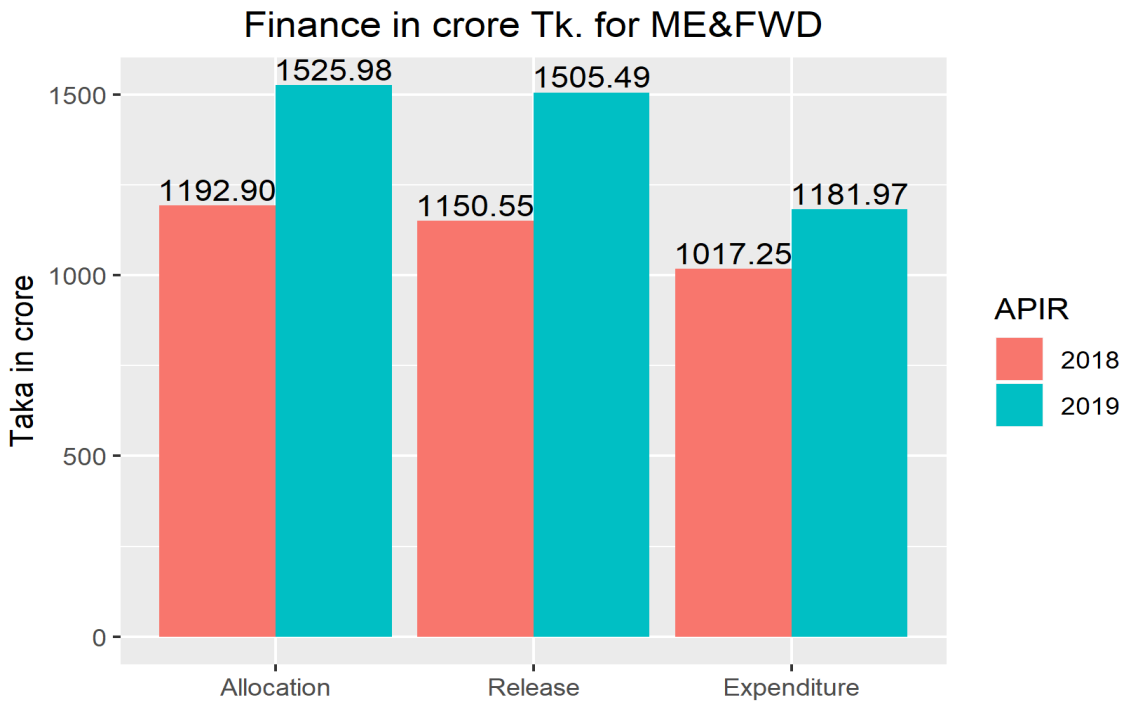
Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	23,684 (69)	94,996 (40)	1,27,867 (47)	2,46,547 (45)
Foreign Training	309 (1)	145 (<1)	5 (<1)	459 (<1)
Workshop	10,363 (30)	1,44,675 (60)	1,43,353 (53)	2,98,391 (55)



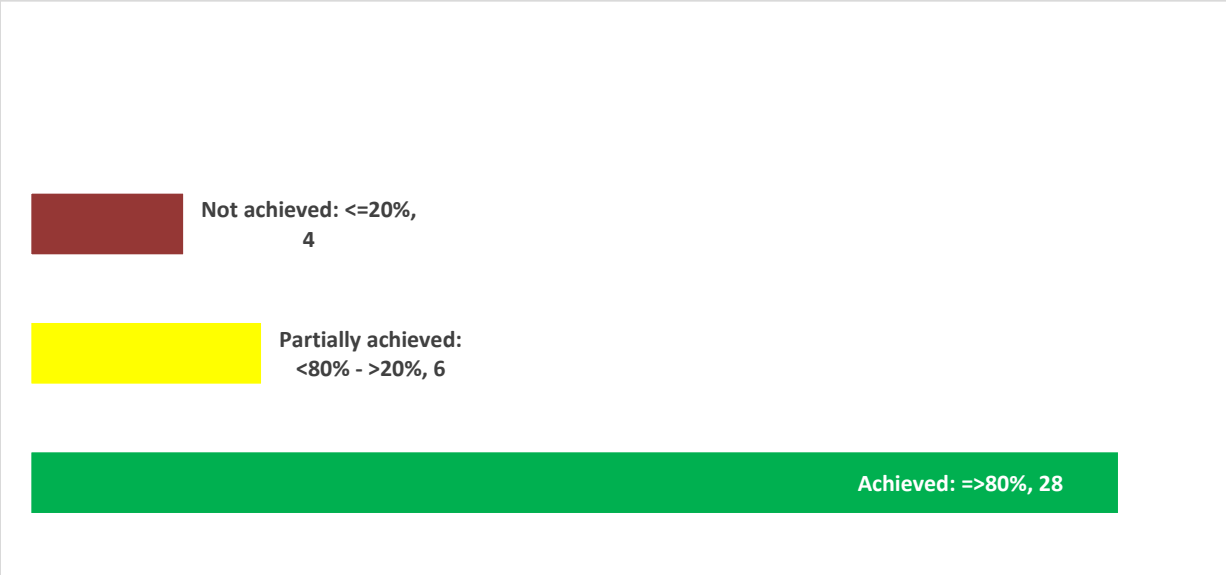
Medical Education and Family Welfare Division (ME&FWD) – Summary Factsheet (10 OPs)

4 out of 10 OPs submitted report timely	Activities in line with AWP **100%**	Achieved indicators **74%** **(28 out of 46 indicators achieved; 8 indicators are not applicable)**	Fund release against allocation **99%**	Fund utilization against allocation **77%**	Fund utilization against release **79%**

Financial Progress



Progress of OP-level Indicators



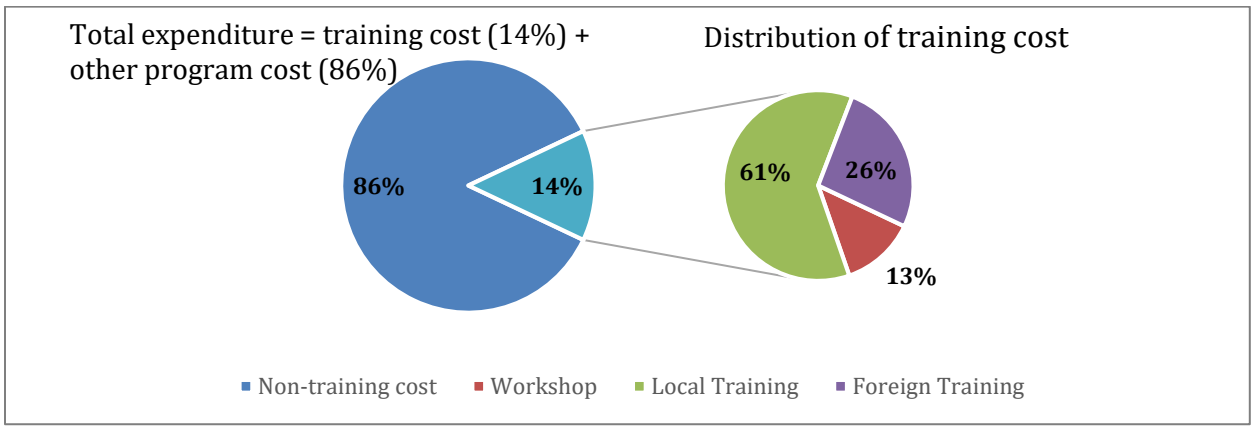
** 8 indicators that are not applicable have not considered in calculation.

Overall achievement measured by OP-level indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	4	22	12	38
Achieved	3 (75%)	19 (86%)	6 (50%)	28 (74%)
Partially achieved	1 (25%)	1 (5%)	4 (33%)	6 (16%)
Not achieved	0 (0%)	2 (9%)	2 (17%)	4 (11%)
Not available	0 (0%)	0 (0%)	0 (0%)	0 (0%)

** 1 indicators from SHS component and 7 indicators from IHS component were not applicable.

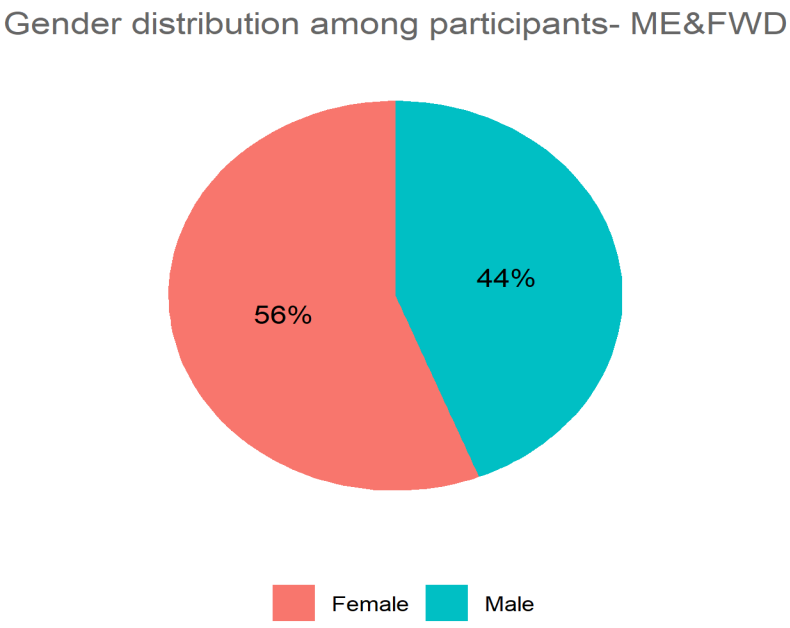
Training Information



Out of the total expenditure of Tk. 1,181.97 crore, Tk. 166.43 crore (14%) was spent on training. Of the total training cost, Tk. 101.74 crore (61%) was spent on local training, Tk. 21.08 crore (13%) was spent on workshop and Tk. 43.61 crore (26%) was spent on foreign training.

Training and workshop participants by OPs

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	4,172 (58)	102,481 (71)	1,984 (4)	108,637 (55)
Foreign Training	887 (12)	608 (<1)	10 (<1)	1,505 (1)
Workshop	2,109 (29)	40,436 (28)	46,002 (96)	88,547 (45)



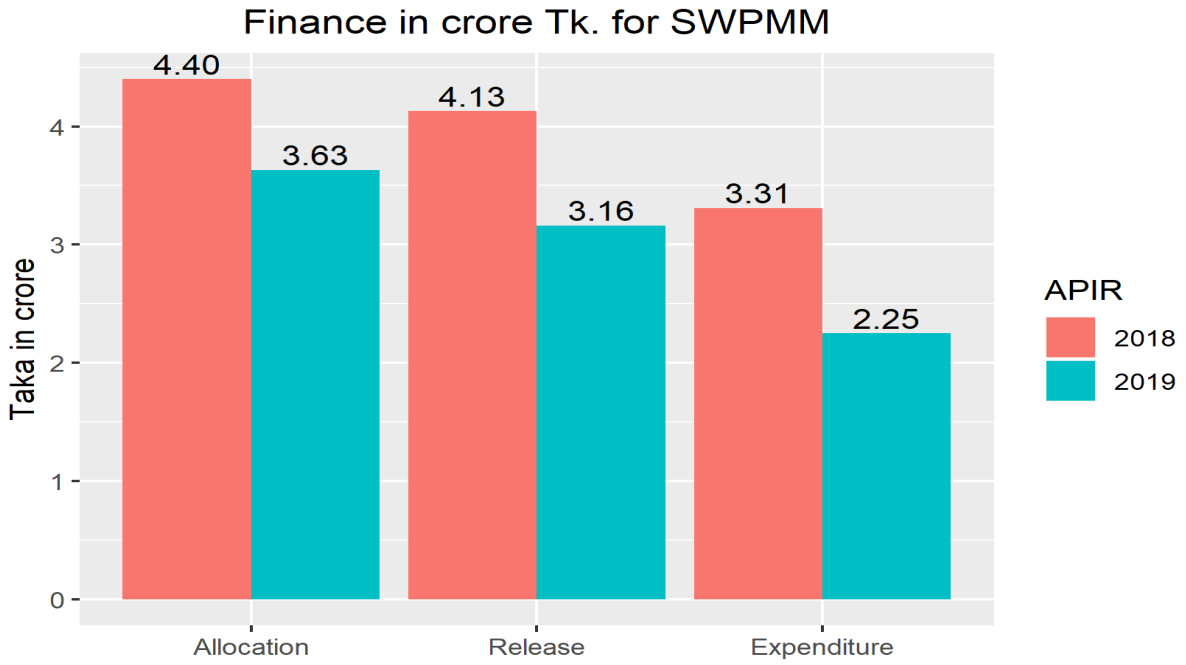
OP-01: Sector-wide Program Management & Monitoring (SWPMM)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**80%** (4 out of 5 indicators achieved)	**87%**	**62%**	**71%**

General Objective

To improve the performance of HNP sector through appropriate planning, budgeting and monitoring for coordinated and efficient utilization of resource.

Financial Progress

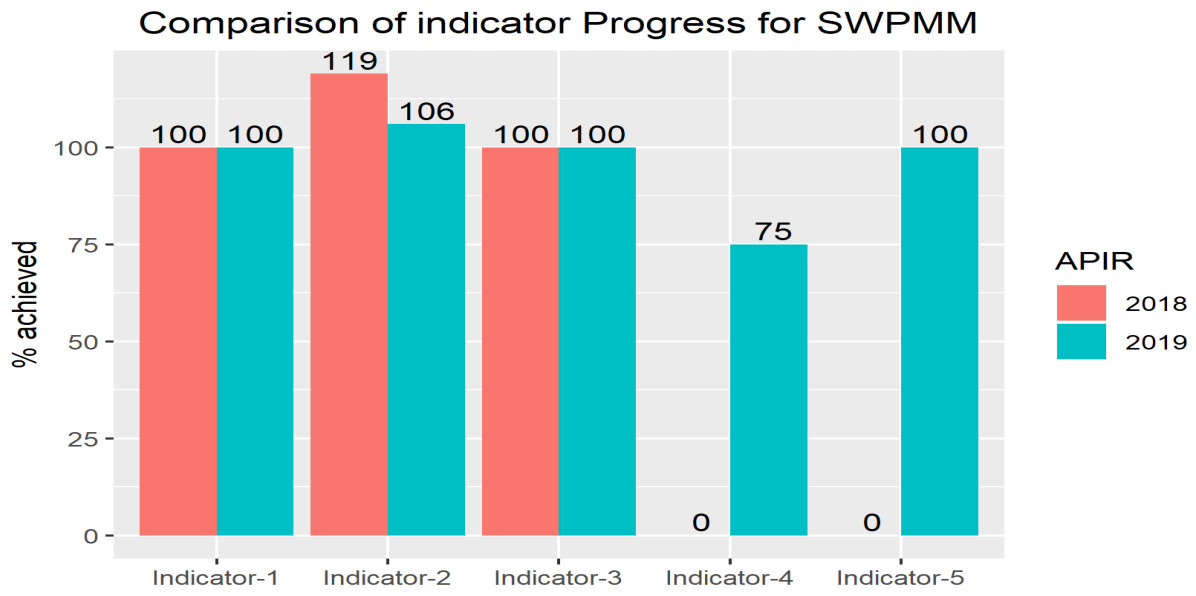


Progress of OP-level Indicators

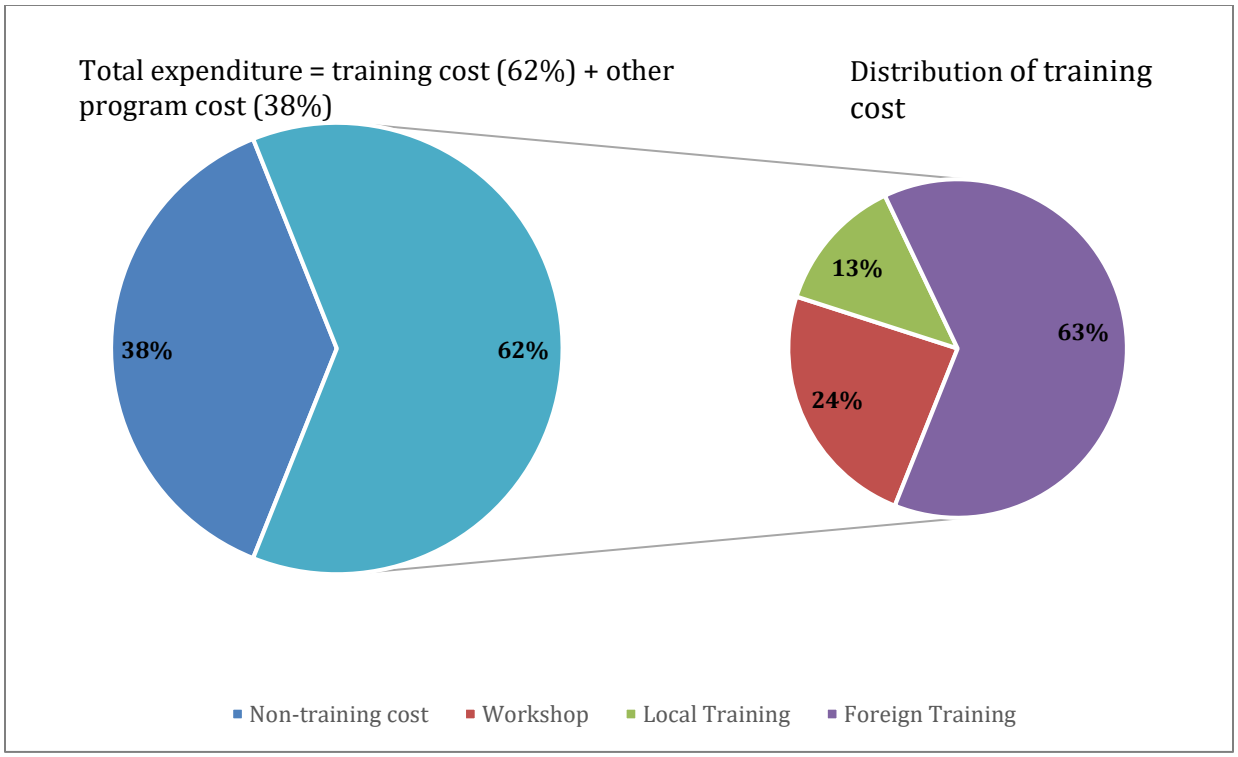
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 Target	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of OPs submitting Annual Work Plan (AWP) with budget by August	100% (APIR 2016)	100%	29	29	100%	NIL	
Indicator-2	Increase in the number of OPs with annual budget execution over 80%	13, (APIR 2015)	18	16	17	106%	Yes	
Indicator-3	Prepare annual Programme implementation reports (APIR)	1 report/year	3	1	1	100%	NIL	
Indicator-4	LCG health meetings organized quarterly and decisions followed up	2 Nos. (July-Dec. 2016)	14	4	3	75%	NIL	
Indicator-5	Improved coordination mechanism focusing on PHC in urban areas	NA		2 meetings	2 meetings	100%	Yes	

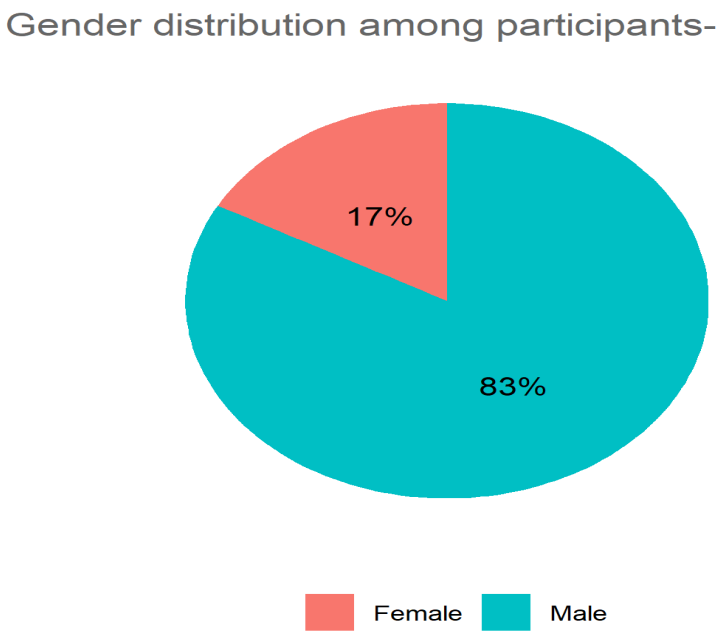


Training Information



Out of the total expenditure of Tk. 2.25 crore, Tk. 1.39 crore (62%) was spent on training. Of the total training cost, Tk. 0.18 crore (13%) was spent on local training, Tk. 0.88 crore (63%) was spent on foreign training and Tk. 0.33 crore (24%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	98 (8)	0 (0)	0 (0)	98 (6)
Foreign Training	14 (1)	0 (0)	3 (5)	17 (1)
Workshop	1,176 (91)	380 (100)	62 (95)	1,618 (93)



Major Physical Progress

Program Review, Monitoring and Evaluation

- Arranged 20 ADP meetings (08 HSD and 12 ME&FWD) in 12 months as part of monthly progress review meetings.
- Organized consultative workshops with the LDs and DPs to finalize APIR 2018 and SmPR 2018.
- The APIR 2018 and the SmPR 2018 were prepared, published and distributed.
- Started preparation of APR 2018 on June 2018. An independent Review Team (IRT) consisting of 13 national and two international consultants conducted APR 2018. The TL submitted the final report on 24 February 2019. Arranged one policy dialogue during APR 2018.
- Arranged four DLI monitoring committee meetings.
- Included progress updates on DLI achievement in SmPR 2018.
- Sent a report on MOHFW's progress in FY 2017-18 to GED, Planning Commission for inclusion in SDG Implementation Review (SIR) 2018. The report covered the period from January 2016 to December 2018.
- Organized a national consultation workshop to present health-related SDGs at the PMO.
- Conducted two workshops on SDG localization in Rangpur and Mymensingh (at the same workshop held on 4th HPNSP).

- Prepared a write-up on 'Ensuring Good Health and Well-Being for all through the SDGs' for the 2nd Regional Seminar for the Asia-Pacific Region Parliaments on Achieving the SDGs.
- Reported progress to the Statistics and Informatics Division (SID) on 232 global SDG indicators and Government's 40 priority SDG indicators.
- Reported to the Finance Division on SDG-related on-going projects/ program.
- Reported SDG Implementation Progress to the Prime Minister's Office.

Sector Coordination

- Ensured GOB-DP coordination through 43 meetings (LCG-H-3; TG-9; TAC-7; DLI Monitoring Committee- 4, APR-SC Meeting-11; UHCC-1; Others-8). Coordination with the DPs also took place through a number of bilateral meetings.
- Ensured inter-ministerial coordination through 23 meetings (OP Steering Committee-04; TIC-19).
- Ensured inter-agency coordination through 10 workshops (Six workshops on APIR 2018 & SmPR 2018 templates, Two dissemination Workshops of APIR 2018 & SmPR 2018; Two workshops on DLRs with LDs).
- Arranged one PIP dissemination workshop at the national level and four workshops (3 divisional-level workshops in Dhaka, Rangpur and Mymensingh; and 1 APR Launching workshop in Dhaka) to publicize and disseminate the HNP Sector Program.
- Published 200 copies of APIR 2018 and 200 copies of SmPR 2018.
- Printed 5,000 copies of booklet and 5,000 copies of flyer (both in Bangla and English) of the 4th HPNSP. Moreover, printed 1,000 pcs of pens, 5,000 pcs of notebooks, and 5,000 pcs of folders with 4th HPNSP logo. (reported during SmPR)

Capacity building

- 16 central level planning officials of MOHFW attended M&E training.
- 18 central level planning officials of MOHFW attended training on PPR.
- 18 central level planning officials of MOHFW attended training on 'Business Communication Skills'.
- 18 central level planning officials of MOHFW attended training on computer skills development.
- 49 central level MOHFW personnel attended DLI Achievement for LDs.
- Nine central level MOHFW personnel attended foreign training on program planning and management.
- Five central level MOHFW personnel attended foreign training on health systems strengthening.
- 36 workshops were held on various issues including SDG localization, 4th HPNSP progress, APR 2018 Launching, etc and 1,176 central level MOHFW personnel, 380 field level MOHFW staff and 62 non-MOHFW staff attended those workshops.

Strengthening of Program Management & Monitoring Unit (PMMU)

- Arranged 31- meetings/seminars/workshops/orientations at PMMU.
- Continued Technical Assistance Support (under DP execution) to PMMU through TAST/ USAID funded MEASURE Evaluation.

- Two national consultants have been working since 2018 (one consultant funded by the World Bank for DLI monitoring; and another consultant funded by WHO for SDG monitoring).

TA support

- 13 national-international consultants were recruited with support from the World Bank, DFID, USAID, JICA and UNFPA on short-term basis to form the Independent Review Team to conduct APR 2018.

Gavi-HSS Programme

- Organized 13 meetings/workshops (Six workshops with several Gavi Missions, Four Gavi PIC meetings; One Technical Sub-committee meeting for Gavi, One NCIP meeting

Stewardship and Governance

- Recruited one national consultant as 'Governance and Stewardship Specialist' with the support from USAID to support the MOHFW in facilitating these tasks.
- Drafted Accreditation of Health Care Institutions Act.

Other activities

- Closely monitored DLI achievement progress and took steps as and when necessary to guide the LDs to achieve DLRs. Claimed disbursement to the Bank upon achievement and verification of results. A total of US$ 140.38 million was disbursed by the World Bank from IDA credit and GFF & MDTF grants.
- Reviewed the relevant document, conducted meetings with several WB Missions and GOB officials to negotiate the additional financing agreement. Also reviewed and organized SC meetings to revise five OPs of HSD to channel the additional financing.
- Negotiated the proposed financing with the World Bank; facilitated signing of MOU with IOM, WHO, UNICEF and UNICEF for implementation of some activities.

Key Challenges

- Faced some difficulties with iBAS++ operation at the beginning of the financial year however, those were sorted out with support from Finance Division. Such difficulties delayed the fund release in time.
- Delay in approval of procurement plan.

Suggestions/recommendations

- Procurement Plans should be approved by August.

Steps taken to address challenge

- Delay in approval of procurement plan issue has been discussed in various forums like ADP review meeting, OP Implementation Management Committee meeting, etc.

OP-02: Planning, Monitoring and Research (PMR)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (4 out of 4 indicators achieved)	**89%**	**74%**	**84%**

General Objective

To strengthen planning, monitoring and research activities at different level of health services.

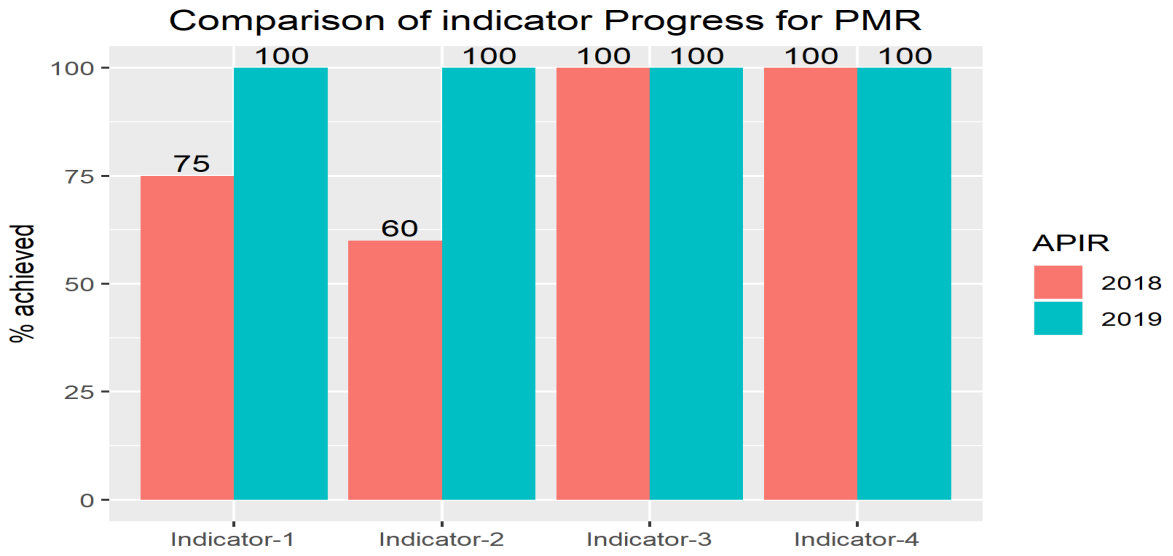
Financial Progress

Progress of OP-level Indicators

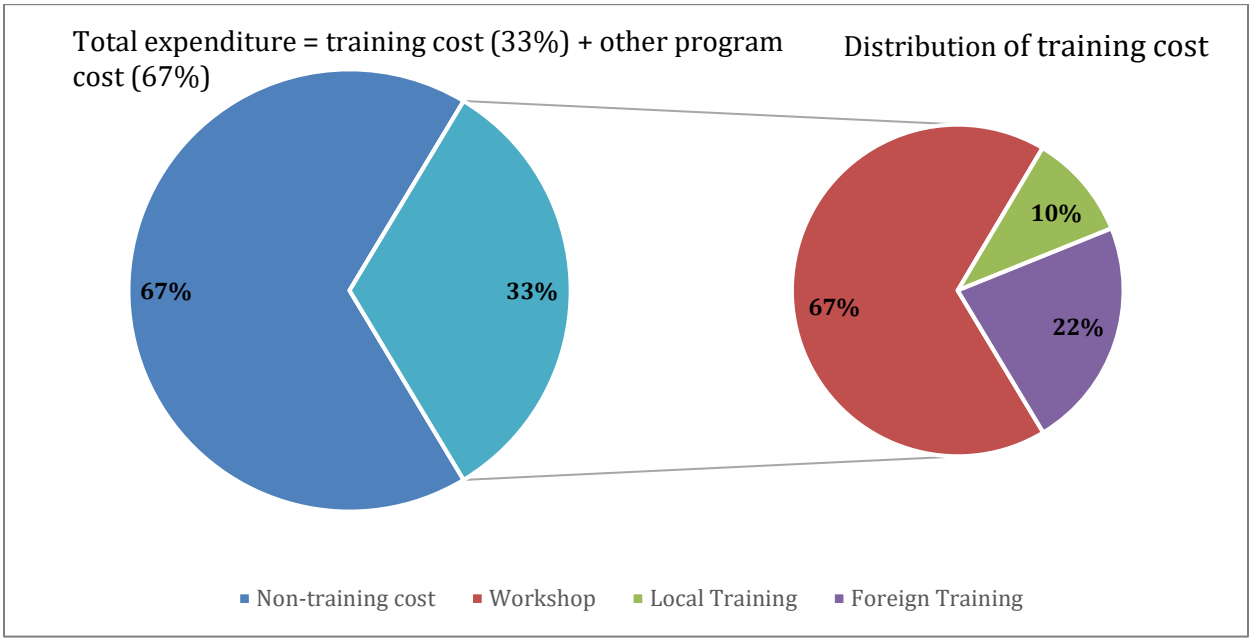
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Orientation trainings conducted on priorities of the Sector Programme	0	300	14	14	100%	NIL	
Indicator-2	Prepare plan for improved service delivery to supporting managers at different levels	0	200	19	19	100%	NIL	
Indicator-3	Monitoring meetings for OPs	12/year	42	12	12	100%	NIL	
Indicator-4	Number of brief prepared and disseminated on research conducted	0	25	8	8	100%	NIL	

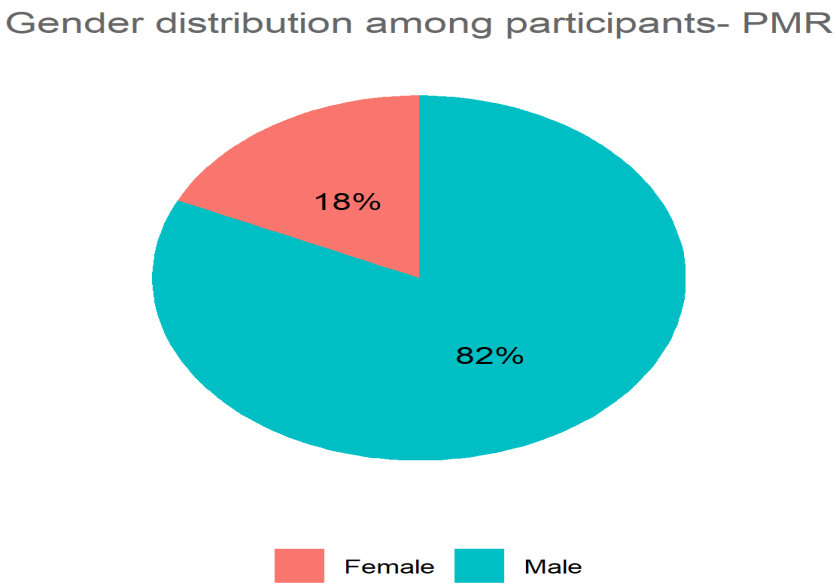


Training Information



Out of the total expenditure of Tk. 14.47 crore, 4.73 crore (33%) was spent on training. Of the total training cost, Tk. 3.18 crore (67%) was spent on workshop, Tk. 1.07 crore (23%) was spent on foreign training and Tk. 0.49 crore (10%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	200 (22)	400 (14)	0 (0)	600 (16)
Foreign Training	36 (4)	0 (0)	0 (0)	36 (1)
Workshop	667 (74)	2461 (86)	0 (0)	3128 (83)



Major Physical Progress

- Organized 13 orientation workshops for field level managers at division and district level.
- Organized one orientation workshop for the newly appointed LDs, PMs and DPMs at central level.
- Completed 20 feasibility studies of the proposed projects.
- Prepared and finalized 60 project proposals.
- Completed the national conference on "Celebrating the Successes of Health in Bangladesh and Vision for the future" attended by 117 central level MOHFW personnel.
- Organized twelve monitoring meetings for OPs.
- Organized 12 ADP monitoring meetings.
- Completed 27 periodic visits of OPs and 20 DPA activity monitoring meetings.
- Completed nine coordination meetings with counterpart of DGFP managers and NGOs at field.
- Completed formulation of 11 district health planning and implementation team.
- Conducted one coordination meeting with respective LD and situation analysis relating to DLIs.
- Completed five assessments of DLI activity in field and provided feedback to LDs.
- Prepared nine plans for improved service delivery for supporting managers at different levels.
- Conducted 14 orientation trainings on priorities of the sector program.
- 200 central level MOHFW personnel and 400 field level MOHFW staff attended trainings on research activities.
- 4 central level MOHFW personnel attended training on health system and policy research.
- 210 field level MOHFW staff attended Workshop on monitoring at field level in six districts (Perojpur, Bhola, Thakurgaon, Tangail, Bagerhat and Jessore)
- 280 field level MOHFW staff attended workshop in eight districts (Brahmanbaria, Kishoreganj, Moulvi Bazar, Gazipur, Narshingdhi, Sunamganj, Bogra and Dinajpur) on Monitoring & Supervision to create a monitoring team

- 150 field level MOHFW staff attended workshop in three upazilas (Cosba, Bisambarpur and Savar) under three districts on community peoples in health issues and find conclusion
- 60 central level MOHFW personnel and 425 field level MOHFW staff attended workshop on SDG, UHC, priorities and principles of the 4th HPNSP/ Divisional level.
- 15 central level MOHFW personnel and 145 field level MOHFW staff attended workshop on Health System operationality assessment/ Divisional level.
- 12 central level MOHFW personnel and 252 field level MOHFW staff attended workshop on Capacity Development on Planning and Implementation
- 549 field level MOHFW staff attended workshop on support to Upazila Manager via District Manager
- 380 central level MOHFW personnel and 50 field level MOHFW staff attended workshop on Feasibility Study.
- 13 field level MOHFW staff attended workshop on feasibility study of Chandpur medical college and hospital project.
- 27 central level MOHFW personnel attended consultative workshop on waste management.
- 22 central level MOHFW personnel attended workshop DPP preparation progress on Sunamgonj, Nilphamari, Habigonj, Chandpur and Rangamati medical colleges.
- 14 central level MOHFW personnel attended workshop on finalization of equipment, furniture, vehicle and manpower for Sunamgonj, Nilphamari, Habigonj, Chandpur and Rangamati medical colleges.
- 30 central level MOHFW personnel attended consultative workshop on SDG preparation in Cox's bazar.
- 20 central level MOHFW personnel attended consultative workshop on DPP preparation.
- 40 field level MOHFW staff attended workshops on research activities in Cox's Bazar Medical College.

Key Challenges

- Line Director post was vacant approximately four months.
- Delayed fund release due to introduction of iBASS++ and for that, time was very short after fund release to implement the planned activities as per work plan.
- Scheduled activities couldn't perform due to shortage of Manpower.

Suggestions/recommendations:

- Human resources with Public Health background may be deployed
- Line Director position should not be vacant for long period
- Separate Manpower may be deployed to perform the Revenue and Development activities

OP-03: Planning, Monitoring and Evaluation (PME)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**75%** (3 out of 4 indicators achieved)	**100%**	**66%**	**66%**

General Objective

To assist in formulation and implementation of different OPs of DGFP through effective coordination, monitoring, evaluation of field program performance (FPP).

Financial Progress

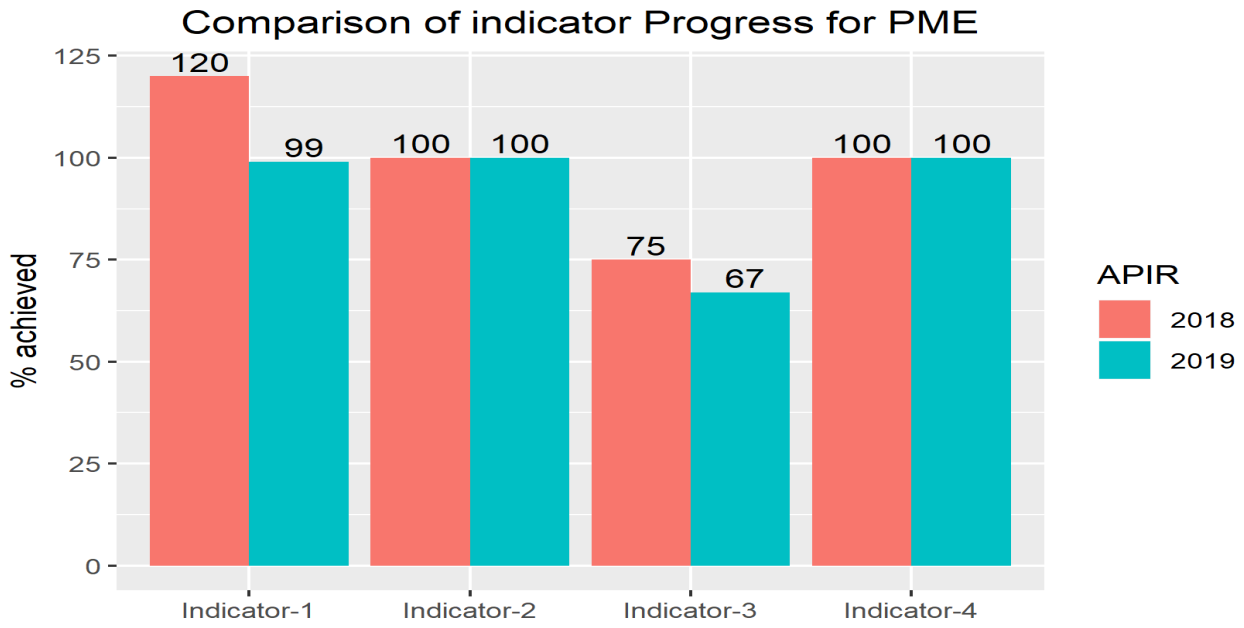
Fund utilization against release is low (66%): Issues with iBAS++ hampered to conduct the foreign and local trainings.

Progress of OP-level Indicators

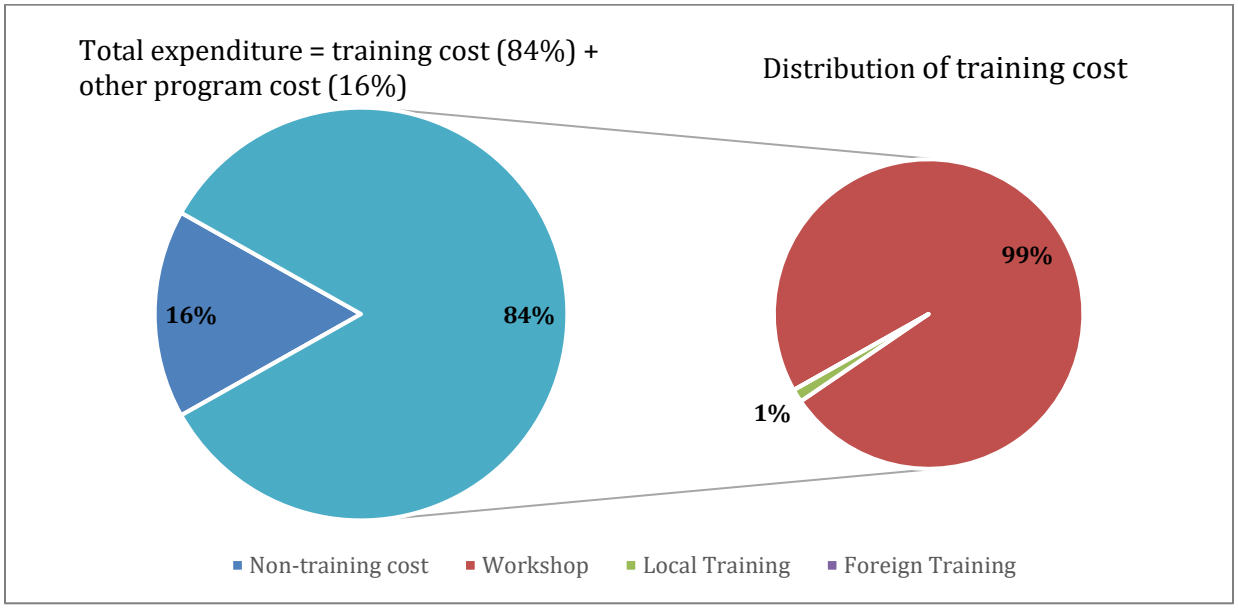
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievement, of FY 2018-19	% achieved	Link with DLI	Status
Indicator-1	Field Programme Performance Monitoring Workshop (Central, Division & District Level).	104 (Official/ Admin Reports)	444	144	143	99%	NIL	
Indicator-2	Number of Annual Work Plan (AWP) with budgets of DGFP Operational Plans submitted to MOHFW by July 2017	07 OPs (Official Reports)	Total Number of OPs/Year	07 OPs	07 OPs	100%	NIL	
Indicator-3	Monitoring of financial & physical progress of OPs for ADP Review Meetings.	05 Meetings (Official Reports)	12 Meetings/Year	12Meetings /Year	08	67%	NIL	
Indicator-4	Co-ordination Workshop with NGOs/ Garments/ Private Organization on FP-MCRAH activities (Central & Divisional Level).	N/A	N/A	02	02	100%	NIL	

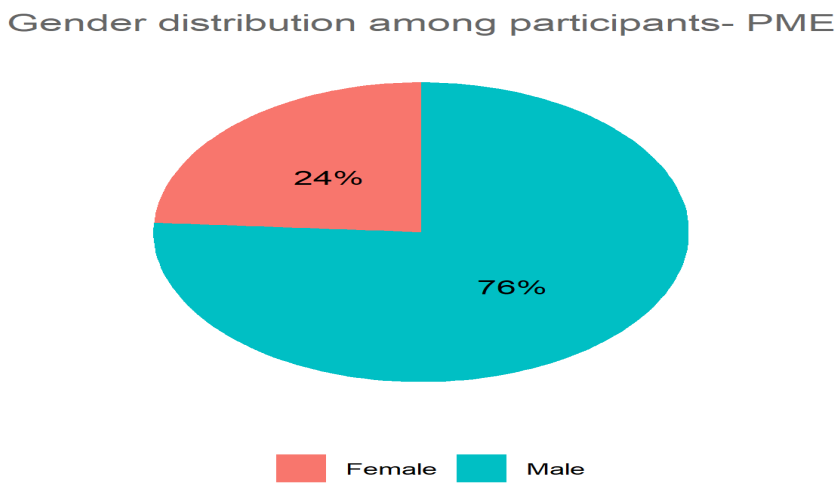


Training Information



During this reporting period, out of the total expenditure of Tk. 3.78 crore, 3.17 crore (84%) was spent on training. Of the total training cost, Tk. 3.12 crore (99%) was spent on workshop and Tk. 0.04 crore (1%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	42 (10)	0 (0)	0 (0)	42 (1)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	380 (90)	5694 (100)	554 (100)	6628 (99)



Major Physical Progress

- 5,138 field level MOHFW staff and 462 non-MOHFW personnel participated in 143 district and division level workshops on field program performance monitoring.
- Completed one report writing and printing of field program performance monitoring.
- 49 central level MOHFW personnel, 134 field level MOHFW personnel and two non-MOHFW personnel participated in the central workshop on performance monitoring.
- 65 central level MOHFW personnel participated central level workshop at DGFP (for sharing field level recommendation).
- Prepared seven AWPs with budgets and submitted to the MOHFW by July 2018.
- Arranged eight ADP review meetings for monitoring financial and physical progress.
- Organized two coordination workshops with NGOs/garments/private organization on FP – MCRAH activities (at central and divisional levels).
- 12 central level MOHFW personnel participated in training on transparency, accountability, good governance and E-governance for sustainable development.
- 15 central level MOHFW personnel participated in training on e-Filling.
- 15 central level MOHFW personnel participated in training on office management.
- 73 central level MOHFW personnel participated in workshop on OP preparation at DGFP (iBAS++).
- 55 central level MOHFW personnel, 256 field level MOHFW personnel and six non-MOHFW personnel participated workshops on SDG.
- 73 central level MOHFW personnel participated workshop on six-monthly performance review at DGFP.
- 62 central level MOHFW personnel participated workshop on PMIS.
- 166 field level MOHFW personnel and 81 NGO personnel participated in the workshop on GONGO collaboration.
- Arranged a workshop on co-ordination and preparation of OPs/ ROPs /financing and 76 central level MOHFW personnel and five non-MOHFW personnel attended the workshop.
- Arranged one meeting for OP Implementation Committee (OPIC) /Steering Committee.

Key Challenges

- Funds were disbursed equally in each code during first and second quarter which caused problem in some cases. For instance, the OP needed additional amount of money in some instances or vice versa.
- Delay in fund release, mainly in third and fourth quarter, hampered conduction quality program. At field level, several programs of other OPs usually ran simultaneously in third and fourth quarter, hence, it became difficult for PME OP to match schedule in field level.
- Faced significant challenges in implementing iBAS++ system. District and other offices could not either draw money or reconcile their budget timely for iBAS++ Software related problem.
- Shortage of Officers and Staff.
- In spite of completion of Field Program Performance (FPP) Monitoring workshop at district and division level all over the country, in some cases the field level still couldn't produce quality report.

Initiative taken to overcome challenges:

- A special workshop was organized at central level to disseminate field level findings and recommendations to concerned Line Directors and Ministry representatives.

Suggestions/recommendations:

- Fund should be released timely to implement activities according to the Annual Work Plan (AWP). More so, fund should be released according to the demand of respective Line Director.
- Ensure co-ordination among all parties involved and need to get support from other agencies on iBAS++ related issues.
- Need to take concrete follow-ups and corrective measures for ensuring quality of monitoring workshops at field level thereby minimizing flaw of their reports.
- Respective Line Directors need to take concrete steps in implementing findings/recommendations sent by Planning Unit.

Activity Context Analysis

Objective: To assist in formulation and implementation of different OPs of DGFP through effective coordination, monitoring, evaluation of field program performance

Activity aligns with objective

Completion of **143** Field Program Performance (FPP) Monitoring workshops at district and divisional level (76% (2.86/3.75*100) of total budget expenditure)

Output

5,138 field level MOHFW staff and **462** non-MOHFW personnel participated on the workshops.

Expected Outcome

- Quality report on Field Program Performance (FPP) Monitoring (minimizing flaws of reports)
- Timeliness of the report submission
- Incorporation of field level recommendations (in strengthening **linkage** between field level findings and central level programs).

Results:

# of reports submitted on time
# of districts submitted completed reports

Challenges Faced

-Producing quality report.

-Timeliness

Initiative taken

Increased constant supervision and communication over phone, e-mail and correspondence with the Field offices to raise awareness among them

Progress made

- The field staff became more acquainted with the IT process of the reporting and at the same time, they became confident and responsive regarding the on - time report submission.
- Moreover, they can check their report on the spot, make necessary corrections and share views with other officers.
- In consequence, the field level officers are now able to present their progress report according to the monitoring format easily.

OP-04: Health Economics & Financing (HEF)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**100%** (3 out of 4 indicators achieved; 1 indicator is not applicable)	**99%**	**69%**	**70%**

General Objective

Attain sustainable health financing in order to achieve Universal Health Coverage and more responsive health sector in Bangladesh.

Financial Progress

Fund utilization against release is low (70%):

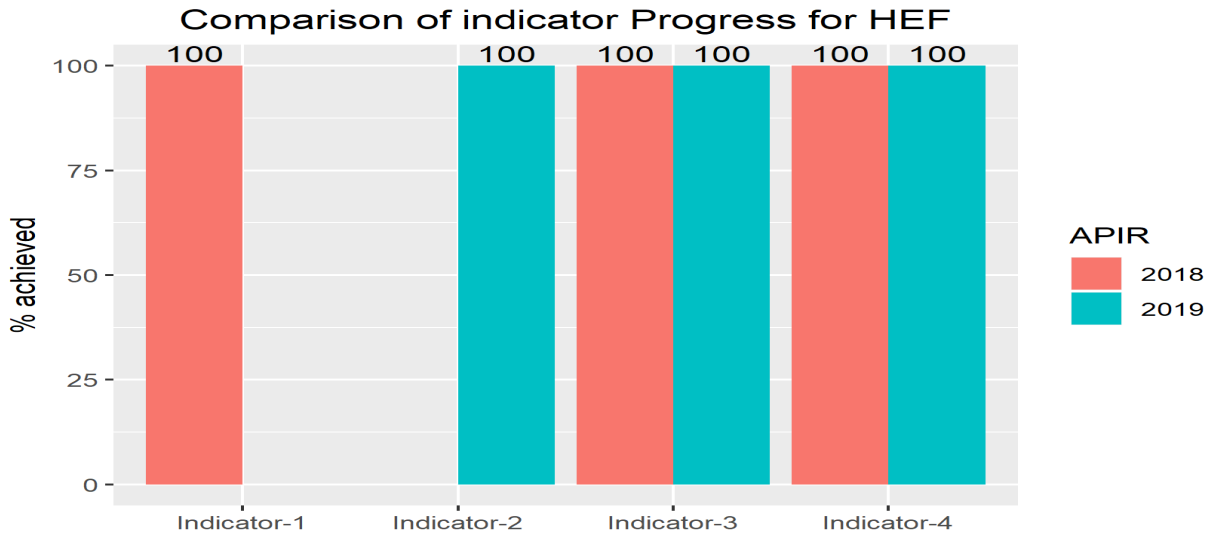
- less expenditure in SSK sites,
- non-procurement of vehicle
- money unspent for procuring hospital equipment
- Non-utilized of salary and allowances for 20 vacant positions.

Progress of OP-level Indicators

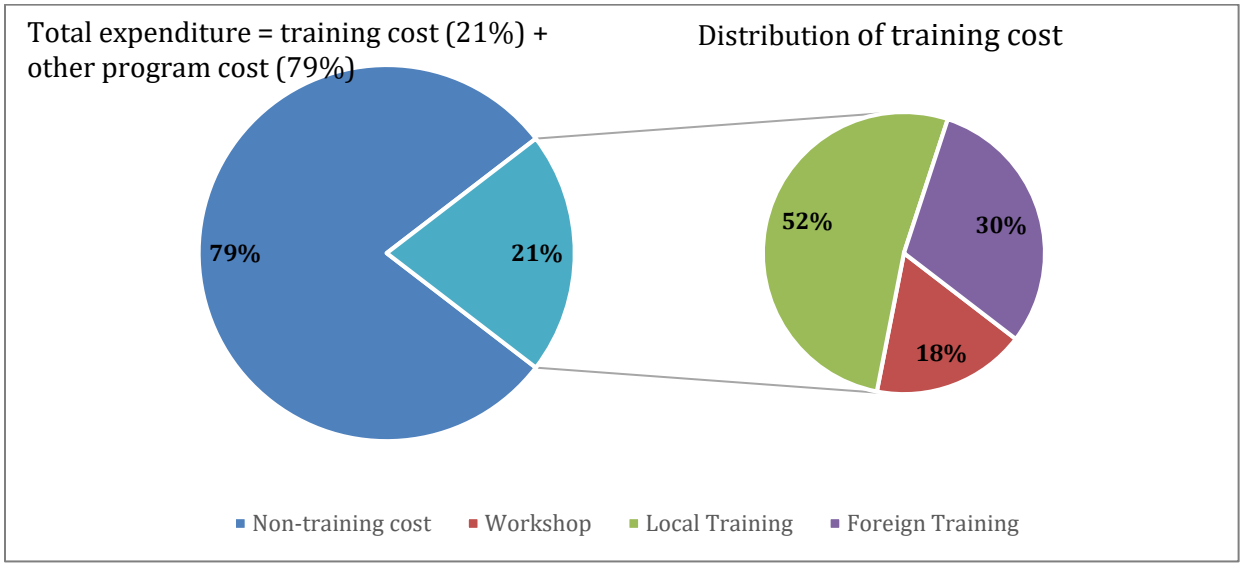
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of BNHA conducted	BNHA 4 (1997-2012)	1	-		Not Applicable	NIL	
Indicator-2	Number of PER conducted	PER 11 (1997-2014)	1	Data collection to be completed	1	100%	NIL	
Indicator-3	Number of upazilas are in social health protection scheme	1 upazila	3	3	3	100%	NIL	
Indicator-4	Health facilities piloting health sector response to GBV	N/A	1 upazila of 1 district	15	15	100%	NIL	

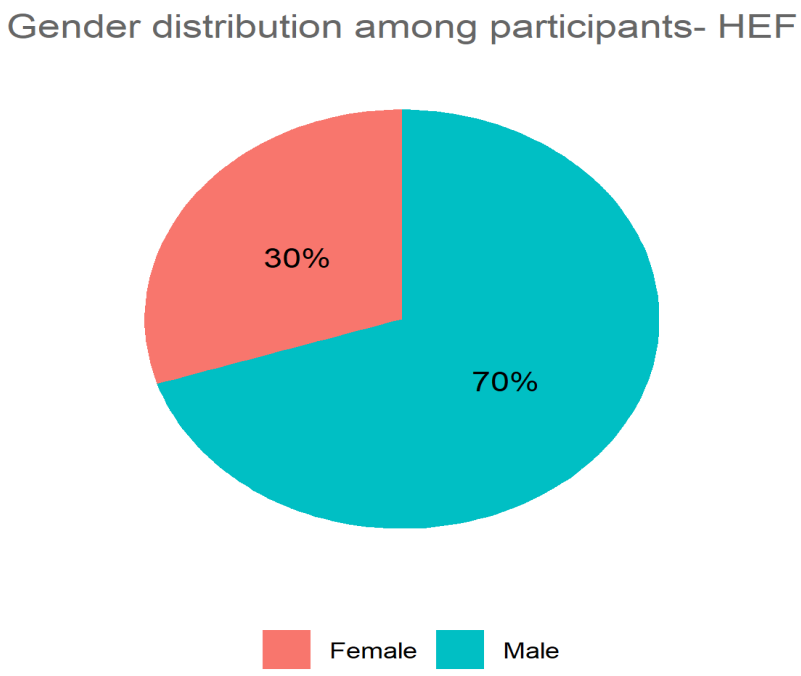


Training Information



Out of the total expenditure of Tk. 11.76 crore, 2.45 crore (21%) was spent on training. Of the total training cost, Tk. 1.27 crore (52%) was spent on local training, Tk. 0.74 crore (30%) spent on foreign training and Tk. 0.43 crore (18%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	463 (36)	1,386 (95)	0 (0)	1,849 (68)
Foreign Training	16 (1)	2 (<1)	0 (0)	18 (<1)
Workshop	805 (63)	66 (5)	0 (0)	871 (32)



Major Physical Progress

- Conducted PER.
- Conducted seven research/ study/ survey.
- Implemented social health protection scheme in three upazilas.
- Procured 15 MMs consultant for SSK and consultant for gender issues.
- Initiated piloting of health sector response to GBV in 15 health facilities.
- 74 central level MOHFW personnel attended training for policy makers and health service providers on Public Private Partnership (PPP) in HPN sector.
- 183 field level staff and 16 non-MOHFW personnel attended training for health service providers to manage survivors of Gender Based Violence (GBV) in field level in Mymensingh, Narayanganj, Chattogram and Kushtia.
- 64 central level MOHFW personnel including gender focal points attended hands-on training on Gender Responsive Budgeting (GRB).
- 33 central level MOHFW personnel attended short training course on UHC in SDGs-3 perspective Bangladesh.
- 246 field level staff attended training on capacity development of the SSK Service Providers on SSK Implementation at Kalihati and Madhupur.
- 275 field level staff attended training on capacity development of quality improvement at Kalihati and Madhupur
- 40 central level MOHFW personnel attended training on implementation of MPDSR as a part of clinical audit in ShSMCH and DMCH.
- 50 central level MOHFW personnel attended training on 5S-CQI-TQM implementation in the Health Facility, Kurmitola General Hospital.
- 62 central level MOHFW personnel attended training on Patient Centered Services in Health Facility, Kurmitola General Hospital.

- 33 central level MOHFW personnel attended training on PDCA in Different Health Facilities in Tangail.
- 45 central level MOHFW personnel attended short training course for service providers on Universal Health Coverage.
- 26 central level MOHFW personnel attended short training course for service providers on excel/ power point/ internet browsing to ensure better reporting system to achieve UHC.
- 26 central level MOHFW personnel attended short training course on health protection scheme to achieve UHC for all.
- 36 field level MOHFW staff attended training on communication for SSK stakeholders.
- 43 field level MOHFW staff attended training on capacity development of SSK cell on financial management.
- 33 field level MOHFW staff attended training on claim management for SSK facilities.
- 90 field level MOHFW staff attended advocacy training on QI for three districts under Dhaka division (DPA Funding).
- 20 field level MOHFW staff attended training on PDCA cycles for Narsingdhi district of RMNCAH QI framework piloting (DPA Funding).
- 120 field level MOHFW staff attended (ToT) Training of Trainers of health care providers on health sector response to Gender Based Violence in different districts (Jamalpur, Pauakhali and Sirajgonj)
- Six central level MOHFW personnel attended experience sharing on Health Sector Response to Gender Based Violence in Indonesia.
- Four central level MOHFW personnel and two filed level MOHFW staff visited of Country observation to experience the implementation of Social Health Protection Scheme in Philippines.
- Six central level MOHFW personnel attended exchange of vision on National Health Account (NHA) and Diseases Specific Account (DSA) in China.
- 16 central level MOHFW personnel attended workshop on tuberculosis, malaria & HIV/AIDS expenditure.
- 40 central level MOHFW personnel attended workshop on file and document management.
- 39 central level MOHFW personnel attended workshop on National Integrity Strategy (NIS).
- 40 central level MOHFW personnel attended workshop on attitude, protocols, manners and etiquette.
- 54 level MOHFW personnel attended workshop on Universal Health Coverage.
- 60 central level MOHFW personnel attended workshop on 5S and Quality Improvement (QI) Initiatives.
- 20 central level MOHFW personnel attended workshop on gender reporting in health.
- 21 central level MOHFW personnel attended workshop on mapping of GBV.
- 21 central level MOHFW personnel attended workshop on finalizing TB, malaria & HIV/AIDS expenditure in Bangladesh 2015 for publication.
- 52 central level MOHFW personnel attended workshop on gender analysis in HPN sector.
- 43 central level MOHFW personnel attended workshop on Bangladesh Service Rules.
- 66 field level MOHFW staff attended launching workshop on community participation & QI Initiative.
- 85 central level MOHFW personnel attended workshop on capacity development of health services monitoring.
- 22 central level MOHFW personnel attended workshop on BNHA-DSA.
- 36 central level MOHFW personnel attended workshop on monitoring progress of gender equity action plan.

- 32 central level MOHFW personnel attended validation workshop on gender equity in health with a special focus on gender inequities in Bangladesh.
- 35 central level MOHFW personnel attended dissemination workshop for study of metabolic diseases prevention.
- 16 central level MOHFW personnel attended workshop on achieving Universal Health Coverage by 2030: challenges and solution.
- 18 central level MOHFW personnel attended workshop on draft APA 2019-20.
- 20 central level MOHFW personnel attended workshop on health protection scheme for tea garden workers.
- 17 central level MOHFW personnel attended workshop on finalization of APA 2019-20.
- 29 central level MOHFW personnel attended workshop on e-Filing.
- 12 central level MOHFW personnel attended workshop on digital service design dissemination and seeking innovation ideas for the year 2019-20
- 28 central level MOHFW personnel attended launching workshop of database on NGOs working in Health, Population and Nutrition Sector
- 26 central level MOHFW personnel attended Validation Workshop on Methodology of the Study "Situation analysis: Health Care & Protection Services for GBV Survivors among the Rohingya Community in Cox's-Bazar''
- 26 central level MOHFW personnel attended consultation workshop on methodology for the study "Gender analysis of curricula of medical education".
- Completed patient's satisfaction survey.
- Completed gender equity in health in Bangladesh: Advancing from indicators to situational analysis and a framework.

Key Challenges

- Shortage of human resource in all 3 SSK Pilot Upazila Health Complexes (UHCs), namely Kalihati, Ghatail and Madhupur UHC. About 50% posts of service providers were vacant. Out of 63 sanctioned posts, 31 posts are vacant.

Suggestions/Recommendations:

- All sanctioned posts need to be filled-up to ensure quality health care services.

Initiative taken:

- The OP sent an official letter to Director General of Directorate General of Health Services to refill the vacant positions.

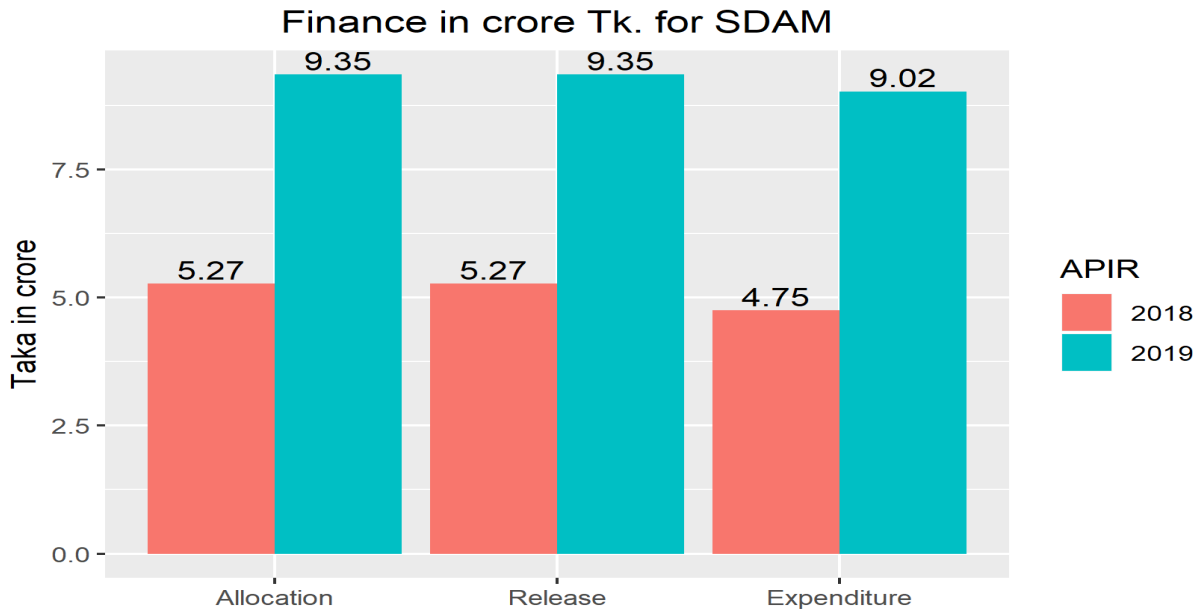
OP-05: Strengthening Drug Administration and Management (SDAM)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**50%** (2 out of 4 indicators achieved, 1 indicator is not available)	**100%**	**96%**	**96%**

General Objective

To ensure quality, efficacious and safe pharmaceutical products for improving the health of the people and contribute GDP growth of Bangladesh.

Financial Progress

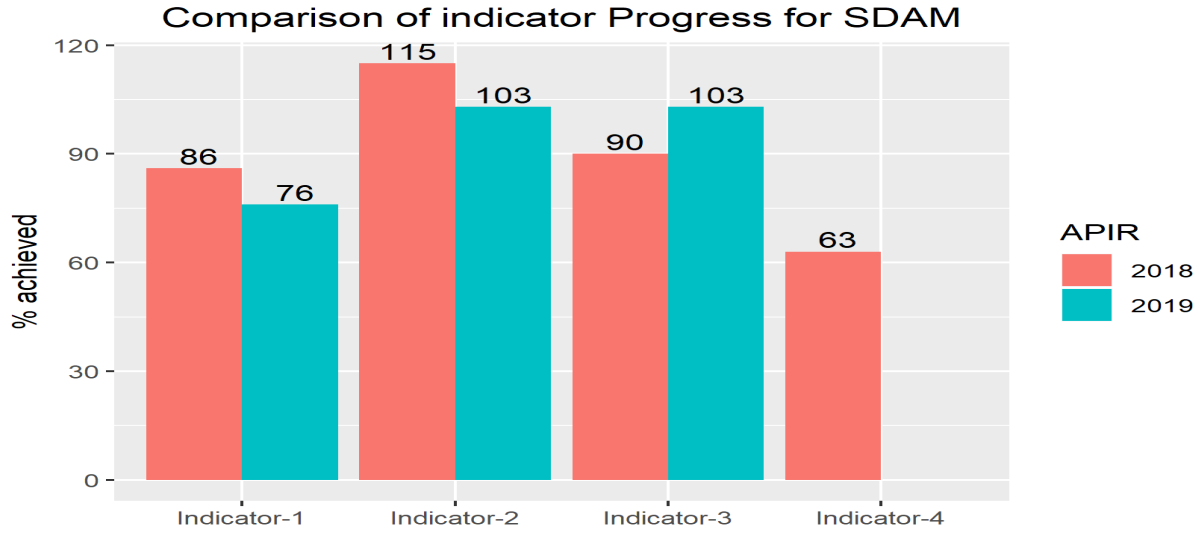


Progress of OP-level Indicators

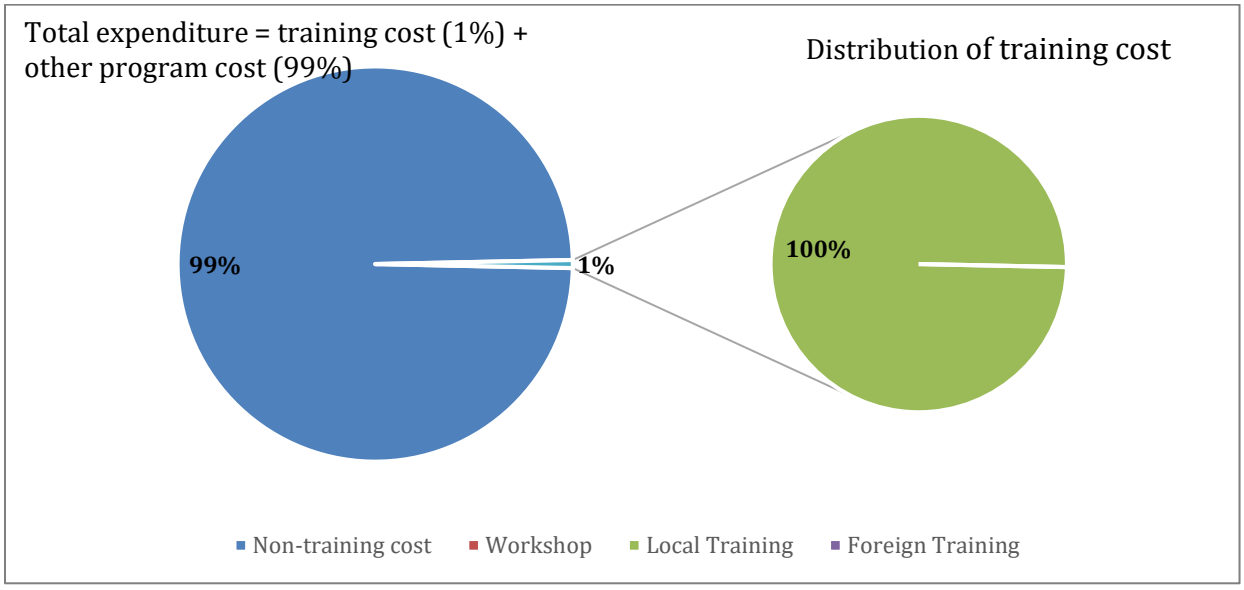
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of yearly target of FY 2018-19	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of permitted drug tested annually	28.07% (2015-2016)	31%	8.66% (3,700)	6.59%	76%	NIL	
Indicator-2	Number of Drug Manufacturing Units (DMU) inspected annually	1552 (2015-2016)	1750	1,300	1340	103%	NIL	
Indicator-3	Percentage of Depot of drugs, retail pharmacy shops inspected annually	54.44% (2015-2016)	70%	44.08% (56,800)	45.47%	103%	NIL	
Indicator-4	Number of ADR reports collected from both healthcare facilities and pharmaceutical manufacturers	640 (2015-2016)	1500		660		NIL	

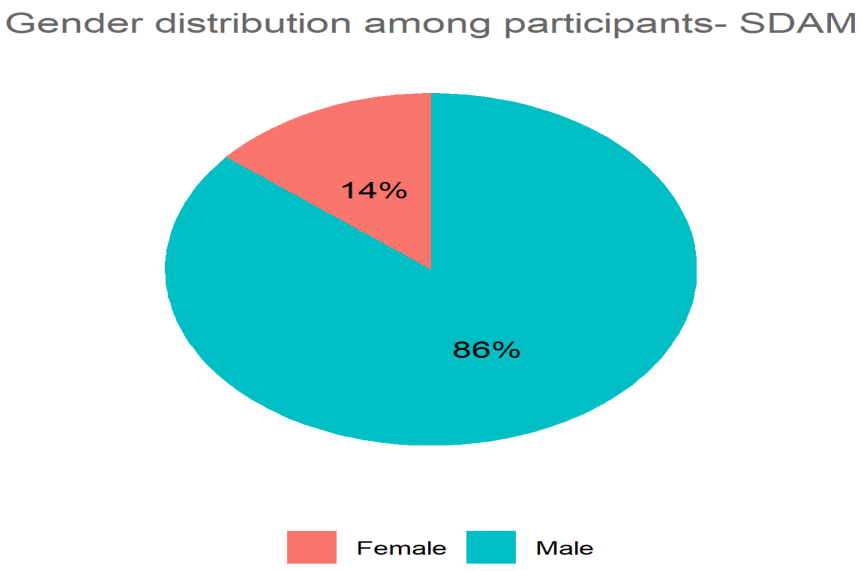


Training Information



Out of the total expenditure of Tk. 9.02 crore, 0.06 crore (1%) was spent on training. Of the total training cost, Tk. 0.06 crore (100%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	25 (100)	25 (100)	0 (0)	50 (100)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)



Major Physical Progress

- Out of registered 43,177 brands of medicines, DGDA tested 2,844 drug samples through National Control Laboratory, Dhaka and Chittagong Drug Testing Laboratory.
- National Control Laboratory (NCL), Dhaka has been accredited by Bangladesh Accreditation Board (BAB). National Control Laboratory (NCL) also received accreditation certificate (ISO/IEC 17025:2017) from an American Agency named ANAB (ANSI National Accreditation Board).
- Inspected 1,340 pharmaceutical manufacturing units.
- Out of 1,31,591 licensed retail pharmacies and depots, the DGDA inspectors inspected 59,856 retail drug shops.
- The Adverse Drug Reaction Monitoring (ADRM) Cell collected 660 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.
- 15 central level MOHFW personnel and five field level MOHFW staff attended training on basic computer on Microsoft office.

Key Challenges

- No challenge reported during the reporting period of July 2018 to June 2019.

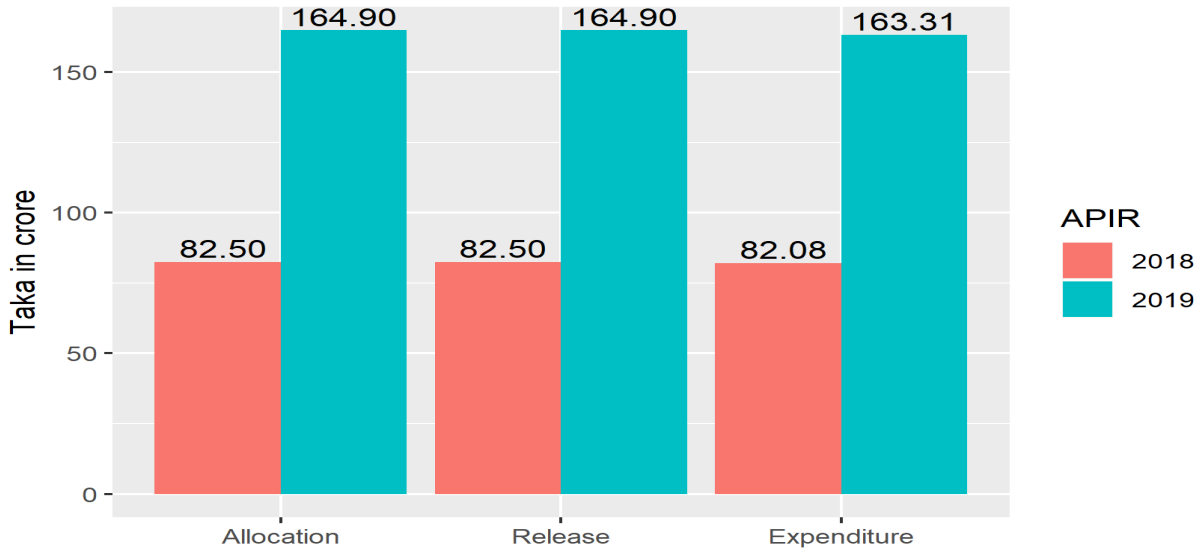
OP-06: Health Information System & e-Health (HIS & e-Health)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**100%** (5 out of 5 indicators achieved)	**100%**	**99%**	**99%**

General Objective

To improve health information system, e-Health and medical biotechnology.

Financial Progress

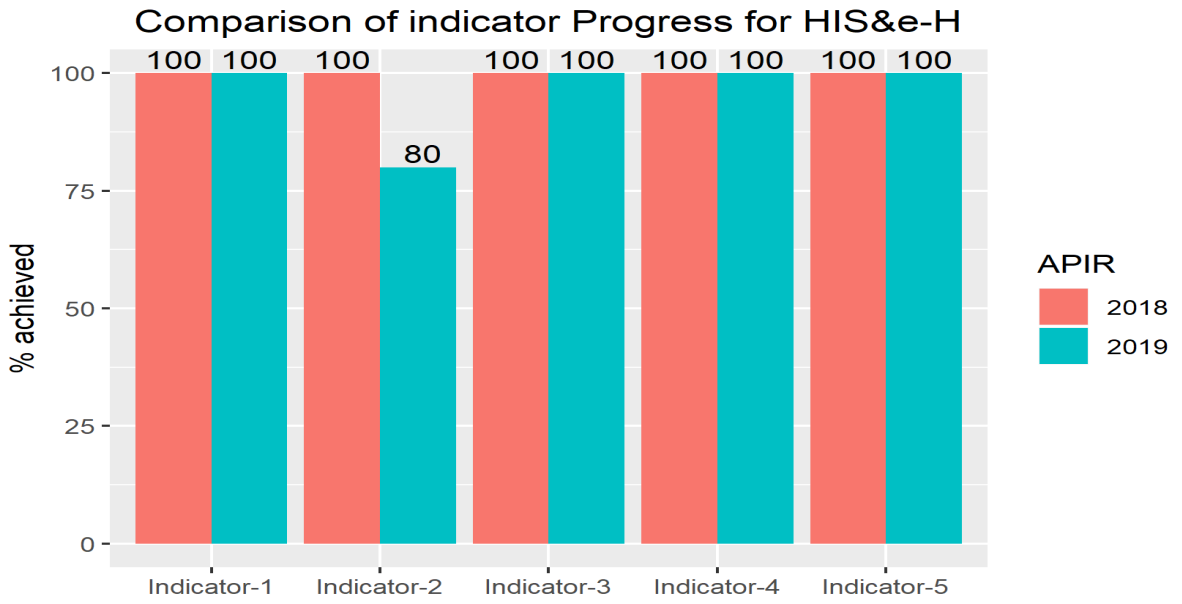


Progress of OP-level Indicators

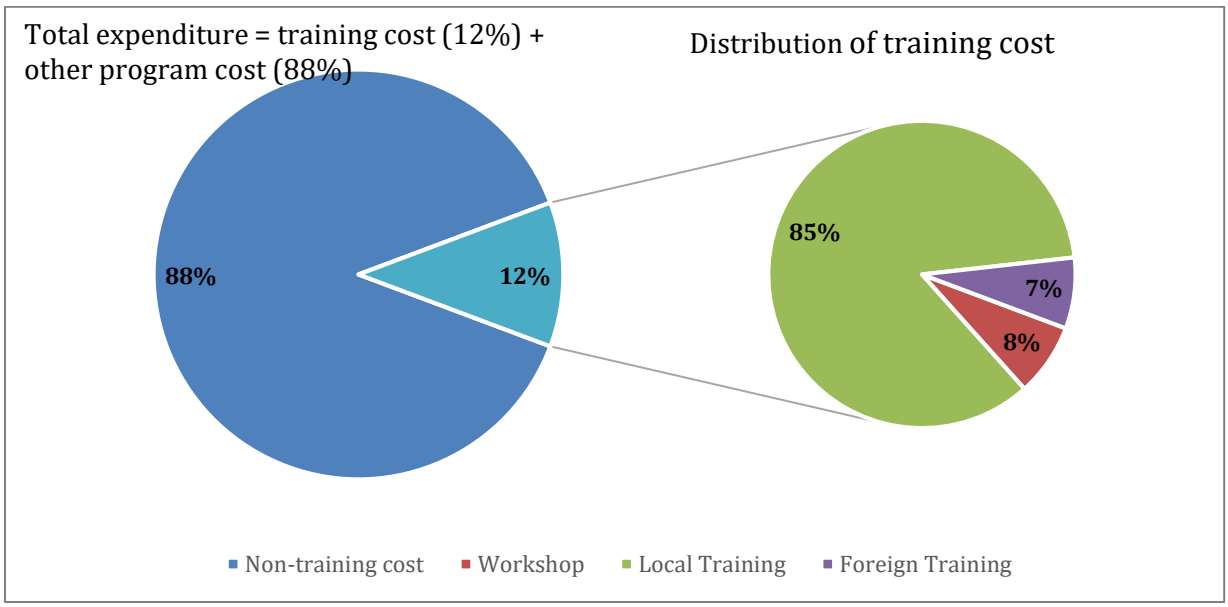
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievement of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of government health facilities submitting timely report as specified by HIS	100% of facilities from upazila level & above; 90% of community	100% of facilities from upazila level & above; 95% of community	100% of facilities from upazila level & above ;93% of the Community Clinics	100% of facilities from upazila level & above ;92% of the Community Clinics	100%	NIL	
Indicator-2	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2	0	4000	2500	2000	80%	Yes	
Indicator-3	GRS is enhanced	GRS in place	30%	20%	20%	100%	Yes	
Indicator-4	MIS reports on health service delivery published and disseminated	Health Bulletin 2017 (MIS-DGHS)	1	1	1	100%	NIL	
Indicator-5	Data presented in online dashboard to be viewed publicly	DHIS2 data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data	100%	NIL	

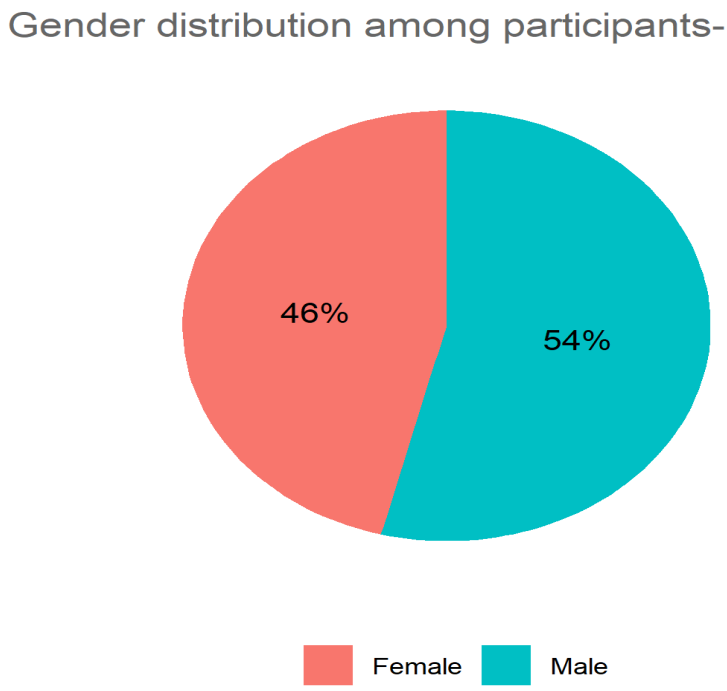


Training Information



Out of the total expenditure of Tk. 163.31 crore, 18.64 crore (12%) was spent on training. Of the total training cost, Tk. 15.82 crore (85%) was spent on local training, Tk. 1.43 crore (8%) was spent on workshop and Tk. 1.40 crore (7%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,528 (94)	19,975 (91)	3 (100)	22,506 (92)
Foreign Training	31 (1)	1 (<1)	0 (0)	32 (<1)
Workshop	142 (5)	1,885 (9)	0 (0)	2,027 (8)



Major Physical Progress

- 2,000 CCs continue to report on gender disaggregated data in DHIS2.
- 100% of facilities (upazila level and above) and 93% of community-level government health facilities submitted routine reports on time.
- Health Bulletin 2018 published (online).
- Implementing an open-access data dashboard on DHIS2 platform to present data in real time and HRM data kept open to access and view publicly.
- 20% GRS has been enhanced.
- Ensured internet for 40,000 connections.
- Ensured TA for strengthening HIS & eHealth (Health Call Center 16263, COIA, HSS, Citizen's Grievances, Telemedicine and CRVS, etc.)
- Posted advertisements on Health Call Center-16263 and Dengue awareness on 10 TV channels and 25 newspapers.
- Ensured repair and maintenance support for IT equipment.
- Competed procurement of 200 motorcycles, 100 video conferencing systems, 3,000 personal computer/all-in-one, 6,000 laptops.

- Competed procurement of Shared Health Record (SHR) for 50 hospitals and IT equipment for Datacenter (DC)/Disaster Recovery (DR) center.
- Procured 6,900 PDA and 4,000 UPS.
- Completed procurement of 1 lot medical biotechnology equipment and 400 biometric devices.
- 275 central level MOHFW personnel, 1,134 field level MOHFW staff and three non-MOHFW attended computer training organized for doctors, staff and nurses.
- 20 central level MOHFW personnel and 1,140 field level MOHFW staff attended training on international form of Medical Certification of Cause of Death (MCCOD)
- 101 central level MOHFW personnel and 888 field level MOHFW staff attended training on Human Resource Management System IHIRS).
- 888 field level MOHFW staff attended training on DHIS2/Open MRS+.
- 39 central level MOHFW personnel attended consultative workshop on MBT.
- 240 field level MOHFW staff attended training for field workers on smart Verbal Autopsy (VA).
- 54 central level MOHFW personnel and 16 field level MOHFW staff attended sensitization workshop.
- 31 central level MOHFW personnel and 13 field level MOHFW staff attended hands-on training for medical teachers and scientists.
- 49 central level MOHFW personnel attended consultative workshop on HIS & eHealth.
- 9,438 field level MOHFW staff attended training of health workers on HIS & e-Health inclusive of use of mobile device.
- 1,869 field level MOHFW staff attended annual MIS conference held at Divisional level, all Upazila Health Complex (UzHC) and District Hospital.
- 76 field level MOHFW staff attended training on VIA and CBE for physicians and nurse, health workers.
- 6,090 field level MOHFW staff attended training of CHCPs on HIS & e-Health.
- 12 central level MOHFW personnel and one field level MOHFW attended foreign training on data center management with visualization and security.
- Nine central level MOHFW personnel attended foreign training on medical biotechnology.
- Nine central level MOHFW personnel attended foreign training on electronic Health record.

Key Challenges

Fund release

- The OP faced great challenge with fund release and distribution of fund to the field level, as the Line Director's position was vacant for about 2(two) months.
- Field level Managers were not fully familiar with IBAS++ software. So, the HIS and eHealth OP faced challenges to reconcile the fund and, also to release the fund for next quarter.

Procurement

- The OP faced a new experience that the tender achiever refused to accomplish the next process even after getting NOA. In consequence the OP could not procure 5000 modems.

Human resources

- Gaps in monitoring and supervision prevailed due to lack of knowledgeable and skilled staff in important position.

Physical progress

- Non-availability of the Line Director for two months affected making progress on both physical and financial areas.

Suggestions/recommendations

- Need more training for the managers and users on iBAS++ software.

Steps taken

- The HIS & eHealth OP discussed about the long-term vacancy of Line Director position in the DG coordination meeting.
- The OP raised the faced challenges in OPIC meeting.

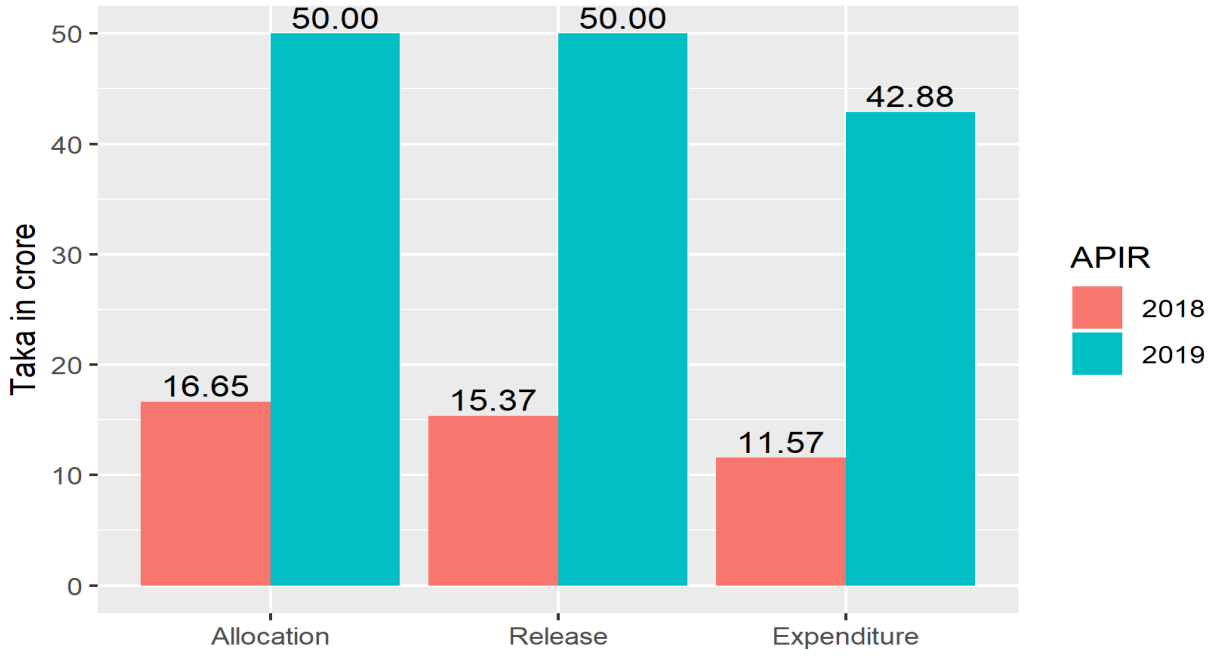
OP-07: Management Information Systems (MIS)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**75%** (3 out of 5 indicators achieved; 1 indicator are not applicable)	**100%**	**86%**	**86%**

General Objective

To develop & strengthen more reliable information management system through adoption of new technologies and data quality providing a strong evidence-based decision-making process.

Financial Progress

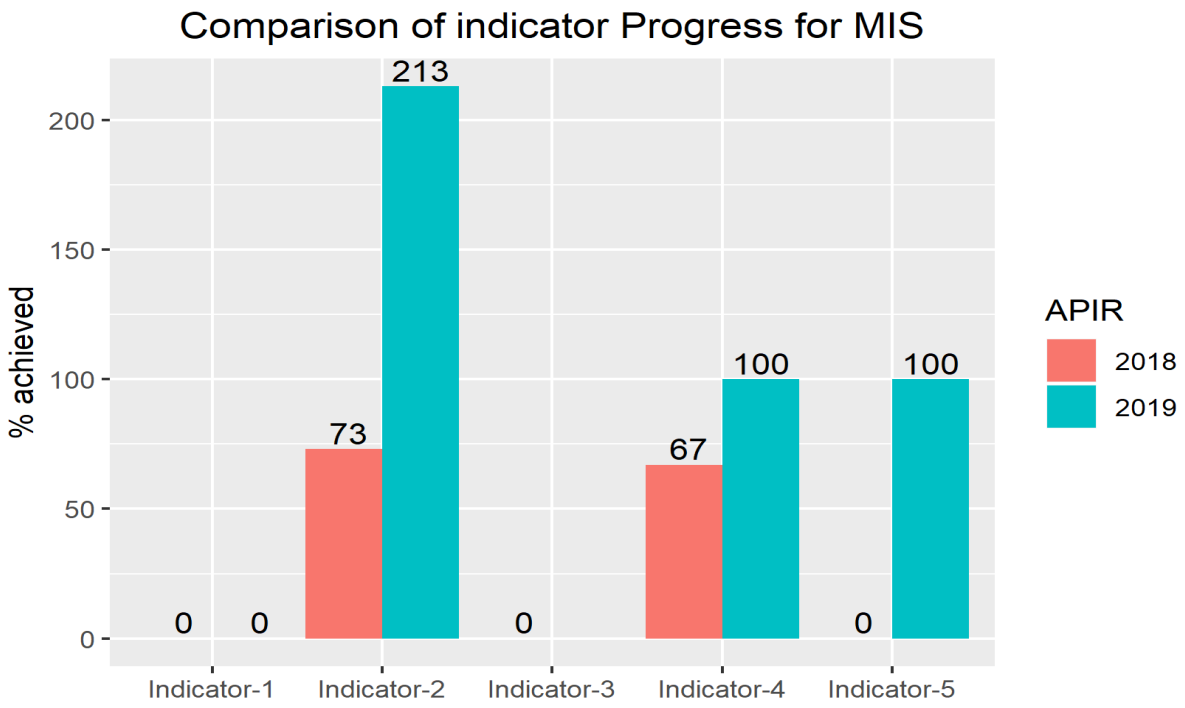


Progress of OP-level Indicators

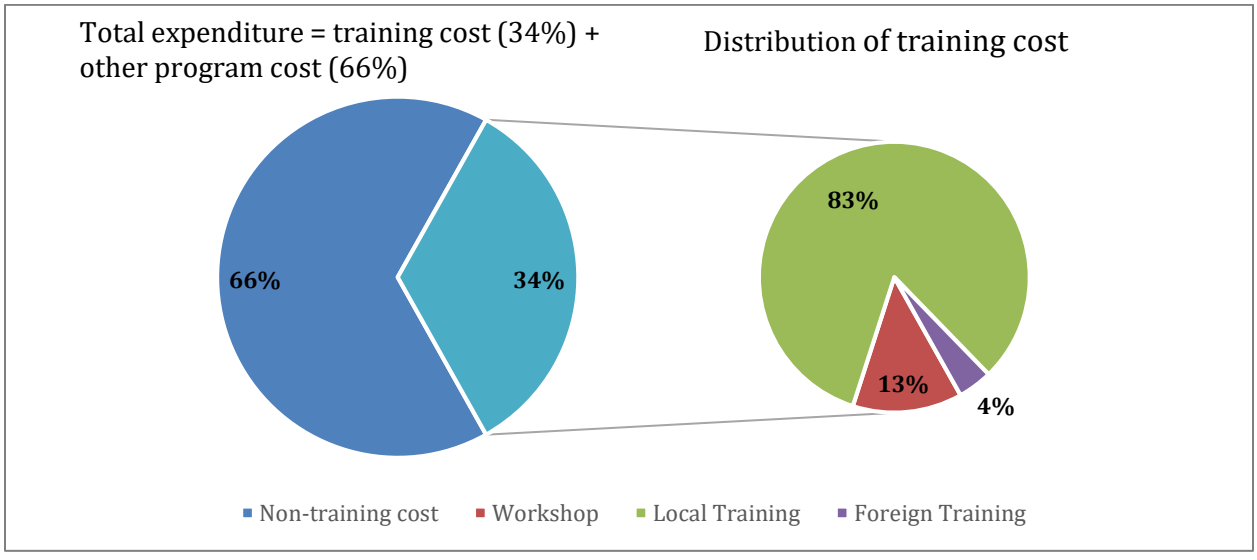
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP indicator Number	OP Indicator	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of institutes scaling up automation for strengthening routine FP information system	2	2	2	0	0%	NIL	
Indicator-2	Number of UHFWCs under e-MIS scale up	30 (2016) (e-MIS/DGFP)	800	-	1,706	213%	NIL	
Indicator-3	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2	0	4,000	-		Not applicable	NIL	
Indicator-4	MIS reports on service delivery published and disseminated annually	1 admin record 2015	3	-	2	100%	NIL	
Indicator-5	Number of districts submitting performance monitoring report through DHIS 2	2 admin record 2015	40	4	4	100%	NIL	

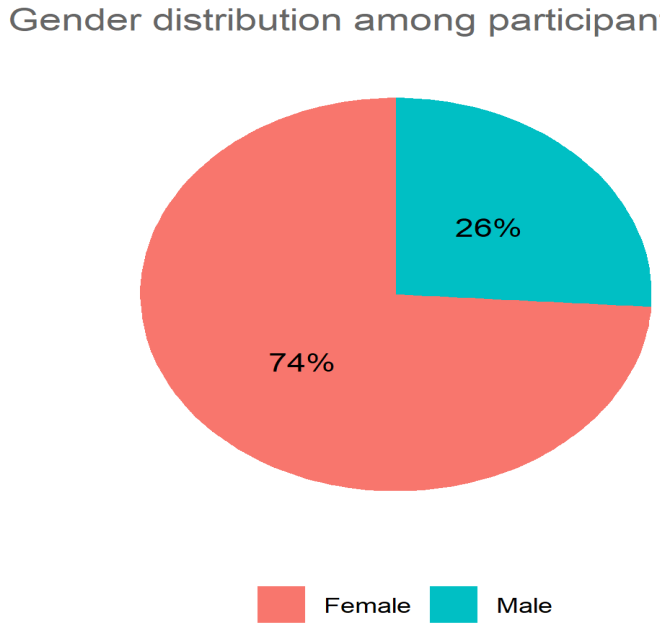


Training Information



Out of the total expenditure of Tk. 42.88 crore, 14.46 crore (34%) was spent on training. Of the total training cost, Tk. 1.89 crore (13%) was spent on workshop and Tk. 11.97 (83%) crore spent on local training and Tk. 0.60 crore (4%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local training	324 (75)	35,880 (89)	0 (0)	36,204 (88)
Foreign training	16 (4)	0 (0)	0 (0)	16 (<1)
Workshop	90 (21)	4,610 (11)	19 (100)	4,719 (12)



Major Physical Progress

- e-MIS and DHIS2 scaled up in 1,706 UH&FWCs and four districts respectively.
- Published and disseminated two MIS reports on service delivery.
- Completed procurement of 1,634 computers and accessories; completed procurement of 6,450 Tabs; completed procurement of 70 video conference equipment; completed procurement of 100 multimedia projectors; completed procurement of three customized software; completed procurement of two LED monitors.
- Published 2,440 copies of monthly report (LMIS).
- Ensured up-gradation of DGFP data centre.
- 23 central level MOHFW personnel and 1,151 field level staff attended ToT on FWA updated register and formats.
- 33,303 field level staff participated training on FWA updated register and formats.
- 32 central level MOHFW personnel attended ToT on e-register & formats.
- 711 field level staff attended training on e-Register (Basic).
- 120 field level staff attended training on e-Register (Supervisory).
- 41 central level MOHFW personnel and 62 field level staff attended advance training on computer.
- 130 central level MOHFW personnel and 295 field level staff attended refresher training on computer.
- 40 central level MOHFW personnel attended training on SPS and innovation.

- Two central level MOHFW personnel and 238 field level staff attended training on HRIS.
- 56 central level MOHFW personnel attended training on e-filing.
- 16 central level MOHFW personnel attended foreign training on improving data management of Routine Health Information System (RHIS).
- 88 field level staff attended workshop on focus group on data monitoring and supervision.
- 2,369 field level staff attended workshop on data accuracy through field visits.
- 967 field level staff attended workshop on field force and supervisors on LMIS.
- 906 field level staff attended outcome evaluation workshop on data reporting.
- 130 central level MOHFW personnel attended workshop on innovation showcasing.
- 238 field level staff attended field level staff attended seminar on DQA.
- 24 central level MOHFW personnel attended seminar on service indicators and data validation.
- 53 central level MOHFW personnel, 42 field level staff and 19 non-MOHFW staff attended seminar and conference on coordination.

Key Challenges

- Delayed process of 4th quarter fund release.

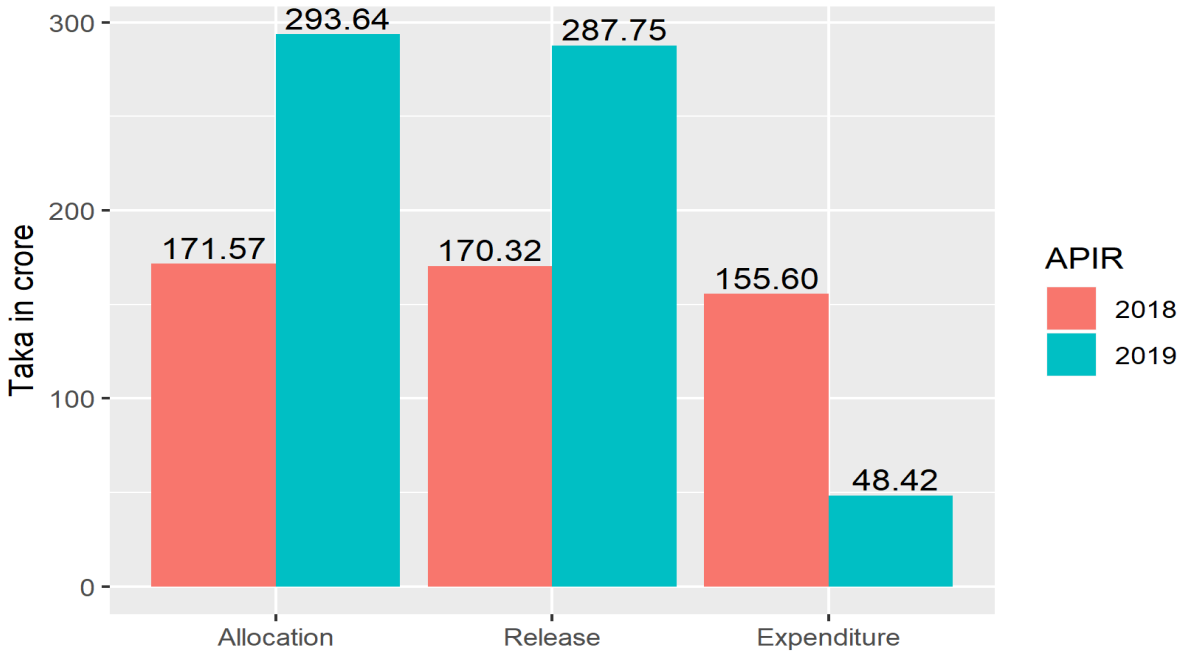
OP-08: Procurement, Storage and Supplies Management-HS (PSSM-HS)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (4 out of 4 indicators achieved)	**98%**	**16%**	**17%**

General Objective

Enhancement of procurement capacity and supplies management for health services.

Financial Progress



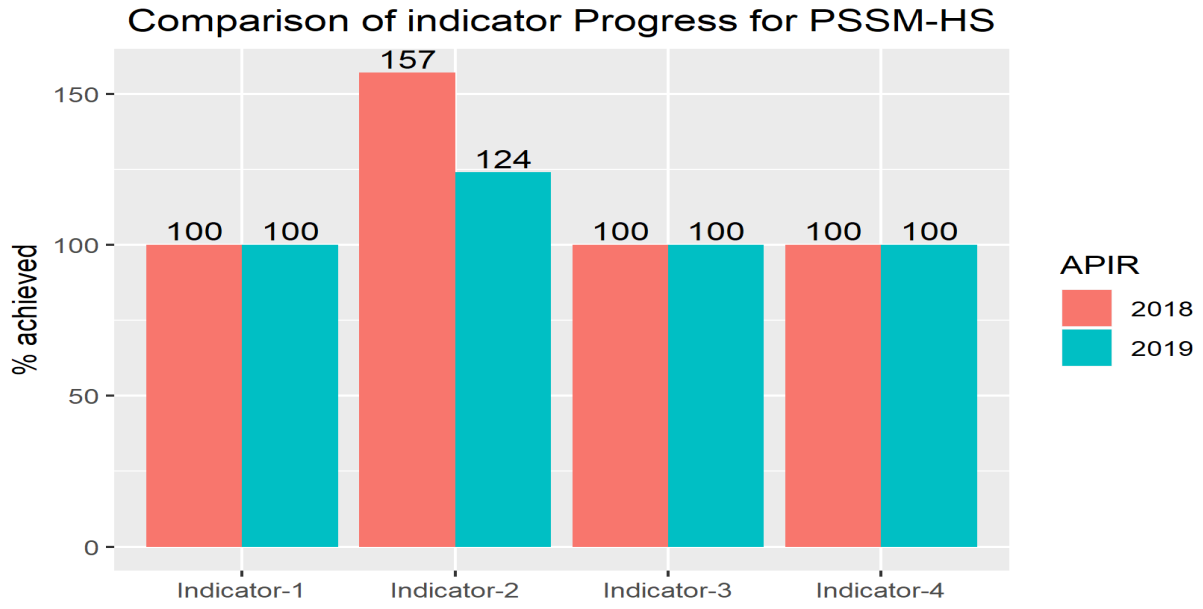
Fund utilization against release is low 17%: Out of 25.000.00 lac BDT, the OP could not spend 22,675.00 lac BDT which was allocated for customs duty value added tax (CD VAT). The procurement of 297 jeeps, 3 microbuses and 50 ambulances were conducted following NCB process from local supplier. Therefore, the fund for CD VAT was under-utilized.

Progress of OP-level Indicators

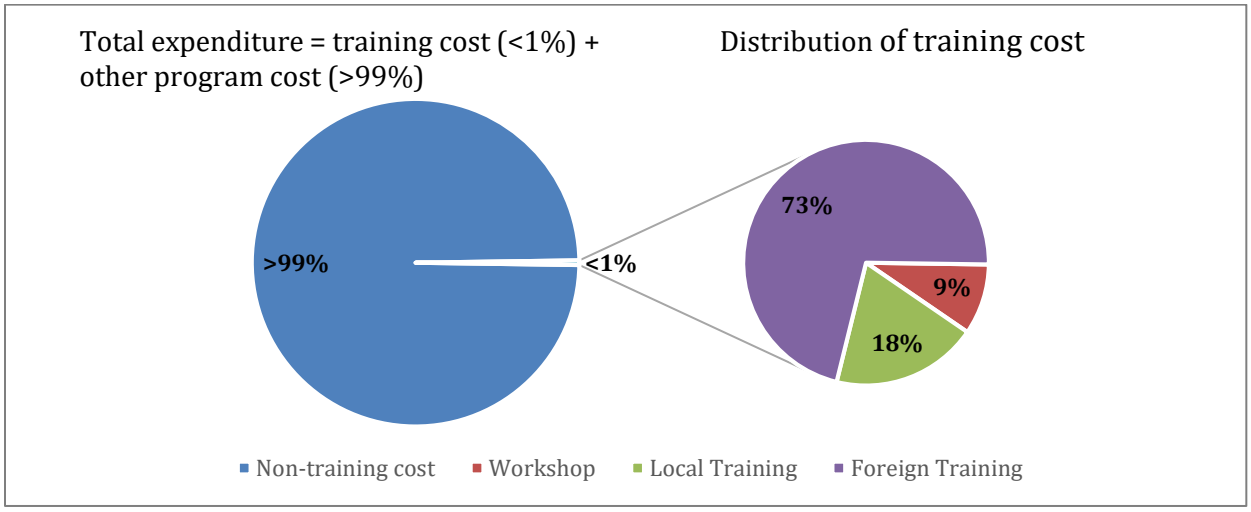
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline (Year)	Mid Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 Target	Percent achieved	Link with DLI	Status
Indicator-1	Procurement lead time reduced for the packages tracked through SCMP	57.3 weeks SCMP (2014-15)	50 weeks	50 weeks	Yes	100%	NIL	
Indicator-2	Introduce e-GP	0	25% of NCB Package	25% of NCB Package	31%	124%	Yes	
Indicator-3	Add comprehensive maintenance in the tender documents for high-tech equipment	0	50% tender documents for high-tech equipment	50% tender documents for high-tech equipment	Yes	100%	NIL	
Indicator-4	Restructuring of CMSD	None	"Restructuring of CMSD" proposal in MOHFW & MOPA	"Restructuring of CMSD" proposal in MOHFW & MOPA	Yes	100%	Yes	

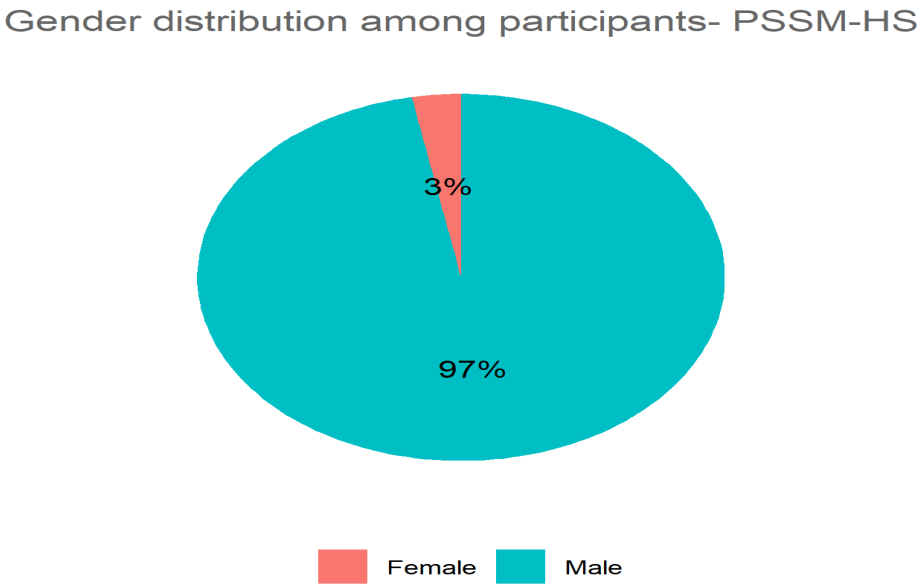


Training Information



Out of total expenditure of Tk. 48.42 crore, Tk. 0.22 crore (<1%) was spent on training. Of the total training cost, Tk. 0.16 crore (73%) was spent on foreign training, Tk. 0.04 crore (18%) spent on local training and Tk. 0.02 crore (9%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	30 (48)	0	0	30 (45)
Foreign Training	4 (6)	0	0	4 (6)
Workshop	29 (46)	0	3 (100)	32 (49)



Major Physical Progress

- Included procurement plan in SCMP portal.
- Reduced procurement lead time in 50 weeks for the packages tracked through SCMP.
- Completed procurement of 31% NCB packages through e-GP.
- 77.24% of contract signed in FY 2018-19 to ensure procurement of goods for all line directors in time.
- Incorporated provision of comprehensive maintenance contract in 50% tender document for high-tech equipment.
- Allocated 15,000 lac taka in ADP 2018-19 for CD/VAT purpose.
- Two transport agencies have been continuing for proper distribution of all procured goods.
- Introduced Pre-shipment Inspection (PSI) facility in bidding document for high-tech equipment along with post-delivery inspection and survey were done for high-tech equipment for ensuring quality of goods.
- Based on the proposal sent to MOHFW and MOPA, MOPA gave some observations on 10 February 2019. Accordingly, the PSSM-HS worked on it and again sent to MOHFW on 28 April 2019 for restructuring of CMSD.
- Completed civil work of 5 storied building to ensure optimum storage condition.
- 58 outsourcing staff have been deployed.
- Five staff (computer data entry operators) have been employed. The invitation for employment of other five staff (bio-medical engineer, IT engineer, legal officer) was sent.
- 40 central level MOHFW personnel attended local training on e-GP.
- Ten central level MOHFW personnel attended local training on store management.
- 30 central level MOHFW personnel attended local training on procurement and contract management.
- Four central level MOHFW personnel attended foreign training on procurement procedure.
- 29 central level MOHFW personnel attended workshop on PPA/PPR and e-GP.

Key Challenges

- Delayed receipt of requirements from LDs led to delayed preparation of consolidated procurement plan and initiation of procurement process.
- Changed requirements from LDs after approval of consolidated procurement plan.
- Lack of trained technical person like Biomedical Engineer, IT Engineer, Lawyer and financial management manpower.
- The volume of procurement was increased but the capacity of CMSD was not enhanced proportionately.
- The change in prices of similar goods mentioned by different LDs.

Suggestions/Recommendations

- Encourage all the LDs to submit their requirement at the beginning of financial year.
- Avoid frequent changing of requirements by the LDs.
- Need more procurement related skilled manpower for ensuring quality procurement.
- Maintain uniformity of price of similar item by different LDs

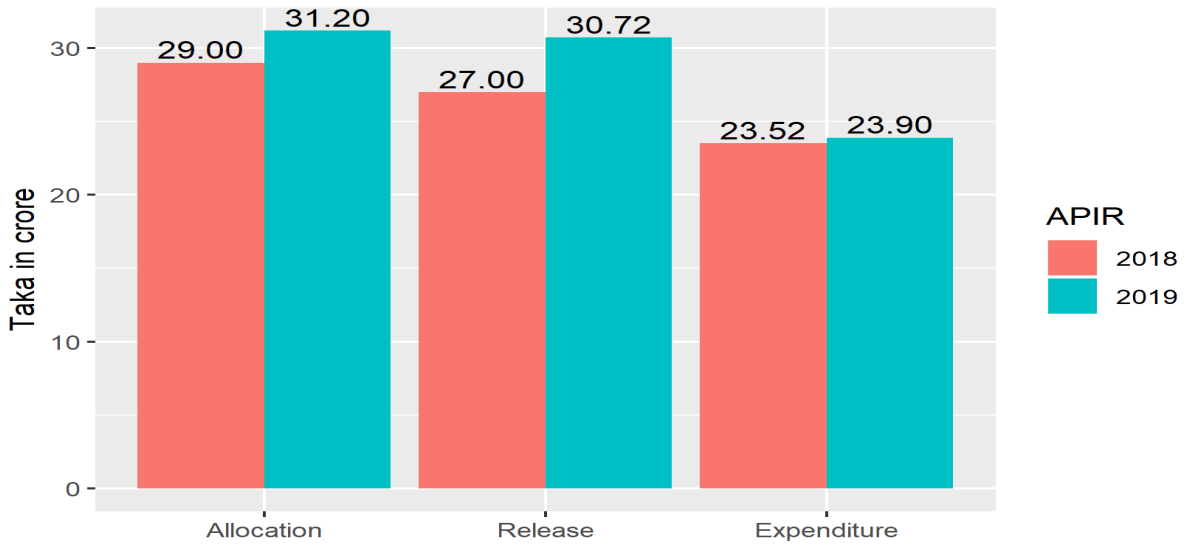
OP-09: Procurement, Storage and Supplies Management-FP (PSSM-FP)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**100%** (5 out of 5 indicators achieved)	**98%**	**77%**	**78%**

General Objective

To ensure availability of quality contraception, medicines and reproductive health commodities all over the country through an effective, efficient and transparent Procurement, Storage and Supply Management process.

Financial Progress

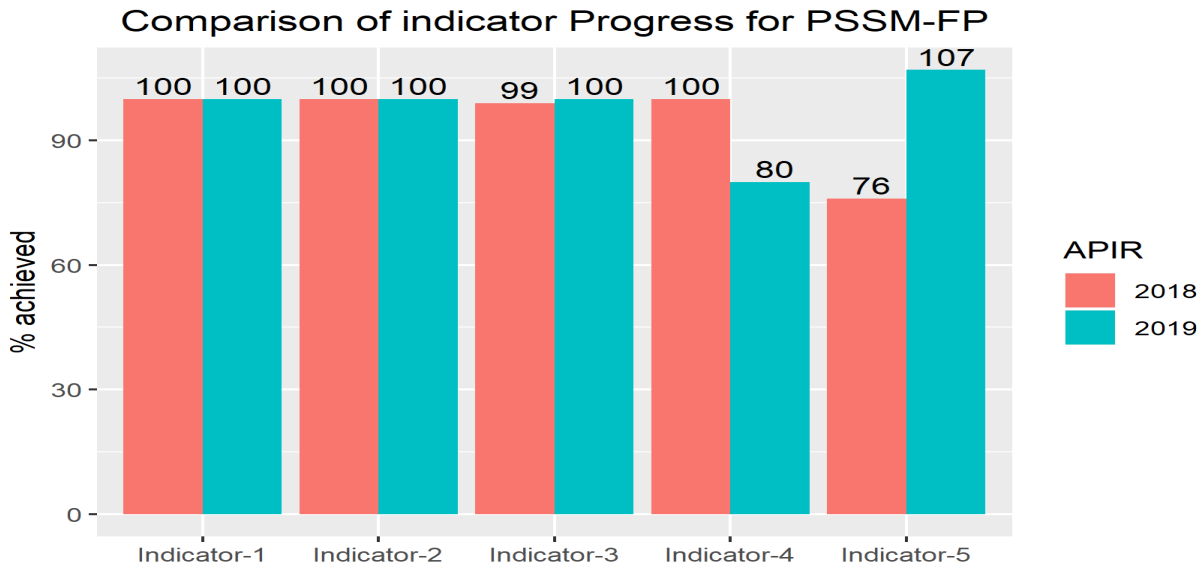


Progress of OP-level Indicators

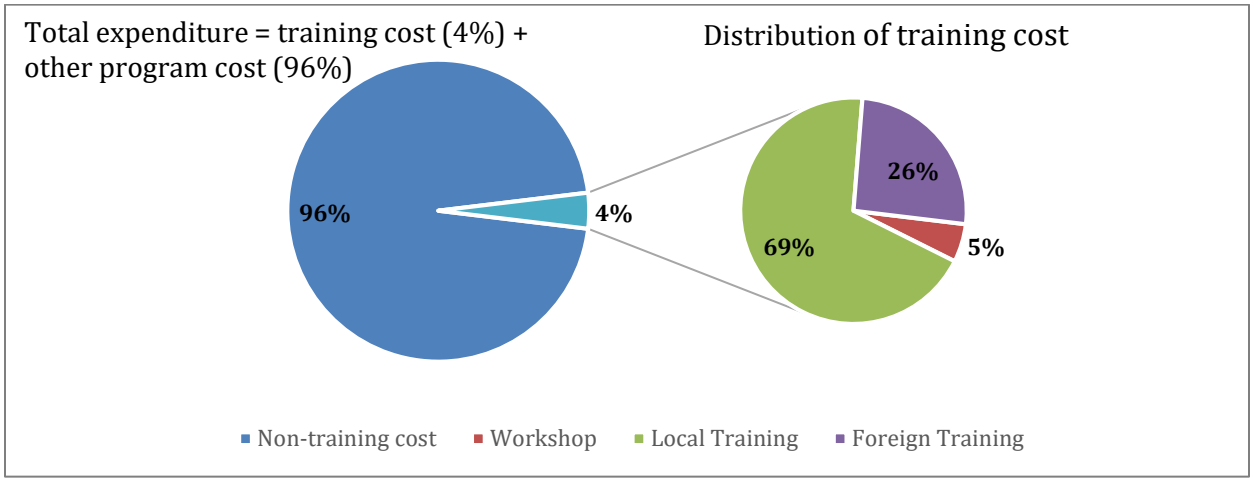
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of contracts awarded within initial Tender Validity period	95% (APIR 2016; LD-L&S Unit, DGFP.	100%	100%	100%	100%	NIL	
Indicator-2	Percentage of public health facilities/public service delivery points without stock-outs of essential medicines/FP supplies	>98% APIR 2016	98%	98%	98.09%	100%	NIL	
Indicator-3	Percentage of (a) WIMS and (b) UIMS functional	100% 100%	100% 100%	100% 100%	a) 100%; b) 100%	100%	NIL	
Indicator-4	Percentage of Upazilas having no 'unusable'	78%	80%	25%	20%	80%	NIL	
Indicator-5	Introduce e-GP	5%	75%	25%	26.75%	107%	Yes	

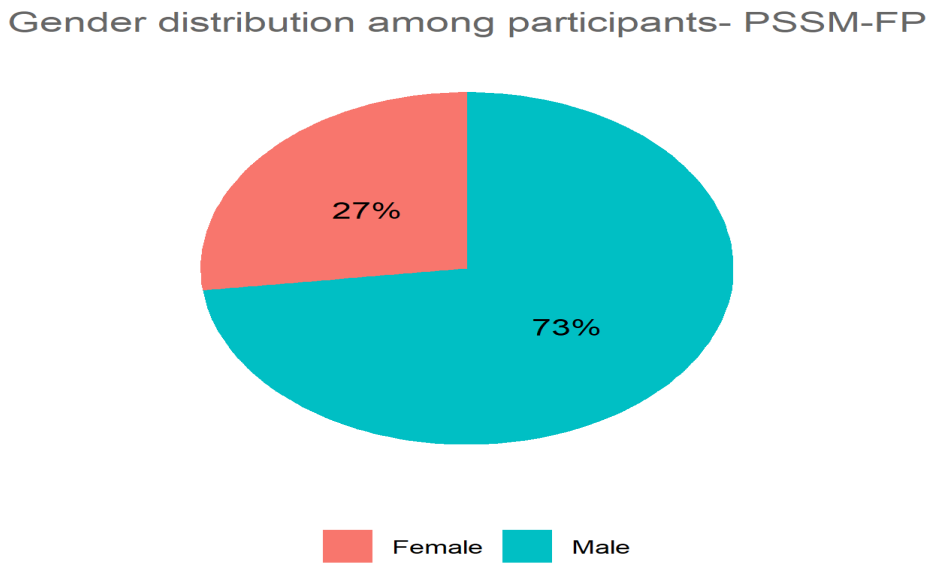


Training Information



Out of the total expenditure of Tk. 23.90 crore, Tk. 0.91 crore (4%) was spent on training. Of the total training cost, Tk. 0.63 crore (69%) was spent on local training, Tk. 0.23 crore (26%) spent on foreign training and Tk. 0.05 crore (5%) crore spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	42 (40)	642 (97)	0 (0)	684 (89)
Foreign Training	8 (8)	0 (0)	0 (0)	8 (1)
Workshop	55 (52)	21 (3)	0 (0)	76 (10)



Major Physical Progress

- Awarded 100% of contracts within initial tender validity period.
- 98.09% of public health facilities/public service delivery points reported without stock outs of essential medicines/FP supplies and 100% of (a) WIMS and (b) UIMS were functional.
- Ensured 20% of Upazilas having no 'unusable'.
- Introduced 26.75% of e-GP.
- Deployed 668 Ansar/VDP members for 8,016 (Man-months) in 22 warehouses.
- DGFP logistics unit constructed upazila FP stores as part of security improvement at regional warehouses and upazila stores.
- Supplied commodities to 10 regional warehouses and 251 upazila family planning stores through GOB transport.
- Supplied commodities to 10 regional warehouses and 235 upazila family planning stores through private transport.
- Appointed a clearing and forwarding agent to release commodities from the sea/airports.
- Ensured Broad Band Internet System for CWH (WiFi ---10,000x60 months), Router --- (5x2x5,000) for 12 months.
- Ensured renting of 32,300 square-feet of storage space to use during the interim construction period of CWH.
- 42 central level MOHFW personnel attended training on e-procurement.
- 642 field level MOHFW staff attended refresher training on store/warehouse management.
- 329 field level MOHFW staff attended software training on computerized software inventory management e.g. WIMS &UMIS.
- Eight central level MOHFW personnel attended foreign training on procurement and supply chain management.
- 55 central level MOHFW personnel and 21 field level MOHFW staff attended workshop on supply chain management.
- Completed procurement of 1200 MIS (review, revise and implement reporting system) forms and registers.
- Completed procurement of 30 external security apparatus (CCTVs) and 30 search lights.
- Completed procurement of 206 dehumidifier device for humidity control of FP stores.
- Completed procurement of three vehicles SUV.
- Completed procurement of 488 firefighting equipment-extinguisher.

Key Challenges

- No challenge reported during the reporting period of July 2018 –June 2019.

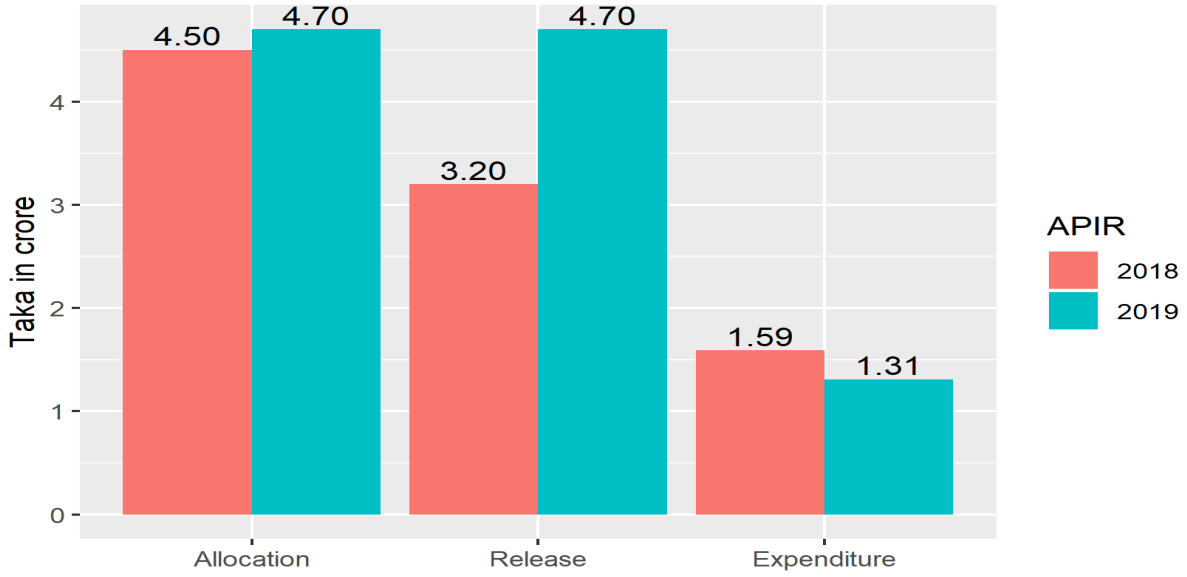
OP-10: Human Resources Development (HRD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**25%** (1 out of 6 indicators achieved; 2 indicators are not applicable)	**100%**	**28%**	**28%**

General Objective

To support availability of a quality and responsive health workforce at all public and private sector health facilities to carry out the mission of the Ministry of Health & Family Welfare, Bangladesh.

Financial Progress



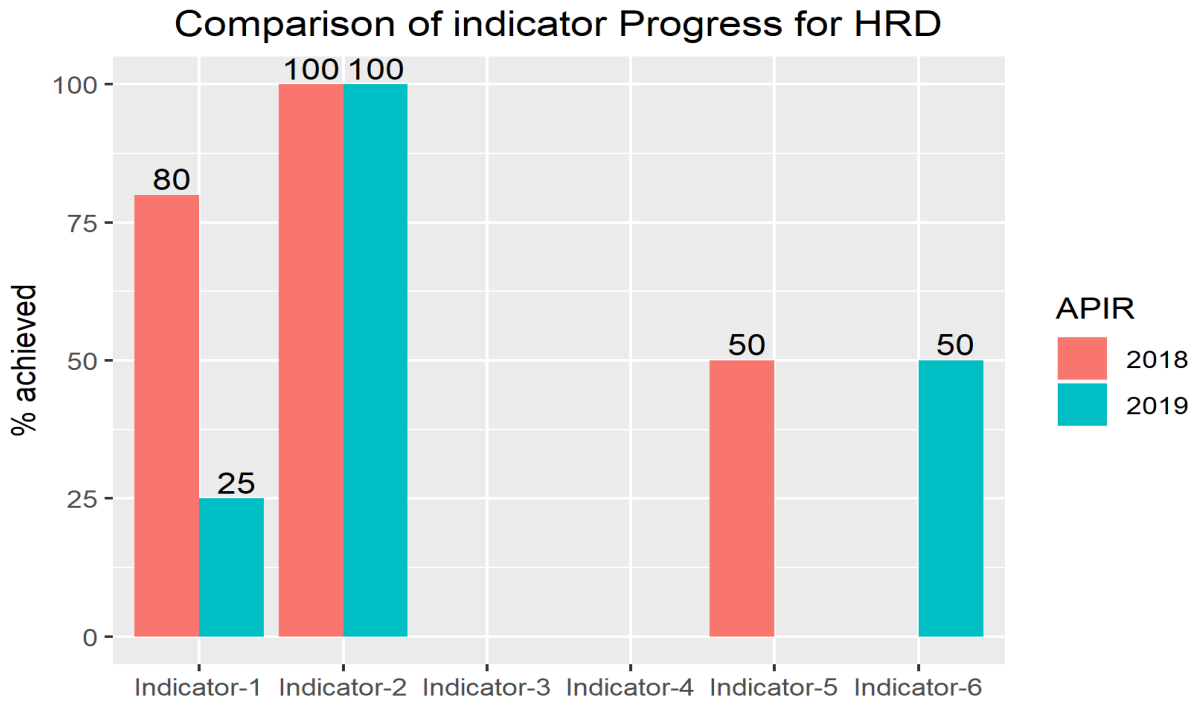
Fund utilization against release is low 28%: Due to iBAS++ issues, the foreign training on hospital management could not be conducted. Moreover, the OP realized the released fund was insufficient to conduct surveys. Therefore, they did not conduct the planned surveys during the reporting period and hence, the consultants also weren't hired.

Progress of OP-level Indicators

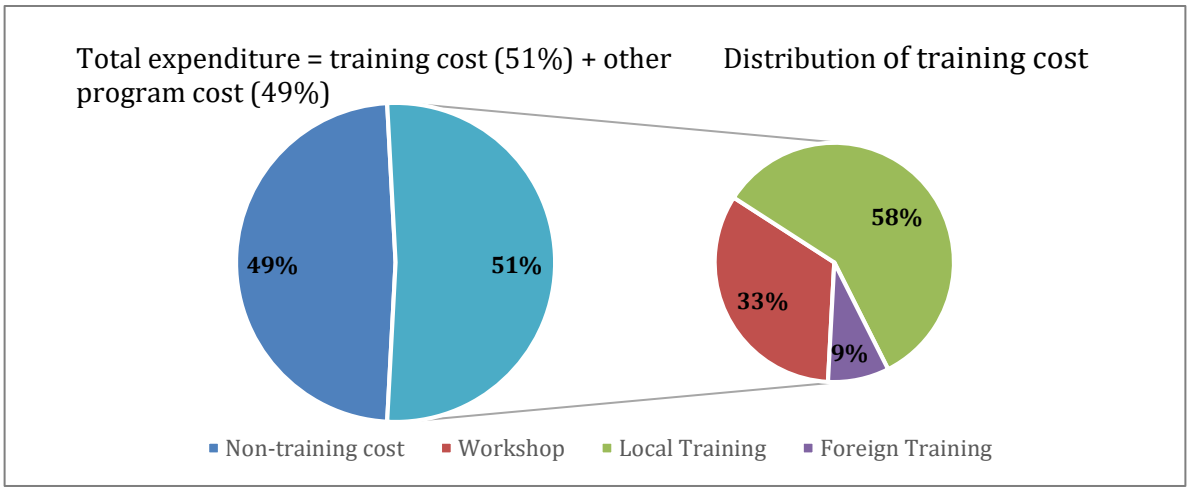
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Review and update TO&E for health facilities and organizations (2019) and implemented (by 2021).	NA	Developed and implemented		1 of 4 workshop took place	25%	NIL	
Indicator-2	Utilize Human Resources Information System (HRIS) for evidence-based decision.	NA	HRIS established and data entered		HRIS is Operational	100%	NIL	
Indicator-3	Percentage of public health facilities with at least one staff trained in pregnancy and child birth	9.9%, BHFS 2014	30%			Not Applicable	NIL	
Indicator-4	Percentage of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/midwife)	Physician: 37.8%, Nurse/MW: 19.3%, BHFS 2014	Physician: 22% Nurse/midwife: 15%			Not Applicable	NIL	
Indicator-5	Develop service level wise comprehensive HR plan and implement	Draft HR plan projection and career development (HRPP&CD) Technical Assistance Report, August 2016. Source: HR Unit, MOHFW, August 2016				Not Available	NIL	
Indicator-6	Updated Job description (JD) of all categories and implemented	JD of 2004, 2005, 2008 as published by HRM unit, MOHFW			4 of 4 Workshop took place & a report is prepared.	50%	NIL	

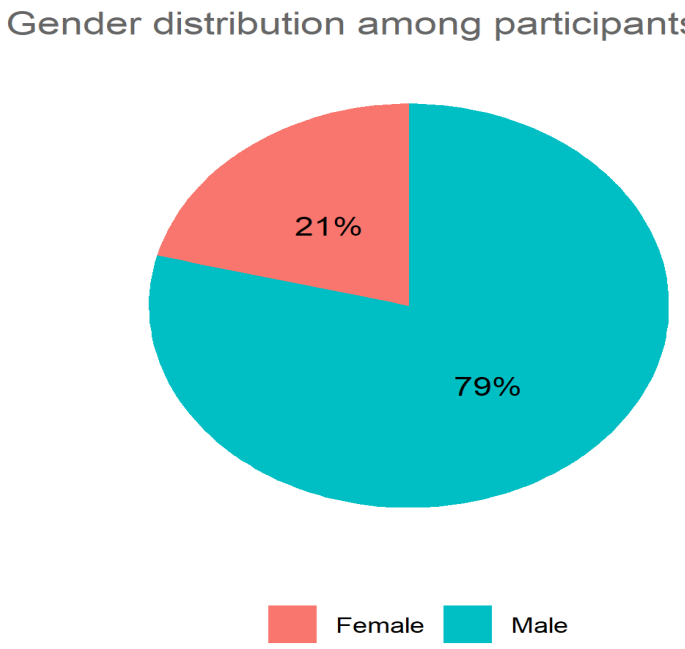


Training Information



Out of the total expenditure of Tk. 1.31 crore, 0.68 crore (51%) was spent on training. Of the total training cost, Tk. 0.39 crore (58%) was spent on local training, Tk. 0.06 crore (8%) spent on foreign training and Tk. 0.22 crore (33%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	288 (42)	98 (46)	0 (0)	386 (43)
Foreign Training	2 (<1)	0 (0)	0 (0)	2 (<1)
Workshop	403 (58)	117 (54)	0 (0)	520 (57)



Major Physical Progress

- Organized a meeting with the LDs and a workshop was held to review and update TO&E for health facilities and organizations which covered TO&E of Upazila Health Complex and below level.
- Four workshops took place on rationalize job description (JD) of Health Work Force (HWF) at different level of services based on changing needs. 171 central level MOHFW personnel and 59 field level staff attended the workshops. In addition, a report was prepared.
- Ensured operational the Human Resources Information System (HRIS) for evidence-based decision and 87 central level MOHFW personnel and 73 field level staff attended training on HRIS.
- 46 central level MOHFW personnel and one field level staff attended training on Annual Performance Management System (Individual and Institutional).
- 41 central level MOHFW personnel attended training on Annual Performance Appraisal System (Individual and Institutional).
- 35 central level MOHFW personnel attended training on Annual Performance Agreement (APA).
- 51 central level MOHFW personnel attended training on office management and computer (e-Filing).

- Nine central level MOHFW personnel and 13 field level staff attended training on human resource management.
- 13 central level MOHFW personnel and nine field level staff attended training on hospital management.
- Six central level MOHFW personnel and two field level staff completed Master of Public Health (MPH).
- Six central level MOHFW personnel attended the 52nd session of UNCPD and PPD-UNFPA panel discussion at New York, USA.
- 130 central level MOHFW personnel and 43 field level staff attended workshops on revisit and update of recruitment, deployment and retention policy.
- 54 central level MOHFW personnel and four field level staff attended workshop on review of organogram of all health and family planning facilities and entities.
- 48 central level MOHFW personnel and 11 field level staff attended workshop on addressing shortage and skill-mix, including ration imbalance, task shifting addressing Health Work Force strategy.
- Completed procurement of two desktops, two printers and four scanners along with a file cabinet.

Key Challenges

- No challenge reported during the reporting period July 2018 – June 2019.

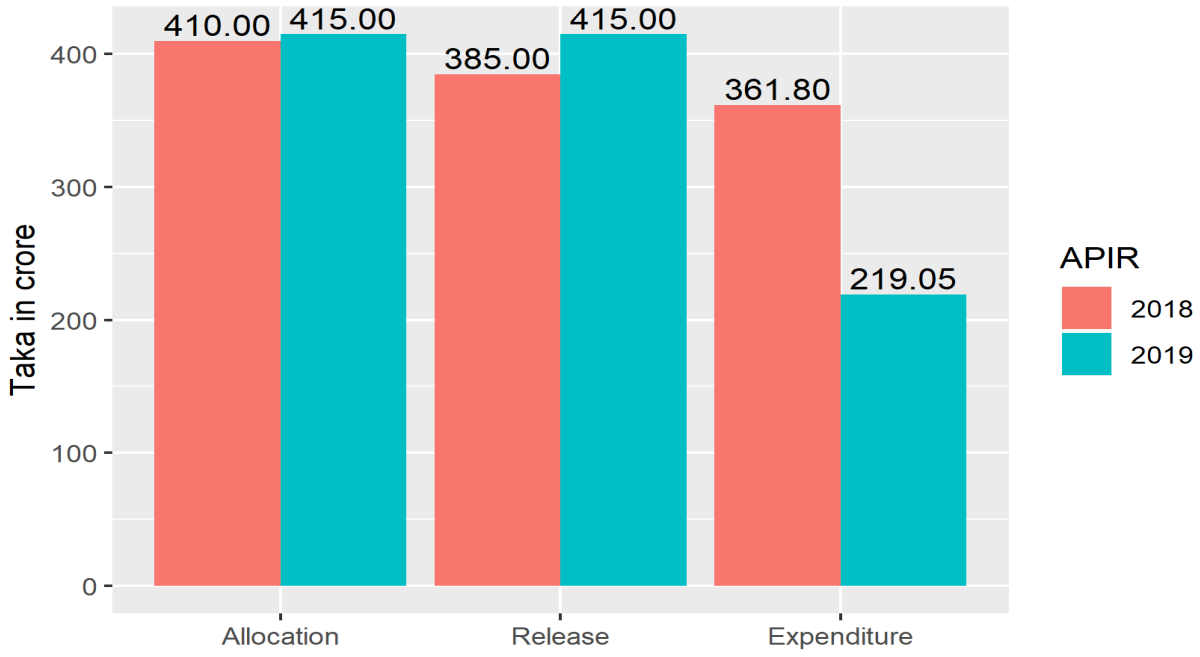
OP-11: Medical Education and Health Manpower Development (ME&HMD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**75%** (3 out of 4 indicators achieved)	**100%**	**53%**	**53%**

General Objective

To strengthen medical education and health manpower development system for developing medical professionals and health workforce to deliver standard and high-quality services in achieving universal health coverage.

Financial Progress



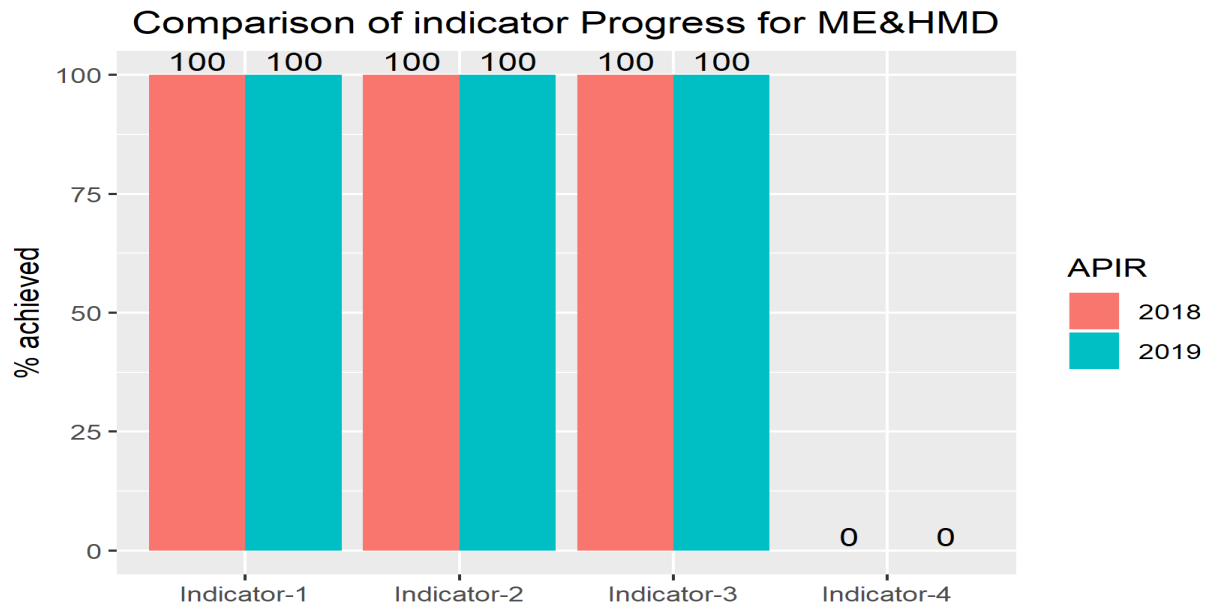
Fund utilization against release is low 53%: Due to non-compliance of cost centers, the OP could not complete procurement as per plan.

Progress of OP-level Indicators

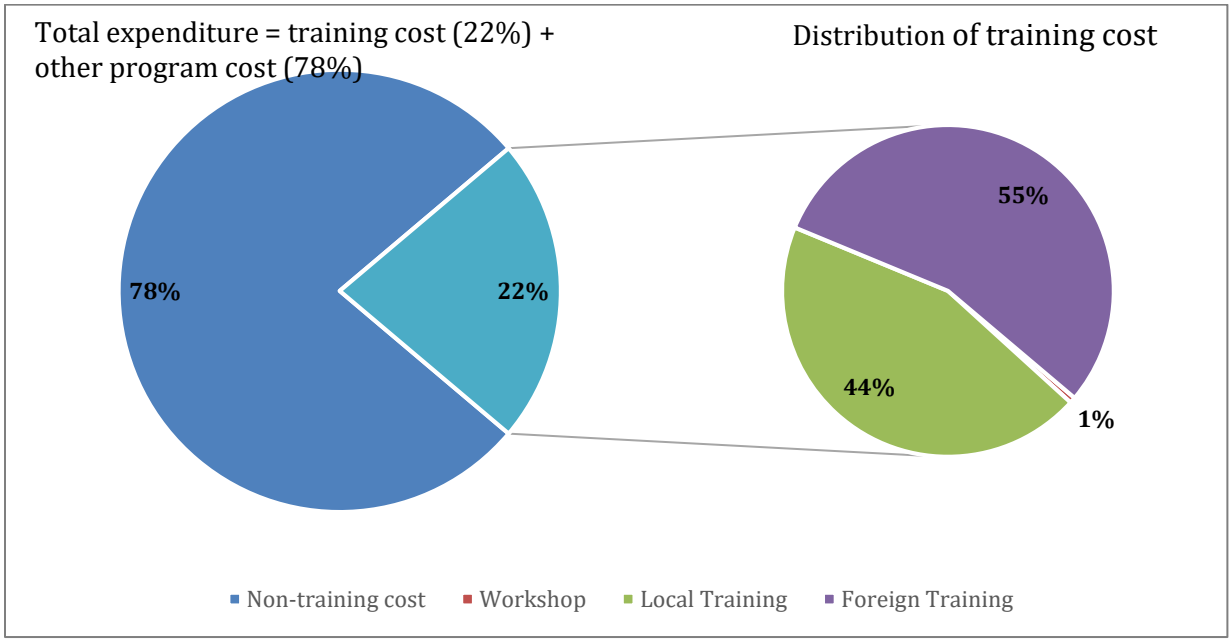
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievement of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Improvement of undergraduate medical (MBBS, BDS) education according to agreed minimum criteria of national guideline	NA	25%	10%	10%	100%	NIL	
Indicator-2	Re-structured Director, ME&HMD	Current organogram	Review completed with report	Review completed with report	Review completed with report	100%	NIL	
Indicator-3	New law for technologists	SMF with no legal basis	Draft new law available	Draft new law available	Draft new law available	100%	NIL	
Indicator-4	Development of TMIS	No TMIS	TMIS capturing current training	TMIS capturing current training	Not achieved	0%	NIL	

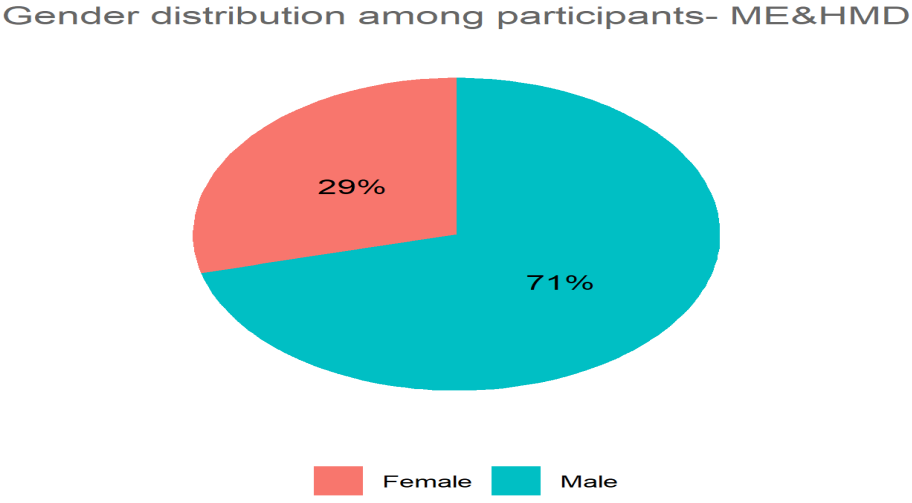


Training Information



Out of the total expenditure of Tk. 219.05 crore, Tk. 48.91 crore (22%) was spent on training. Of the total training cost, Tk. 21.77 crore (44%) was spent on local training, 26.86 crore (55%) spent on foreign training and 0.29 crore (1%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	593 (49)	31,704 (98)	0 (0)	32,297 (96)
Foreign Training	623 (51)	558 (2)	0 (0)	1,181 (4)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)



Major Physical Progress

- 10% medical institutes are fulfilling the agreed minimum criteria of national guidelines for improvement undergraduate medical education (MBBS, BDS)
- Completed the review of re-structured Director, ME&HMD and the report is now available. And, also completed the draft organogram and sent to Ministry for approval.
- Ensured availability of draft new law for technologists.
- Supported 237 research activities for post graduate students in different medical colleges and post graduate institutes.
- Provided 74% need-based assistance for the development of quality postgraduate medical education in eight medical colleges, BCPS and BSMMU/LS.
- Ensured provision of vehicles for principals of 17 Govt. medical colleges.
- Recruited 150 driver, cook, security and cleaning services through outsourcing for all govt. medical colleges.
- Completed Community Oriented Medical Education (COME) for 4,068 students.
- Eight curriculums developed and reviewed.
- 100 field level MOHFW newly doctors attended training on basic service management.
- 2,500 field level MOHFW staff attended orientation training for awareness building on roles and responsibilities for field service providers.
- 16,026 field level MOHFW staff attended refresher orientation training for awareness building on roles and responsibilities for field service providers.
- 1,600 field level MOHFW staff attended refresher orientation training for awareness building on roles and responsibilities for doctors.
- 200 central level MOHFW personnel attended training on orientation with the new priorities of the sector program like equity, efficiency, quality, stewardship, governance, functional integration etc.
- 526 central level and 925 field level MOHFW personnel attended training on medicoligal services for doctors.
- 3,500 field level MOHFW staff attended training on disaster mitigation/post disaster hazards.
- 3,500 field level MOHFW hospital staff attended training on mass causality management.
- 626 field level MOHFW health personnel attended training on office management.
- 400 field level MOHFW staff attended training on biomedical equipment management for health personnel working at different hospital level (for MTs and others).
- 2,050 field level MOHFW staff attended orientation training for awareness building on roles and responsibility for SACMO/MA/MATs.
- 500 field level MOHFW personnel attended training on financial management for health personnel.
- 176 field level MOHFW personnel attended GLP training for MTs (lab).
- 26 central level and five field level MOHFW doctors and staff attended hands on training on video assisted thoracic surgery.
- 24 central level and 16 field level MOHFW doctors and staff attended hands on training on diabetes and thyroid disorder.
- 40 central level and 40 field level MOHFW doctors and staff attended hands on training on Neuro and Muscuioskeletal Rehabilitation: update for Physiatrists for doctors in Local Institutions
- 40 central level and 40 field level MOHFW doctors and staff attended hands on training on Temporal Bone Dissection for doctors in Local Institutions.

- Five central level and one field level MOHFW doctors attended training on endoscopic sinus surgery.
- Four central level MOHFW doctors attended training on team approach for thoracic surgery and thoracic anaesthesia.
- Two central level and two field level MOHFW doctors attended advance training on physical medicine and rehabilitation.
- Two central level and one field level MOHFW doctors attended training on transplant nephrology.
- Five central level and two field level MOHFW doctors attended training on pain and palliative care.
- Four central level and one field level MOHFW doctors attended training on diabetes management.
- Six central level and one field level MOHFW doctors attended training on intervention neurology.
- One central level and three field level MOHFW doctors attended training on neonatal care.
- Three central level and one field level MOHFW doctors attended training on fundamental research on medical science.
- Two central level MOHFW doctors attended training on minimal access surgery.
- Six central level MOHFW doctors attended training of teaching professional on basic medical science-biochemistry.
- Six central level MOHFW and two field level doctors attended training of teaching professional on basic medical science-pathology, microbiology.
- Six central level MOHFW doctors attended training of teaching professional on basic medical science-anatomy.
- Ten central level and ten field level MOHFW doctors attended training on intervention cardiology.
- Eight central level, ten field level MOHFW doctors attended training on ERCP.
- Six central level and six field level MOHFW doctors and attended training on establishment of skilled medical lab.
- Eight central level and eight field level MOHFW doctors attended short term training on rheumatology and rehabilitation.
- Ten central level and ten field level MOHFW doctors attended training on spine surgery.
- 25 central level and 25 field level MOHFW doctors attended training on emergency patient management.
- 21 central level and 21 field level MOHFW doctors training on clinical approach to geriatric medicine.
- Nine central level and nine field level MOHFW doctors attended exposure visit on roles and responsibilities of medical professionals.
- Six central level and six field level MOHFW doctors attended training of teaching professionals on basic medical science – physiology.
- Six central level and six field level MOHFW doctors attended training of teaching professionals on basic medical Science – pharmacology.
- Eight central level and eight field level MOHFW doctors attended training of teaching professionals on basic medical science - Community Medicine/Public Health
- Ten central level, ten field level MOHFW doctors and ten non-MOHFW personnel attended different management and overseas training in the USA (parliamentary committee).
- Eight central level and eight field level MOHFW doctors attended Inauguration on advanced administrative training on leadership and governance for development of human resource management.

- 58 central level and 58 field level MOHFW ME & HMD personnel attended training on teaching technology.
- 55 central level and 55 field level MOHFW ME&HMD personnel attended exposure visit on updated examination assessment system.
- 61 central level and 61 field level MOHFW health personnel attended training on quality management of health service delivery and human resource development.
- Three central level and three field level MOHFW doctors and nurses attended delegation to supervise and monitoring the specialized course.
- 56 central level and 56 field level MOHFW attended training on leadership and governance to develop human resource of Health Personnel.
- Four central level and four field level MOHFW attended exposure visit on the treatment for craniopagus twin baby and tissue expander.
- 56 central level and 56 field level MOHFW attended advanced exposure visit on roles and responsibilities of Medical Professionals.
- 13 central level and 13 field level MOHFW exposure visit on accreditation of medical institutes (challenges, future and media development).
- Procured machineries and equipment, furniture & fixture for 30 medical colleges, one dental college, eight MATS and 08 IHTs.
- Strengthened medical education unit and medical skill centre in 31 medical colleges, one dental college and eight dental units.
- Conducted training of teaching professionals of paramedical institutes, strengthened educational facilities, took initiatives with requirement projections for 2,030 in MATS and IHTs and established utilization of updated IT in paramedical education for eight MATS and eight IHTs.
- Conducted monitoring, supervision and evaluation related activities through task force in 31 medical colleges, one dental college, eight MATS, eight IHT for improving performance.
- Set up CME outreach campuses in eight govt. medical colleges for conducting MMED courses and short courses.

Key Challenges

- Time consuming procurement process and delayed in fund release.
- Shortage of human resources.
- Lack of commitment of the managers.
- Insufficient requirements from the cost center.

Suggestions/Recommendations:

- Organize refresher training on iBAS++.
- Fill-up the vacant posts.
- Strengthen monitoring and supervision.
- Motivate the managers.

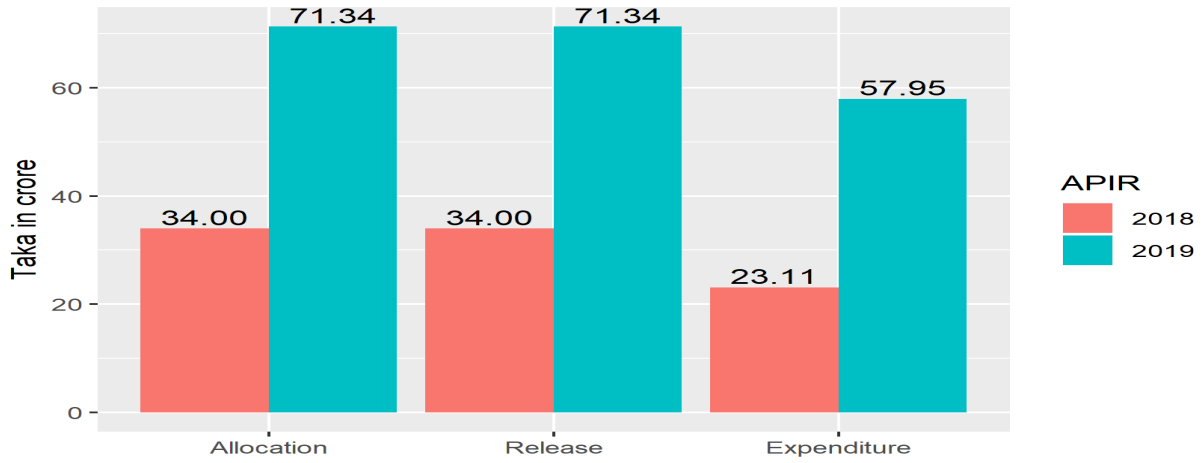
OP-12: Nursing and Midwifery Education Services (NMES)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**100%** (5 out of 5 indicators achieved)	**100%**	**81%**	**81%**

General Objective

To improve the quality of nursing & midwifery services in Bangladesh through increasing the number of qualified nurses & midwives production.

Financial Progress

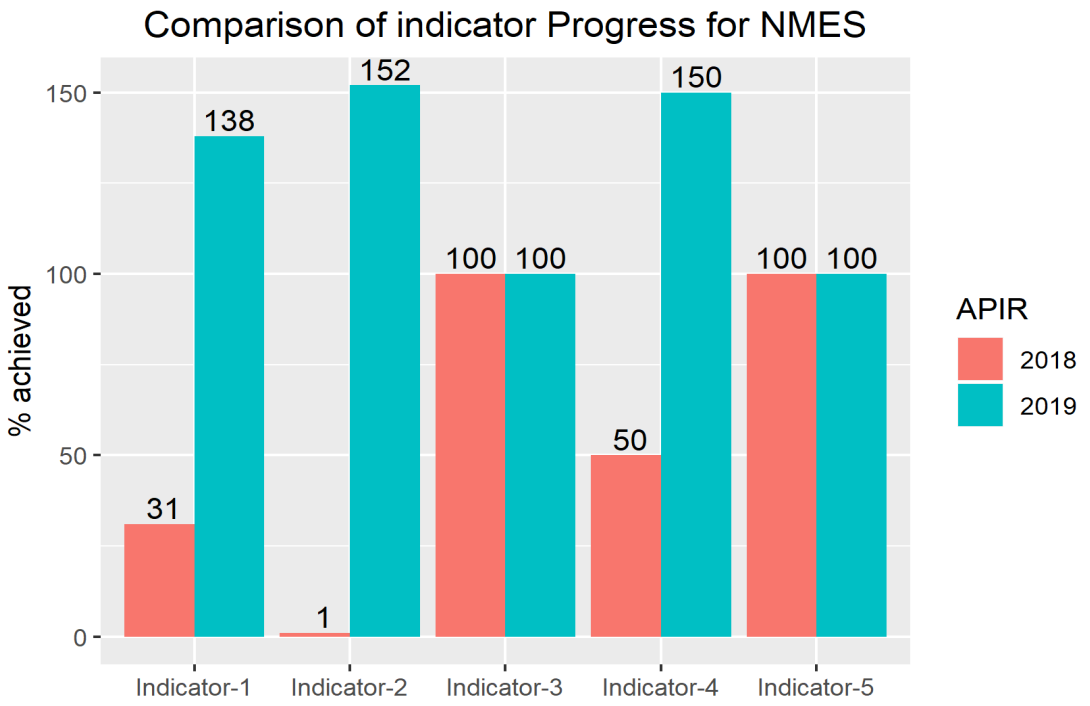


Progress of OP-level Indicators

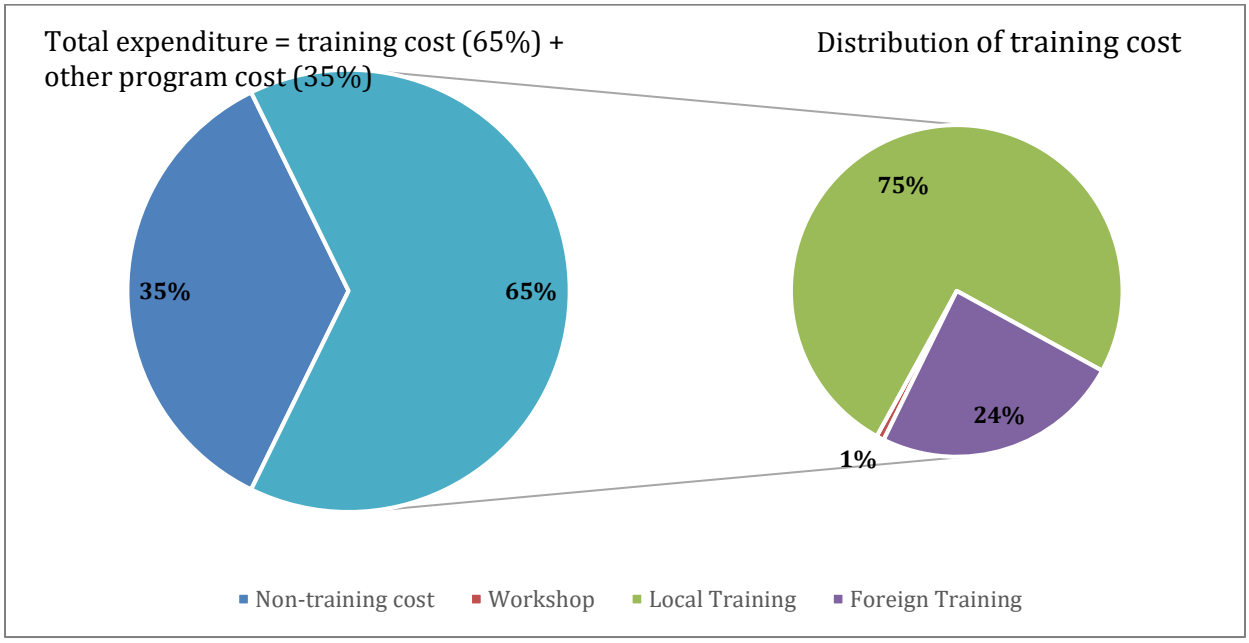
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of newly recruited nurses and midwives received orientation training	370	4,000	2,500	3,458	138%	NIL	
Indicator-2	Number of nurses received specialized education and training.	2200	6,000	500	760	152%	NIL	
Indicator-3	Number of newsletter/HR report published (2/Year)	N/A	4	4	4	100%	NIL	
Indicator-4	Number of training manual developed and updated	(DGNM /BNMC)	4	4	6	150%	NIL	
Indicator-5	Number of Midwives produced.	975	1,950	975	975	100%	Yes	

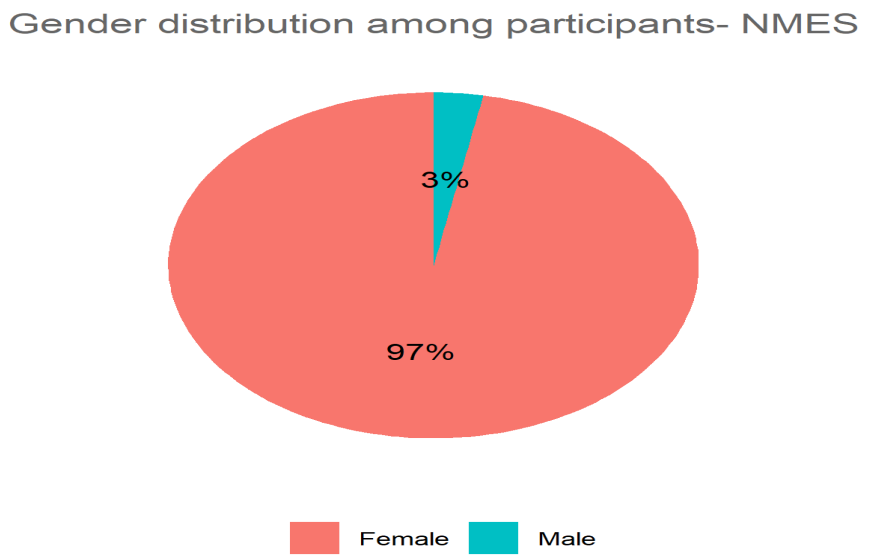


Training Information



Out of the total expenditure of Tk. 57.95 crore, Tk. 37.38 crore (65%) was spent on training. Of the total training cost, Tk. 28.03 crore (75%) was spent on local training, Tk. 0.28 crore (1%) was spent on workshop and Tk. 9.07 crore (24%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,830 (89)	5,805 (100)	0 (0)	8,635 (96)
Foreign Training	153 (5)	0 (0)	0 (0)	153 (2)
Workshop	204 (6)	0 (0)	0 (0)	204 (2)



Major Physical Progress

- Produced a total number of 975 registered midwives, posted and provided stipend to 2,925 midwives.
- 3,458 newly recruited nurses and midwives received orientation training.
- 760 nurses received specialized education and training.
- Published four newsletters/HR reports.
- Published 2,000 copies of newsletters.
- Procured four vehicles and 4,200 pcs. of furniture.
- Developed and updated six training manuals.
- 30 central level midwives attended training on Minimal Initial Service Package (MISP) for reproductive health during emergency crisis.
- 20 central level midwives attended TOT on midwifery curriculum for midwifery faculty.
- 70 central level midwives attended TOT on midwifery skills and midwifery faculty.
- 110 central level nurse mangers attended orientation training on midwifery-led care.
- 66 central level MOHFW personnel attended training on competency on reproductive health.
- 1,148 newly deployed midwives attended orientation training.
- 20 central level DPHN, DPHM and nursing superintendents received orientation training.
- 32 central level MOHFW personnel attended seminar on thesis course (Online masters).
- 134 midwifery faculty and mentors received skill lab training.
- 32 central level web-based masters participants attended workshop on financial thesis writing.
- 30 central level nurses attended curriculum training.
- 709 registered midwives attended three months' internship for skill development.
- 75 central level nurses attended pre-dispatch training to Rohingya camp.
- 120 central level nurses attended management training.
- 120 central level MOHFW personnel attended workshop on community practices.
- 30 central level MOHFW personnel attended national taskforce meeting.

- 128 central level MOHFW personnel attended training on PMIS, NEMS, NMES nursing education and management system.
- 30 central level MOHFW personnel attended training on manual development.
- 2,310 field level MOHFW staff attended orientation training for newly recruited nurses.
- 120 field level MOHFW staff attended training on Intensive Care Unit (ICU).
- 90 field level MOHFW staff attended training on paediatric nursing.
- 90 field level MOHFW staff attended training on adult nursing.
- 150 field level MOHFW staff attended training on cardiac nursing.
- 120 field level MOHFW staff attended training on disaster management.
- 50 central level MOHFW personnel attended ccomputer training.
- 60 central level MOHFW personnel attended training on financial management.
- 40 central level MOHFW personnel attended training on English language.
- 20 central level MOHFW personnel attended foreign training on Intensive Care Unit (ICU) Thailand.
- 20 central level MOHFW personnel attended foreign training on Geriatric Nursing in Thailand.
- 20 central level MOHFW personnel attended foreign training on Respiratory Nursing in Thailand.
- 20 central level MOHFW personnel attended foreign training on Pediatric Nursing in Thailand.
- 600 central level MOHFW personnel attended foreign training on Oncology/Pediatric/Midwifery/Cardiology Nursing in Indonesia. (3 Batches)
- Ten central level MOHFW personnel made an exposure visit on professional nursing in U.K.
- Three central level MOHFW personnel attended foreign training on specialized courses (monitoring and supervision) for nurses of Bangladesh in Thailand and Indonesia.

Key Challenges

- Delay in fund release that effects on fund utilization
- Issues with procurement

OP-13: Training, Research and Development (TRD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**75%** (3 out of 4 indicators achieved)	**95%**	**52%**	**55%**

General Objective

Impart need based training for developing high quality health workforce and conduct research/survey for establishing evidence base for health sector decision making and also explore the avenue and technique to make NIPORT as a regional training and research institute.

Financial Progress

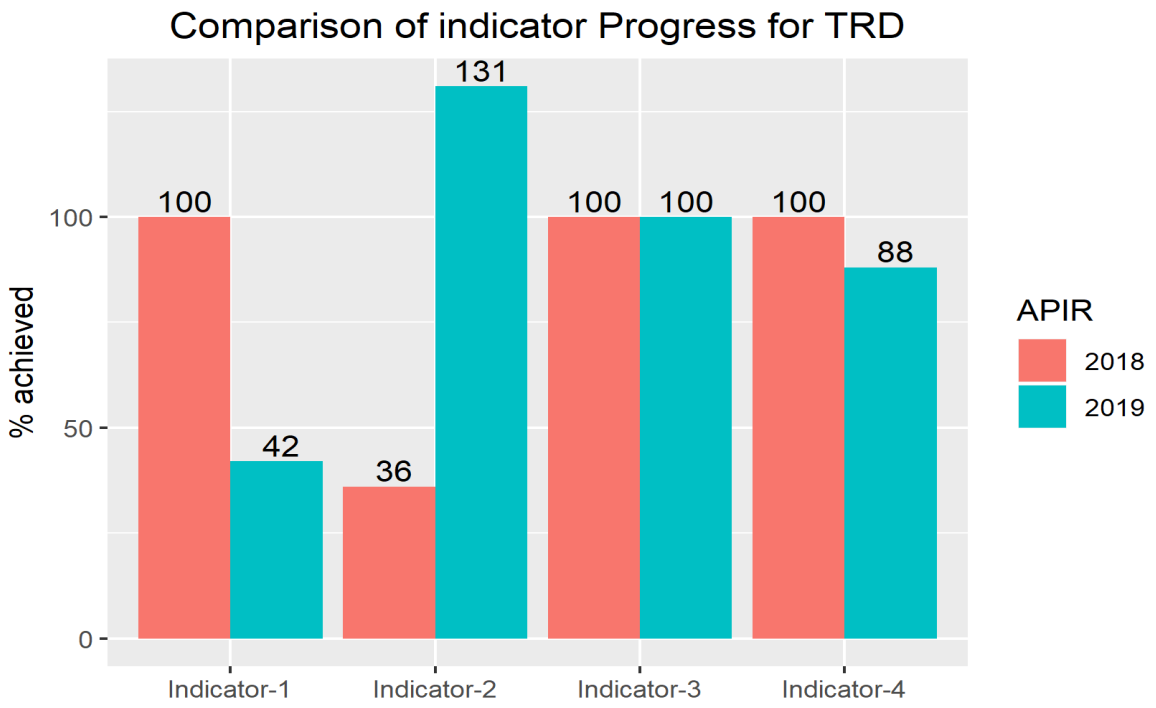
Fund utilization against release is low 55%: Due to iBAS++ issues, the AG office could not issue the cheque of total amount of almost 4.3 crore. Moreover, the collaborative fund agency did not release fund within proposed date, therefore the OP could not start two surveys within the reporting period.

Progress of OP-level Indicators

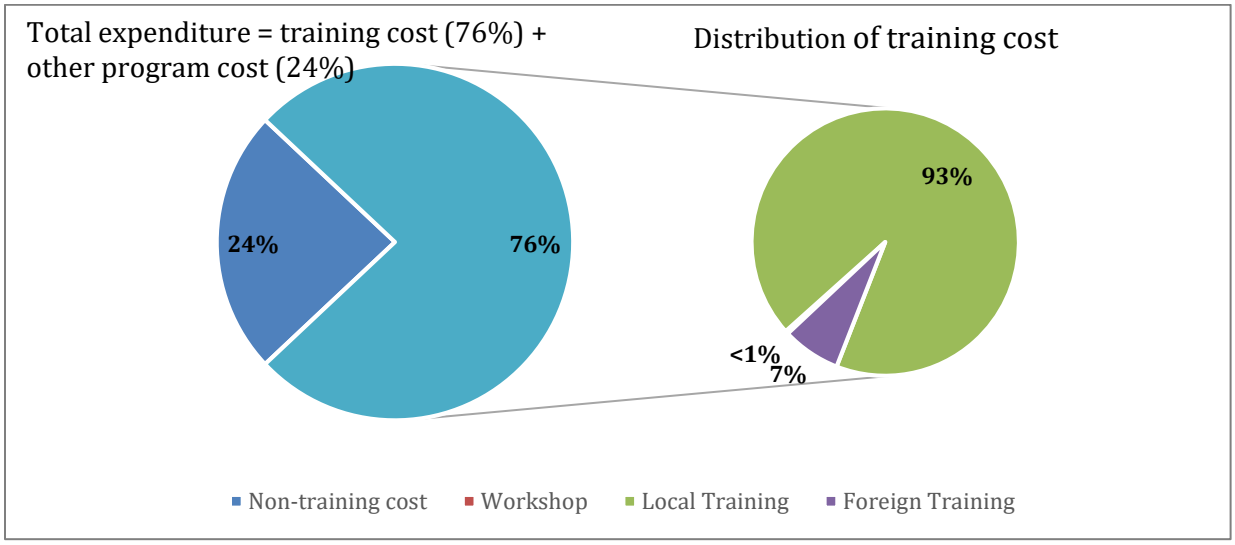
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	(a) Basic Training (for FWV, FWA, FPI & HA) and (b) Orientation Training (for newly recruited Physicians, BCS (Health), BCS (FP), MOMCH & SACMO)	5,909 (APIR 2016)	6,595	3,225	1,366	42%	NIL	
Indicator-2	Efficiency & capacity development training including Reproductive and Child Health Training (IUD & IP, CNC, ECD) for Physicians, Paramedics and Field Workers and skill development training for CSBA, CHCP, Paramedics and field workers.	6,060 (APIR 2016)	7,050	9,716	12,682	131%	NIL	
Indicator-3	Conduct national surveys (including BDHS, BMMS, UESD surveys, Facility survey, Urban Health Survey, etc.)	7	4	2	2	100%	NIL	
Indicator-4	Number of Programme focused and policy research studies/ conducted	45	16	8	7	88%	NIL	

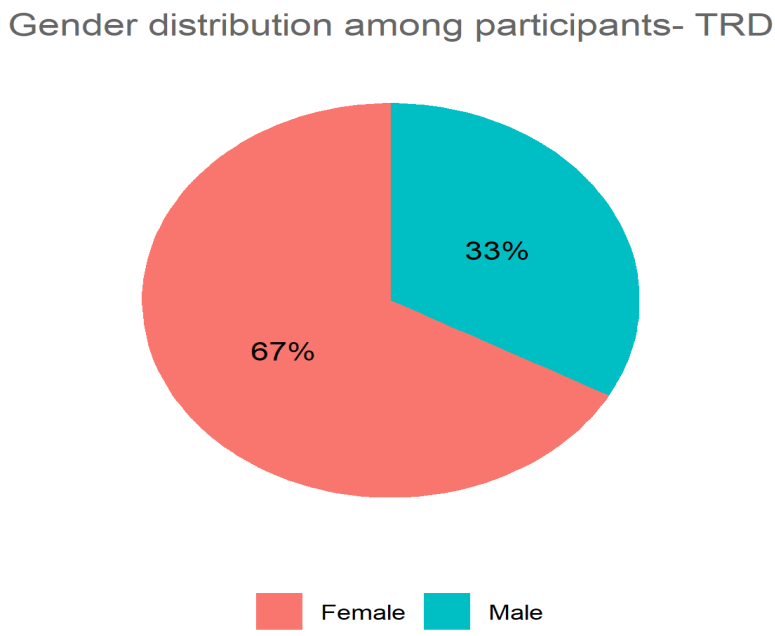


Training Information



Out of the total expenditure of Tk. 27.07 crore, 20.57 crore (76%) was spent on training. Of the total training cost, Tk. 19.04 crore (93%) was spent on local training, Tk. 1.45 crore (7%) was spent on foreign training and Tk. 0.08 crore (<1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	154 (20)	13,874 (99)	0 (0)	14,028 (96)
Foreign Training	20 (3)	8 (<1)	0 (0)	28 (<1)
Workshop	586 (77)	5 (<1)	0 (0)	591 (4)



Major Physical Progress

- Completed Bangladesh Demographic and Health Survey (BDHS) 2017-18 and Bangladesh Health Facility Survey (BHFS)-2017.
- Completed preliminary activities e.g. selection of data collection agency and development of data collection tools for Utilization of Essential Service Delivery (UESD) Survey 2019 and Bangladesh Adolescent Health and Well-being Survey (BAH&WS) 2019
- Completed 35% activities e.g. preliminary activities, selection of data collection agency and development of data collection tools to conduct program focused and policy research studies.
- Completed six disseminations of research/survey results, publications, workshop/ seminar.
- Completed eight researches on capacity building and conducted training/workshop on research methodology, research/survey data analysis and report writing etc.
- 154 central level MOHFW personnel and 1,374 field level MOHFW staff attended orientation/training on counseling, IUD and IP training, CNC training, ECD and BRCR training, SRHR training, program management, financial management, management and leadership, office management, BCC, monitoring, supervision and follow-up Training and TOT.

- Seven central level MOHFW personnel and three field level MOHFW staff attended foreign training on experiential learning, effective training design and management.
- Seven central level MOHFW personnel and three field level MOHFW staff attended Sexual & Reproductive Health & Rights (SRHR).
- Six central level MOHFW personnel and two field level MOHFW staff attended training on impact assessment of health and population sector.
- 29 central level MOHFW personnel and five field level MOHFW staff attended workshop on e-Learning.

Key Challenges

- Fund was not released following the economic codes in iBAS++ system.

Suggestions/recommendations.

- Provision should be added to iBAS++ system to release the fund in each quarter as per the needs of the OP rather than having equally distributed.

Steps taken:

- This issue with iBAS ++ system was raised in the ADP review meeting.

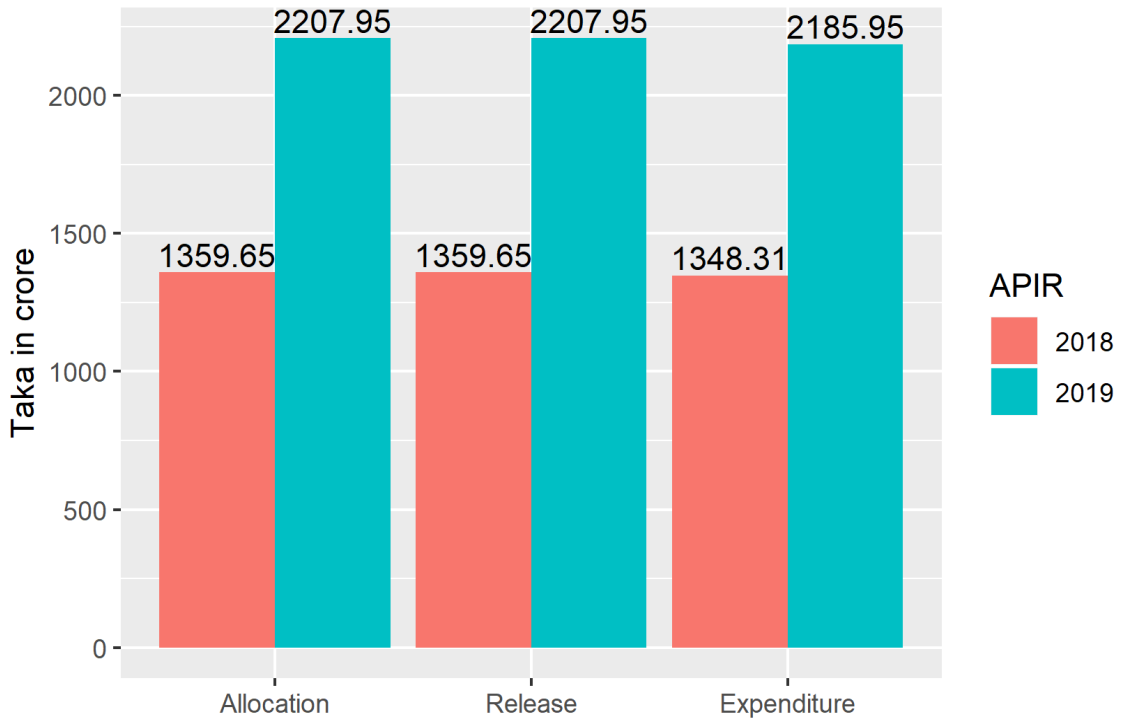
OP-14: Physical Facilities Development (PFD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**67%** (4 out of 6 indicators achieved)	**100%**	**99%**	**99%**

General Objective

To develop, upgrade and maintain the health facilities, equipment and vehicles. It implements its activities through two departments under MOHFW- Health Engineering Department and Public Works Department.

Financial Progress

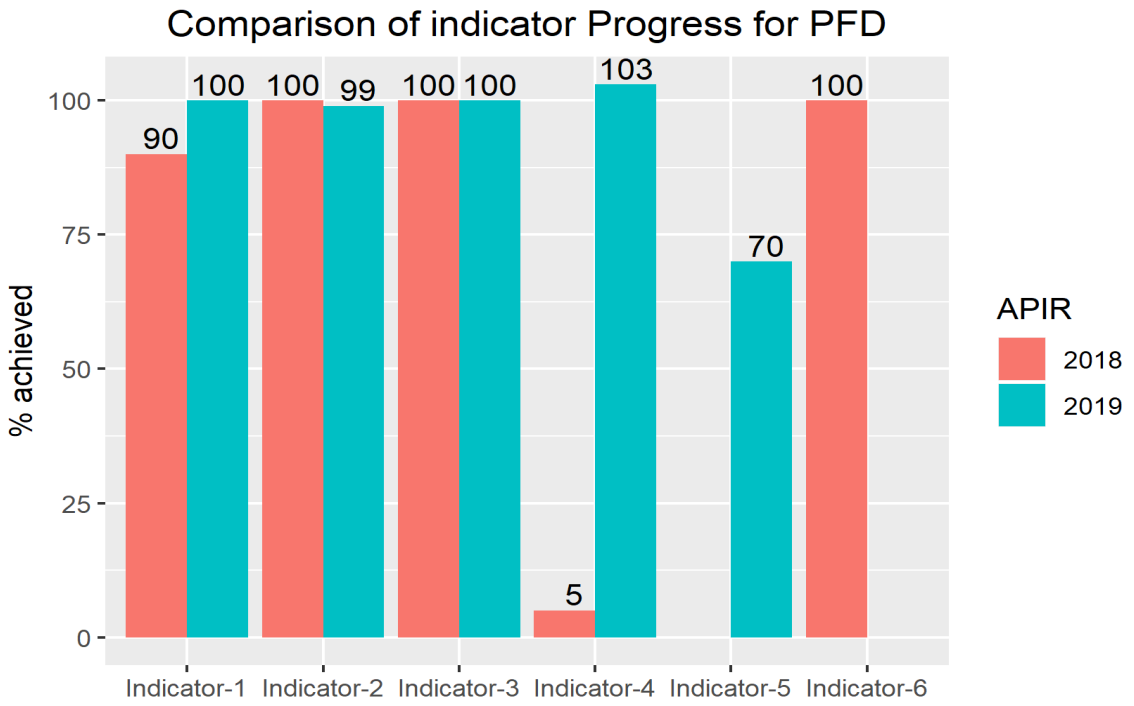


Progress of OP-level Indicators

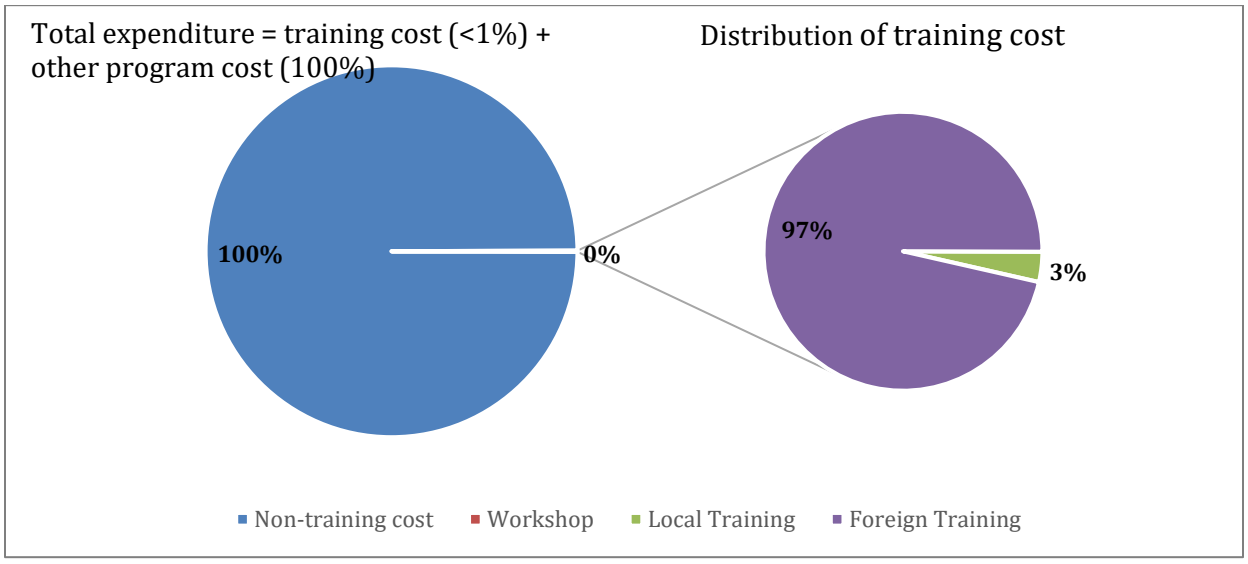
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Introduce e-GP	NA	75%	100%	100%	100%	Yes	
Indicator-2	Percentage of Contracts awarded within initial Tender validity period.	97% APIR 2016	80%	100%	100%	99%	NIL	
Indicator-3	Preparation of a comprehensive plan for (a) construction of facilities (b) repair and maintenance	0	Draft approved	-	Yes	100%	NIL	
Indicator-4	Percentage of annual non-development expenditure for repair and maintenance at the levels of Upazila and below	2.5%	4.0%	3.9%	4.0%	103%	NIL	
Indicator-5	Number of Hospitals/ health facilities constructed/ renovated to make them gender and disability friendly (ramp, separate toilet for women and sitting arrangement).	NA	60%	40%	100%	70%	NIL	
Indicator-6	Asset management system is implemented	AMS is piloted in one district hospital	20	-	NA	Not Available	Yes	

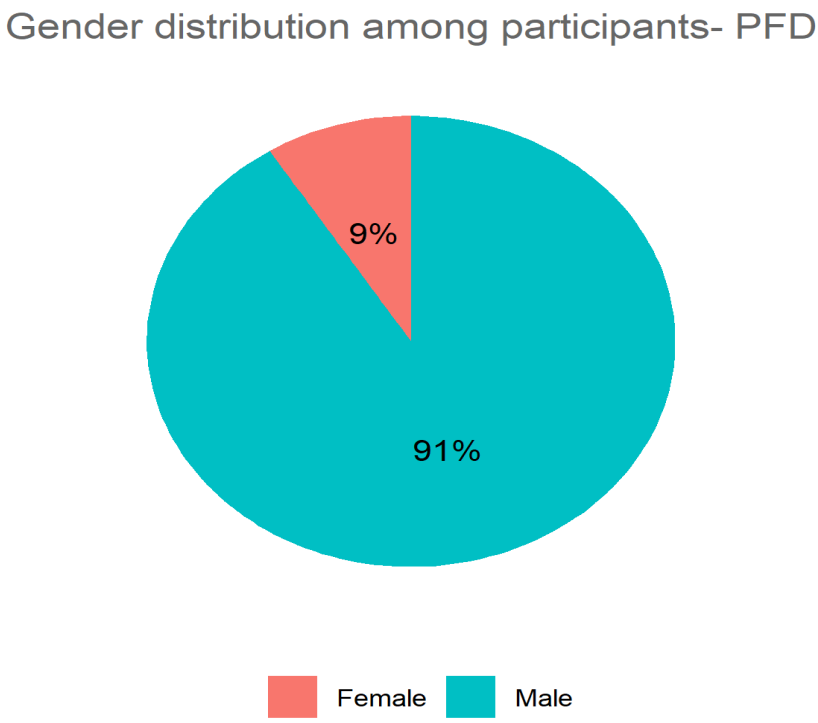


Training Information



Out of the total expenditure of Tk. 2,185.95 crore, Tk. 2.38 crore (<1%) was spent on training. Of the total training cost, Tk. 0.08 crore (3%) was spent on local training and Tk. 2.30 crore (97%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	44 (49)	100 (90)	0 (0)	144 (72)
Foreign Training	45 (51)	11 (9)	1 (100)	57 (28)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)



Major Physical Progress

- Ensured 100% introduction of e-GP.
- 100% contracts awarded within initial tender validity period.
- Established 11 Institute of Health Technologies (IHTs).
- 20 central level MOHFW personnel and 70 field level MOHFW staff attended training on e-GP.
- Twelve central level MOHFW personnel attended foreign training on procurement management in the public sector.
- Eight central level MOHFW personnel and two field level MOHFW staff attended training on hospital management, architectural and structural design.
- Nine central level MOHFW personnel and one field level MOHFW staff attended training on hospital IT management.
- Five central level MOHFW personnel and 19 field level MOHFW staff attended training on professional income tax and VAT management.
- 19 central level MOHFW personnel and 11 field level MOHFW staff attended training on Annual Performance Agreement (APA) and innovation.

- Six central level MOHFW personnel and three field level MOHFW staff attended foreign training on strategy of facilities upgradation.
- Six central level MOHFW personnel and four field level MOHFW staff attended foreign training on training on Procurement Management for Works, Goods and Services. Four central level MOHFW personnel and one field level MOHFW staff attended foreign training on procurement and supply chain management.
- Completed re-construction of 134 existing old Community Clinic; completed repair, renovation of 1,729 health and family planning infrastructures; completed construction of 102 community clinics; completed up gradation of one Upazila Health Complex from 50 to 100 beds; completed up gradation of BCPS at Mohakhali, Dhaka; completed up gradation/construction of Nurses Training Institutes; completed construction of two FWVTIs; completed Maligaon 50 Bed Hospital, Maligaon, Daudkandi, Comilla; completed up gradation and renovation of 29 UH&FWCs; completed construction of four Union H&FWCs; completed three new 31/50 bed Upazila Health Complex; completed construction of four 10-Bed Mother and Child Welfare Centers; completed construction of six Medical Assistant Training School (MATS); completed construction of three Nursing Colleges; completed construction of seven different office buildings; completed construction of two 50 Bed Diabetic Hospital; completed construction of Megdubi 20 Bed Mother and Child Welfare Center(MCWC).

Above 80% progress was made against the set targets: (Reported by HED)

- Construction of waste treatment plant at National Institute of Opthalmology at Sher- e -Bangla nagar, Dhaka.
- Extension of National Institute of kidney Diseases and Urology Hospital at Sher-e- Bangla Nagar, Dhaka (vertical extension of National Institute of kidney Diseases and Urology Hospital)
- Vertical extension of National Institute of Neurosciences Hospital (NINS), Dhaka.
- Vertical extension of BMRC Bhaban at Mohakhali (vertical extension of Bangladesh Medical Research Council Building **(BMRC)** from 4th to 11th Floor at Mohakhali, Dhaka.
- External Sanitary and Water Supply arrangement (installation of deep tube well water, reservoir tank, water distribution line and pump house, RCC compound drain, external sewerage line etc.)
- Vertical extension of ICU Building, female hostel and dental unit in Chittagong Medical College; vertical extension of girls' hostel at Mymensingh Medical College.
- Vertical extension of Internee doctors' hostel (Male and Female) and doctors' dormitory in Dinajpur Medical College.
- Vertical extension of academic building, pharmacology building and construction of female hostel of Rajshahi Medical College
- Vertical extension of Microbiology Lecture Hall, dental unit & outdoor in Rangpur Medical College.
- Vertical extension of hospital building from 3rd to 9th floor and male and female hostels in Sylhet M.A.G Osmani Medical College.
- Vertical Extension of Female hostel in Sher-e- Bangla Medical College at Barisal
- Vertical extension of Civil Surgeon Office in Satkhira.
- Vertical extension of Diarrhoea ward from ground floor to 1st floor in Kishorgonj 250 Bed general hospital, Kishorgonj.
- Modernization & Extension of Barishal Medical College Hospital.
- Construction of auditorium building in Khulna Medical College.
- Construction of Trauma Center in Munshiganj.

- Construction of male & female hostels in Pabna medical college.
- Up gradation of district hospitals from 50/100 to 250 bed in Jhenaidah, Kurigram and Barguna.
- Construction of Female Hostel at Institute of Health Technology (IHT) at Mohakhali, Dhaka.
- Construction of Nurses and Midwifery Bhaban at Mohakhali.
- Vertical Extension of 4th & 5th floor for Medical Education Building at Mohakhali and renovation of existing CME building (ground, 1st & 2nd) Including main road and main gate.
- Vertical extension of female hostel and construction of male hostel in Mymensingh Medical College.
- Up gradation & renovation of Nursing College & Hostel in Dhaka.

Key Challenges

- No challenge reported during the reporting period of July 2018-June 2019.

OP-15: Improved Financial Management (IFM)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**33%** (1 out of 3 indicators achieved)	**87%**	**72%**	**83%**

General Objective

To improve governance in financial management and audit system.

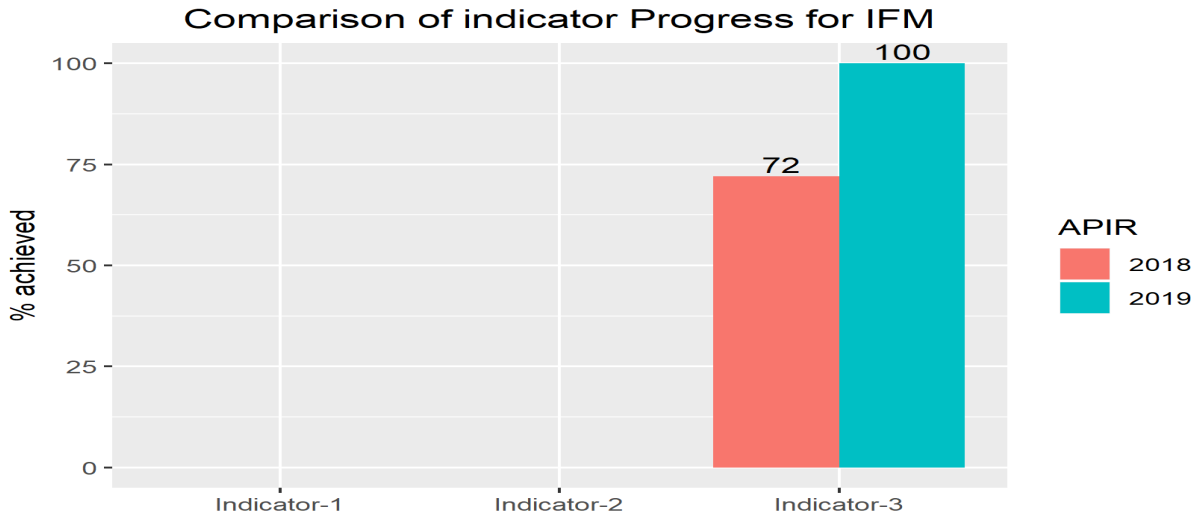
Financial Progress

Progress of OP-level Indicators

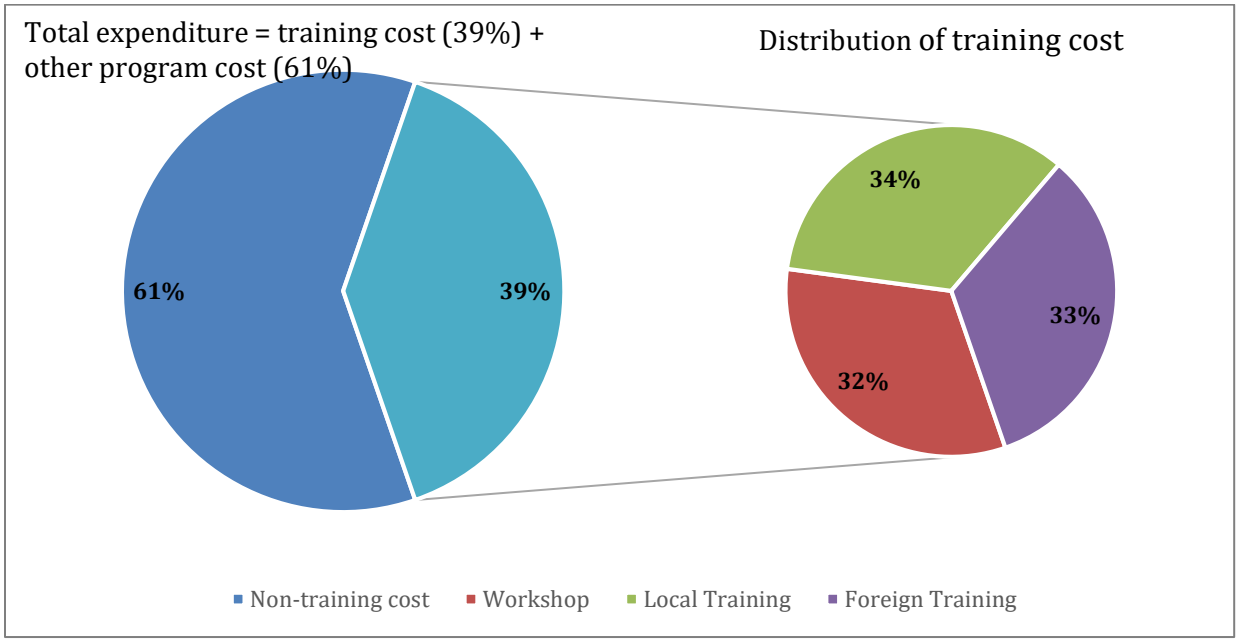
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Financial management system is strengthened	FMAU restructuring is approved by MOPA	At least 50% of FMAU staff are recruited	-	-	Not Available	Yes	
Indicator-2	Software to be developed and all LDs to use Computerized Accounting System	N/A (LD, IFM)	50%	-	-	Not Available	NIL	
Indicator-3	Number of FM personnel trained at all levels	4,708	6,000	280	280	100%	NIL	

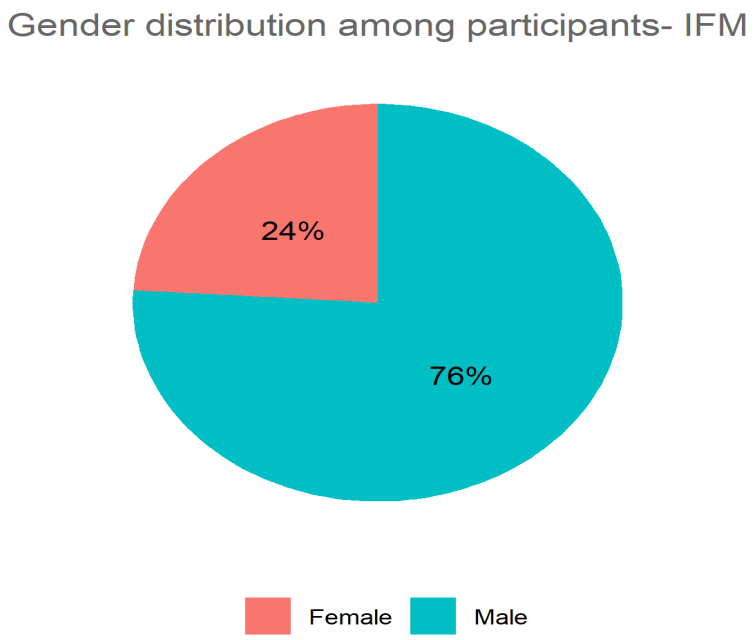


Training Information



Out of the total expenditure of Tk. 2.99 crore, 1.18 crore (39%) was spent on training. Of the total training cost, Tk. 0.40 crore (34%) was spent on local training, Tk. 0.40 crore (34%) spent on foreign training and Tk. 0.38 crore (32%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	147 (82)	133 (37)	0 (0)	280 (52)
Foreign Training	7 (4)	0 (0)	0 (0)	7 (1)
Workshop	26 (14)	224 (63)	0 (0)	250 (47)



Major Physical Progress

- Completed training on financial management for DDO's and 147 central level MOHFW personnel (LDs, PMs, DPMs) and 133 field level MOHFW personnel attended the training.
- Outsourced seven financial management personnel to support FMAU and the OPs.
- Seven central level MOHFW personnel attended foreign training on financial management.
- Seven batch of participants completed training on institutionalizing of the IFM.

Key Challenges

- Sub-optimal level fund utilization due to lack of human resources.
- Delayed procurement process.

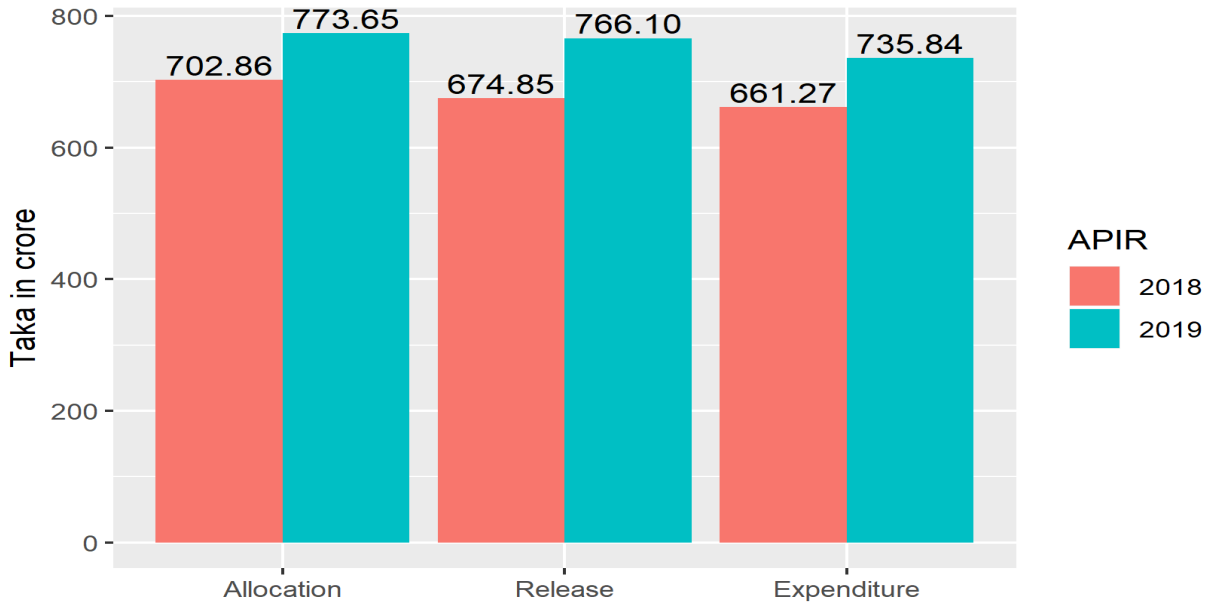
OP-16: Maternal, Neonatal, Child and Adolescent Health (MNCAH)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (3 out of 7 indicators achieved; 4 indicators are not applicable)	**99%**	**95%**	**96%**

General Objective

With a view to improve the maternal, newborn, and child health (MNCH) status of the population of Bangladesh, MNCAH OP aimed to contribute to an increase in coverage and utilization of the quality MNCH services at the facility and community levels.

Financial Progress



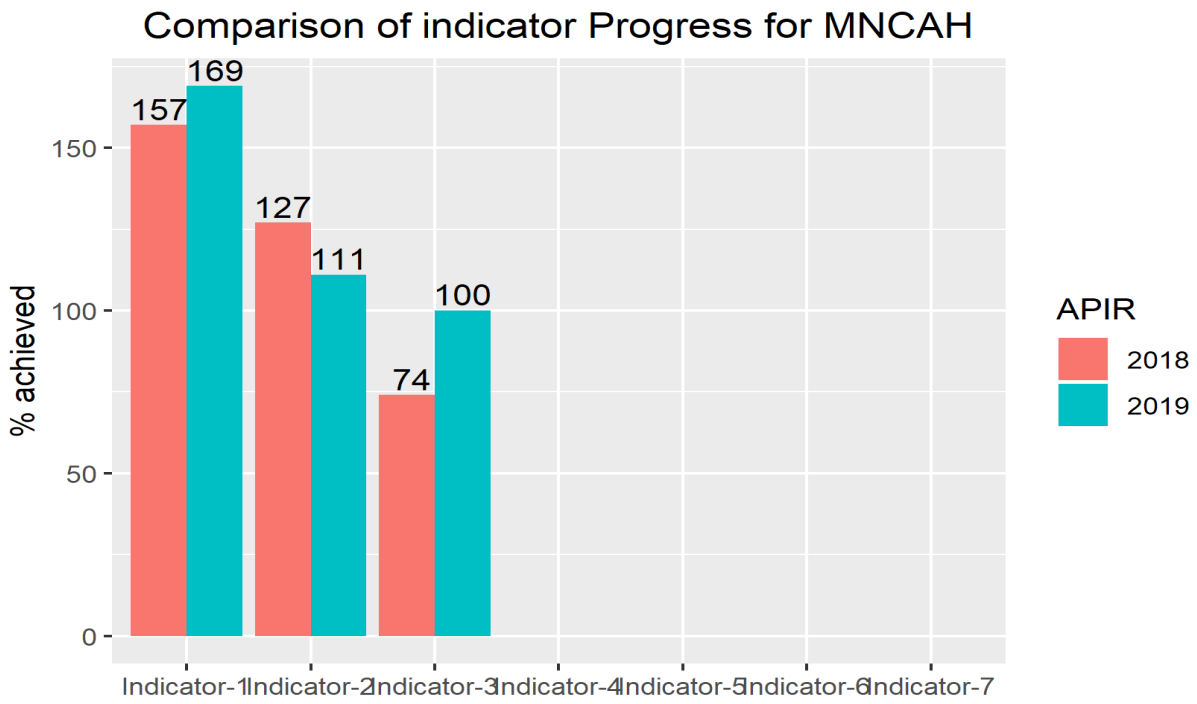
Progress of OP-level Indicators

Status Legend:

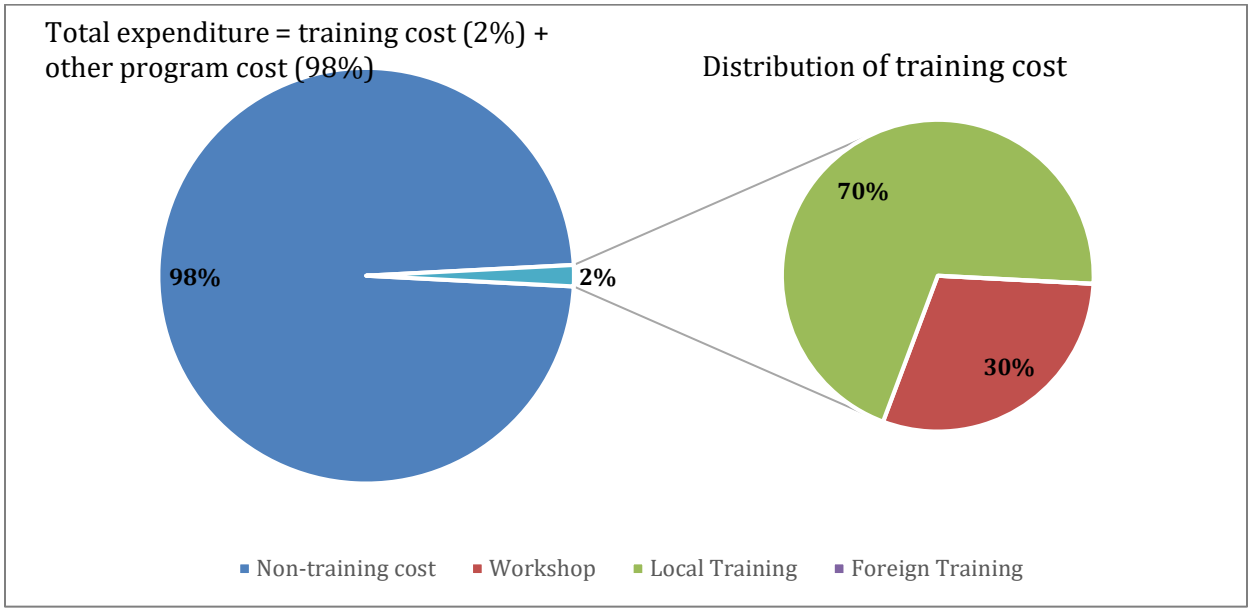
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Utilization of Maternal health care service is increased in Sylhet and Chittagong division	40,172 (2016)	44,993	43,386 (8% of Baseline)	73,137	169%	Yes	
Indicator-2	Immunization coverage and equity both are enhanced in Sylhet and Chittagong (children immunized for measles and rubella)	70% in 4 districts in Sylhet and 80% in 11 districts in Chattogram	73% in Sylhet and 83% in Chattogram	88.5% (based on CES 2016)	95.5% in Sylhet and 95% in Chattogram	111%	Yes	
Indicator-3	School based adolescent health and nutrition services are developed in Sylhet and Chittagong	0%	30%	Assessment of current school based HPN services jointly completed with health & education sector.	Completed	100%	Yes	
Indicator-4	Percentage of newborn received essential newborn care (ENC)	(BDHS, 2014)	8.5%			Not Applicable	NIL	
Indicator-5	ANC coverage (at least 4 visits)	31.2% (BDHS, 2014)	40%	35%	37%	Not Applicable	NIL	
Indicator-6	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	45%	47%	Not Applicable	NIL	

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-7	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.4%	5.5%	-	9.28%	Not Applicable	NIL	

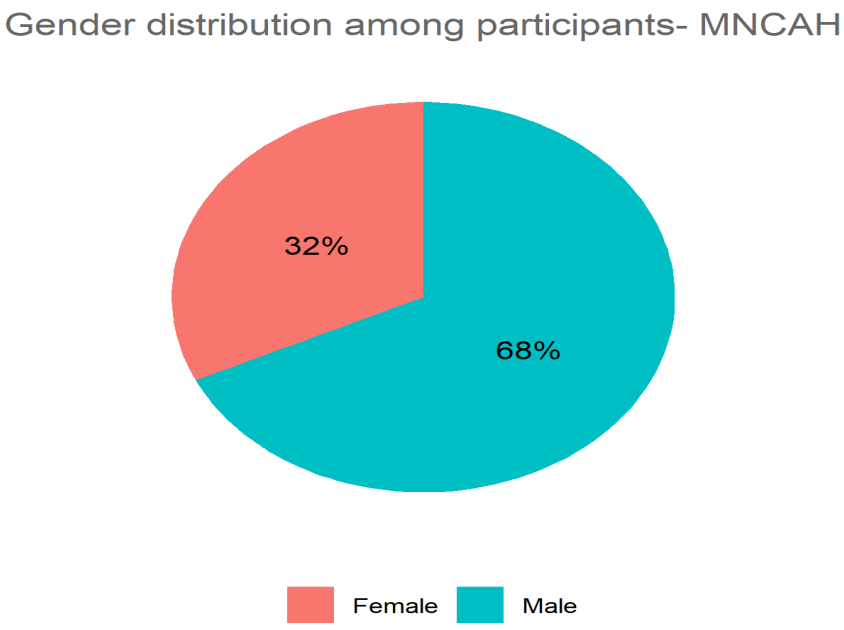


Training Information



Out of the total expenditure of Tk. 735.84 crore, Tk. 12.11crore (2%) was spent on training. Of the total training cost, Tk. 8.49 crore (70%) was spent on local training and 3.62 crore (30%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	1,516 (73)	20,700 (48)	1,040 (27)	23,256 (47)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	556 (27)	22,676 (52)	2,795 (73)	26,027 (53)



Major Physical Progress

Maternal Health (MH)

- Performed 72,613 normal deliveries in public facilities of DGHS in Sylhet and Chittagong divisions during the reporting period.
- Distributed 37,934 vouchers among poor pregnant women in 53 upazilas under DSF activities.
- Expanded DSF program in 2 upazilas.
- Finalized national strategy of maternal health and maternal health standard operating procedure (Vol: 1&2).
- 22% pregnant mothers received at least 4 ANC from the public facilities under DGHS.
- The public facilities ensured 40% deliveries by community skilled birth attendant (CSBA).
- 21 central level MOHFW personnel attended workshop on "National Maternal Health Strategy 2015-2030 translation in Bengali version from English Version".
- 19 central level MOHFW personnel attended workshop on approval for Bengali version "National Maternal Health Strategy 2015-2030".
- 39 central level MOHFW personnel attended workshop on National Maternal Health Strategy and SOP.
- 21 central level MOHFW personnel attended workshop on updating EmOC (ANC and PNC) register.
- 36 field level MOHFW staff attended TOT on MPDSR at national level.
- 31 central level MOHFW personnel attended workshop on "MPDSR data analysis and developing action plan".
- 19 central level MOHFW personnel attended workshop on "HR for 24/7 CEmONC and ensuring quality MNH services".

Expanded Program on Immunization (EPI)

- DGHS achieved (MR1 – 97.4%; MR2- 96.6%) of its annual target for children immunized for measles and rubella in four districts in Sylhet division and MR1 – 96.0% and MR2 - 94.4% of its annual target for the same in 11 districts in Chittagong division.
- Ensured expansion of capacity in cold and dry stores at district level by construction of 6 EPI stores in 6 districts and ensure human resources and equipment.
- Ensured timely procurement and distribution of EPI vaccine in 64 districts and 11 CCs.
- Completed Special Campaign (e.g. MR Campaign, OPV vaccination, OCV Campaign, TT vaccination for pregnant woman, Td vaccination and routine vaccination) for Forcefully Displaced Myanmer Nationals (FDMN) in Teknaf and Ukhia upazila in Cox's Bazar and Naikhangchari upazila in Bandarban.
- Ensured monitoring and supportive supervision at all levels of 64 districts, 483 upazilas, 111 municipalities and 11 CCs.
- Maintained maternal and neonatal tetanus elimination validation status in 64 districts and 11 City Corporations.
- Ensured support to the field for ensuring quality vaccination sessions in 64 districts, 483 upazilas, 111 municipalities and 11 City Corporations.
- Introduced fIPV in routine immunization in 64 districts, 483 upazilas, 111 municipalities and 11 City Corporations.
- Completed 2nd dose of 2nd phase HPV demonstration at four upazilas and 1 zone of City Corporations in Gazipur district.
- 79 field level MOHFW personnel and 11 non-MOHFW personnel attended training on 'Online EPI reporting (DHIS2) and Management, Leadership Training for concerned personnel'.
- 1,057 field level MOHFW personnel and 21 non-MOHFW personnel attended training on 'Online EPI reporting (DHIS2)'.
- 818 field level MOHFW personnel and 4,968 non-MOHFW personnel attended training on fIPV vaccination on routine EPI at all level.
- Eight central level MOHFW personnel and 72 field level MOHFW personnel attended orientation on temperature, mapping and CTM activities, conduction of EPI store renovation, construction and expansion work monitoring committee meeting in 11 Districts for 3 months.
- 20 central level MOHFW personnel and 50 non-MOHFW personnel attended consultative workshop on urban health and immunization strategy.
- Ten central level MOHFW personnel, 93 field level MOHFW personnel and 49 non-MOHFW personnel attended EQUIST workshop at Chattogram.
- 125 field level MOHFW personnel and 15 non-MOHFW personnel attended orientation on EPI reporting, cold chain, vaccine and logistics management system in DHIS2 for Management, Leadership Training.
- 100 field level MOHFW personnel attended workshop on Multi Dose Vial Policy (MDVP).
- 102 central level MOHFW personnel, 42 field level MOHFW personnel and 29 non-MOHFW personnel attended workshop on EVM SOPs revision.
- 25 central level MOHFW personnel, 171 field level MOHFW personnel and four non-MOHFW personnel attended training on validation of long-range vaccine carrier and chilled water pack for outreach activities (Narayanganj and Netrokona district).
- 12 central level MOHFW personnel and 39 field level MOHFW personnel attended training on continuous temperature monitoring (CTM) device operation and maintenance.
- 60 central level MOHFW personnel attended workshop on long range vaccine carrier.

- 30,904 field level MOHFW personnel and 7,314 non-MOHFW personnel attended orientation and review of switching from PCV-2 dose vial to PCV-4 dose vial.

NNHP & IMCI

- 770 field level MOHFW personnel attended capacity building workshops for national, divisional, district and upazila managers, MNCH focal persons, consultants and other officials on NNHP objectives, implementation modalities and monitoring.
- 352 doctors and nurses attended training on KMC to manage preterm low birth weight babies at Upazila and higher-level facilities.
- 495 filed level doctors and nurses of tertiary, district and upazila level facilities attended training on management of pre-term and low birth weight babies (TOT, training and refreshers training on KMC). (reported during SmPR)
- 728 doctors and nurses attended training on ETAT and sick newborn care for management of sick newborn at SCANU/NSU.
- Ensured 1,000 functional newborn resuscitation devices (bag and mask) in all facilities.
- Developed National Child Health Strategy Bangladesh 2017-2022 and sent to Ministry for endorsement.
- Launched National Newborn Health Campaign and completed round table dialogues with stakeholders.
- 2,100 Refreshers field level MOHFW personnel (doctors) attended training on IMCI protocol.

Adolescent Health Program

- 37 central level MOHFW personnel, 41 field level MOHFW personnel and 69 non-MOHFW personnel attended TOT on Adolescent Health Education for District and upazila level managers of Tangail and Jamalpur districts.

School Health Program

- Completed development and printing of training modules and selection of public secondary school for school based adolescent health and nutrition services in Sylhet and Chittagong divisions.

Key Challenges

- Delay in fund release hindered timely procurement and supply of vaccines.

- Pending funding of Tk. 13.51 Cr for DSF (Mother Cash Incentive and Transport Expense) of 3rd sector program. Needs allocation of extra fund (Tk. 13.51 crore) and approval for payment. While, Tk. 17 Lac for EOC training (Anesthesia and Gyn. & Obs.) is still pending. Needs allocation and approval of extra fund (Tk. 17 Lac) and approval for payment.

Human resources:

- A good number of Health Assistant post was vacant due to promotion of HA to higher level, retirement. No recruitment was completed for those vacant positions for a long time.

Previously, Gavi provided fund for hiring volunteers against the vacant position of Health Assistants. However, the Fund was not available from august 2017.

Others:
Supervision and Monitoring was not adequate.
Fund was not available to supervise immunization activities at all levels
The logistics (computer, modem etc.) were not adequately supplied to run the EPI DHIS2

Steps taken

- Allocation for first two quarters was drawn together and given to Unicef for vaccines procurement. However, the fund release for remaining two quarters still under process and informed MOHFW about the situation.

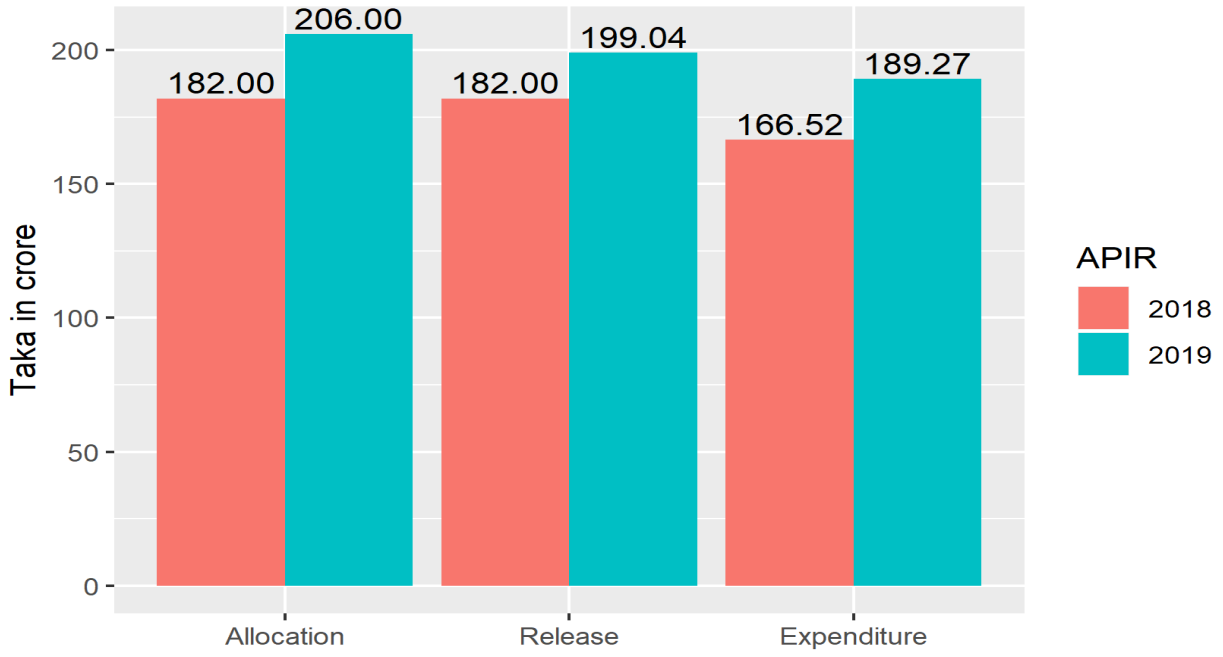
OP-17: Maternal, Child, Reproductive and Adolescent Health (MCRAH)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (2 out of 6 indicators achieved; 4 indicators are not applicable)	**97%**	**92%**	**95%**

General Objective

To deliver appropriate, effective and responsive quality maternal, newborn, child, adolescent and reproductive health services for improving overall health status with particular attention to marginalized and vulnerable groups.

Financial Progress

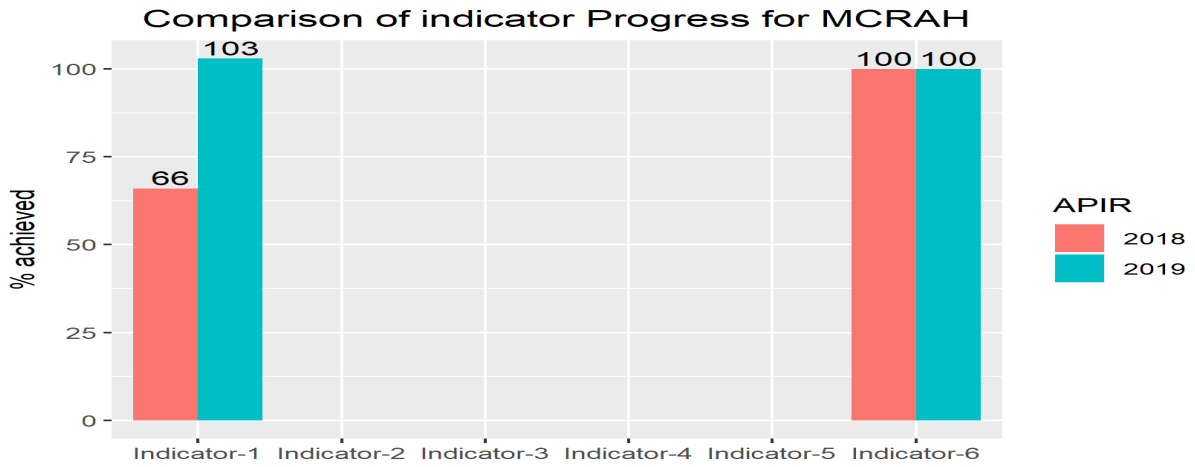


Progress of OP-level Indicators

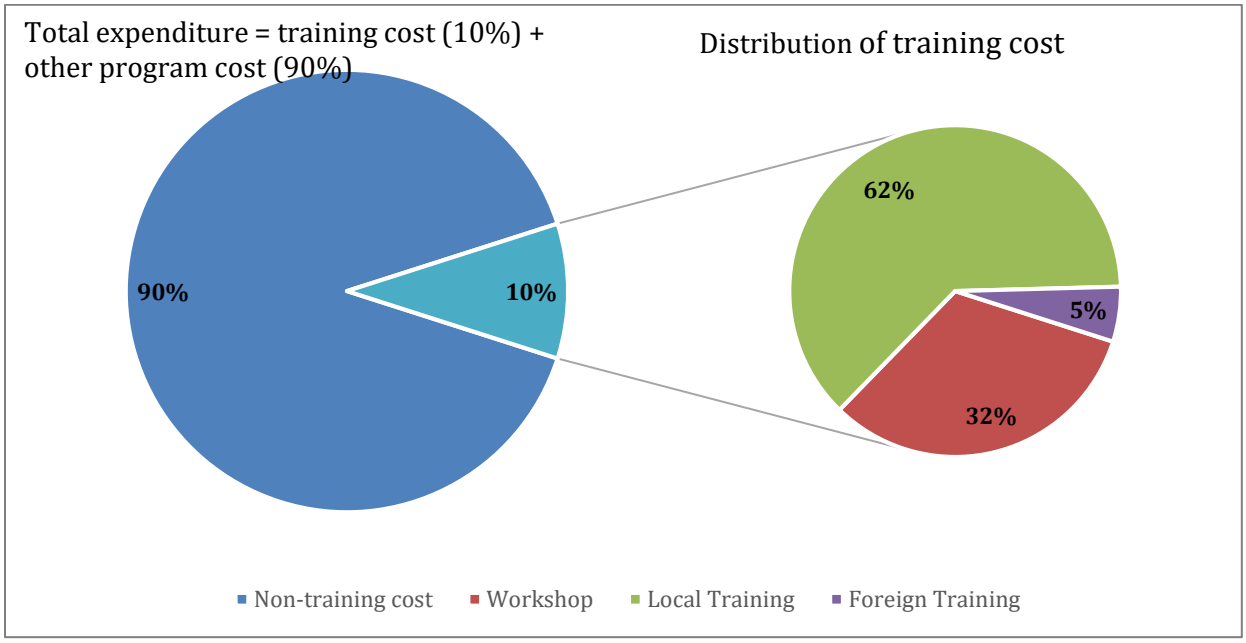
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Utilization of Maternal health care service is increased in Sylhet and Chittagong divisions	49,000 (January 2016 to December 2016, MIS, DGFP)	12% of baseline	51,000	52,424	103%	Yes	
Indicator-2	Percentage of new born received essential new born care	6.1% (BDHS, 2014)	15%	-		Not Applicable	NIL	
Indicator-3	ANC coverage (at least 4 visits)	31.2% (BDHS, 2014)	40%	-	4,43,101	Not Applicable	NIL	
Indicator-4	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	-	10,81,248	Not Applicable	NIL	
Indicator-5	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.4%	7%	-	36,104	Not Applicable	NIL	
Indicator-6	Number of health facilities (MCWC/UH &FWC) made functional adolescent friendly health services	93 (MCH-S unit report, DGFP)	600	200	200	100%	NIL	

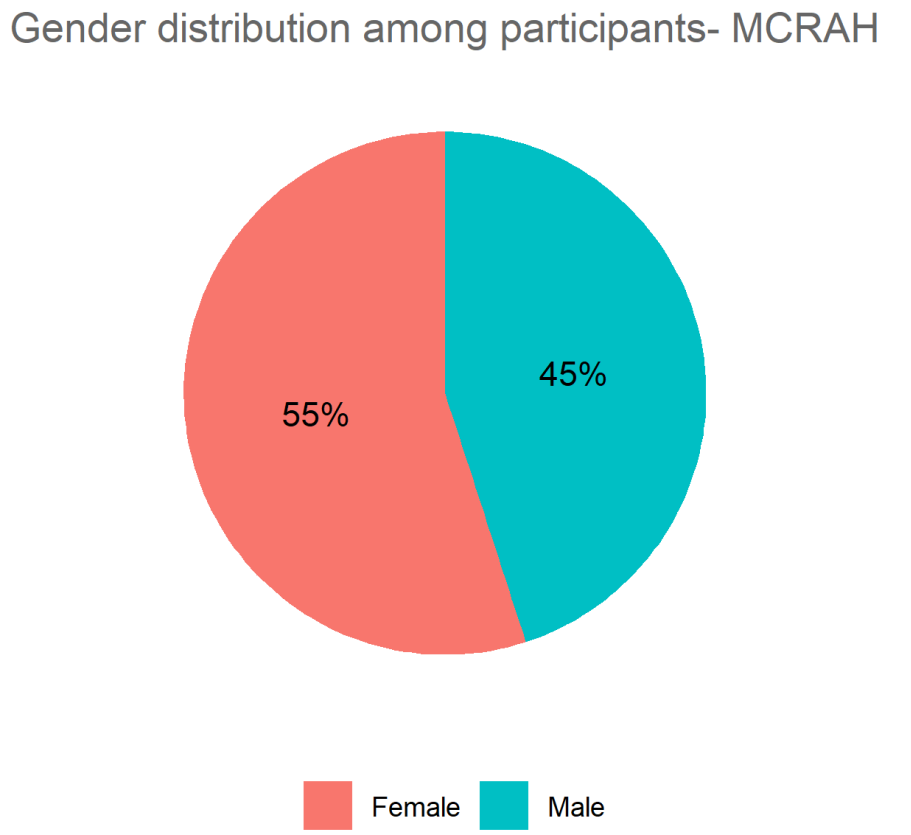


Training Information



Out of the total expenditure of Tk. 189.27 crore (10%) was spent on training. Of the total training cost, Tk. 11.63 crore (62%) was spent on local training, Tk. 1.00 crore (5%) spent on foreign training and Tk. 6.04 crore (32%) crore was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	122 (13)	7,396 (33)	12 (<1)	7,530 (27)
Foreign Training	16 (2)	8 (<1)	0 (0)	24 (<1)
Workshop	784 (85)	14,731 (67)	4,956 (100)	20,471 (73)



Major Physical Progress

- Performed 58,402 normal deliveries in public facilities of Sylhet and Chittagong divisions under DGFP during the reporting period.
- 2,33,691 pregnant mothers received at least 4 ANC from the public facilities under DGFP.
- The public health facilities under DGFP ensured 4,45,472 deliveries by skilled birth attendant (SBA).
- 2,49,841 mothers with non-institutional delivery received post-natal care from a medically trained provider within two days of delivery.
- 20 health facilities (MCWC/UH &FWC) made functional adolescent friendly health services.
- Issued NOA for 650 DDS kit (GOB) and procured 143.62 million MCH drugs (RPA).
- Recruited and posted 254 outsourcing staff.
- 4,482 field level MOHFW staff and 435 non MOHFW staff attended orientation on awareness building on 24/7 normal delivery at UH&FWC.
- 200 field level MOHFW staff (DDFP, AD, MOs, UFPO, AUFPO, and AFWO) attended basic training on adolescent friendly health services.
- 34 central level MOHFW personnel and 34 field level MOHFW staff attended training on MIS reporting for Nutrition Services
- 154 field level MOHFW staff (SACMOs, FWVs) attended training on CNCP and TOT (FWAs and FPIs) on CNCP.
- 80 field level MOHFW staff (FWVs) attended training on Midwifery Skill.

- 24 field level MOHFW staff (Obs/Gynae and Anesthesiology) attended training on EOC.
- 149 field level MOHFW staff and 47 non-MOHFW staff attended workshop on adolescent friendly health corner.
- 65 field level MOHFW staff and 35 non-MOHFW staff attended workshop on role of preventing maternal and child mortality prevention in Bangladesh.
- 41 central level MOHFW staff and 64 non-MOHFW staff attended workshop on finalization of national plan of action for adolescent health strategy, 2017-2030.
- 113 central level MOHFW staff and 105 non-MOHFW staff attended workshop on district evidence-based plan for adolescent friendly health services.
- 57 central level MOHFW staff and 47 non-MOHFW staff attended meeting on national action plan, accreditation guideline and coordination.
- Completed recruitment of 840 (man-months) for security, cleaning and facility management.
- 51 field level MOHFW staff attended TOT on basic nutrition.
- 32 FWVs attended refresher training on OT management and nursing care.
- 50 FWVs attended refresher training on midwifery.
- 34 central level MOHFW personnel and 162 field level MOHFW staff attended orientation on quality management (TQM).
- 273 field level MOHFW staff and 192 non-MOHFW personnel attended orientation/meeting/workshop on ARH and life skill training.

Key Challenges

- Most of the cost centers did not have access to iBAS++ software.
- Critically hampered fund disbursement. Although the budget was disbursed though IBAS++, the Upazila accounts did not get the permission to draw the budget in advance.
- Due to late initiation of the program, the target couldn't be achieved as intended.

Suggestions/recommendation:

- Ensure early approval for IBAS ++ software.
- Sending ministry's prior instruction on advance drawing of budget at local level (Upazila) may resulted in smooth implementation of the programs.

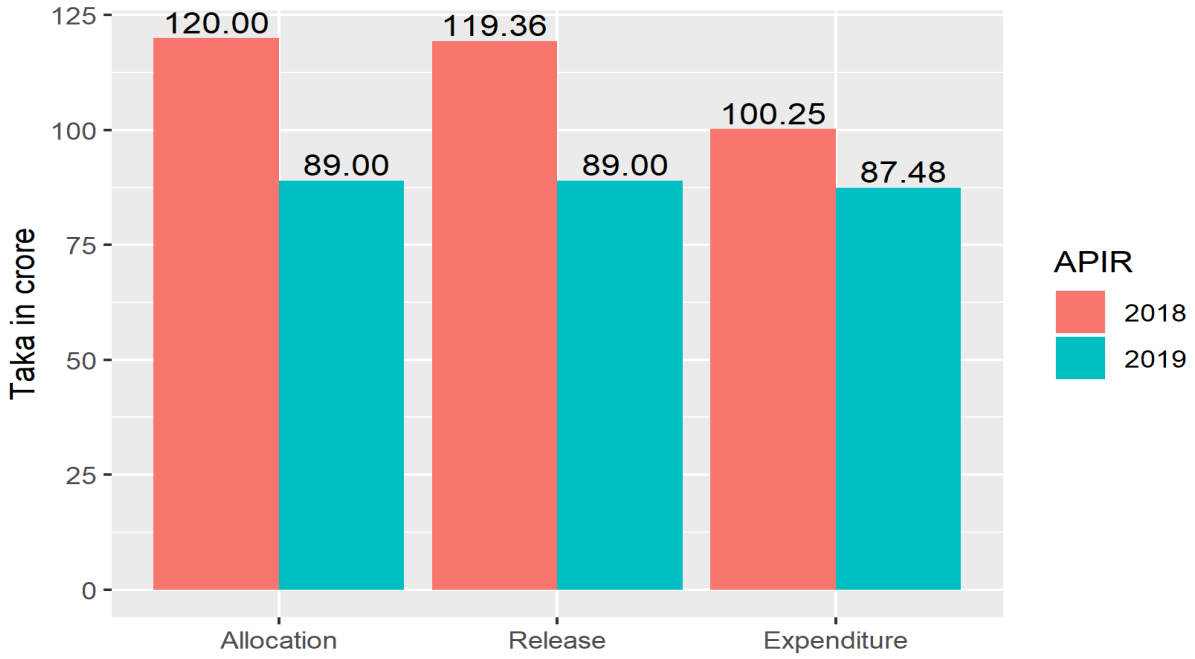
OP-18: National Nutrition Services (NNS)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (4 out of 5 indicators achieved; 1 indicator is not applicable)	**100%**	**98%**	**98%**

General Objective

To reduce malnutrition and improve nutritional status of the people of Bangladesh with emphasis on the children, adolescents, women (pregnant & lactating), elderly, poor and underserved population from both rural and urban areas of Bangladesh.

Financial Progress

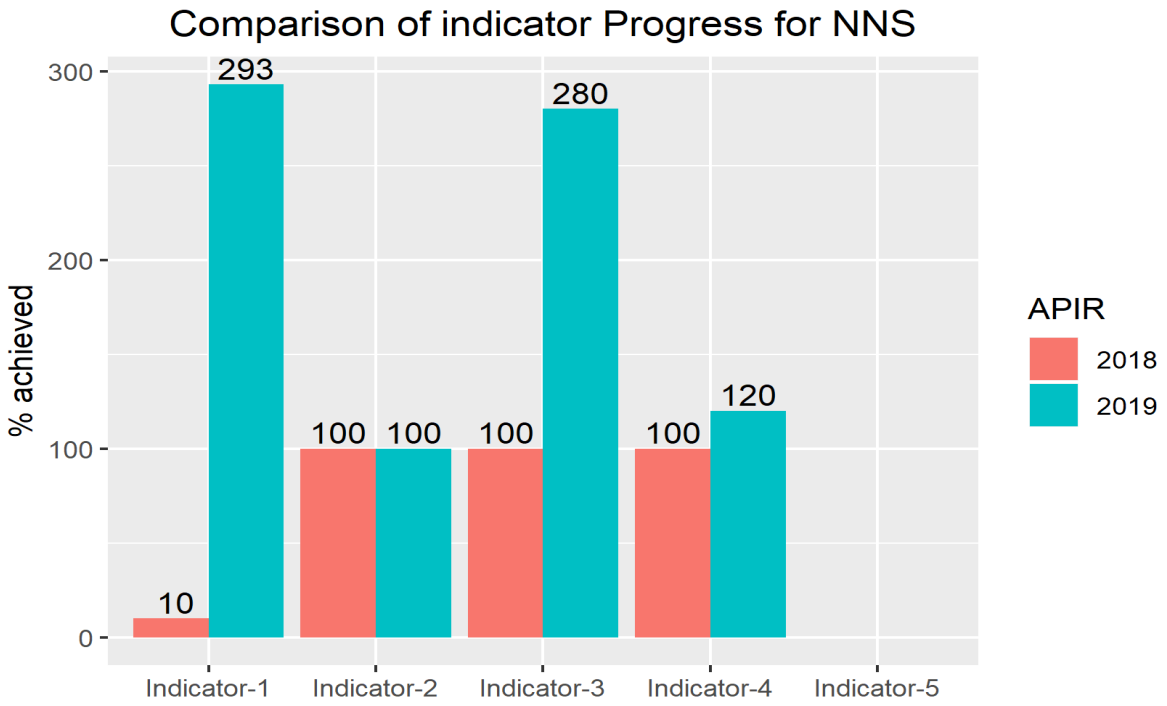


Progress of OP-level Indicators

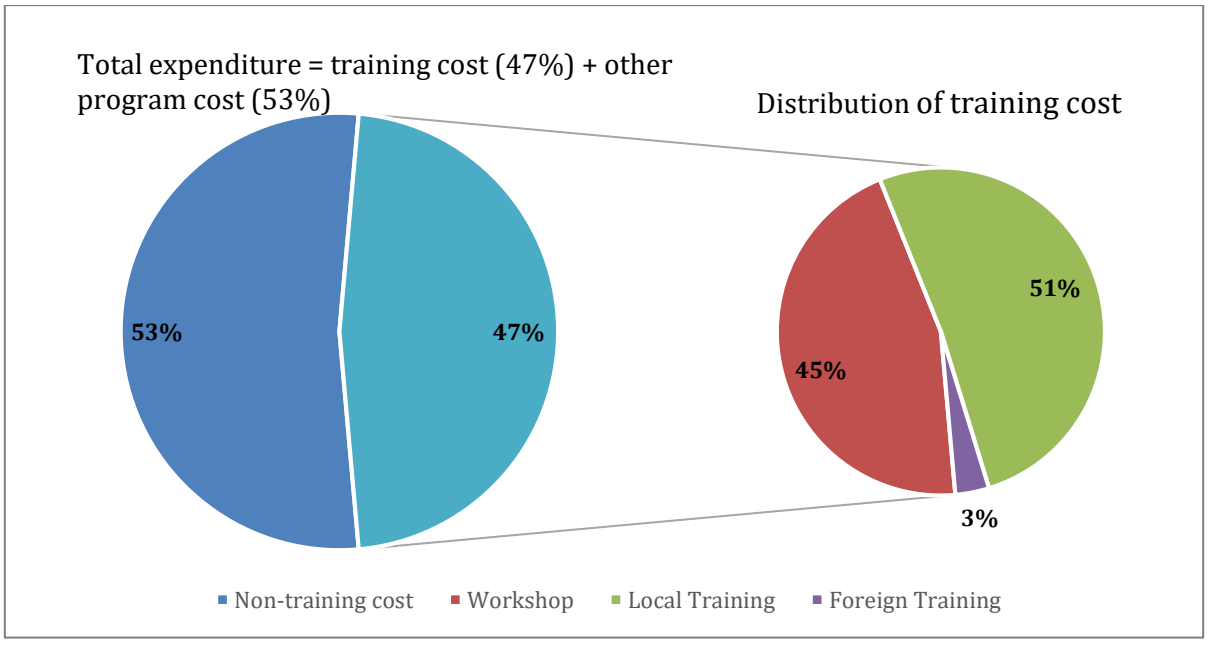
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of field level workers trained in Comprehensive Competency Training on Nutrition (CCTN)	Administrative Data	4000 persons (Training for supervisors at district and upazila levels)	2,000	5,853	293%	NIL	
Indicator-2	Number of SAM unit functional (UHC, District hospital & govt. medical college)	202 (August 2016, Monitoring data)	100	50	50	100%	NIL	
Indicator-3	CCs and UH&FWCs delivering maternal nutrition services during ANCs in Sylhet and Chittagong division	0% (HMIS & FPMIS)	20	10	28	280%	Yes	
Indicator-4	CCs and UH&FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong division	0% (HMIS & FPMIS)	30	20	24	120%	Yes	
Indicator-5	Infants 6-23 months are fed with minimum acceptable diet	BDHS 2014, UESD 22.8	Not applicable	Not applicable		Not Applicable	NIL	

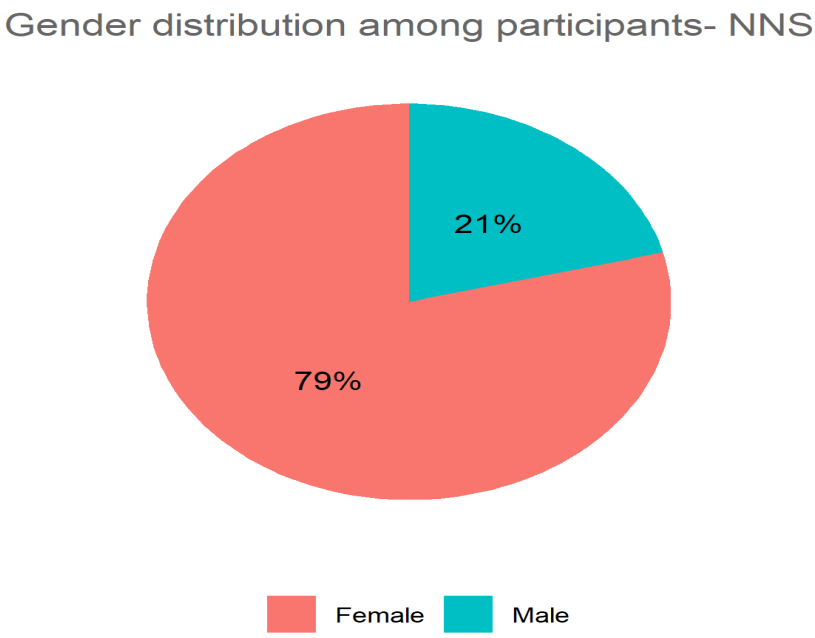


Training Information



Out of the total expenditure of Tk. 87.48 crore, Tk. 41.26 crore (47%) was spent on training. Of the total training cost, Tk. 21.18 crore (51%) was spent on local training, Tk. 18.71 crore (45%) was spent on workshop and Tk. 1.38 crore (3%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	760 (35)	7092 (37)	18615 (16)	26467 (19)
Foreign Training	32 (1)	4 (<1)	1 (<1)	37 (0)
Workshop	1404 (64)	11835 (63)	101034 (84)	114273 (81)



Major Physical Progress

- Observed national breastfeeding week from 1-7 August 2018.
- Observed two rounds of National Vitamin A plus campaign
- Ensured 350 functional SAM units at UzHCs, district hospital and government medical college.
- Ensured 28 CCs and UH& FWCs delivering maternal nutrition during ANCs in Sylhet and Chittagong divisions.
- Ensured 24 CCs and UH& FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong divisions.
- 5,853 field level MOHFW workers have been trained in Comprehensive Competency Training on Nutrition (CCTN).
- 1,738 field level MOHFW staff and 977 non MOHFW staff health and family planning service providers of public and private hospitals) attended training on BFHI (Baby Friendly Health Initiative) with certification.
- 1,770 field level MOHFW staff and 939 non MOHFW staff (health and family planning service providers of public and private hospitals refreshers) attended training on BFHI with certification.
- 7,987 non-MOHFW personnel (Mother Support Group) attended orientation on homemade complementary feeding, breastfeeding etc.

- 2,701 field level MOHFW staff and 711 non MOHFW staff attended orientation on BMS Act-2013.
- 29 central level MOHFW personnel and 11 non MOHFW staff attended training on "Oketani" to be developed as master trainer.
- 132 central level MOHFW personnel, 199 field level MOHFW staff and 116 non MOHFW staff attended TOT on "Oketani".
- 26 central level MOHFW personnel and four non-MOHFW staff attended observation of breastfeeding week.
- 30,782 persons from community attended awareness creation orientation on maternal nutrition.
- 3,383 non MOHFW staff (teachers and student representatives) attended training on adolescent nutrition at district level.
- 29,433 non MOHFW personnel (high school/madrasa, college & adolescent forum/club) attended orientation on adolescent nutrition at district level.
- 242 field level MOHFW staff (paediatricians, doctors, nutritionists from UHC, District Hospital and Medical College Hospitals) attended TOT on SAM and CMAM.
- 72 field level MOHFW staff (doctors) attended TOT on SAM and CMAM.
- 369 field level MOHFW staff (nurses, SACMOs) attended training on SAM.
- 720 central level MOHFW personnel attended training on comprehensive competency nutrition.
- 4,912 field level MOHFW staff (supervisors and service providers) attended training of district trainers at district and Upazila level.
- 423 central level MOHFW personnel and 5,072 field level MOHFW staff attended orientation on DLIs and DLRs program at 8 divisions, 138 Upazila under Sylhet and Chattogram division.
- 24 field level MOHFW staff and six non-MOHFW staff (supervisor and monitoring personnel among districts and Upazila levels) attended district orientation on food fortification.
- 205 central level MOHFW personnel, 922 field level MOHFW staff and 373 non MOHFW staff attended orientation on real time monitoring and reporting (RTMR) for NVAC+ 2nd round.
- Ten central level MOHFW personnel and 40 field level MOHFW staff attended TOT of master trainers at national level for three districts.
- 60 field level MOHFW staff attended ToT of health workers trained on basic and gender responsive nutrition services.
- 30 field level MOHFW staff attended ToT of health workers on HMIS.
- 93 field level MOHFW staff and 27 non MOHFW staff attended training of health staffs on HMIS at district level.
- 124 field level MOHFW staff attended training of health staffs on supply chain management at district level.
- 59 central level MOHFW personnel attended dissemination workshop on IYCF strategy at national and divisional levels.
- 60 central level MOHFW personnel attended workshops on updating of BFHI training module.
- 34 central level MOHFW personnel, five field level MOHFW staff and 19 non MOHFW staff attended workshop for revision of academic curriculum (insertion of IYCF issue in academic curriculum) of pre-and-in service training of health and family planning service providers.
- 57 central level MOHFW personnel, nine field level MOHFW staff and 23 non MOHFW staff attended workshops on updating of existing training module.
- 57 central level MOHFW personnel, 12 field level MOHFW staff and 21 non MOHFW staff attended workshops on strengthening adolescent nutrition in academic curriculum.

- 77 central level MOHFW personnel, ten field level MOHFW staff and 65 non MOHFW staff attended workshops on updating the GMP card.
- 90 central level MOHFW personnel, 11 field level MOHFW staff and 49 non MOHFW staff attended workshops on developing nutrient profile model to address childhood obesity in line with regional profile.
- 58 central level MOHFW personnel and three field level MOHFW staff attended workshop on finalizing complementary feeding handout.
- 351 non-MOHFW staff attended workshop on promotion of home-based complementary feeding.
- 146 central level MOHFW personnel attended workshop on finalization of Bangla version of national SAM and CMAM guidelines, training modules and reporting tools.
- 30 central level MOHFW personnel attended workshop on finalization of Bangla printable version of national SAM guidelines and training modules.
- 2,456 field level MOHFW staff attended sensitization workshop before rollout of CCTN at district and Upazila level.
- 64 field level MOHFW staff and 27 non MOHFW staff attended workshop on nutrition related IEC materials for autistic, handicapped and disabled people.
- 47 central level MOHFW personnel, nine field level MOHFW staff and 34 non-MOHFW staff attended workshop on development of advocacy/communication materials to aware working mother and employers about maternity protection.
- 40 central level MOHFW personnel attended workshop on material development workshop on foodbased approach (following dietary guideline).
- 54 central level MOHFW personnel staff and 36 non-MOHFW staff attended workshop on development of IEC materials on GMP and other nutrition issues (poster, leaflet etc)
- Six central level MOHFW personnel and 24 field level MOHFW staff attended orientation workshops with national, district and Upazila officials to identify appropriate strategies for improving IFA utilization rates and improving maternal nutrition.
- 30 central level MOHFW personnel attended workshop at national level for validating the revised content of the training manual.
- 23 central level MOHFW personnel and seven field level MOHFW staff attended training manual approval.
- 49 central level MOHFW personnel attended workshop at national level for finalizing the supply chain strategy.
- 57 central level MOHFW personnel attended the national workshop for disseminating the supply chain assessment result.
- 30 central level MOHFW personnel attended workshop that held at district level for finalizing the supply chain strategy.
- 24 central level MOHFW personnel and six non-MOHFW staff attended a national consultative workshop for sharing the BCI strategy.

Key Challenges

- No challenge reported during the reporting period (July 2018-June 2019).

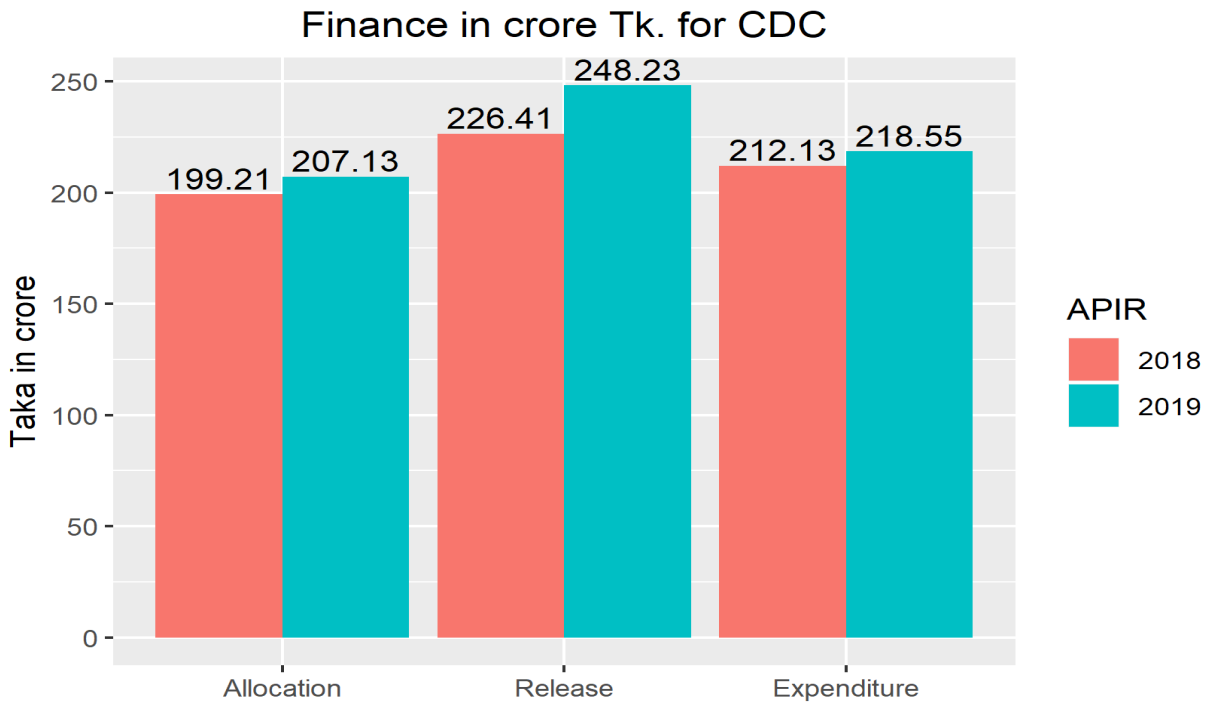
OP-19: Communicable Disease Control (CDC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**67%** (2 out of 4 indicators achieved; 1 indicator is not applicable)	**120%**	**106%**	**88%**

General Objective

To control/eliminate specific communicable diseases from Bangladesh.

Financial Progress

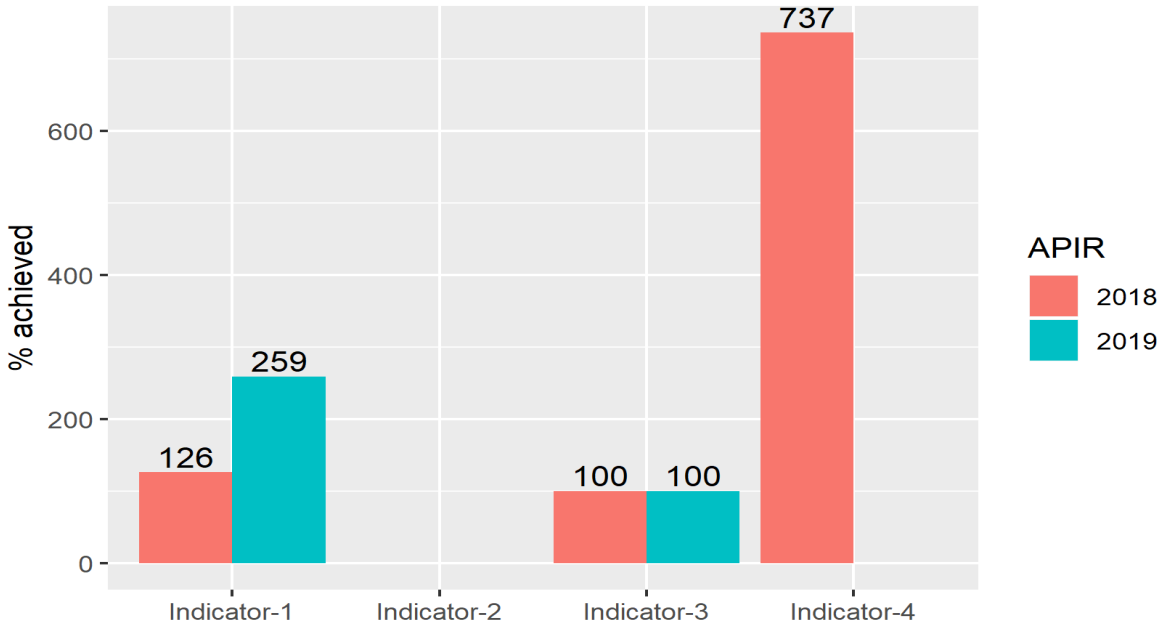


Progress of OP-level Indicators

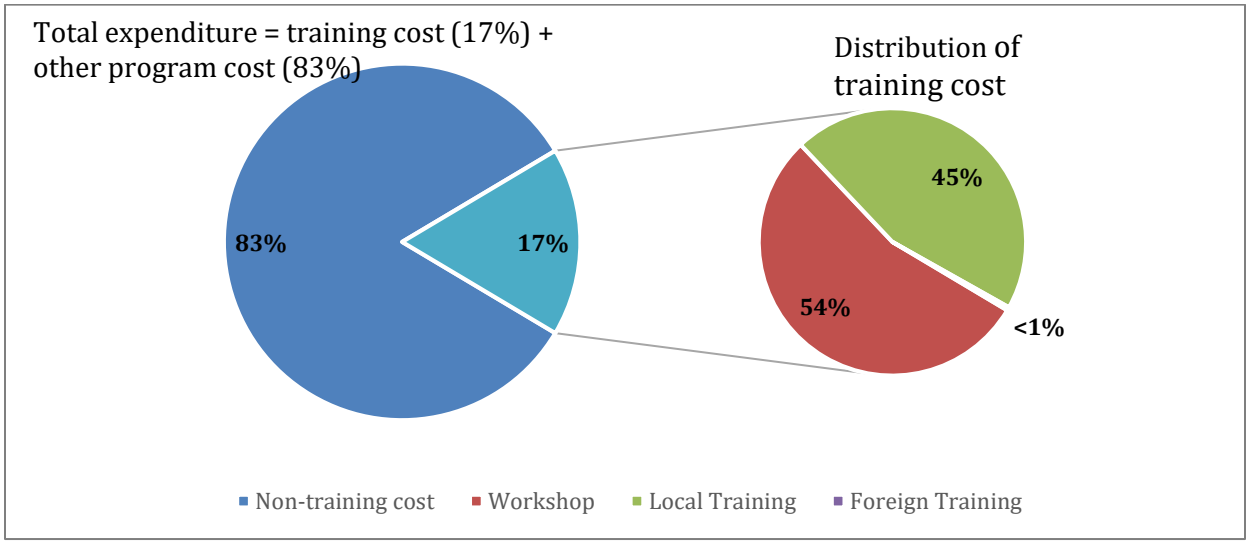
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Malaria incidence per 1,000 population in endemic area	1.6 per 1000 (2016) MIS	1.5	1.5	0.58	259%	NIL	
Indicator-2	Hepatitis B incidence	546 (BBS, 2014)	450	450	Not Applicable	Not Applicable	NIL	
Indicator-3	Prevalence of STH among children < 16 years	15 (2014, Surveyed by CDC)	8	8	8%	100%	NIL	
Indicator-4	Human rabies death	1,400 (Survey, 2012)	280	280	Not available	Not Available	NIL	

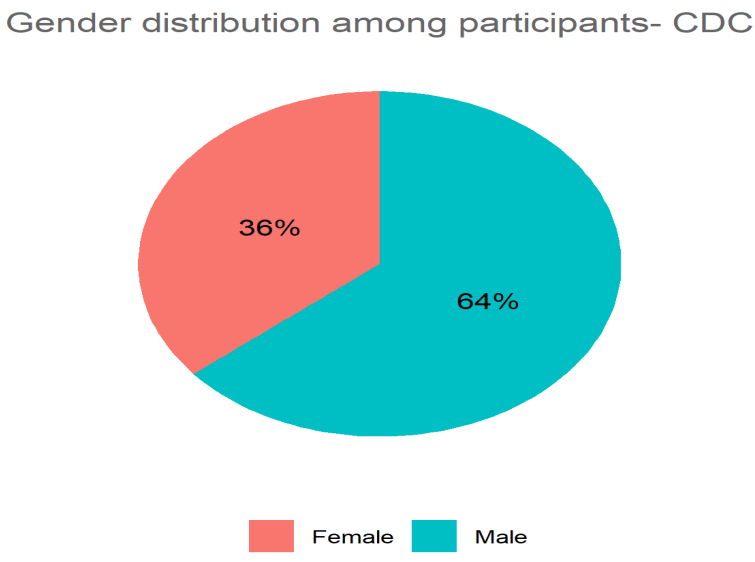


Training Information



Out of the total expenditure of Tk. 218.55 crore, Tk. 37.37 crore (17%) was spent on training. Of the total training cost, Tk. 20.33 crore (54%) was spent on workshop, Tk. 16.89 crore (45%) was spent on local training and Tk. 0.15 crore (<1%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	4,505 (86)	14,861 (43)	4,384 (14)	23,750 (33)
Foreign Training	4 (<1)	0 (0)	0 (0)	4 (<1)
Workshop	705 (14)	19,534 (57)	27,786 (86)	48,025(67)



Major Physical Progress

Program for Malaria, Dengue, Chikgunya, Zika

- Completed different researches and surveys on --- one drug resistance monitoring; six vector bionomics; four Bio-assays on LLIN; two molecular epidemiological studies with sequencing; two vector incrimination study; and one G6PD deficiency survey in coordination with MIS.
- Completed procurement of one lot medicine, MSR and insecticide.
- 1,000 MOHFW field level staff and 200 non-MOHFW personnel attended training on EDPT.
- 140 MOHFW central level and 550 field level staff attended training on severe malaria management for doctors for non-endemic area.
- 420 SACMOs attended training on severe malaria management for SACMO.
- 520 community health care providers attended training on malaria.
- 2,000 central level MOHFW personnel and 200 non-MOHFW personnel attended training on dengue, zika and chikungunya.
- 12 field level MOHFW personnel attended training on ICA for MT Lab and 24 MOHFW field level personnel attended training on MT lab for QA/QC.
- 400 private practitioners attended orientation on malaria.
- 600 field level MOHFW staff and 620 non-MOHFW personnel community volunteers attended orientation meeting on malaria.
- 50 field level MOHFW staff and 50 non-MOHFW staff attended advocacy meeting on malaria.

Program for Lymphatic Filariasis (LF), Soil Transmitted Helminthiasis (STH) & Little Doctor

- Completed procurement of three lots medicine, MSR and insecticide
- Completed two rounds of MDA for de-worming.
- Completed STH prevalence estimation.
- Completed surveillance activities for Lymphatic Filariasis.
- Completed two rounds of training, advocacy, health check-up, supervision for Little Doctor initiatives.
- Completed operational research and survey for LF and STH.
- 1,580 central level MOHFW personnel and 7,424 field level MOHFW staff attended training on Little Doctor and de-worming week.
- 50 central level MOHFW personnel, 15,564 field level MOHFW staff and 19,711 non-MOHFW personnel attended workshop on supervision of health check-up activity and district advocacy on STH.

Kala-azar Elimination Program

- Completed procurement of 6,300 diagnostics (rk39 strip) and 1,500 ambisome (the anti-leismanial drugs)
- Procured 108 tons insecticides.
- 400 central level MOHFW personnel and 390 field level MOHFW staff attended workshop/training on NKEP.
- Six central level MOHFW personnel, 340 field level MOHFW staff and 1,806 non-MOHFW personnel attended training and activities on IRS.

- 171 central level MOHFW personnel and 2,128 non MOHFW staff attended training on "No Kala-azar Transmission Activity".

Program for IHR, Migration Health & Emerging and re-emerging Diseases

- 352 central level MOHFW personnel, 707 field level MOHFW staff attended Central level training on IHR and IHR related diseases.

Program for Zoonotic Diseases

- Observed World Rabies Day nationally and at district and Upazila levels.
- Completed procurement of MSR three lots (insulin syringe; 3 cc syringe)
- 20 human rabies deaths have been reported at NRPCC and DRPCC.
- Developed guideline/SOP for establishment and functioning of rabies diagnosis laboratory (including procurement of lab, equipment, reagent, training, sample collection, transportation etc.)
- Continued ten surveillance programs (animal bite, rabies, other zoonotic diseases including verbal autopsy).
- 66 central level MOHFW personnel, 2,012 field level MOHFW staff attended the mass dog vaccination campaign at sub-national level.
- 23 central level MOHFW personnel and 1,300 field level MOHFW staff attended orientation on animal bite management and rabies prevention.
- Seven central level MOHFW personnel and 170 field level MOHFW staff attended training on documentation and reporting of animal bite cases.
- 12 central level MOHFW personnel, 15 field level MOHFW staff and 14 non-MOHFW personnel attended national workshop on review and update of national strategy and action plan.
- 12 central level MOHFW personnel, five field level MOHFW staff and five non-MOHFW personnel attended meeting with program personnel and relevant stakeholders on planning of MDV.
- Ten central level MOHFW personnel, ten field level MOHFW staff and 40 non-MOHFW personnel attended multi-sectoral meeting at national level on planning and implementation of MDV.
- 15 central level MOHFW personnel and seven field level MOHFW staff investigated the human cases bitten by suspected rabies animal.

Program Anti-Microbial Resistance Containment, Viral Hepatitis & Diarrhea

- Developed institutional antimicrobial (AMs) guideline for six different medical colleges/national institutes for monitoring and evaluation of ensuring adherence to AMs guideline and national AM policy.
- Arranged training for doctors on rational use of AMs based on guideline.
- Established one national reference microbiology lab and regional microbiology labs at medical colleges/district hospitals for AST.
- Conducted 11 surveillance programs (AMR, usage of antimicrobials by physicians).
- Conducted Aides larvae density survey was conducted 3 times in a year (pre-monsoon, monsoon, and post-monsoon).
- Completed one Survey on Hepatitis-B and C for prevalence of among adult pupation.
- Completed one stool survey for soil transmitted helminthiases.

- Completed procurement of 23,500 medicines (HBV vaccine for high risk group e.g. HCPs; drugs for HCV infected individuals, reagents for AST, cholera vaccine etc.).
- Completed six lots of MSR (equipment and re-agents for functioning of microbiology lab for AST) and disposable syringe with needles.
- 52 central level MOHFW personnel and 1,128 MOHFW field level personnel attended training on prevention and control of viral hepatitis and diarrhea.
- 30 central level MOHFW personnel and 378 MOHFW field level personnel attended training on functioning of regional microbiology labs at medical colleges hospitals.
- 24 central level MOHFW personnel and 84 MOHFW field level personnel attended training on AMR surveillance, data management and networking.
- 32 central level MOHFW personnel and 121 MOHFW field level personnel and five non-MOHFW personnel attended meeting on core committee for the prevention and control of water and food borne diseases.
- 19 central level MOHFW personnel, 79 MOHFW field level personnel and four non-MOHFW personnel attended workshop on development of antimicrobial guideline and implementation of ARC & IPC action plan.
- 33 central level MOHFW personnel, 106 MOHFW field level personnel and nine non-MOHFW personnel attended workshop on infection prevention and control of guideline and tool kits.
- 38 central level MOHFW personnel, 388 MOHFW field level personnel and 15 non-MOHFW personnel attended workshop on increase weight age of antibiotic resistance undergraduate curriculum.
- 31 central level MOHFW personnel and three non MOHFW staff attended workshop on development of Antimicrobial Usage Guideline.
- 37 central level MOHFW personnel attended workshop on sub-Committee for development of National Strategy for prevention and control of water and food borne diseases in Bangladesh.
- 24 central level MOHFW personnel attended workshop on infection control policy and prevention.
- 105 MOHFW central level personnel and 80 non-MOHFW personnel attended seminar on AMR awareness.
- 103 MOHFW central level personnel and 82 non-MOHFW personnel attended seminar on Hepatitis.

Disease Burden due to Climate Change

- Completed six seminar/hands on training on disease surveillance.
- Completed five emergency preparedness and response.
- Procured two computer, one lot Medicine, MSR and 1 lot printing, publication for awareness building.
- 185 central level MOHFW personnel attended training on MERS corona virus.
- 17 central level MOHFW personnel attended workshop on entomological surveillance.

Key Challenges

- Delayed fund release and procurement process.
- Insufficient fund for buying vehicle.

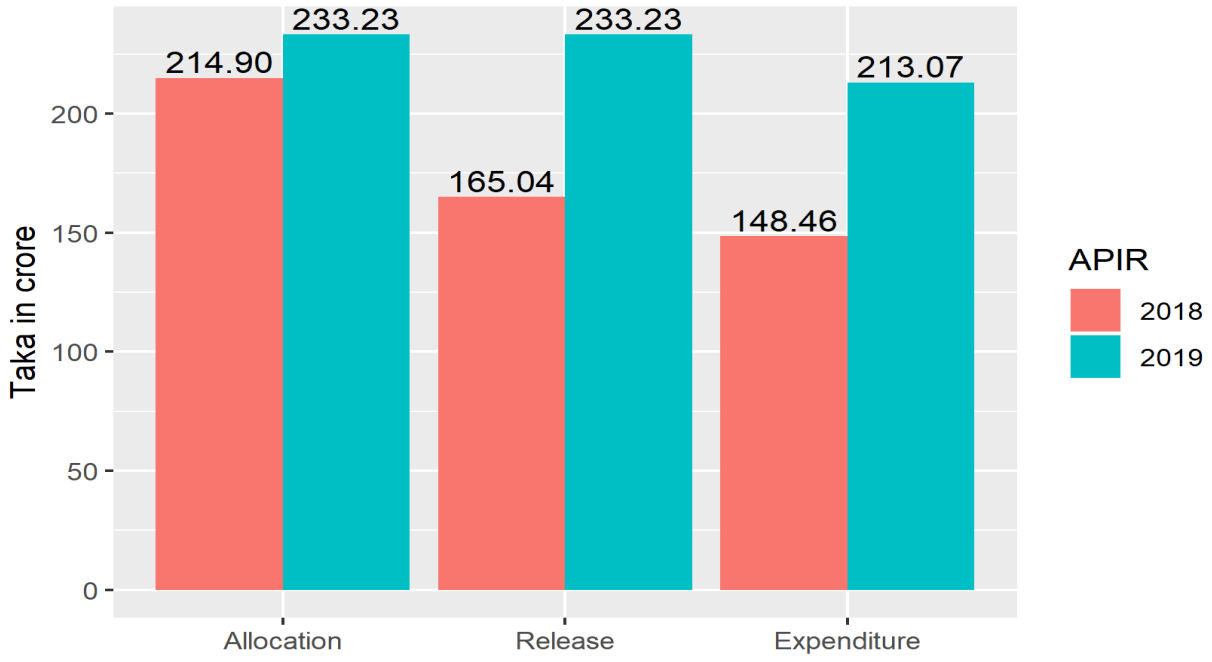
OP-20: Tuberculosis-Leprosy and AIDS STD Program (TBL & ASP)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**75%** (3 out of 4 indicators achieved)	**100%**	**91%**	**91%**

General Objective

To reduce the incidence of TB (all forms) by 50% by 2025 and 90% by 2035 (from 2015 baseline figure) and achieving registered prevalence of leprosy to less than 1 case per 10,000 population and minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society, working towards Ending AIDS in Bangladesh by 2030.

Financial Progress

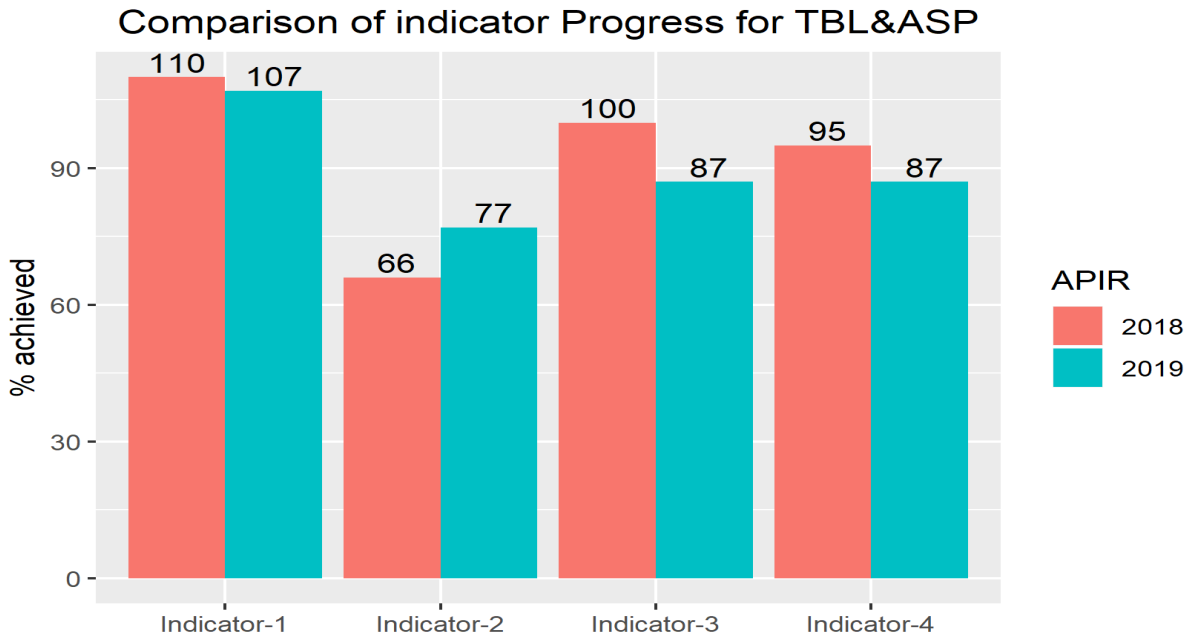


Progress of OP-level Indicators

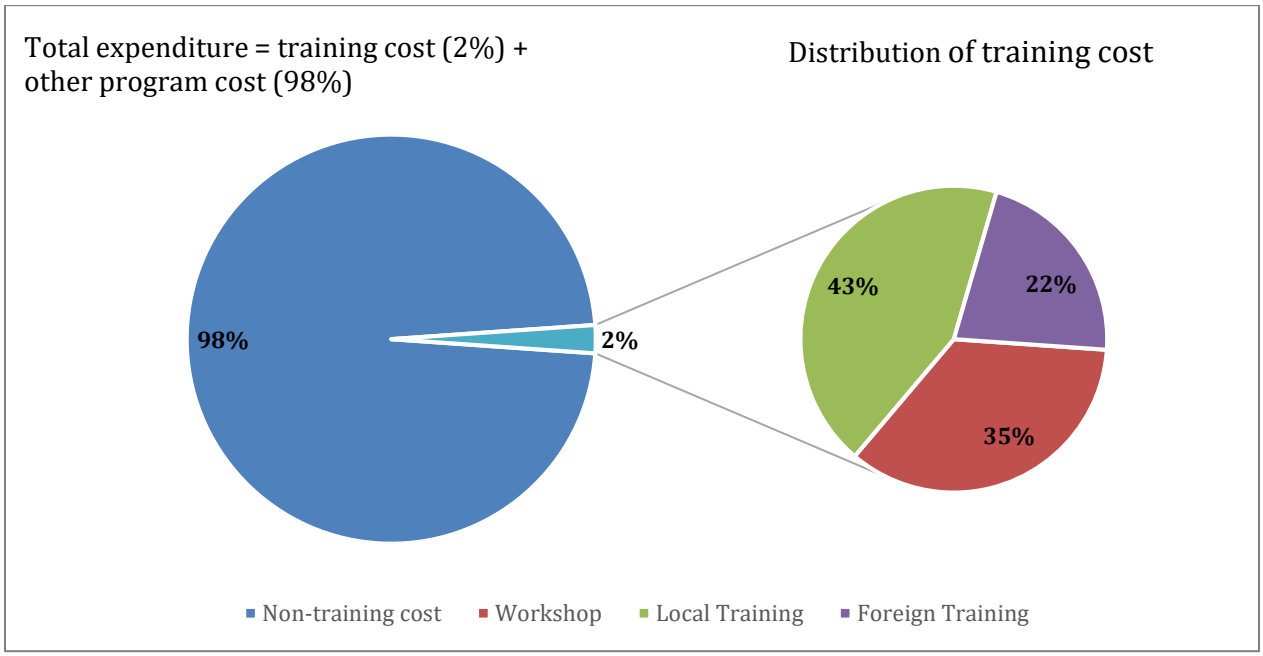
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of FY 2018-19 Target	Percent achieved	Link with DLI	Status
Indicator-1	Notification of New TB case	2,09,438 (NTP MIS report 2015)	2,45,000	2,62,453	2,80,637	107%	NIL	
Indicator-2	Enrolment of MDR patients for treatment	880 (NTP MIS report 2015)	2,600	1,460	1,119	77%	NIL	
Indicator-3	Registered Prevalence of Leprosy	0.23 (MIS Leprosy 2015)	0.18	0.22	0.192	87%	NIL	
Indicator-4	PLHIV receiving comprehensive care and support	53% (2015, MIS, ASP)	90%	80%	69.40%	87%	NIL	

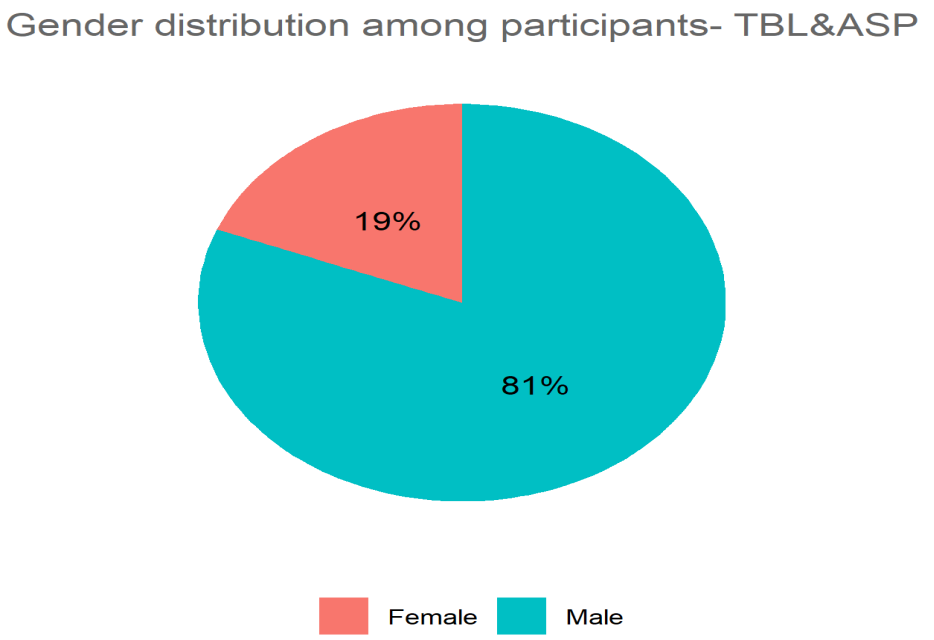


Training Information



Out of the total expenditure of Tk. 213.07 crore, 4.71 crore (2%) was spent on training. Of the total training cost, Tk. 1.65 crore (35%) was spent on workshop, Tk. 2.04 crore (43%) was spent on local training and Tk. 1.02 crore (22%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	16 (5)	2,921 (45)	14 (5)	2,951 (42)
Foreign Training	19 (6)	23 (<1)	0 (0)	42 (<1)
Workshop	273 (89)	3,575 (55)	260 (95)	4,108 (58)



Major Physical Progress

TB

- 2, 80,637 all forms of new TB cases (drug sensitive) were notified.
- Enrolled 1,119 Multi Drug Resistant (MDR) TB cases.
- Procured and distributed 83 Gene Xpert machines.
- Procured and distributed 180 LED microscopes.
- Ensured sufficient Gene Xpert cartridges, reagents, x-ray film and other supportive kits to meet program demand.
- Completed 733 field visits as part of program monitoring and supervision.
- 82 field level MOHFW personnel attended training on Gene Xpert Testing.
- 126 field level MOHFW personnel attended refresher training on LED Fluorescence
- Microscopy.
- Eight field level MOHFW personnel attended training of Lab staffs on Culture and DST.
- 74 field level MOHFW personnel attended training on procurement and supply chain management and logistics for SK and TLCA.
- 28 field level MOHFW personnel attended training for mid-level staff on DRTB and IC.
- 25 field level MOHFW personnel (mainly HIV counselor and other staff) attended training to identify and refer TB suspects.
- 76 field level MOHFW personnel (medical doctors) attended training on X-Ray, EP, PMDT, IC, and TB/HIV.
- 259 field level MOHFW personnel (medical doctors) attended training on field-level ambulatory MDR-TB Patient management.
- 61 field level MOHFW personnel (doctors) attended training/ retraining on programmatic management of drug resistant TB (PMDT).
- 149 field level MOHFW personnel (doctors) attended training on diagnosis of child TB.

- 22 field level MOHFW personnel attended orientation on sputum collection and transportation from peripheral laboratory to Gene Xpert centre (NTRL/RTRL).
- 31 field level MOHFW personnel attended training of data entry and management on TB.
- 296 field level MOHFW personnel (CHCP) attended training on TB.
- 91 field level MOHFW personnel (PO and TLCA) attended training on TB.
- Five central level MOHFW personnel attended 49th Union World conference on Lung health.
- One central level MOHFW personnel attended United Nations General Assembly high-level meetings.
- One central level MOHFW personnel attended executive meeting of the TB program in high impact Asia and two central level MOHFW personnel and one field level personnel attended foreign training on project management of health programs.

Leprosy

- Arranged orientation training on active case search for Leprosy in community of five districts.
- Arranged orientation and active case search for Leprosy in 37 Upazilas.
- 69 central level MOHFW personnel, 150 field level MOHFW personnel and 40 non-MOHFW personnel attended orientation on active case search and disability management. 111 central level MOHFW personnel, 629 field level MOHFW personnel and 144 non-MOHFW personnel attended orientation on active case search through extended contact survey.
- Five central level MOHFW personnel, 16 field level MOHFW personnel and four non-MOHFW personnel (MOs) attended training on leprosy case management
- Five central level MOHFW personnel, 34 field level MOHFW personnel and three non-MOHFW personnel attended training on DHIS2.

HIV

- Procured one drama as part of mass campaign of ASP and broadcast on TV channels and showed in BMET centres.
- Completed the World AIDS Day celebration across the country.
- 25 field level MOHFW personnel attended basic training on data triangulation and data analysis tools and techniques and DHIS2 for statistician/data entry person.
- 25 field level MOHFW personnel attended basic training on monitoring and evaluation of HIV/AIDS Prevention programme.
- 24 field level MOHFW personnel and two non-MOHFW staff attended training on clinical services on ART and OIS management and BCC.
- 24 field level MOHFW personnel attended training on HIV Testing and Counseling (HTC).
- Three central level MOHFW personnel and ten field level personnel attended foreign training on management of health program related to Anti-Retroviral Treatment care and support.
- Two central level MOHFW personnel and 12 field level personnel attended foreign training on laboratory quality management specially focuses on HTC.
- 21 field level MOHFW personnel and five non-MOHFW staff attended Master Trainers Training on HIV and AIDS
- 22 field level MOHFW personnel attended training on Gender, Human Rights in HIV Intervention for the health administrator.
- 1,424 field level MOHFW personnel attended basic training on HIV/AIDS.
- Six central level MOHFW personnel and nine field level MOHFW personnel completed basic computer training

- Five central level MOHFW personnel attended regional international conference of HIV/AIDS, Amsterdam, Netherlands.
- One central level MOHFW personnel attended exposure visit on HIV/AIDS. Ten central level MOHFW personnel and 17 non-MOHFW personnel attended advocacy workshop on HIV/AIDS with journalists.
- Six central level MOHFW personnel and 28 non-MOHFW personnel attended advocacy workshop at BMET.
- 29 central level MOHFW personnel attended and three non-MOHFW personnel advocacy workshop on HIV/AIDS Prevention programme among potential migrants.
- Established six HTC centres as per geographical priorities to provide care support and treatment service along with HIV testing.

Key Challenges

- Procurement of first Line Anti-TB Drugs (FLDs) from RPA GoB budget required massive programmatic management and effort to ensure the quality PSM.
- Timely fund release and transfer was the most challenging issue to procure First Line Anti-TB drugs (FLDs) from Global Drug Facility (GDF) through direct procurement method. The fund release procedure was very lengthy which actually delayed the procurement process. As a result, there was a high risk of stock out of Anti-TB drugs in the field.
- Shortage of Human Resources (MT Lab, MT Radiography). Specifically hiring of staff and developing the capacity in implementing the TB Program (TB).
- Global Fund moratorium on training and procurement hampered implementation (TB).
- Finding the missing TB cases and the complex dynamics of Urban TB particularly of Dhaka, where there was no approved strategy and activities to ensure good TB program in urban Context (TB).
- Lack of capacity in proper planning and implementation of ASP disease surveillance (ASP).
- Less number of the HIV detection center in the country. Public diagnostic facilities are not adequate in providing investigative services for the growing population in the country (ASP).
- Adopting treatment regimen for MDR TB and retreatment cases following WHO recent guidelines.
- Scale up of latest diagnostic technologies (Gene Xpert, LPA).
- Find out the hidden leprosy cases in the community (Leprosy).

Suggestions/recommendation:

- Fund release from RPA GoB budget needs to be done altogether (from first to fourth quarter) that actually will speed up the process of Anti-TB drugs procurement more efficiently and effectively.
- Posting/Recruitment of MT Lab, MT Radiography
- Permanent post creation (TB & Lab Experts, MT Lab, Microbiologist).

- For urban TB collaboration and co-ordination should be strengthened with Private Sector and Professional Bodies. For Urban TB, NTP finalized Zero TB Strategy and Urban TB Initiatives should be declared. (TB).
- Country needs to undertake TB initiative for in country production of TB drugs with WHO prequalification. (TB)
- Needed more survey/study. (ASP)
- PSM capacity needs to be strengthened. (ASP)
- HRM plan for NASP including ART center and HTC centers need to be reviewed and expansion. (ASP)
- Private sector may be encouraged to invest in establishing diagnostic facilities. (ASP)
- Need to introduce viral load testing through existing Gene Xpert machine.
- Motivate upazila health managers and involve volunteer and persons affected by Leprosy to identify the suspects. (Leprosy)
- Needed training on case reporting for leprosy service providers by using DHIS2 in few districts. (Leprosy).
- Increased level of donors' co-ordination and commitments are needed in strengthening GOB program for all three diseases (TB, ASP and Leprosy).

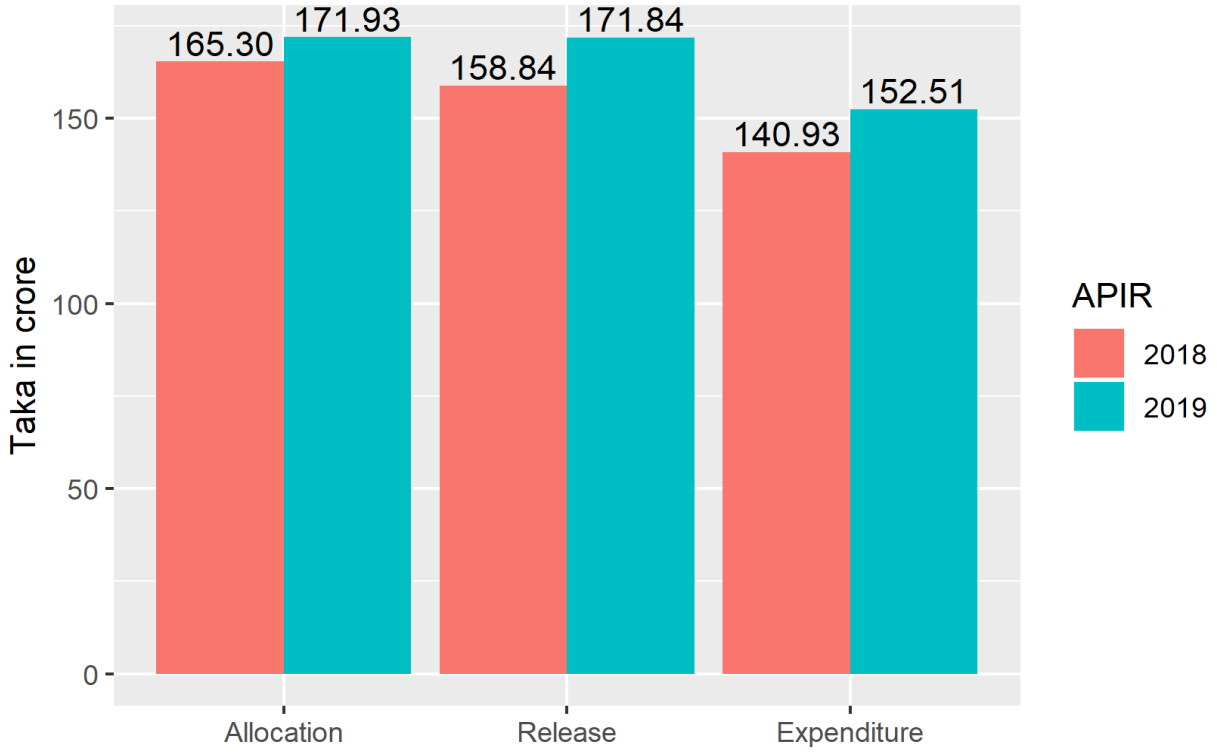
OP-21: Non-Communicable Disease Control (NCDC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (4 out of 5 indicators achieved; 1 indicator is not applicable)	**99%**	**89%**	**89%**

General Objective

To reduce mortality and morbidity from NCDs in Bangladesh through control of risk factors and improving health service delivery.

Financial Progress

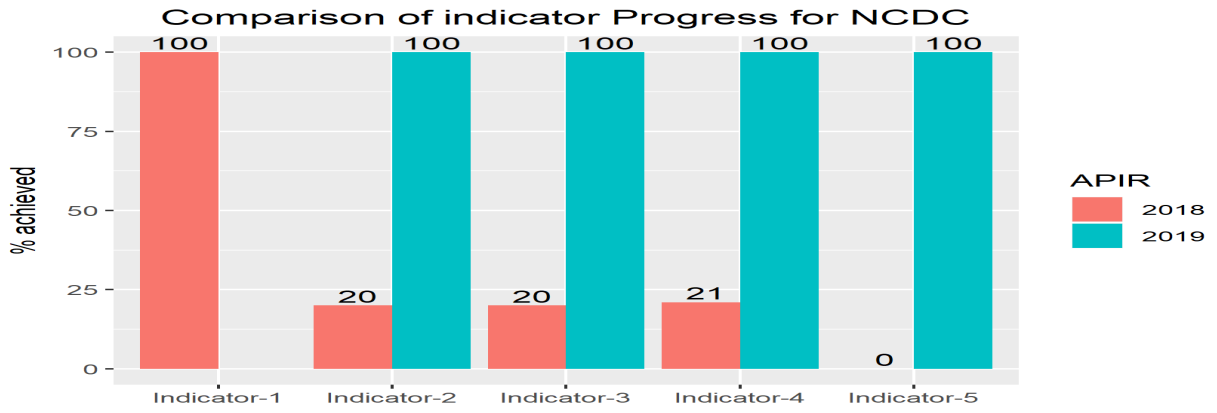


Progress of OP-level Indicators

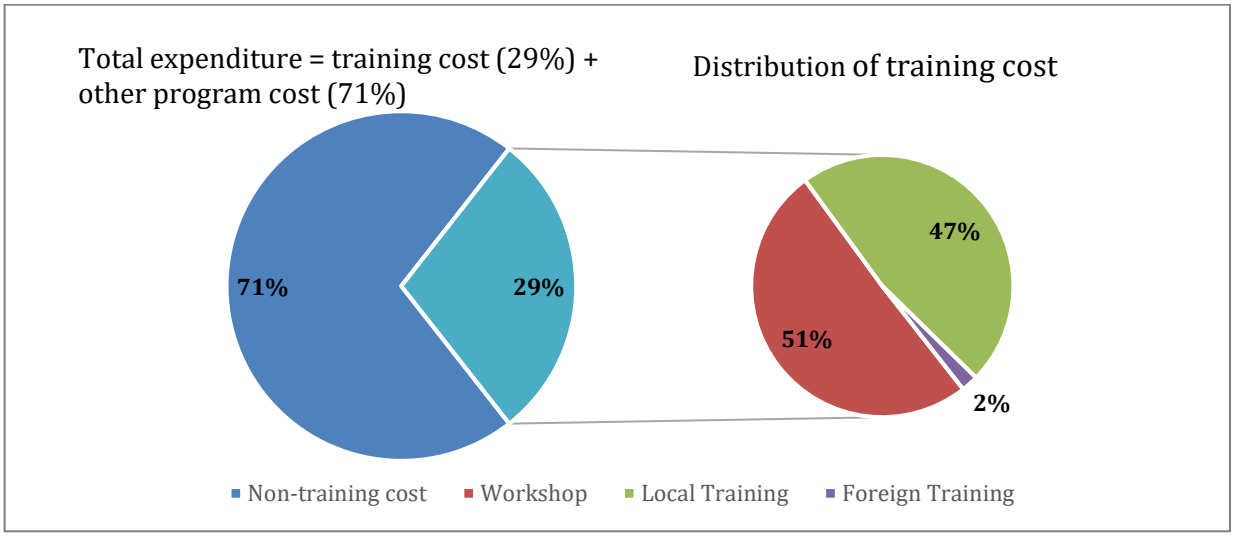
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target FY 2018-2019	Achievements of FY 2018-19 Target	Percent achieved	Link with DLI	Status
Indicator-1	Proportion of adults with high blood pressure	17.9% (NCD STEPS 2010) BDHS, every 3 years/NCD-RF, every 2 years	17%	STEP survey report	STEP survey is ongoing	Not Applicable	NIL	
Indicator-2	Autism diagnosis and management at DHs	No base in line data	25	10	10	100%	NIL	
Indicator-3	Number of Upazilas covered by awareness campaigns on road traffic injuries and childhood drowning)	Baseline to establish	200	120	120	100%	NIL	
Indicator-4	Development and implementation of NCD management model (diabetes and hypertension) at community clinics with referrals to Upazila Health Complexes	None	20 UHC 200 CC	50	50	100%	Yes	
Indicator-5	Setting up cancer registries in Medical College hospitals	No base in line data	10	3	3	100%	NIL	

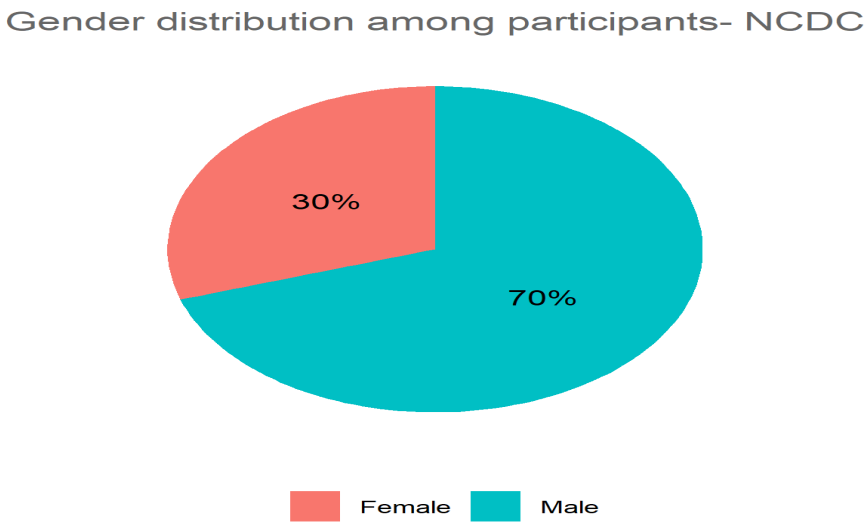


Training Information



Out of the total expenditure of Tk. 152.51 crore, 43.96 crore (29%) was spent on training. Of the total training cost, Tk. 22.22 crore (51%) was spent on workshop, Tk. 20.81 crore (47%) was spent on local training and Tk. 0.92 crore (2%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	12,068 (80)	1,792 (3)	0 (0)	13,860 (16)
Foreign Training	17 (<1)	3 (<1)	0 (0)	20 (<1)
Workshop	3,050 (20)	68,700 (97)	0 (0)	71,750 (84)



Major Physical Progress

- Procured 33 items of medicines.
- Ensured EOI for eight research packages.
- Ensured EOI for ten survey packages.
- Introduced autism diagnosis and management in ten district hospitals.
- Conducted awareness campaigns on road traffic injuries and childhood drowning in 120 upazilas.
- Developed the NCD management model on diabetes and hypertension at the community clinics with referral to upazila helath complex and implemented in 50 (CCs +UzHCs).
- Set up cancer registries in three medical college hospitals.
- 12,068 central level MOHFW personnel and 1,792 field level MOHFW staff attended training on major NCD (CVD, cancer, diabetes, COPD, neurological health, autism, injury prevention, oral health, disability etc).
- 14 central level MOHFW personnel and six field level MOHFW staff attended foreign training on management of climate change and disaster management.
- 3,050 field level MOHFW staff attended workshop on major NCD/mental health/disability.
- 68,700 filed level MOHFW staff attended seminar on major NCD/EPR/injury prevention.

Key Challenges

- Delay in procurement.
- Shortage of manpower.

Suggestions/recommendations:

- Ensure release of fund on time.
- Ensure development of procurement plan timely.
- Recruitment of human resources.
- OP indictors and activities need to be revised.

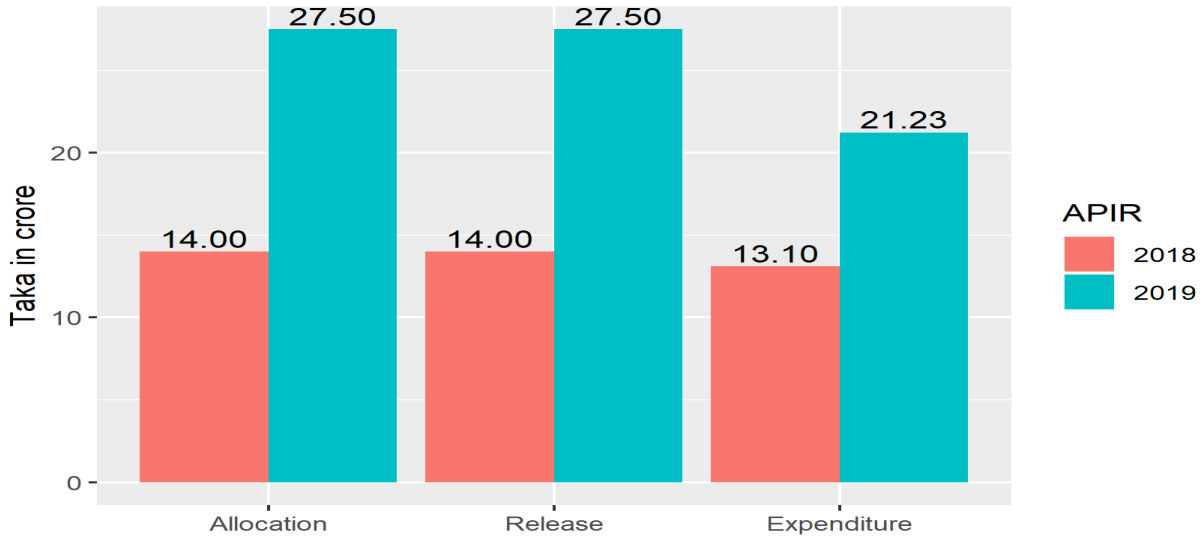
OP-22: National Eye Care (NEC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (3 out of 3 indicators achieved)	**100%**	**77%**	**77%**

General Objective

To improve eye care service delivery at all levels of health facilities in Bangladesh.

Financial Progress

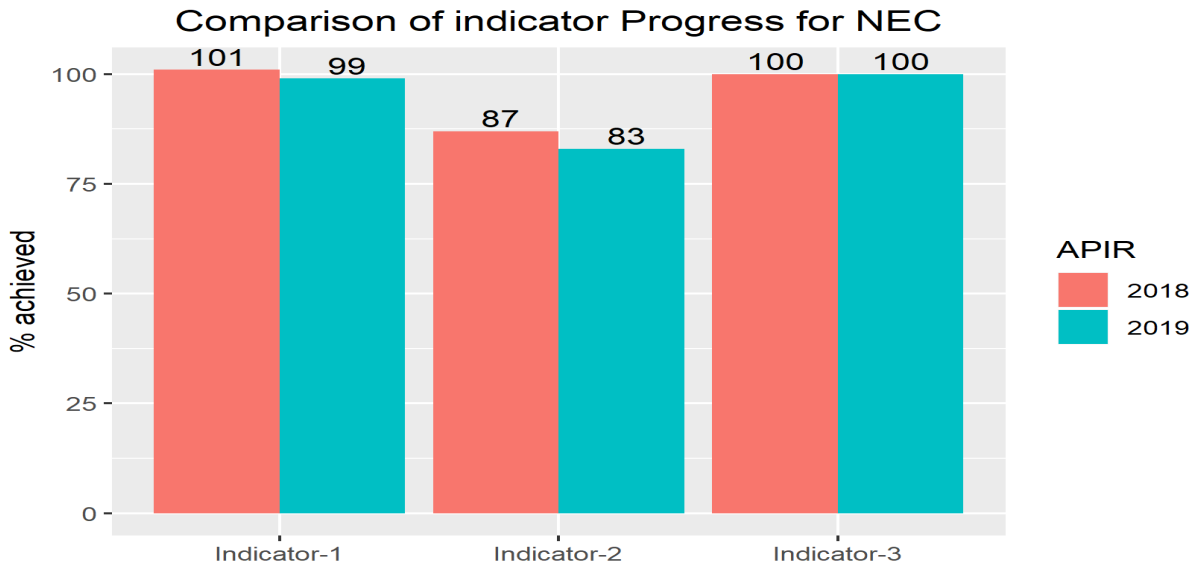


Progress of OP-level Indicators

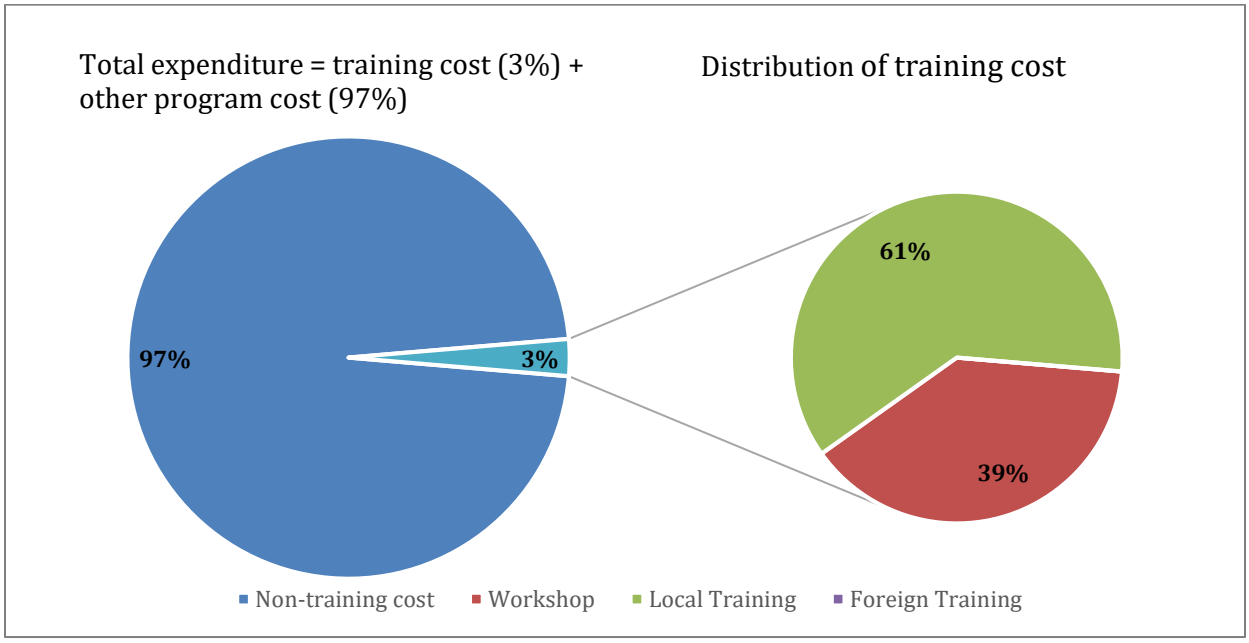
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (year)	Mid Target (Jene-2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of adult cataract patients undergone surgery	1,950 (2016 NEC)	2,000	1,980	1,970	99%	NIL	
Indicator-2	Number of cataract patients received DSF/ cash voucher	Number (Admin records)	6,000	2,000	1,652	83%	NIL	
Indicator-3	Number of hospitals following standard protocols.	120 (2016 NEC)	240	60	60	100%	NIL	

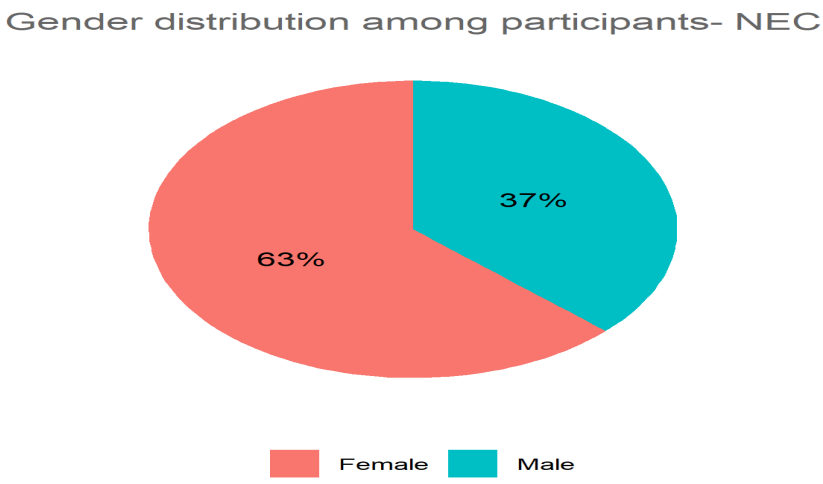


Training Information



Out of the total expenditure of Tk. 21.23 crore, Tk. 0.57 crore (3%) was spent on training. Of the total training cost, Tk. 0.35 crore (61%) was spent on local training and Tk. 0.22 crore (39%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	115 (33)	0 (0)	115 (33)
Foreign Training	0 (0)	57 (16)	0 (0)	57 (16)
Workshop	0 (0)	180 (51)	0 (0)	180 (51)



Major Physical Progress

- Arranged five cataract screening and surgical camps, provided OPD services to 10,635 persons. 1,970 adult cataract patients underwent surgery of which 1,652 cataract patients received demand side financing (DSF)/cash voucher.
- Supplied 4,239 pieces of reading glass free of cost.
- Ensured 60 hospitals to follow standard protocol.
- Treated 3,100 school children and delivered 295 pairs of glasses for refractive error patients.
- Observed World Sight Day program across the country and distributed 4,000 posters.
- Trained four field level ophthalmologists on microsurgery.
- Trained 20 field level nurses on Eye OT and ward management and counseling.
- 60 field level nurses attended training on comprehensive quality eye care.
- 50 field level nurses attended foreign training on comprehensive quality eye care.
- Seven doctors completed training of the trainers (TOT).
- 21 field level ophthalmologists completed fellowship training on retina, glaucoma pediatric ophthalmology.
- Supplied medicine and MSR as per demand of district hospitals across the country.
- Supplied medicine, reading glasses and MSR as per demand of 50 Upazila Community Vision Centres and three Base Centres.
- Supported repair and maintenance of the equipment in ten district hospitals.
- Completed monitoring and evaluation in 10 district hospitals and 11 Community Vision Centres.
- 180 central level MOHFW personnel attended discussion meeting for establishment of vision centre.

Key Challenges

- To ensure posting of Eye consultant and medical officer in each district.

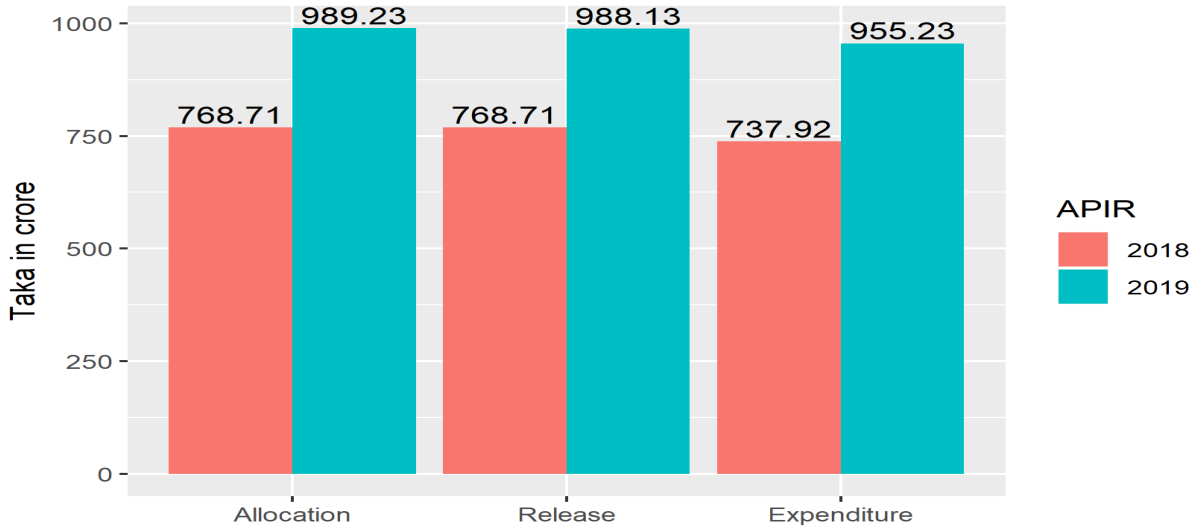
OP-23: Community Based Health Care (CBHC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**80%** (4 out of 5 indicators achieved)	**100%**	**97%**	**97%**

General Objective

To ensure healthy lives and promote well-being for all at all ages by increasing accessibility, affordability and utilization of quality Primary Health Care Services within the stipulated time.

Financial Progress

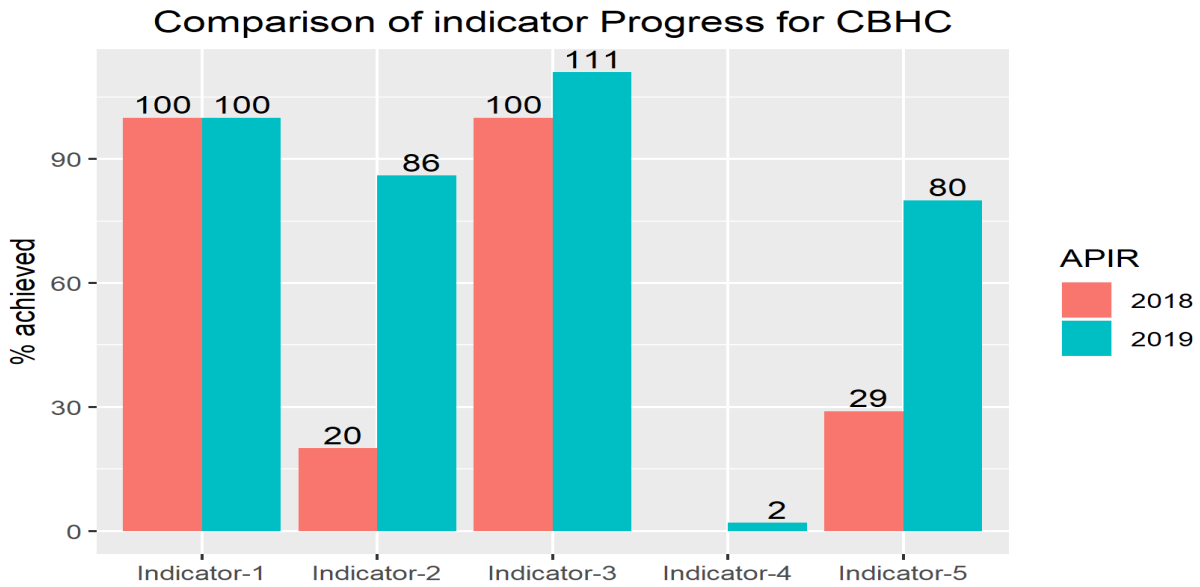


Progress of OP-level Indicators

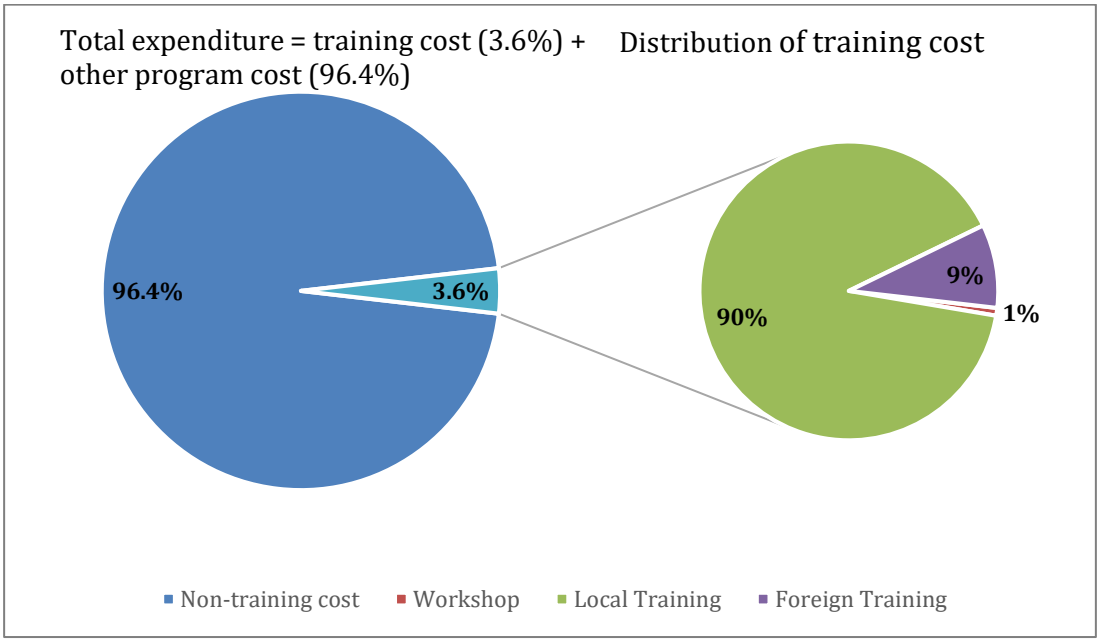
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of CCs functioning at Upazila Health Complexes	0 (CBHC 2016)	200	128	128	100%	NIL	
Indicator-2	Number of CCs having population-based data	0 (CBHC 2016)	1,000	300	257	86%	NIL	
Indicator-3	Functional referral system	No functional referral system exists	Initiatives undertaken for establishment of referral system	18	20	111%	NIL	
Indicator-4	Medical waste management operating at all levels of Upazila health system	Very limited medical waste management at UHC only	Medical waste management process initiated	Upazila and below all facilities	9 UHCs	2%	NIL	
Indicator-5	Institutional mechanisms developed in 3 CHT districts and respective plain land upazilas for delivering tribal health services	0	3 CHT and 10 plain land upazilas	5 Upazilas	4 Upazilas	80%	NIL	



Training Information



Out of the total expenditure of Tk. 955.23 crore, Tk. 34.84 crore (3.6%) was spent on training. Of the total training cost, Tk. 31.40 crore (90%) was spent on local training, Tk. 3.15 crore (9%) was spent on foreign training and Tk. 0.29 crore (1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	862 (82)	20,162 (99)	1,03,811 (100)	1,24,835 (100)
Foreign Training	36 (3)	38 (<1)	0 (<1)	74 (<1)
Workshop	158 (15)	80 (<1)	23 (<1)	261 (<1)

Major Physical Progress

- Ensured 128 CCs are functional at UHCs.
- Ensured 257 CCs maintain population-based data.
- Ensured 20 UzHCs have functional referral system.
- Ensured nine UzHCs operate Medical waste management at all levels of Upazila health system.
- Developed institutional mechanisms for delivering tribal health services in four Upazilas in plain districts.
- Completed selection of Multipurpose Health Volunteers (MHV) in 19 Upazilas as per guideline for inceptive based activities.
- Staged street drama on CC in 6 divisions (25 events in each division).
- Published and distributed one brochure (Bangla).

- Developed the referral guideline to ensure effective referral system.

Measuring health outcome

- Developed individual health ID for measuring health outcomes and completed printing and distribution of 25,00,000 Health ID cards.
- 35 Central level MOHFW personnel, 771 field level MOHFW staff and 1,524 non MOHFW staff attended training on Household data collection application.

Staffing and supervision of CC

- 30 Central level MOHFW personnel, 771 field level MOHFW staff and 1,524 non-MOHFW staff attended training (HA and FWA) on job description (for CC service).
- 189 Central level MOHFW personnel ,452 field level MOHFW staff and 15 non MOHFW staff attended training (different level supervisors -2nd line) to provide supportive supervision for effective and quality service delivery.
- 30 Central level MOHFW personnel, 1,650 field level MOHFW staff and 15 non-MOHFW staff attended training of 1st line supervisors (statistician, SI HI, FPI, MTEPI, FWV and AHI).

Community engagement

- Completed 2,400 copies of printing of training manual and trainers' guide for MHV training to ensure community engagement.
- Completed printing of SBCC materials (package of 4 items), 20,000 folders, 50,000 leaflets, 1,00,000 flash cards and 3,000 diaries.
- Completed eight sessions of live TV dialogue on Community Clinic with the experts and policy makers as panellists.
- Arranged 3,600 minutes airing of TV spots in 3 TV channels.
- Ensured mass campaign on CBHC with emphasis on CC in 100 Upazilas.
- Completed printing of 1,00,000 posters to celebrate 10 years of achievement of Govt. of Bangladesh.
- Completed four documentaries.
- 40 Central level MOHFW personnel, 527 filed level MOHFW staff and 13,211 non-MOHFW staff attended local Govt. representatives' training (Upazila Vice chairman, UP Chairman, Member & Secretary)
- 40 Central level MOHFW personnel, 5,360 filed level MOHFW staff and 85,935 non-MOHFW staff attended Community Support Group training (Members of CSG)
- 30 Central level MOHFW personnel attended MHV Training Master Trainers' orientation.
- 16 Central level MOHFW personnel, 90 field level MOHFW staff and one non-MOHFW staff attended TOT for MHV training
- 3,125 non MOHFW staff attended MHV field training

Sustaining institutionalization

- Procured 1,21,254 kits medicine for CCs (the kit consists of 27 items)
- Procured 1,356 packages MSR for normal delivery at CC (package consists of 35 items including delivery table and related instruments)
- Procured 17,175 cartons different types of registers for CC (Carton contains 10 items)

- Procured 17,459 cartons Stationeries (carton consists of 18 items)
- Procured 18,600 cartons of MSR for CC (carton of weight machine & rubber sheet).

Upazila health system & Referral

- Procured 430 packages of medicine for UHC (package of 86 items).
- Procured 494 kits of emergency medicine (kit of 45 items).
- Procured 423 packages of MSR for UHC (package of 61 items) both consumables & non consumables.
- Procured 28 packages for 28 upgraded UHC (package of 29 items including furniture and fixture made of both steel and wooden).
- Procured 1,000 water purifiers for 10 per UHC.
- Procured 425 packages of MSR for UHC (package of three wheelchairs and three stretchers).
- Procured machinery and equipment for UHC: 65 X-ray machines, 40 ultrasonograms, 65 anaesthesia machines, 65 diathermy machines, 65 nebulizers, 65 foetal dopplers, 65 ECG machines, 65 delivery instruments set, 65 gynaecological examination tables, 65 dental units.
- Procured 33 packages lab equipment for UHC: (package of seven items including semi auto analyzer-1, microscope-1, hot air sterilizer-1, drying woven-1, micropipette etc.)
- Procured 20 packages of safe blood transfusion.
- Procured equipment for UHC: (package consists of five items) one blood bank refrigerator, one collection monitor, 200 blood bags, one blood tube sealer and one platelet incubator.
- Procured 416 photo copier machines for UHCs.
- Procured 295 cross country vehicles (Jeeps).
- Procured 28 ambulances.
- Procured 10 water ambulances.
- Completed printing of 10,000 leadership training manual & trainers' guides and 10,000 training manual and trainers' guides for capacity development of Upazila managers.

Medical Waste Management

- Procured 116 packages of MSR/logistics for Medical Waste Management for UHCs (package of 22 items including different colour coded bins for collection of different types of wastes and personal protective tools).
- Completed printing of 5,000 training manual and trainers' guide on MWM.
- Completed two documentaries on Medical Waste Management.
- Completed printing of IEC materials on MWM: 10,000 posters, 25,000 leaflets, 20,000 stickers and 6,000 flipcharts.
- 72 Central level MOHFW personnel and 672 field level MOHFW staff attended training on Standard Operating Procedure.
- 140 Central level MOHFW personnel and 340 field level MOHFW staff attended training on leadership.
- 30 Central level MOHFW personnel and 1,523 field level MOHFW staff attended CHCP basic training.

Tribal Health

- Completed procurement of 65 UHC MSRs for tribal health (package consists of 34 items).
- Printed 8,000 copies of guideline and 9,000 leaflets on tribal health.
- Completed printing of 7,750 posters on tribal health.

Urban Health

- Procured 117 packages of MSR for satellite clinics (package of 34 items)
- Set-up 36 billboards.
- Organised 100 satellite clinic sessions in 6 divisional cities (Dhaka, Chattogram, Rajshahi, Khulna, Sylhet & Barishal).
- Procured 100 medicines for satellite clinic (carton consists of 30 items).
- 80 central level MOHFW personnel and 60 field level MOHFW staff attended orientation on satellite clinic and mobile medical team.
- 30 central level MOHFW personnel and ten non-MOHFW staff attended workshop on strengthening of urban dispensary.
- Ten central level MOHFW personnel, 20 field level MOHFW staff and six non-MOHFW staff attended workshop on strengthening of Chest Disease Clinic.
- 38 central level MOHFW personnel and seven non-MOHFW staff attended session on advocacy with different urban health stakeholders.

Foreign training

- Four central level MOHFW personnel and six field level MOHFW staff attended foreign training on strategic plan for Universal Health coverage.
- Four central level MOHFW personnel and six field level MOHFW staff attended foreign training on volunteerism for community participation to achieve quality health
- Four central level MOHFW personnel and six field level MOHFW staff attended foreign training on strategy to mitigate NCD burden of a developing country and to provide NCD services.
- Three central level MOHFW personnel and five field level MOHFW staff attended foreign training on stakeholder participation on Primary Health Care.
- Eight central level MOHFW personnel attended foreign training on exposure visit on leadership and management of health-related SDG.
- Four central level MOHFW personnel and six field level MOHFW staff attended foreign training on strategic leadership for health system management to sustaining Upazila health system.
- Five central level MOHFW personnel and five field level MOHFW staff attended foreign training on management of health services delivery to establish effective Upazila health system encompassing Upazila health complex & other facilities within Upazila.
- Four central level MOHFW personnel and four field level MOHFW staff attended foreign training on social determinants in health care.

Key Challenges

- Procurement of CMSD was time consuming and in some cases, it could not be completed within respective financial year.
- Many posts were vacant, as a good number of CHCPs quit the job and on the other hand, the post of CHCPs for the CCs at UHC has not approved yet.
- It was difficult to fulfill the OP Indicator-1 (Number of CCs functioning at Upazila Health Complexes) without deploying CHCP at CC to be established in UHC.

Suggestions/recommendations:

- CMSD may take necessary steps to minimize the time of procurement.
- Post of 430 CHCPs should be approved in revised OP.

Steps taken:

- The issue regarding post of CHCP for the CC at UHC was proposed. THE OP raised this issue in the OP steering committee meeting and requested for revision of the OP. The CCs so far established at UHC are being managed locally.

- Substantial number of CHCPs have already been recruited; however, a lot of vacancies that would be filled up within 2019-20 with approval of the competent authority.

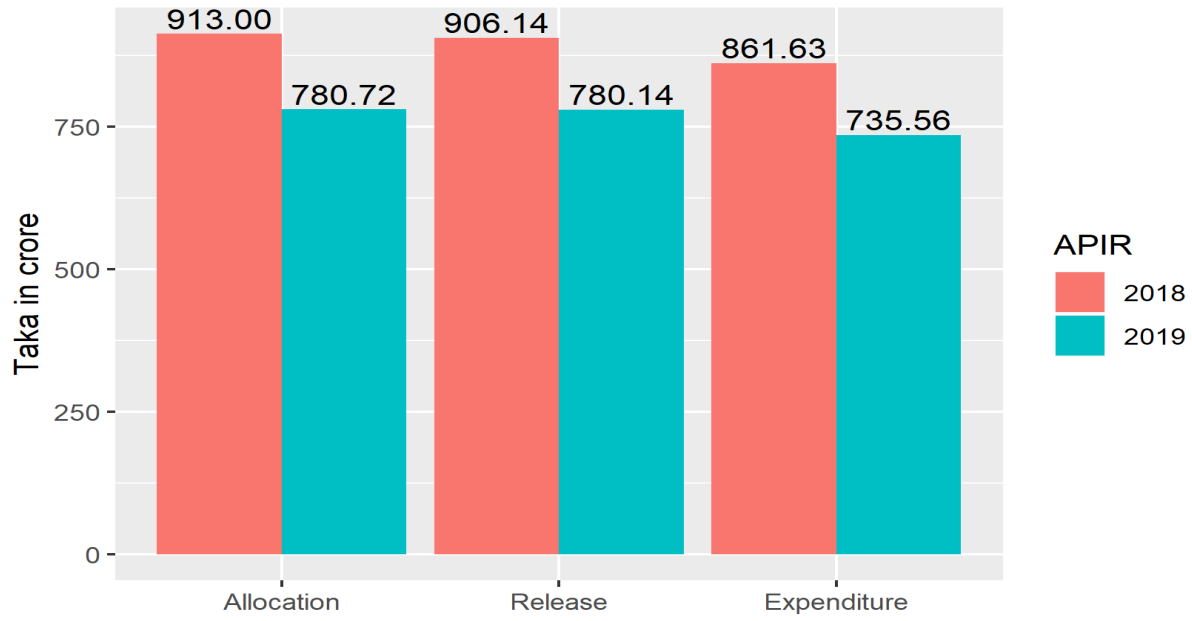
OP-24: Hospital Services Management (HSM)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**40%** (2 out of 5 indicators achieved)	**100%**	**94%**	**94%**

General Objective

To provide equitable and accessible healthcare services at district hospitals, medical college hospitals and specialized hospitals of Bangladesh.

Financial Progress

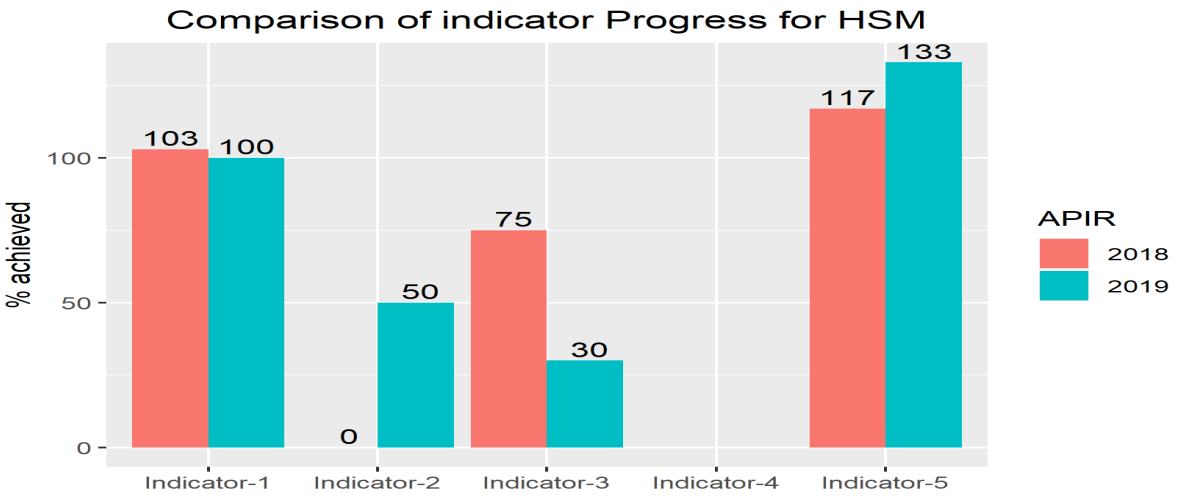


Progress of OP-level Indicators

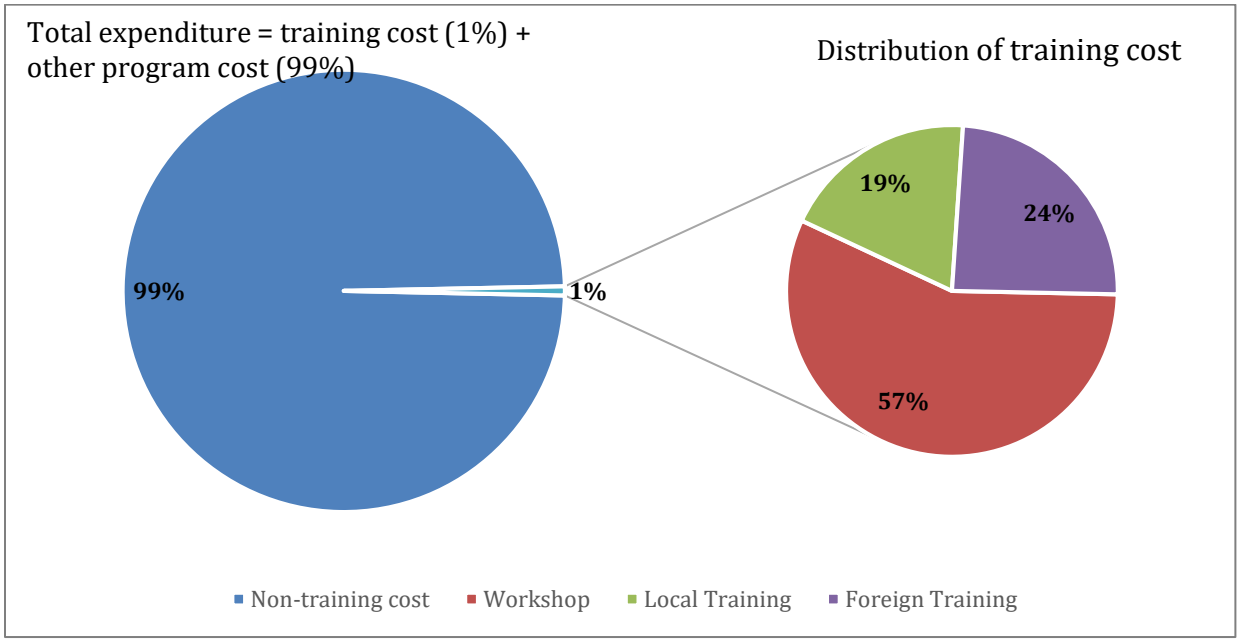
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Number of Hospitals (DH & above) introduced standard in-house medical waste management	MCH-6 Special. H – 10 DH – 04 (APIR, 2016)	MCH-18 Special. H – 14 DH – 28	MCH-08 Special. H – 12 DH – 10	MCH-08, Special. H-12, DH-10 (Total: 30)	100%	NIL	
Indicator-2	Number of public and non-public facilities accredited	00	Accreditation mechanism established		Accreditation standards draft prepared	50%	NIL	
Indicator-3	Number of district hospitals connected to structured Referral System	2	30	10	3	30%	NIL	
Indicator-4	Number of districts with a public hospital having five essential specialists (medicine, surgery, pediatrics, obs. and gynae, anesthesiologist)	Under 10 districts with a public hospital with 5 essential specialists	25			Not Available	NIL	
Indicator-5	Number of DHs providing CEmONC services in Sylhet and Chittagong divisions			9	12	133%	Yes	

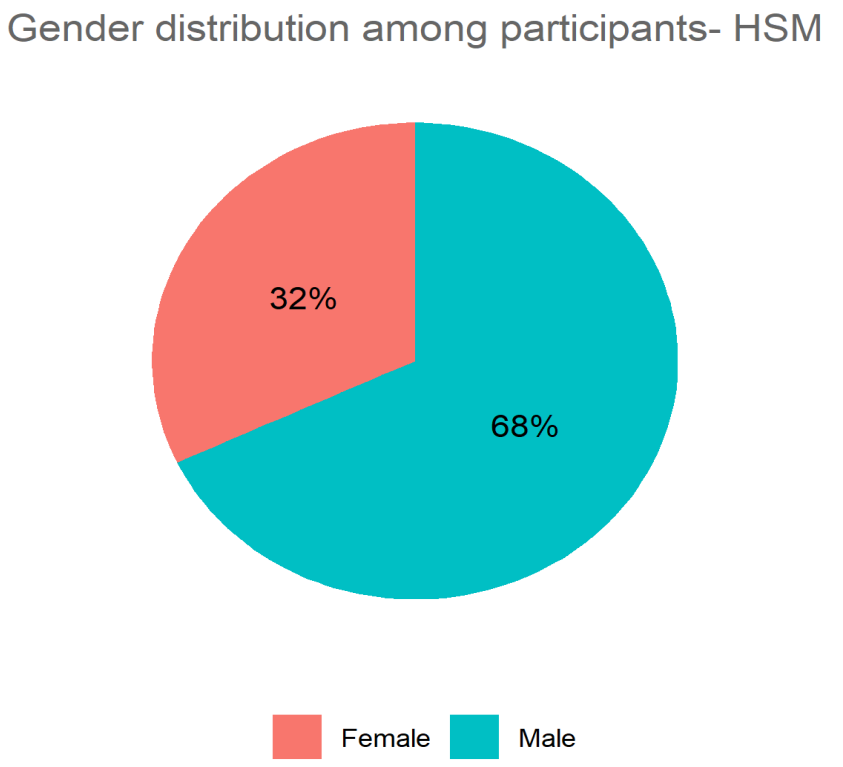


Training Information



Out of the total expenditure of Tk. 735.56 crore, 4.83 crore (1%) was spent on training. Of the total training cost, Tk. 2.74 crore (57%) was spent on workshop, Tk. 0.92, crore (19%) was spent on local training and Tk. 1.17 crore (24%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	134 (13)	3,170 (36)	0 (0)	3,304 (33)
Foreign Training	31 (3)	0 (0)	0 (0)	31 (<1)
Workshop	876 (84)	5,757 (64)	0 (0)	6,633 (67)



Major Physical Progress

Continuation of support to secondary and tertiary care hospital

- Funds for diet, medicine, chemicals and reagents and MSR have been distributed to 99 public-sector hospitals and continued support for cleaning and security.
- Procurement plan for goods and services have been approved by HSD; MOHFW and completed by CMSD in 24 packages.
- All development budget expenses for the period July-December have been cleared.
- The recruitment process under HSM OP for supporting development budget hospital has been initiated and now is in MOHFW for approval.

Strengthening of clinical service delivery in secondary (DH) and tertiary hospitals (MCH, Specialized institute)

- The "Hospital Emergency Management Guidelines in Secondary and tertiary hospitals" (8 MCHs, 12 DHs) is finalized, approved by the curriculum committee and printed for distribution.
- The draft SOP for "Emergency Management in Secondary and Tertiary hospital has been prepared.
- The doctors and emergency nurses and other staff have been trained on Emergency Management Guidelines in 2 MCHs, 2 Specialized Institutes and 4 DHs.
- 165 field level MOHFW staff attended training on Emergency Management".
- 139 field level MOHFW staff attended training on automated licensing system.

- Five central level MOHFW personnel and 34 field level MOHFW staff attended workshop on determination of strategic plan for monitoring and supervision of activities of secondary and tertiary level hospitals.
- 112 central level MOHFW personnel and 47 field level MOHFW staff attended workshop on accreditation and capacity development of concerned officials and workers (private healthcare facilities).
- Eight central level MOHFW personnel and 136 field level MOHFW staff attended workshop on situation analysis of current standard of Hospitals, Clinics and Diagnostic Facilities and requiring necessary steps towards accreditation- 2 MCHs (RMCH & Mugda MCH).
- 25 central level MOHFW personnel attended consultative workshop on development of SOP on Emergency Management.
- 99 central level MOHFW personnel attended workshops on Development of Module and SOP on Emergency Management.
- Four central level MOHFW personnel and 190 field level MOHFW staff attended workshop on hospital emergency and casualty management.

Expansion of specialized services such as ICU, CCU, NICU, dialysis unit

- SCANU has been established in Chandpur District Hospital.
- The equipment and essentials for establishing 50 ICU beds and 40 Dialysis beds have been arranged for establishment in 10 DHs.

Providing mental health services at secondary and tertiary hospitals

- Doctors from 14 districts have been trained on the management of mental health problems and disorders.
- 55 central level MOHFW personnel and 130 field level MOHFW staff attended training workshop on mental health program.

Geriatric and Palliative care

- The national policy and guidelines on geriatric care has been finalized with the inputs from subject matter experts and awaiting approval.
- 61 central level MOHFW personnel attended workshops on development of guideline on geriatric health program.

Comprehensive Thalassemia Care

- A meeting for the approval of Thalassemia management guidelines by DGHS curriculum committee has been held. The guidelines have been approved with some corrections.
- The Thalassemia Management Guidelines has been disseminated among the haematologists and transfusion experts.
- 13 central level MOHFW personnel and two field level MOHFW staff attended the curriculum committee workshop for approval of National Thalassemia guidelines.
- 20 central level MOHFW personnel and 55 field level MOHFW staff attended discussion on National Guideline of Thalassemia Management for physicians.
- 15 central level MOHFW personnel and 190 field level MOHFW staff attended workshop seminar on universal access to Quality Thalassaemia Healthcare Services.

Clinical Management protocol, EBP, Risk management and Accreditation

- Organized a workshop on accreditation bill and standards and 38 central level MOHFW personnel and 38 non-MOHFW personnel attended the workshop on proposed accreditation system.
- One protocol has been developed for EBP.
- 180 Doctors attended training on EBP Protocol.

Ensure baby, women and adolescent friendly hospital environment

- Five district hospitals have been accredited: Rangamati, Cox's Bazar, Jamalpur, Moulvibazar & Tangail.
- Provided regular financial and technical support to an implementing partner (a local NGO) in four district hospitals – Bandarban, Rangamati, Tangail and Netrokona.
- Carried out monitoring visit in 13 district hospitals.
- Prepared Annual Work plan for 2019.
- Three Review meetings were held.
- Planned for a patient satisfaction kiosk and set up in five hospitals and expected to be operational in September 2019.
- The service providers of two MCHs and eight DHs attended training on Women Friendly Hospital Initiative protocol and gender-based violence.

Shishu Bikash Kendra

- Supported 15 Shishu Bikash Kendra with pay and allowance, training, supplies and maintenance.
- Served about 42,000 children in the SBKs.
- Completed monitoring visit to 15 SBKs.
- Started recruitment of service providers for new 11 SBKs.
- 40 central level MOHFW personnel attended training workshop of doctors and service providers on recent development of NDD.
- 29 central level MOHFW personnel and 11 field level MOHFW staff attended workshop on establishment of 11 New SBKs.
- Four central level MOHFW personnel attended workshop on establishment of SBKs.
- Six central level MOHFW personnel attended workshop on Recruitment policy for SBKs.
- Six central level MOHFW personnel attended workshop on Refreshers' Training of SBK Service providers.
- Six central level MOHFW personnel attended refreshers' training of SBK service providers.

CEmONC and gender issue

- Ensured nine district hospitals to provide CEmONC services in Sylhet and Chittagong divisions.
- Completed implementation of CEmONC and gender issues in 24 DHs.
- Arranged a workshop to review the CEmONC facility assessment toolkits and checklists.
- Carried out facility assessment in 15 District Hospitals to determine the need for intervention.
- Distributed delivery kit and equipment set to 16 DHs.

- 891 field level MOHFW staff attended workshop on CEmONC services and Women Friendly Hospital Initiative protocol with Gender Based Violence.
- 12 central level MOHFW personnel attended workshop to finalize and submit the CEmONC Assessment Checklist for approval.

Clubfoot, Cleft palate and reconstructive surgery

- Provided logistic (braces, plasters and MSR) support to 31 Hospitals. RPA – four (Rangpur MCH, NITOR, Comilla MCH); 27 hospitals through DP support.
- Served a total of 3,218 clubfoot patients.
- Approved the national clubfoot care strategic plan by HSD, MoHFW and printed for distribution.
- A meeting of National Steering Committee was held.
- 14 central level MOHFW personnel and 14 non-MOHFW personnel attended workshop on approval of national clubfoot strategy.
- 15 central level MOHFW personnel attended the national workshop to finalize national clubfoot strategy.

Strengthening of Laboratory and Imaging Services

- The draft of SOP for laboratory and imaging services has been prepared and awaits finalization with the inputs from subject matter experts.
- The draft of Infection Prevention Protocol in Laboratory practices has been finalized.
- 11 central level MOHFW personnel and nine field level MOHFW staff attended workshop on zero draft presentation of SOP for laboratory and imaging services.
- 20 central level MOHFW personnel and five level MOHFW staff attended field opinion seeking workshop on development of a training module on infection prevention for laboratory personnel.
- Eight central level MOHFW personnel and 26 field level MOHFW staff attended workshop on draft preparation of manual for preventing infections of laboratory personnel.
- 52 central level MOHFW personnel and 786 field level MOHFW staff attended workshop on infection prevention in laboratory.

Strengthening of medicolegal services

- Finalized and printed “training module for post-mortem and medicolegal services for healthcare providers”.
- 45 field level MOHFW staff attended training on strengthening post- mortem Services.
- Two central level MOHFW personnel and 38 field level MOHFW staff attended workshop on Ethical and Medicao-legal Issues.

Private healthcare facilities

- The online registration process for private hospitals, clinics, diagnostic centers and blood banks was launched and is in operation since July 2018.
- Completed monitoring visit to 500 hospitals
- 35 central level MOHFW personnel and eight field level MOHFW staff attended workshop on Public-Private-Partnership (PPP) in health system.

- Two central level MOHFW personnel 22 field level MOHFW staff attended workshop on private hospital/clinics registration/renewal system automation.

Quality of Care

- 36 central level MOHFW personnel and 733 field level MOHFW staff attended workshop on 5S-CQI-TQM approach.
- Introduced TQM approach of quality improvement in 5 new hospitals.
- Eight central level MOHFW personnel attended short term foreign training on Quality of Care (Japan).
- Four central level MOHFW personnel and 36 field level MOHFW staff attended workshop on Quality of Care (5S).

Safe Blood Transfusion

- 102 central level MOHFW personnel and 1,863 field level staff attended training on clinical use of blood.

RPA Budget:

- Ensured supply of blood bags, grouping and cross-matching reagents, screening devices to 8 hospital blood banks.
- Collected and compiled demands from different blood banks.
- Procurement of consumables for the next year has been carried out.

WHO Biennial Program:

- Arranged a consultative workshop to develop transfusion reaction reporting forms (TRRF) for Haemovigilance.
- A core group of experts worked to develop a first draft of TRRF.
- Arranged a consultative workshop and a follow-up workshop to update the clinical transfusion practices guidelines.

Introduction of medical waste management at public and private hospitals

- Ensured support for outhouse management of medical waste in 30 hospitals.
- Introduced standard in-house medical waste management at 28 hospitals, 08 MCHs and 12 specialized hospitals and 08 district hospitals.
- Established medical waste management authorities at divisional, district and facility levels to oversee waste management activities.
- 48 central level MOHFW personnel and 682 field level staff attended training on Medical Waste Management of the hospital service providers at 02 Hospitals (250 Bedded TB Hospital, Shyamoli & Shaheed Taj Uddin Ahmed MCH, Gazipur).

Introduction and scale up of the structured referral system

- Prepared and finalized the structured referral guidelines. It was printed for distribution among stakeholders and service providers.

- Nine central level MOHFW personnel attended short term training on structured referral system in Vietnam.
- 16 central level MOHFW personnel and 600 field level MOHFW staff attended workshop on structured referral system in DGHS, Sir Salimullah Medical College Hospital and Manikganj 250 Bedded General Hospital.

Patient Safety

- The draft of "Guidelines for Patient Safety" has been finalized
- Prepared the zero draft on "guidelines on Risk Management".
- A survey on patient safety situation was carried out in several Dhaka Hospitals.
- 29 central level MOHFW personnel and 25 field level MOHFW staff attended workshops on development of patient safety guidelines.
- Two central level MOHFW personnel and 830 field level MOHFW staff attended training workshop on patient safety program.

Strengthening of Procurement, Store Management, Asset management and financial management of Hospitals

- Support provided for maintenance of medical equipment in 21 hospitals.
- 139 field level MOHFW staff and 139 non-MOHFW personnel attended trained on automated licensing system.
- Prepared three documents (AMS Operational guidelines, AMS User Guidelines and Condemnation guidelines).
- Three Technical Working Group meetings to finalize the Operational Guideline for AMS were held.
- Decided to include vehicle information into AMS.
- 22 central level MOHFW personnel and 74 field level MOHFW staff attended training workshop on Hospital Management and Asset Management.

Repair, Maintenance and Disposal of Vehicles, Biomedical equipment and others

- Provided support for maintenance of medical equipment in 42 hospitals.

Capacity development of LD Office

- Developed two video documentaries on the activities and success of Hospital Services Management.

Other Capacity Building

- 12 non-MOHFW personnel (Member of Parliaments) attended short term training and made exposure visit to USA to understand the Health Systems.
- 29 central level MOHFW personnel and 30 field level MOHFW staff attended workshops on development of manual on evidence-based practice program.
- 20 central level MOHFW personnel and ten field level MOHFW staff attended workshop on risk management training module development.
- 100 field level MOHFW staff attended workshop on Cardiac Emergency.

- 15 central level MOHFW personnel attended workshop to finalize the work plan for Women Friendly Hospital Initiative activities for 2019-20.

Key Challenges

- It required 40-50 weeks to complete the procurement process through CMSD. Although, the procurement plan was approved as early as in July 2018. However, the actual procurement could not be completed within December 2018.
- As most of the funds were allocated for running different hospitals; so, it was a challenge to mobilize sufficient funds for some OP components.
- The LD office required human resources for documentation and accounting procedures.

Suggestions/recommendations:

- Efforts should be made to transfer the non-developmental expenditure of the hospitals to revenue budget.

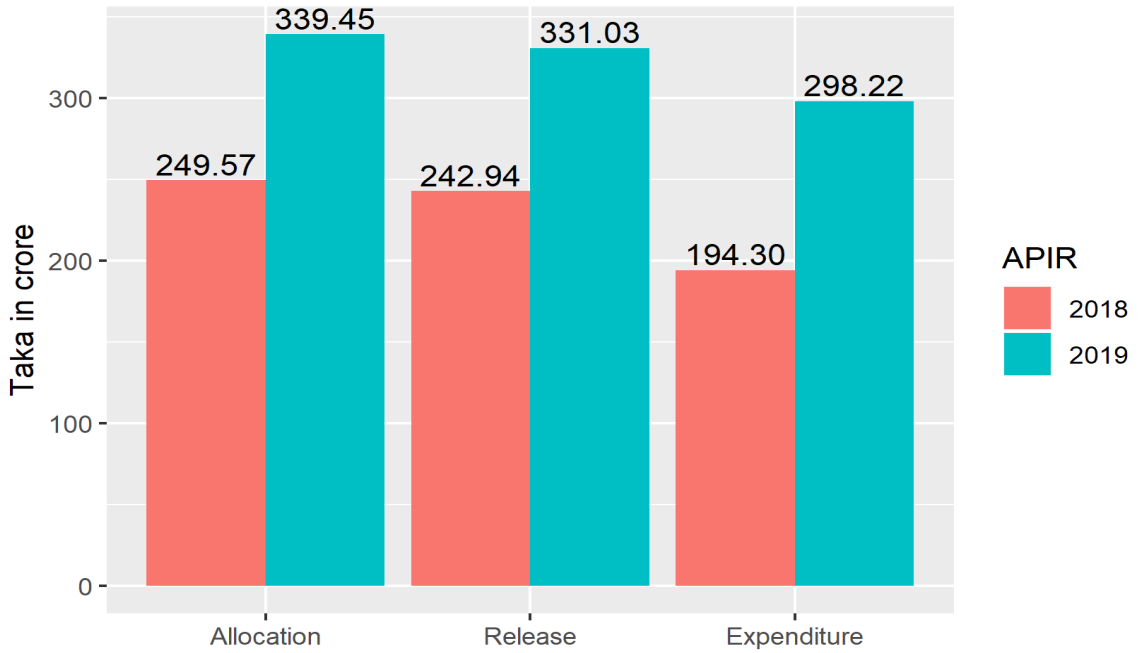
OP-25: Clinical Contraception Services Delivery Program (CCSDP)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**0%** (0 out of 5 indicators achieved)	**98%**	**88%**	**90%**

General Objective

To reduce Total Fertility Rate (TFR) from 2.3 to 2.0/woman by 2022 increasing CPR from 62.4 to 75% with 20% share of LARC/PM and thereby reducing Maternal Mortality Rate (MMR) by 2022.

Financial Progress

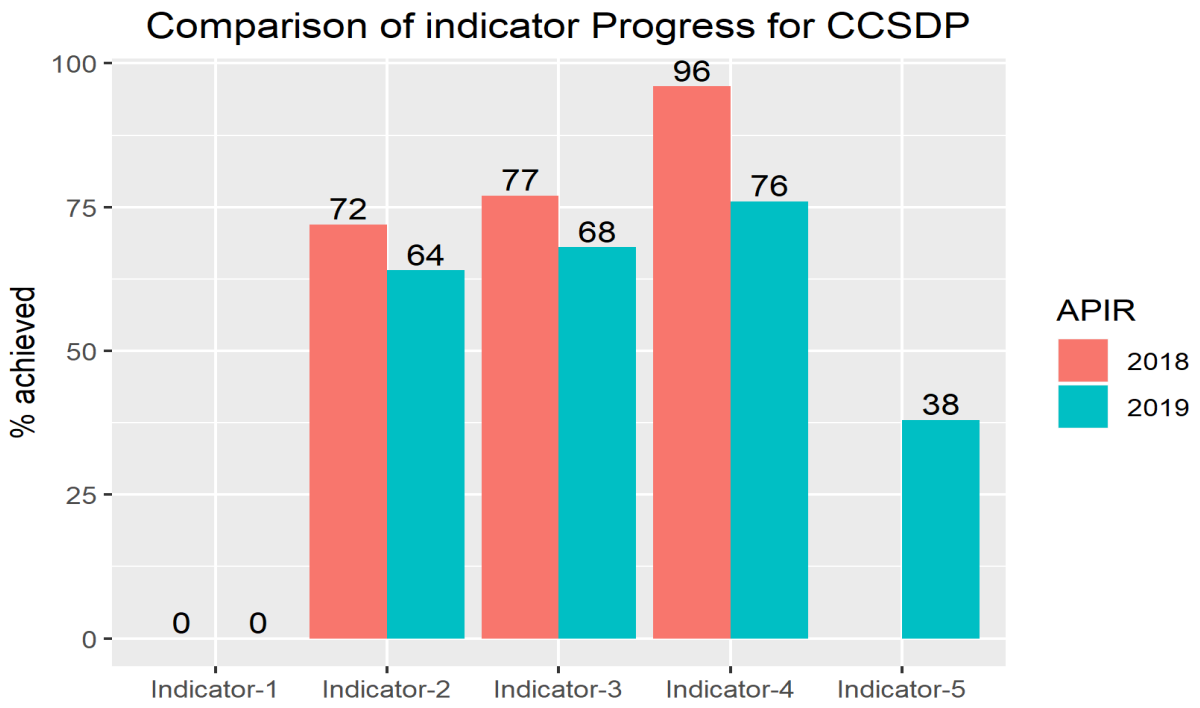


Progress of OP-level Indicators

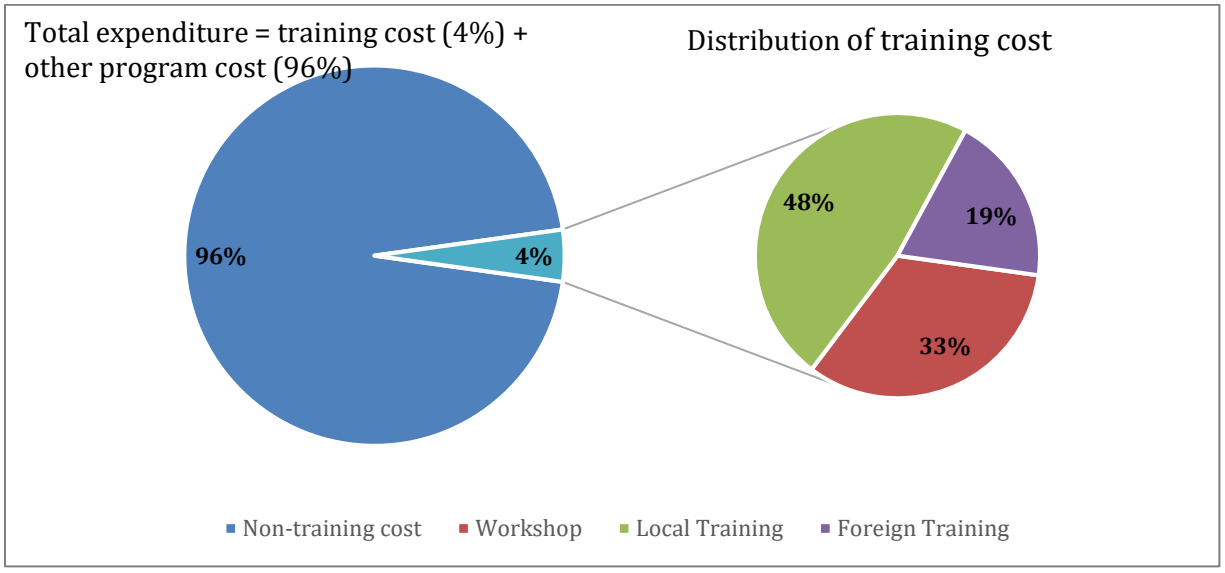
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of targeted public health facilities meeting readiness criteria for delivery of PPFP services in Sylhet and Chittagong divisions	Not available	20%	According to DLR 9.3 & 9.4 Assessment and action plan are completed for expansion of PPFP services in targeted health facilities.	On-going process	0%	Yes	
Indicator-2	Number of BLTL & NSV performed	1,63,031 (APIR 2016)	7,00,000 (Cumulative)	2,00,000	1,27,509	64%	NIL	
Indicator-3	Number of IUDs insertion	2,33,557 (APIR 2016)	8,75,000 (Cumulative)	2,64,000	1,79,413	68%	NIL	
Indicator-4	Number of Implants insertion	3,53,239 (APIR 2016)	14,00,000 (Cumulative)	4,40,000	3,35,450	76%	NIL	
Indicator-5	Percentage of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Service	5%	15%			38%	NIL	

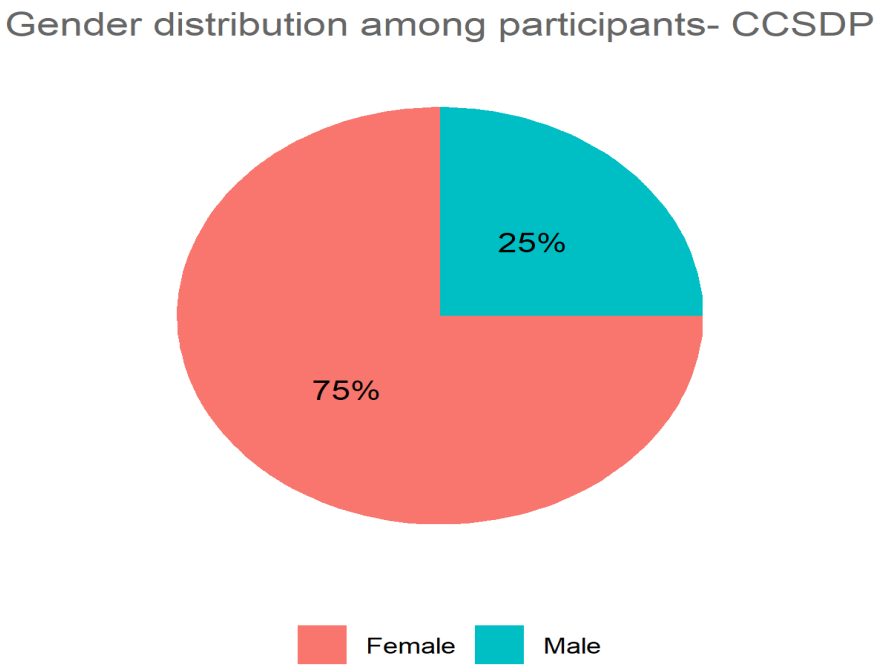


Training Information



Out of the total expenditure of Tk. 298.22 crore, Tk. 13.15 crore (4%) was spent on training. Of the total training cost, Tk. 6.26 crore (48%) was spent on local training, Tk. 2.54 crore (19%) was spent on foreign training and Tk. 4.35 crore (33%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	10 (48)	2,996 (16)	0 (0)	3,006 (16)
Foreign Training	11 (52)	34 (<1)	0 (0)	45 (<1)
Workshop	0 (0)	15,375 (84)	0 (0)	15,375 (83)



Major Physical Progress

- 1,27,509 of tubal ligation & no-scalpel vasectomies (NSV) performed; 1,79,390 intrauterine devices (IUDs); and 3,35,450 implants inserted.
- Ensured availability of 2,869 Paid Peer Volunteer (PPV) in 50 Upazila within 18 districts (appoint 1,199 PPV in 20 Upazilla at the year 2018-19, other 1,670 PPV works as carry forward).
- Provided financial support to NGOs for LARC and PM services.
- Placed DPA funds for roaming team (HTR and low performing area, mobile team Initiative for permanent method, implant and IUD services).
- Appointed regional and district FPCS-QIT consultants.
- 130 doctors attended basic training on LARC and PM to develop practical skill on LARC and PM FP methods.

- 604 MOHFW personnel and four non-MOHFW personnel attended workshops on LARC & PM: Awareness built up on LARC & PM activities and refer of FP methods (Vasectomy, Tubectomy, and Implant).
- 1,001 MOHFW personnel and eight non-MOHFW personnel (service provider of FP methods and related staff of family planning and health) attended workshop on PPFP to create awareness on LARC & PM activities.
- 318 MOHFW personnel attended workshops on revitalization of model FP.
- 124 MOHFW personnel attended workshops on regional FPCS-QIT monitoring and follow up.
- Three central level MOHFW staff and 16 field level MOHFW staff (Electro-medical Technician) attended basic training Electro-medical equipment.
- Basic training on electro-medical technician.
- Seven central level MOHFW personnel and 63 field level MOHFW staff attended training on Plan-Do-Check-Act (PDCA) for Quality Improvement.
- 1,199 field level MOHFW staff (PPV) attended basic training and 917 PPV attended refresher training on LARC and PM motivation and counselling.

Key Challenges

- Issues with the IBAS++ software.
- Ensuring timely procurement.
- Recruitment of human resources.
- Procurement of vehicles.

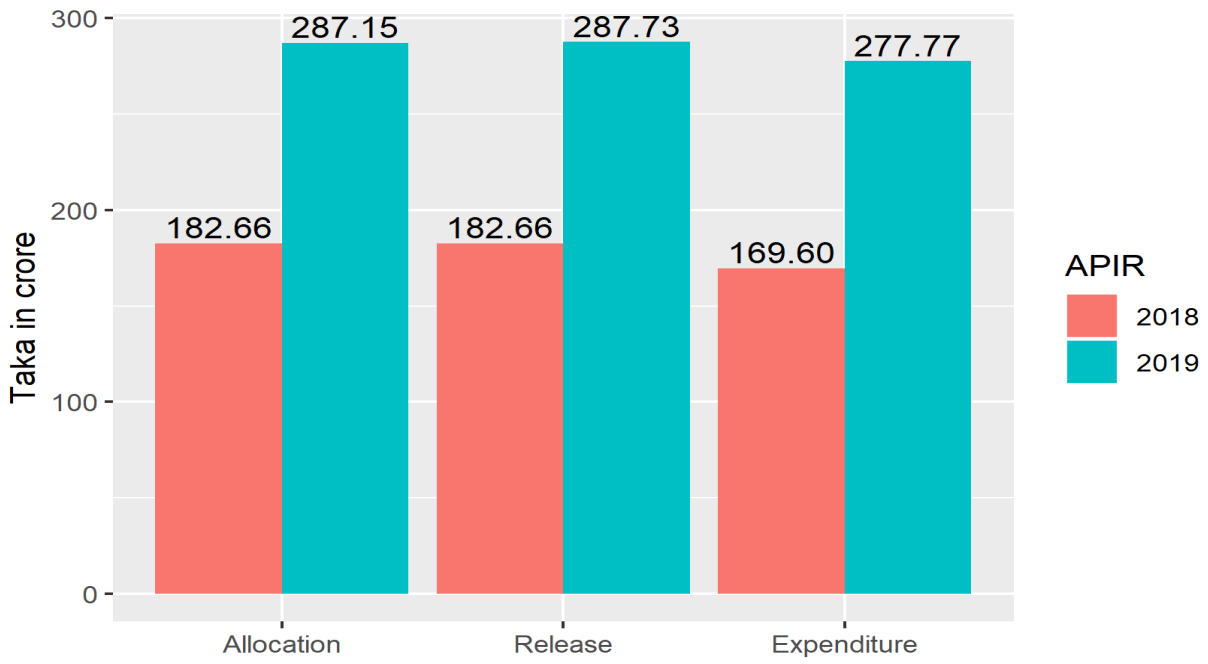
OP-26: Family Planning Field Services Delivery (FP-FSD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%**	**0%** (0 out of 4 indicators achieved; 3 indicators are not applicable)	**100%**	**97%**	**97%**

General Objective

Contribute to achieve Total Fertility Rate (TFR) 2 by 2022 by improving family planning service delivery.

Financial Progress

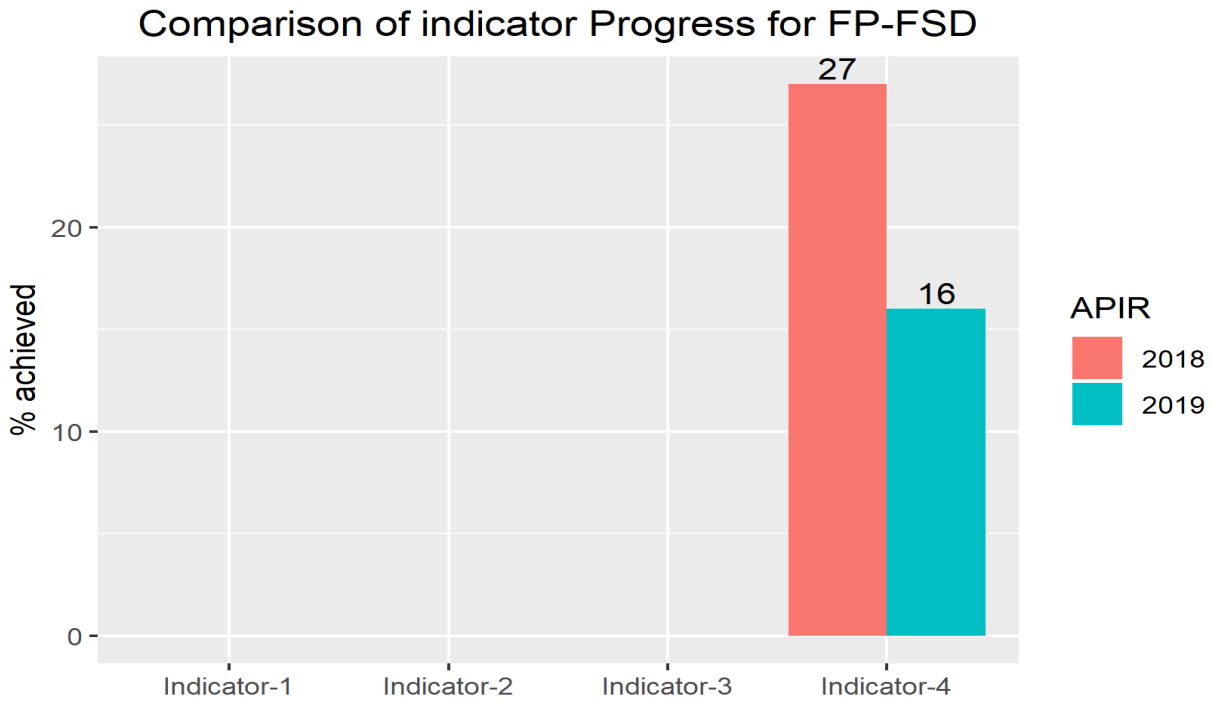


Progress of OP-level Indicators

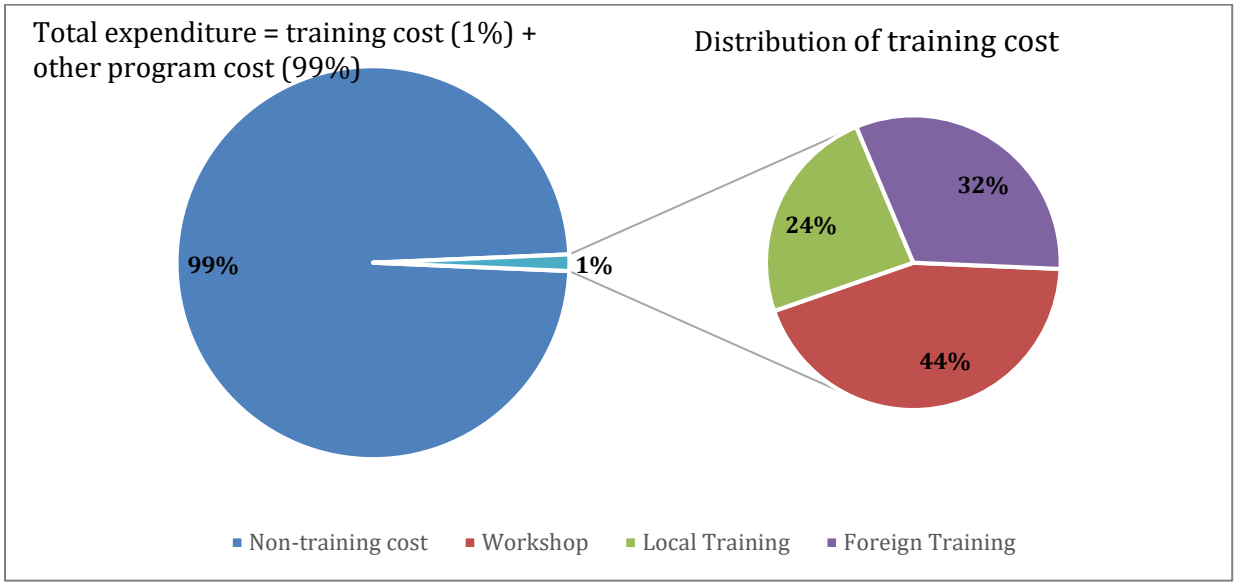
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Proportion of women of reproductive age (age 15-49 years) who have their need for FP satisfied with modern methods	12% (BDHS, 2014)	8%		Currently no data available on this indicator. BDHS latest data yet to be publish.	Not Applicable	NIL	
Indicator-2	Adolescent birth rate (age 10-14 years: aged 15-19 years) per 1,000 women in that age group	83 (WB 2105)	60		Currently no data available on this indicator. BDHS latest data yet to be publish.	Not Applicable	NIL	
Indicator-3	CPR (modern methods) in lagging regions	Syl 40.9%. Ctg 47.2% (BDHS, USED)	55%		Currently no data available on this indicator. BDHS latest data yet to be publish.	Not Applicable	NIL	
Indicator-4	Number of Upazillas covered for orientation of DGHS service providers on FP-MCH issues	N/A	250	100	16	16%	NIL	

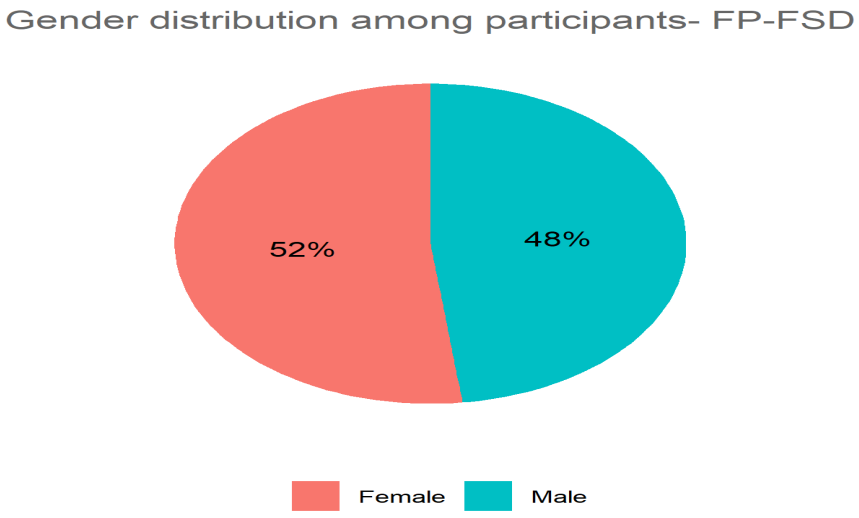


Training Information



Out of the total expenditure of Tk. 277.77 crore, 3.75 crore (1%) was spent on training. Of the total training cost, Tk. 0.90 crore (24%) was spent on local training, Tk. 1.2 crore (32%) was spent on foreign training and Tk. 1.65 crore (44%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	21 (30)	0 (0)	1972 (36)	1993 (36)
Foreign Training	40 (56)	0 (0)	10 (<1)	50 (1)
Workshop	10 (14)	0 (0)	3523 (64)	3533 (63)



Major Physical Progress

- Conducted orientation on FP-MCH issues in 16 upazilas for the DGHS service providers.
- Procured 14.5 million injectables, 15 million Auto Disable (AD) Syringes, 110 million oral pill (COP-2nd Generation), 10 million oral pill (COP-3rd Generation), 3 million oral pill (POP) and 150,000 pcs. safety box
- Procured 3,00,000 MSR (cotton, povidone iodine solution, sanitary napkin BP with stethoscope pregnancy test, thermometer etc).
- Procured 15,000 bags (for FWA, FWV, FPI), 15,000 umbrella (for FWA, FWV, FPI) and 15,000 uniforms (for FWA, FWV, SACMO).
- Ensured 3,83,000 organization cost for satellite clinics (including school health program).
- Ensured wages of labour/volunteer/outsourcing staff.
- Supplied furniture for 323 FWCs.
- Installed tube-well for 65 UH & FWCs.
- Ensured electrical equipment for 98 UH& FWCs.
- Procured 23 pieces of computer.
- Procured 8,000 office equipment (steel trunk).
- Eight central level MOHFW personnel and 772 field level MOHFW staff attended training on contraceptive injectables.
- Three central level MOHFW personnel and seven field level MOHFW staff attended foreign training on community level FP intervention.
- Ten central level MOHFW personnel attended international conference on FP.
- Six central level MOHFW personnel and 814 field level MOHFW staff attended orientation on FP MCH performance.
- Five central level MOHFW personnel and 61 non-MOHFW staff attended workshop on FP contraception for garments' workers.
- 13 central level MOHFW personnel and 64 field level MOHFW staff attended workshop on program monitoring.

Key Challenges

- No challenge reported during the reporting period (July 2018-June 2019).

OP-27: Lifestyle, and Health Education & Promotion (L&HEP)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**67%** (2 out of 3 indicators achieved)	**100%**	**93%**	**93%**

General Objective

To influence the healthy behavior of individuals and community and living conditions that influence health by improving their knowledge, attitude, practices and skills by creating a 'health literate society'.

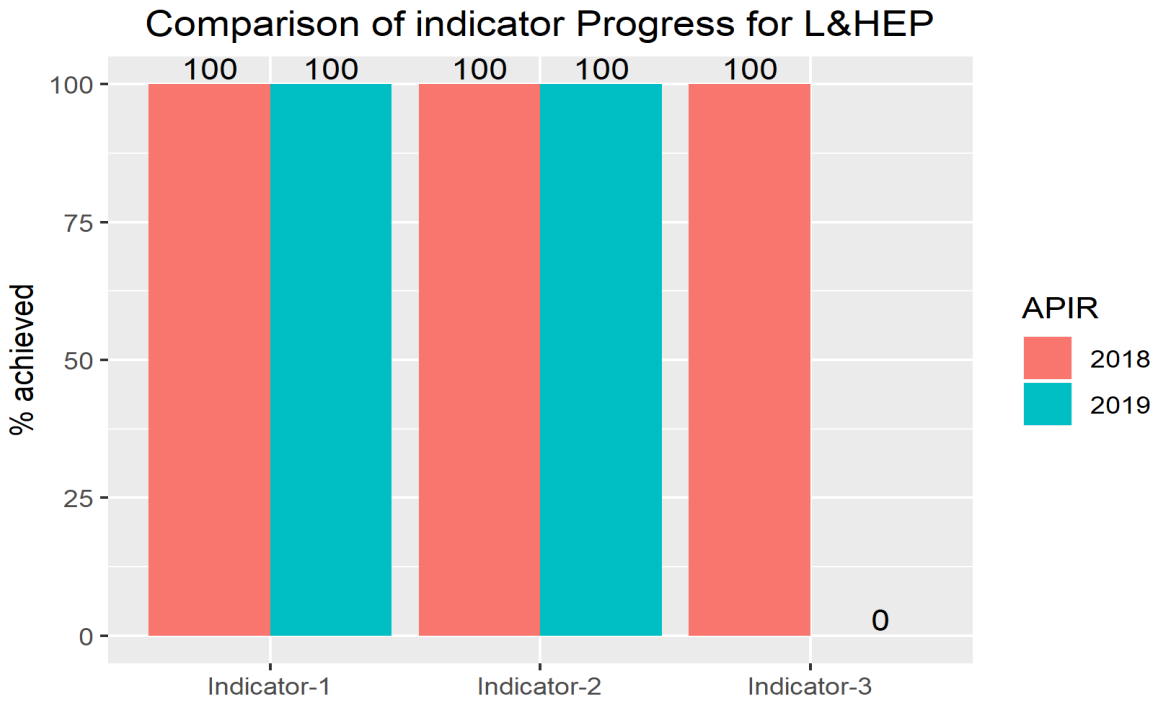
Financial Progress

Progress of OP-level Indicators

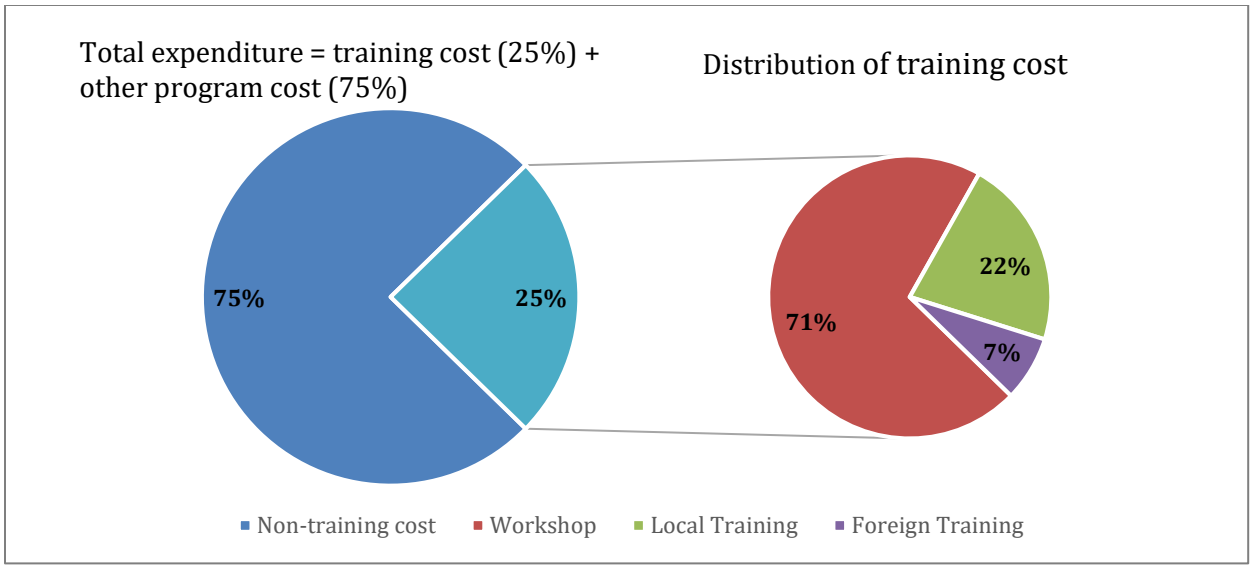
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	Implementation of comprehensive SBCC strategy	Approved strategy available	50%	15%	15%	100%	NIL	
Indicator-2	Number of SBCC material produced and distributed.	11,34,500	7,65,330	1,70,175	1,70,175	100%	NIL	
Indicator-3	Number of survey/researches on L& HEP conducted	07	01	-	0	0%	NIL	

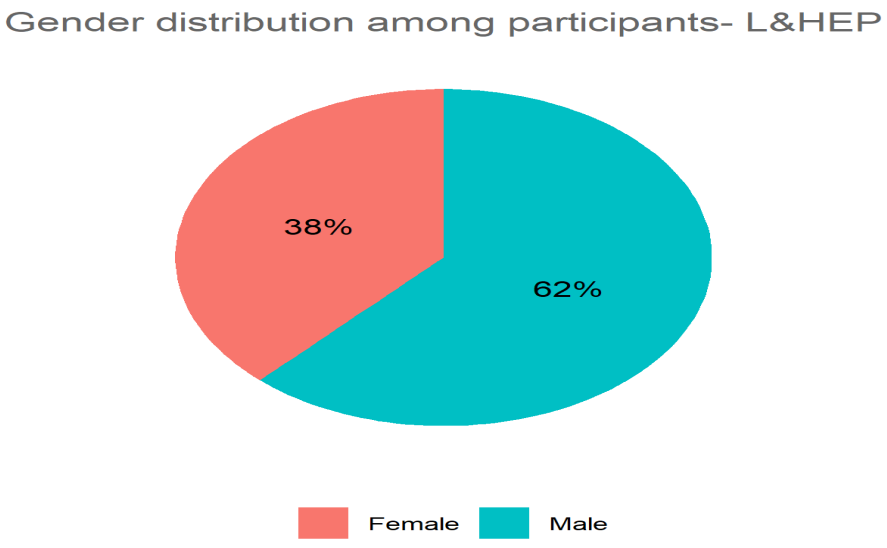


Training Information



Out of the total expenditure of Tk. 26.39 crore, Tk. 6.49 crore (25%) was spent on training. Of the total training cost, Tk. 1.41 crore (22%) was spent on local training, Tk. 0.48 crore (7%) was spent on foreign training and Tk. 4.60 crore (71%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	1,125 (14)	0 (0)	1,125 (6)
Foreign Training	9 (100)	3 (<1)	0 (0)	12 (<1)
Workshop	0 (0)	6,990 (86)	11,390 (100)	18,380 (94)



Major Physical Progress

- Produced and distributed 1,70,175 SBCC materials (poster/leaflet) on different health issues.
- Completed 15% implementation of comprehensive SBCC strategy (HPN co-ordination meeting and BCC working group meetings were organized; SBCC materials developed according to the guidelines as specified in the strategy).
- Published advertisements in daily newspapers on different health issues; like as dengue and chikungunya, flood, heart attack, diabetes, nipah, cancer, thundering, stroke, drowning and other communicable and non-communicable diseases etc.
- Organized 64 awareness campaigns on healthy lifestyle at upazilla level in different districts.
- Produced and distributed one service package of SBCC material (poster, leaflet, TVC etc.) for awareness creation on cervical and breast cancer screening and prevention.
- Produced a drama namely *"Parir Banshi"* in order to promote local campaign on non-communicable disease in different districts and upazilas in 8 divisions.
- Produced and broadcast 12 TV spot focused on dengue and chikungunya, flood, FDMN issues, documentary health service week, healthy lifestyle, cancer and diabetic.
- Observed 5 National days and weeks i.e. National Health Service week, World Mental Health Day, World health Day, Safe Motherhood Day and World No Tobacco Day.
- Installed two digital LED mega billboard at Kurmitola general hospital and institute of mental health.
- Procured 2 packages to install digital banners in different hospitals with wall writing for promotion of quality essential health-care services at public hospitals to achieve the Universal Health Coverage.
- Ensued regular update of digital archive of BHE and ensured maintenance for BHE printing press to print quality SBCC materials.
- Completed 640 sessions to promote personal hygiene practices among the school children at community level in different primary schools.
- Ensured uninterrupted supply of different types of logistics at central and district level.
- 1,000 field level MOHFW staff attended training on prevention of communicable and Non-communicable diseases.
- 100 field level MOHFW staff attended training on effective health communication/ environmental and occupational health.
- 25 field level MOHFW staff attended basic training on HEP.
- Nine central level MOHFW personnel and three field level MOHFW staff attended foreign training on evaluation of health project and environmental health and safety.
- 2,050 field level MOHFW staff and 2,840 non-MOHFW personnel (mainly high school and primary school teacher) attended workshop on healthy lifestyle and personal hygiene.
- 2,110 field level MOHFW staff and 1,110 non-MOHFW personnel (mainly high school and primary school teacher) attended workshops on healthy lifestyle and dietary salt.
- 200 field level MOHFW, MOLGRD, MOE staff and 1,400 non-MOHFW personnel (journalists and NGO representatives) attended workshops on tobacco and drug abuse in adolescent.
- 600 field level MOHFW staff and 1,000 non-MOHFW personnel attended seminar on arsenicosis.
- 560 field level MOHFW staff and 1,500 non-MOHFW personnel attended seminar on nipah virus.
- 670 field level MOHFW staff and 1,540 non-MOHFW personnel attended advocacy on tobacco and cancer.

- 800 field level MOHFW staff and 2,000 non-MOHFW personnel attended advocacy on food safety.

Key Challenges

- Fund utilization was difficult in FY 2108-19. This year the DDO ship of senior health education officer has been cancelled in the iBAS++ system which created issues to utilize fund.
- Lack of manpower at field level; especially at upazila level to implement the program.

Suggestions/recommendations:

- Need to create DDO ship of senior health education officer.
- Need to create post of health education officer or health Educator.

Steps taken by the LD:

- Official letter sent to Ministry of Finance through MoHFW for revitalizing the DDO ship of senior health education officer.

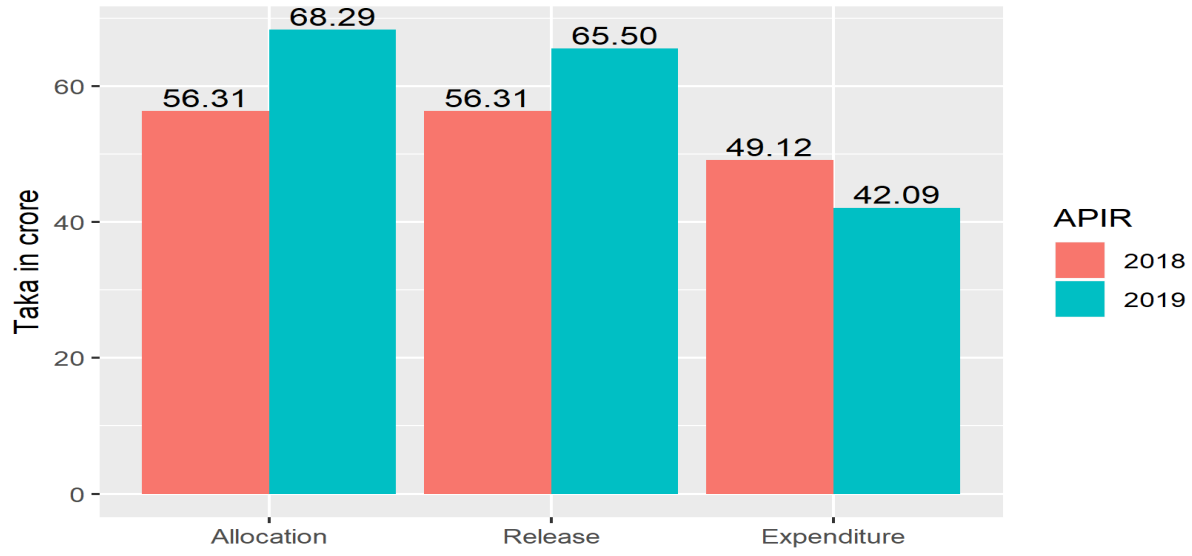
OP-28: Information, Education & Communication (IEC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**100%** (4 out of 4 indicators achieved)	**96%**	**62%**	**64%**

General Objective

Create demand for FP-MNCH information and services and to raise awareness regarding consequences of child marriage and teenage pregnancy including benefits of delaying marriage and first pregnancy, ANC & PNC, birth planning, spacing between pregnancies, small family etc.

Financial Progress



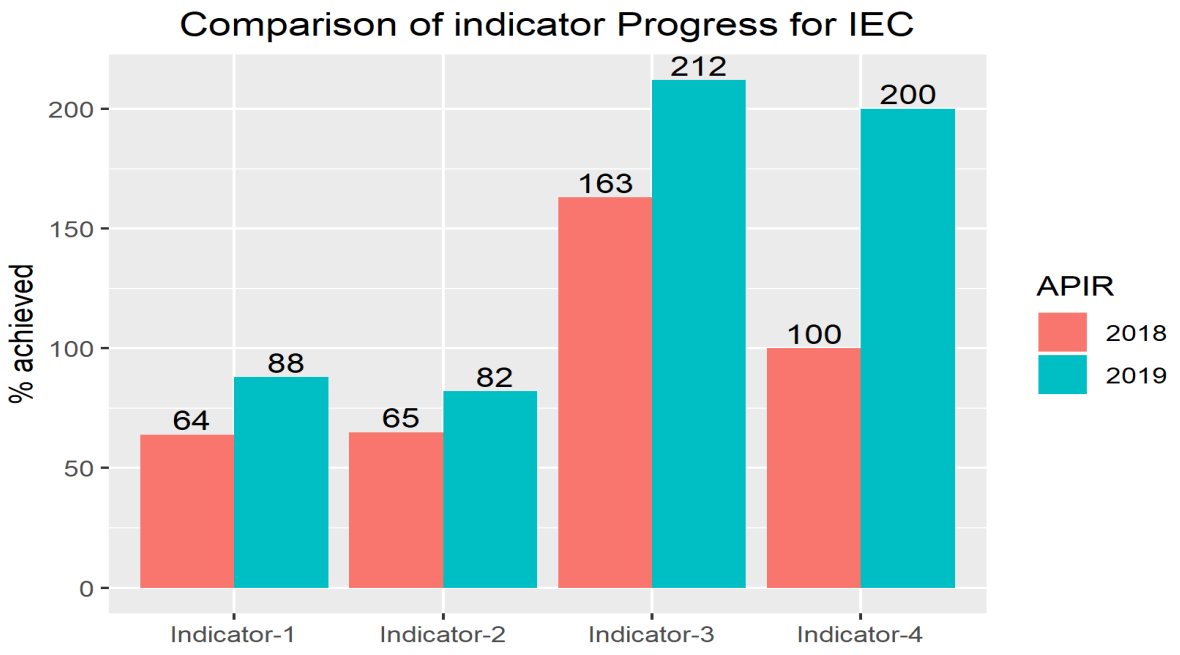
Fund utilization against release is low (64%): Issues with iBAS++ software hampered to conduct the foreign and local trainings.

Progress of OP-level Indicators

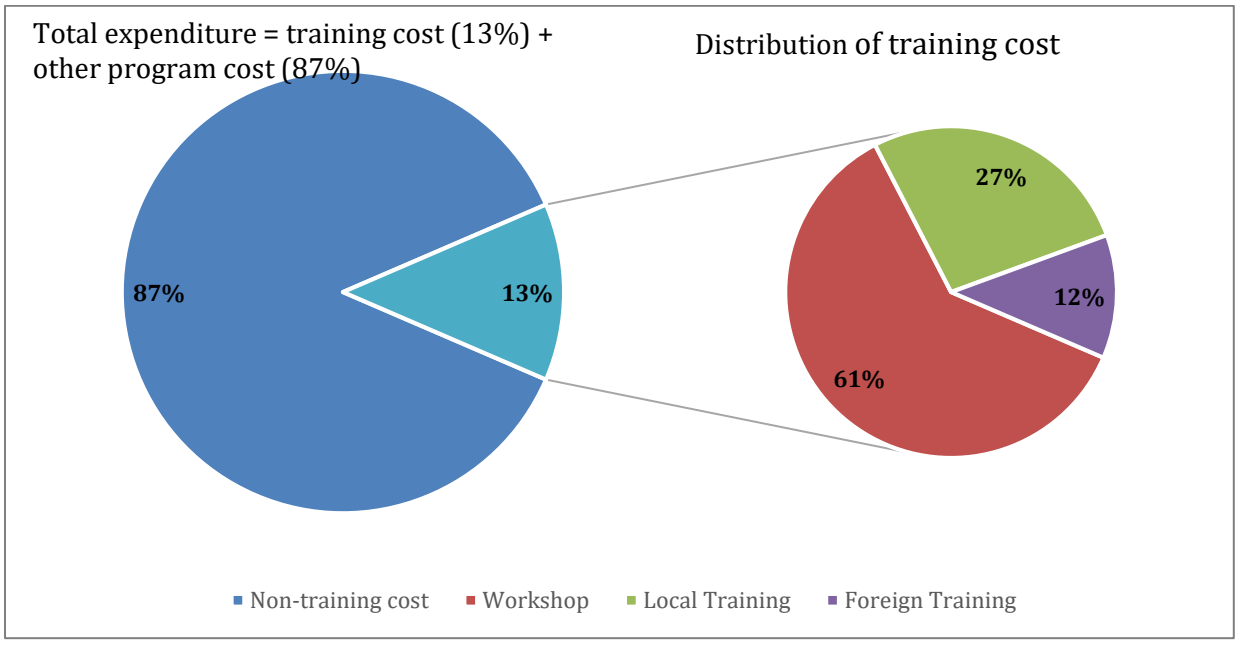
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline 2016-2017	Mid Target 2020	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	% Achieved	Link with DLI	Status
Indicator-1	Number of FP, MCH and Nutrition campaign organized	127	500	100	88	88%	NIL	
Indicator-2	Number of workshops organized for awareness building of community leaders, professional and religious leaders on FP, MCH and Nutrition at upazila level	280	1500	400	327	82%	NIL	
Indicator-3	Number of IEC materials (audio and video) produced and broadcasted in mass media	Video Produced: 15 Video Telecast: 1784 Audio Broadcast: 15,830	Video Produced: 40 Video Telecast: 10000 Audio Broadcast: 200,00	Video Produced: 23 Video Telecast: 3772 Audio Broadcast: 4,043	Video Produced: 23 Video Telecast: 6217 Audio Broadcast: 10,395	212%	NIL	
Indicator-4	Number of survey/research conducted and best practices documented	1 (Impact Survey)	3	1	2	200%	NIL	

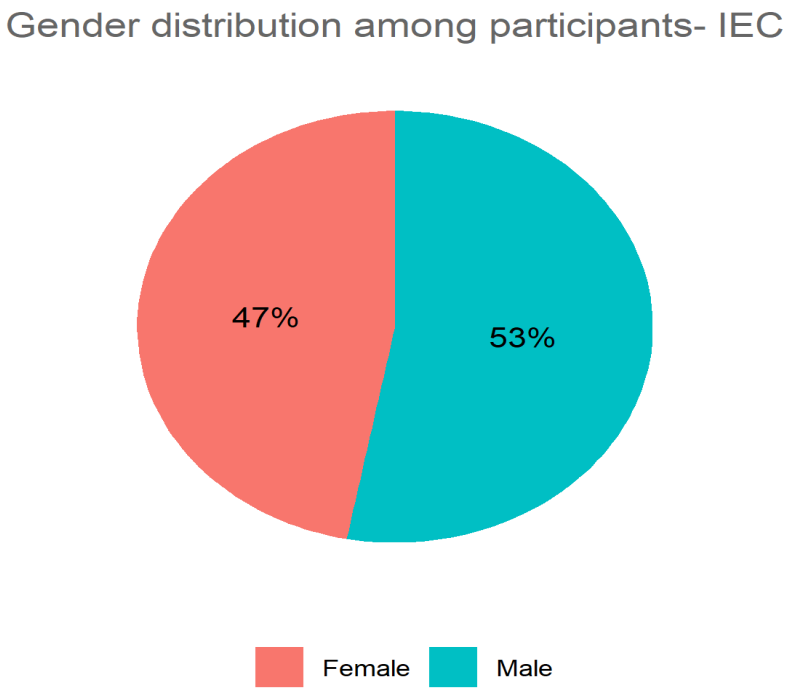


Training Information



Out of the total expenditure of Tk. 42.09 crore, 5.45 crore (13%) was spent on training. Of the total training cost, Tk. 1.47 crore (27%) was spent on local training, Tk. 0.66 crore (12%) was spent on foreign training and Tk. 3.32 crore (61%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	34 (100)	4,184 (100)	0 (0)	4,218 (10)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	36,950 (100)	36,950 (90)



Major Physical Progress

- Organized 88 campaigns on FP, MCH and Nutrition programs.
- Produced 23 video materials, telecast 6,217 video materials and broadcast 10,395 audio materials.
- Conducted two survey/research and documented best practices.
- Observed World Population Day 2018 and recognized the best manager, service provider, service centers, union parishad and NGO. Observed seven other special events and national days.
- Observed the FP campaign and service week.
- Displayed 6,746 film shows through audio-visual van giving a special focus on hard-to-reach areas.
- Organized 650 motivational programmes on early marriage, FP, MCH, RH and gender issuees through folk song, jarigan & pot singing in local dialect.
- Organized 365 motivational programmes on FP, MCH, RH and gender issues through street drama in 3 hill districts & all upazilas of Chittagong and Sylhet Divisions in local dialect for addressing regional variation in FP.
- Conducted 1,284 media campaigns through all private TV channels.

- Organized planning workshops to develop and share annual work plan at the beginning of each fiscal year involving BTV, Betar and other key stakeholders.
- Developed and used one mobile app for knowledge dissemination on FP-MCH and ASRH issues targeting adolescents and youths, newlywed and young married couples.
- Developed and maintained one IEM website and digital archive.
- Ensured 500 advertisements through newspaper to disseminate message on FP, MCH & RH.
- Published four quarterly Parikroma (Bangla newsletter).
- Produced and distributed one SBCC material for the adolescent corners at different service centers.
- Developed and distributed one BCC booklet among the newlywed couple through establishing a linkage with the marriage registrars.
- Produced 300 BCC materials for ENC including chlorohexidine (*Saffkotha*).
- Broadcast 4,595 radio programs and 267 TV programs through population cell of Bangladesh Betar and Bangladesh Television respectively.
- Procured five AV vans (Micro).
- Procured one camera, one computer, nine machineries and 27 furniture.
- Organized 2,400 motivational programs through private TV channels during peak hour.
- Organized 5,800 campaigns through private FM and community radio.
- 13 central level MOHFW personnel and 77 field level MOHFW staff attended training of audio-visual zone manager and technical staff.
- 13 central level MOHFW personnel and 107 field level MOHFW staff attended orientation for program managers and planners on the use of e-Resources (PM e-Toolkit, e-Learning course).
- 1,600 field level MOHFW staff attended orientation for field staff on the use of e-Resources (PM e-Toolkit, e-Learning course).
- 2,400 field level MOHFW staff attended training on pre-marital counseling for front line FP workers.
- Five central level MOHFW personnel attended training on capacity building of IEM and DGFP officials (Diploma in Population Sciences).
- Three central level MOHFW personnel attended training on capacity building of IEM and DGFP officials (Masters in Population Sciences).
- 4,750 non MOHFW staff attended country wide awareness building campaign for School/Madrasa teachers on prevention of early marriage, adolescent care, nutrition at adolescent age, personal hygiene in hard to reach and low performing Sylhet and Chittagong Divisions.
- 1,400 non MOHFW staff attended orientation workshop for stakeholders (elected representatives, different occupational groups and local elites from upazila and union) on FP, MCH and gender issues to increase male participation.
- 8,000 non-MOHFW staff attended family event *popribar sammalon*.

Key Challenges

- No challenge reported during reporting period of July 2018-June 2019.

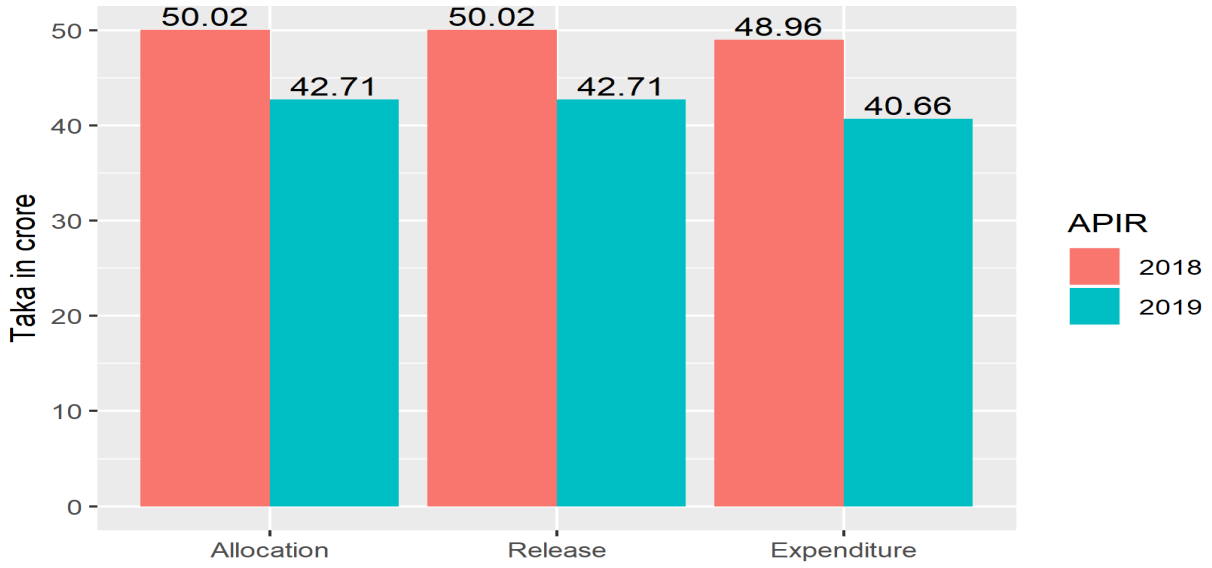
OP-29: Alternate Medical Care (AMC)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%**	**33%** (1 out of 3 indicators achieved)	**100%**	**95%**	**95%**

General Objective

To scale up unani, ayurvedic and homoeopathic medical service throughout the country along with the allopathic treatment to ensure quality and equitable health services for all citizen of Bangladesh and develop of unani, ayurvedic and homoeopathic education system.

Financial Progress

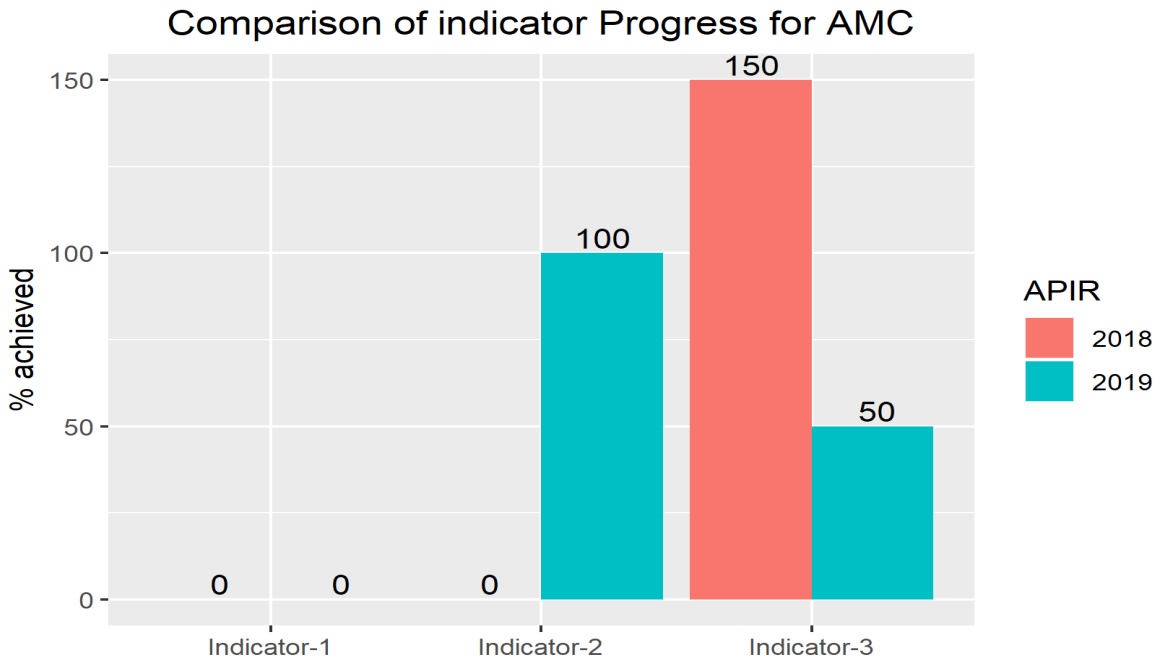


Progress of OP-level Indicators

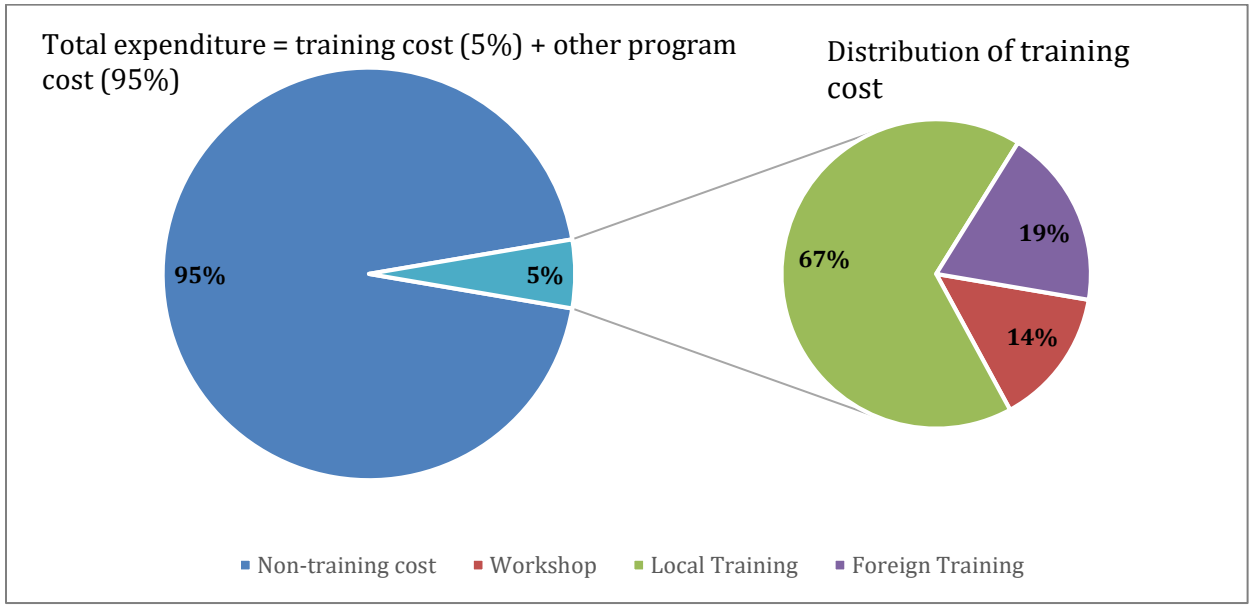
Status Legend:

Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements of FY 2018-19 target	Percent achieved	Link with DLI	Status
Indicator-1	No. of facilities introduced AMC	59 DH, 5 MCH & 145 UHC	63 DH, 15 MCH & 180 UHC	63 DH, 10 MCH & 160 UHC	0	0%	NIL	
Indicator-2	No. of AMC Pharmacopoeia & Formularies	05	10	04	4	100%	NIL	
Indicator-3	No. of medicinal Herbal Garden/ prepared herbal garden	487	490	04	2	50%	NIL	

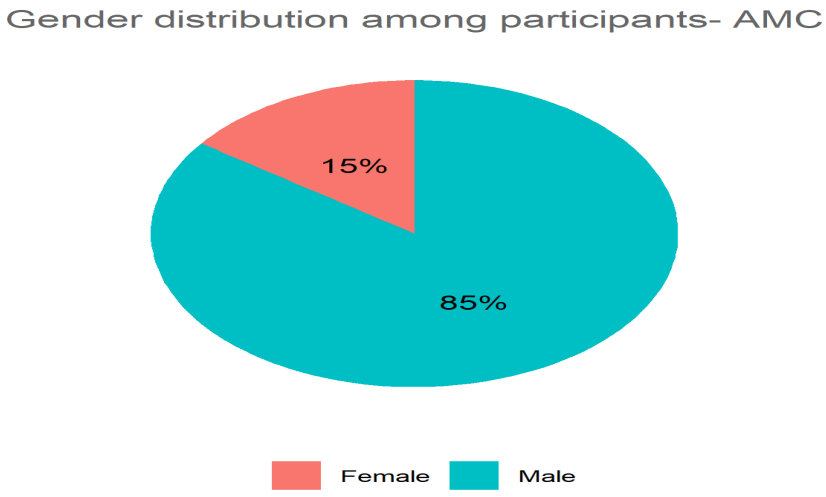


Training Information



Out of the total expenditure of Tk. 40.66 crore, Tk. 2.18 crore (5%) was spent on training. Of the total training cost, Tk. 1.46 crore (67%) was spent on local training, Tk. 0.41 crore (19%) spent on foreign training and Tk. 0.31 crore (14%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	941 (81)	0 (0)	941 (81)
Foreign Training	6 (100)	3 (<1)	0 (0)	9 (1)
Workshop	0 (0)	215 (19)	0 (0)	215 (18)



Major Physical Progress

- Continued unani, ayurvedic and homeopathic medicinal services in 654 MCHs, DHs, and UzHCs by providing adequate human resources, medicine and equipment.
- Established two new herbal gardens in different MCHs and UzHCs.
- Established four AMC Pharmacopoeia and Formularies.
- Completed upgradation of curriculum of BUMS/BAMS/BHMS.
- Completed three research surveys for determining the situation of AMC in NCDC and CDC (in coordination with PMR and MIS).
- Completed the survey for development of unani, ayurvedic and homeopathic system of medicine.
- Produced six electronic advertisements and set up 40 billboards in different health centres for creating awareness.
- 286 field level MOHFW staff attended training on AMC service management.
- Four central level MOHFW personnel and five field level MOHFW staff attended foreign training on management of traditional medicine.
- 655 field level MOHFW staff attended orientation on capacity building of AMC status.
- 215 field level MOHFW staff attended orientation on existing AMC services.

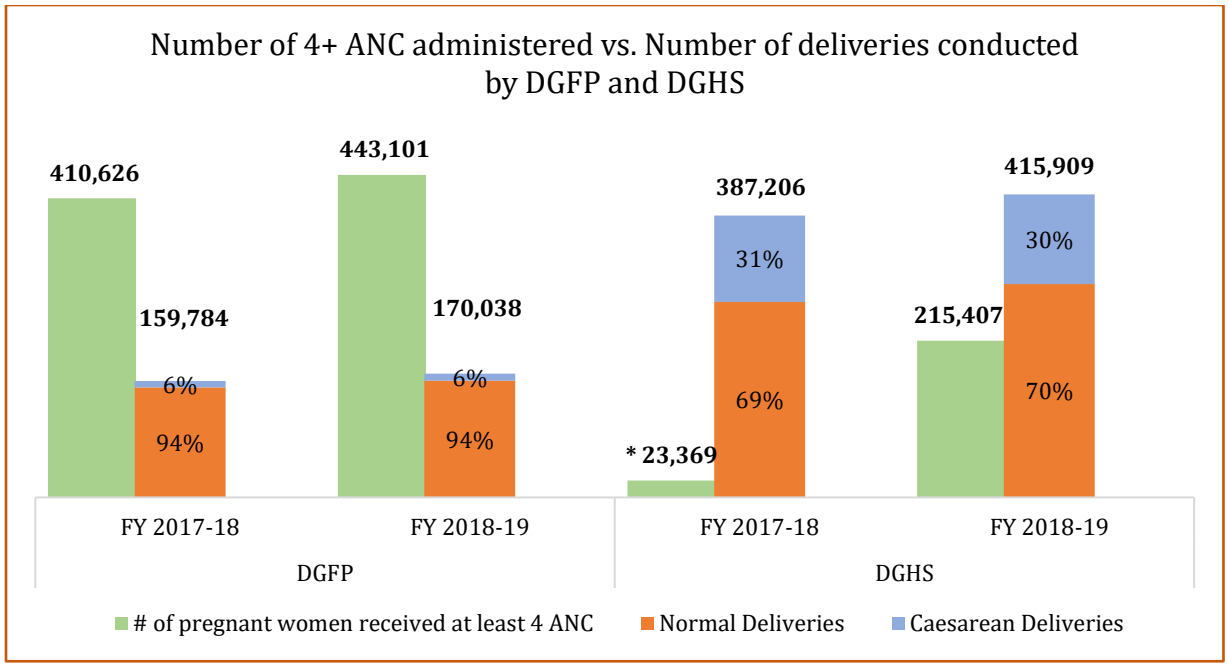
Key Challenges

- No challenge reported during the reporting period of July 2018-June 2019.

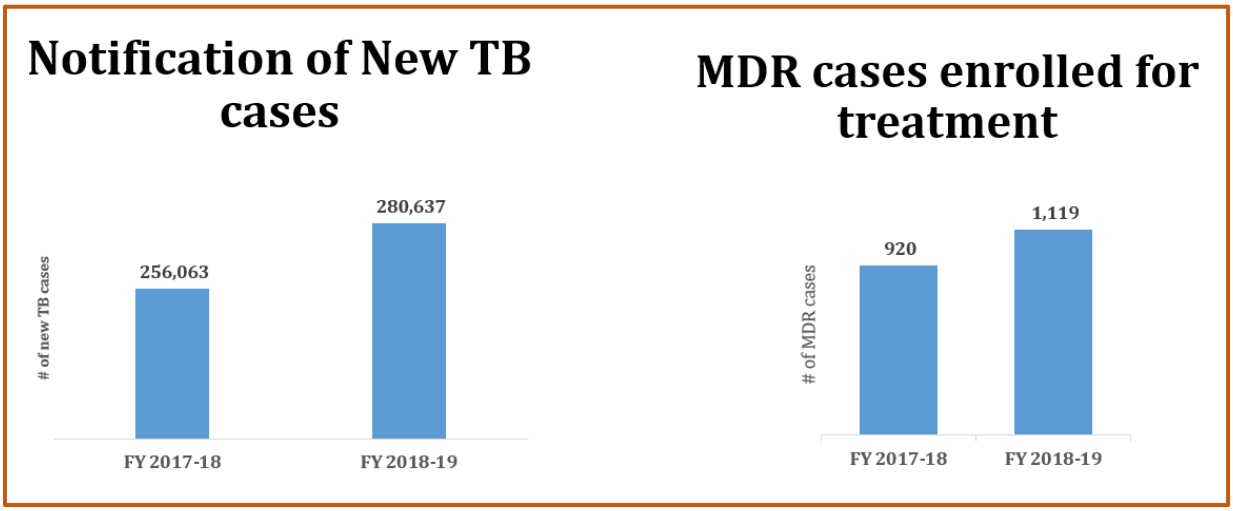
Suggestions/recommendations:

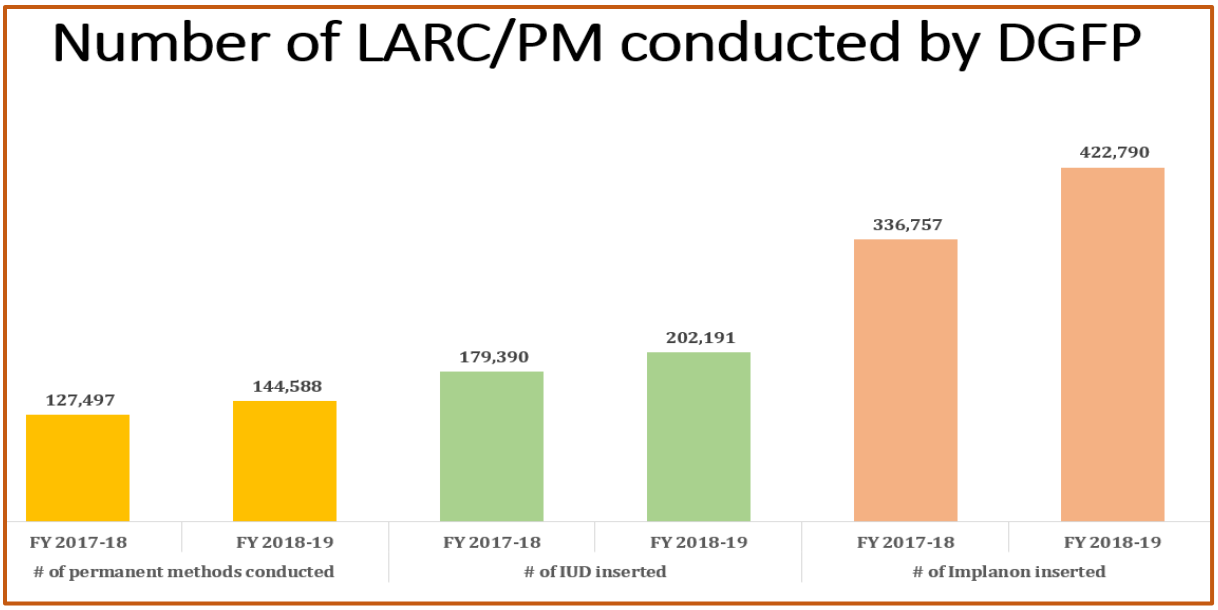
- Need to change OP indicators according to the decision made in OPIMC meeting.

PART-C

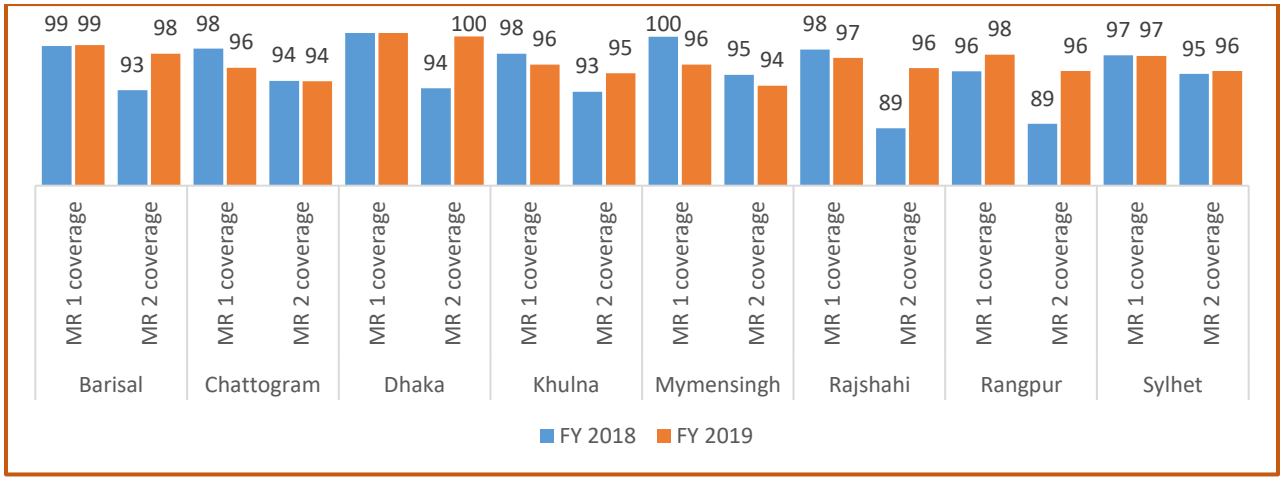


* ANC data within DHIS2 is only available for Sylhet and Chattogram Divisions for FY 2017-18.

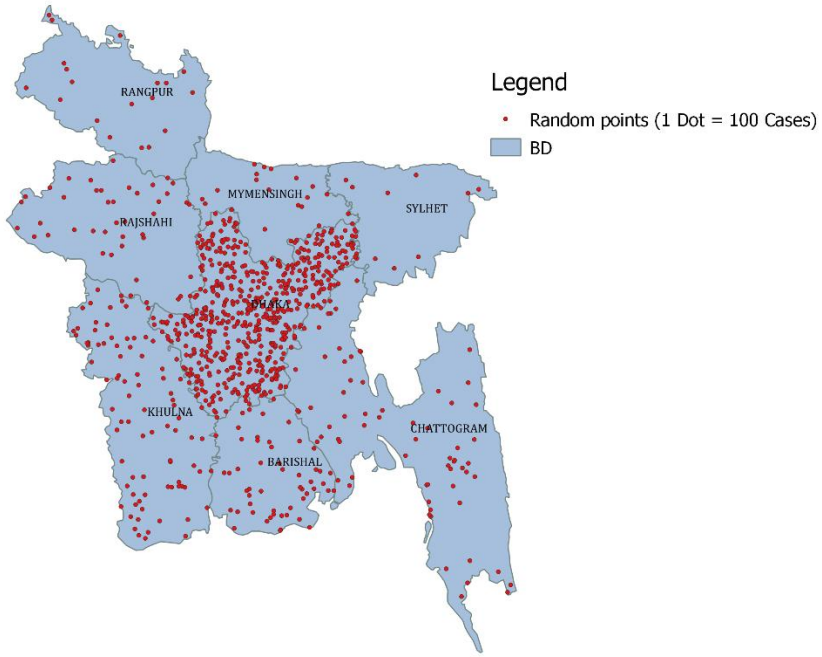




Coverage of MR1 and MR2 by Division



Geographical distribution of Dengue cases in 2019
(Data as of 28 Sept 2019)



PART-D

Annex-A: DATA COLLECTION TEMPLATE for Reporting OP-wise Implementation Progress of 4th HPNSP (July 2018-June 2019)

Name of the OP:

A. OBJECTIVE(S) OF THE OP

General objective:

Specific objectives:

B. COMPONENT/ACTIVITY-WISE PHYSICAL PROGRESS

- Please describe the OP's component-wise activities (in col. 1) with physical targets (in col. 2) and their actual progress (in col. 3).
- If there was shortfall associated with the progress of any activity, please specify the reasons (in col. 4).
- ***While reporting on physical progress, also give description of important activities performed in addition to using numerical figures (where applicable).***
  Please provide the soft copy of quantitative dataset (excel format/web-link) along with this report. This is specific to some OPs (MNCAH, MCRAH, CCSDP, FP-FSD, MIS, TBL&ASP, HIS & eHealth)

Sl. #	Component-wise Annual Work Plan (AWP)/ Priority activities undertaken during July 2018 - June 2019	Physical target	Progress made	Reasons for shortfall
	(1)	(2)	(3)	(4)
a.	**Activities performed as per AWP**			
a1				
a2				
a3				
a4				
…				
…				
b.	**Other activities performed**			
b1				
b2				
…				

C. Progress on Priority Action Plan (PAP) according to Annual Program Review (APR) 2018

- Please specify the current status/progress (undertaken activities) (in col. 4) made on PAP until June 2019.

Sl. No.	Priority Action	Milestone with timeline	Responsibilities as per PAP	Current status/progress as of 30th June 2019)
	(1)	(2)	(3)	(4)

D. PROGRESS OF OP-LEVEL INDICATORS

Please fill-up only column 7 and column 8.

(Information on OP-level Indicators, Unit of Measurement, Means of Verification, Baseline Values (Year), Mid-Target (June 2020) and Yearly Target for FY 2018-19 are already filled up in the following table in Column 1, Column 2, Column 3, Column 4, Column 5 and Column 6 respectively).

Sl #	OP Indicators	Unit of Measurement	Means of Verification / Source	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Achievements, of yearly target (July 2018-June 2019)	Reasons for shortfall (if any) in achieving the targets
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1								
2								
3								
4								
5								

E. TRAINING/ORIENTATION/WORKSHOP/SEMINAR/ADVOCACY

Category	Topic/ subject/area	Duration (number of day(s))	Number of participants						Cost of training (Tk. in Lac)	Remarks
			MOHFW personnel+				Non-MOHFW personnel++			
			Central level (LD office, Directorates and Ministry)		Field level (Division, District, Upazila, Union and Ward)					
			M	F	M	F	M	F		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Local Training										
Short-term*										
Medium-term**										
Long-term***										
Subtotal (a)										
(b) Foreign Training										
Short-term*										
Medium-term**										
Long-term***										
Subtotal (b)										
(c) Foreign study tour/experience sharing visit/exposure visit										
Subtotal (c)										
(d) Orientation/Workshop/Seminar/Advocacy										
Orientation										
Workshop										
Seminar										
Advocacy										
Subtotal (d)										
Grand Total (a+b+c+d)										

Less than a month (up-to 28 days) training refers to short-term; **29 days-6 months training refers to medium-term; * 6+ months training refers to long-term;*

+ participants from MOHFW and its all LD offices/directorates/departments/institutions

++ Non-MOHFW personnel at column 8 and column 9 includes participants from other ministry/organization participants, students, teachers, garment workers/other private participants, community representatives/members of the local government, etc.)

M denotes Male
F denotes Female

F. CHALLENGES FACED

1. Describe the challenges faced in implementing the OP activities during July 2018 to June 2019 e.g.

    a. Fund release
    b. Procurement
    c. Human resources
    d. Physical progress
    e. Indicator progress
    f. Others (e.g. Annual Work Plan, Annual Training Plan, Supervision and Monitoring etc.)

2. Please provide your suggestions/recommendations to overcome the above challenges.

3. Please mention the steps taken by the LD to address the challenges (e.g. discussion in OPIC meeting, ADP review meeting, Steering committee meeting, DG coordination meeting etc.)

G. TELLING YOUR PROGRAM'S SUCCESS STORY:

Please submit a brief success story (maximum word limit: 500) according to the below format. The story may contain human angle and beneficiary quotes and highlights the new, cutting-edge development innovations and point to results.

Format of success story:

- What is the title, subhead of the story?
- What was the problem/issue you have faced?
- What actions did you perform to overcome the challenge?
- What are the key results achieved?
- What are the challenges you faced to achieve these results?
- What are the lessons learned by your OP?
- What are the next steps to sustain the success?

H. FINANCIAL PROGRESS [The LDs are not required to provide financial progress]

Relevant information (OP-wise ADP allocation, release and utilization of funds) will be gathered by PMMU from the Planning Wing of HSD and the Planning Branch of ME&FWD.

Signature of LD with date (Name of LD)
Phone no. (office):
Phone no. (cell):
E-mail address:

Annex-B: OP-wise report submission status

On-time	
Delayed	

S.I.	Division	OP	SmPR-2017	APIR-2018	SmPR-2018	APIR 2019
1	HSD	SWPMM				
2	HSD	PMR				
3	HSD	HEF				
4	HSD	SDAM				
5	HSD	PME				
6	HSD	PSSM-HS				
7	HSD	HRD				
8	HSD	PFD				
9	HSD	IFM				
10	HSD	MNCAH				
11	HSD	NNS				
12	HSD	CDC				
13	HSD	TBL&ASP				
14	HSD	NCDC				
15	HSD	NEC				
16	HSD	CBHC				
17	HSD	HSM				
18	HSD	L&HEP				
19	HSD	AMC				
20	ME&FWD	PME				
21	ME&FWD	MIS				
22	ME&FWD	PSSM-FP				
23	ME&FWD	ME&HMD				
24	ME&FWD	NMES				
25	ME&FWD	TRD				
26	ME&FWD	MCRAH				
27	ME&FWD	CCSDP				
28	ME&FWD	FP-FSD				
29	ME&FWD	IEC				

Annex-C: Completeness scoring of submitted reports

OP name	Activity wise physical progress (Score - 4.0)	Progress of OP-level indicators (Score - 3.0)	Training/Orientation/Workshop/Seminar Advocacy (Score - 2.0)	Challenges Faced (Score - 1.0)	TOTAL SCORE (on 10)
AMC	4	2.7	2	1	9.7
CBHC	4	3	2	1	10
CCSDP	3.6	2.4	1.2	0.8	8
CDC	4	2.4	2	0.9	9.3
FPFSD	3.6	2.7	1.2	0.8	8.3
HEF	4	2.4	1.6	0.9	8.9
HIS	3.2	3	2	1	9.2
HRD	3.6	3	2	0.6	9.2
HSM	4	3	2	0.8	9.8
IEC	2.4	3	0.4	0.6	6.4
IFM	3.6	3	2	0.9	9.5
LHEP	4	3	2	1	10
MCRAH	2.4	1.8	2	0.7	6.9
MEHMD	3.6	3	2	0.9	9.5
MIS	4	3	2	0.9	9.9
MNCAH	2	1.8	2	1	6.8
NCDC	2.8	3	2	1	8.8
NEC	3.2	3	2	1	9.2
NMES	4	3	2	1	10
NNS	4	2.7	0.4	0.6	7.7
PFD	3.6	3	2	0.6	9.2
PME	4	3	2	0.9	9.9
PMR	3.2	3	2	0.9	9.1
PSSM-FP	2.4	3	2	0.6	8
PSSM-HS	2.8	3	2	1	8.8
SDAM	3.2	2.4	2	0.8	8.4
SWPMM	3.6	3	2	1	9.6
TBLASP	2.4	3	1.6	1	8
TRD	4	3	1.2	1	9.2

Annex D: Results Framework for the 4th HPNSP (2017-2022)

RESULT	INDICATOR[1]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE 2019	TARGET 2022
	Component 1: MOHFW's governance and stewardship roles strengthened				
Result 1.1 Legal and operational framework on governance and stewardship in place	1.1.1 Governance and Stewardship Action Plan implemented in line with milestones	Admin records/APIR, every year	GSAP developed and approved, Planning Wing 2016	Not Available	GSAP implemented
Result 1.2 Overall sector governance improved	1.2.1 Number of public and non-public facilities accredited	Admin records/ APIR, every year	Process initiated, Planning Wing 2016	Not Available	a) Accreditation mechanism established; b) 22 MCH, 59 DH and 50 non-public hospitals accredited
	1.2.2 % of DPs submitting annual performance reports on off-budget activities	Admin records/ APIR, every year	54%, MPIR 2014	Not Available	100%
	1.2.3 Incremental budget for MOHFW ensured	APIR/MOF's Budget Book, every year	14.0% increase of MOHFW Budget in FY '15-16, MOF	10% (comparing FY 2017-18); 19% (base year)	Annual increment of MOHFW budget >15%
	Component 2: Health systems strengthened to increase performance and efficiency				
Result 2.1 Quality workforce made available in health sector	2.1.1 % of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/midwife)	BHFS, every 2 years	Physician: 37.8%, Nurse/MW: 19.3%, BHFS 2014	TBD	Physician: 19%, Nurse/midwife: 10%
Result 2.2 Core systems (FM, infrastructure, procurement) strengthened	2.2.1 Increase in the number of Operational Plans (OPs) with annual budget execution over 80%	ADP/APIR, every year	13, APIR 2015	17	19
	2.2.3 Procurement lead time reduced for the packages tracked through SCMP	Admin records/ SCMP, every year	57.3 weeks, SCMP 2014-15	DGHS: 50 Weeks DGFP: Not Available	40 weeks
Result 2.3 Strengthened Performance monitoring to promote evidence-based	2.3.1 Number of performance monitoring reports prepared and disseminated annually	Reports/APIR, every year	3 (HB, APIR, SmPR), APIR 2015	APIR 2018, SmPR 2018, HB 2017	08 (APIR, SmPR, MISs, NIPORT, DGDA, DGNM, HEU[2])
	2.3.2 Number of UHFWCs under e-MIS scale up	Admin records, every year	30 (2016) (E-MIS/ DGFP)	1,706	1,500

[1] Indicators in general would be stratified (where applicable) by age, gender, geographic area and wealth quintiles

[2] For HEU, the report will be Public Expenditure Review (PER)

RESULT	INDICATOR[1]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE 2019	TARGET 2022
decision making	2.3.3 Number of districts implementing comprehensive maternal perinatal and newborn death review	Admin records/ APIR, every year	10, CIPRB/DGHS 2014[3]	Not Available	64
	Component 3: Quality basic services reach the disadvantaged population to progress towards UHC				
Result 3.1 Public health services strengthened to promote healthy behavior	3.1.1 % of newborn received essential newborn care (ENC)	BDHS, every 3 years/UESD, every non-DHS years	6.1% BDHS 2014	7% (BDHS 2017)	25%
	3.1.2 % of infants age 6-23 month are fed with minimum acceptable diet	BDHS, every 3 years/UESD, every non-DHS years	22.8%, BDHS 2014	34% (BDHS 2017)	45%
	3.1.3 % of women age 15-19 who have begun childbearing	BDHS, every 3 years/UESD, every non-DHS years	30.8%, BDHS 2014	27% (BDHS 2017)	25%
	3.1.4 % of population of age 25 years or above use tobacco	BDHS, every 3 years; NCD-RF, every 2 years/ GATS, every 3 years	51%, NCD-RF 2011[4]	43.7% Adult population age: 18-69 years, NCD-RF 2018)	45%
Result 3.2 Equitable coverage of ESP ensured	3.2.1 Contraceptive Prevalence Rate (CPR)	BDHS, every 3 years/UESD, every non-DHS years	62.4%, BDHS 2014	62% (BDHS 2017)	75%
	3.2.2 CPR (modern methods) in lagging regions	BDHS, every 3 years/UESD, every non-DHS years	Syl: 40.9%, Ctg: 47.2%, BDHS 2014	Syl: 45%, Ctg: 45% (BDHS 2017)	60%
	3.2.3 Antenatal care coverage (at least 4 visits)	BDHS, every 3 years/UESD, every non-DHS years	31.2%, BDHS 2014	47% (BDHS 2017)	50%
	3.2.4 % of delivery by skilled birth attendant (SBA)	BDHS, every 3 years/UESD, every non-DHS years	42.1%, BDHS 2014	53% (BDHS 2017)	65%
	3.2.5 % mothers with non-institutional deliveries receiving postnatal care from a medically trained provider within 2 days of delivery	BDHS, every 3 years/UESD, every non-DHS years	5.4%, BDHS 2014	7% (BDHS 2017)	10%
	3.2.6 Ratio of births in health facilities of the richest wealth quintile to the poorest quintile (Q1:Q5)	BDHS, every 3 years/UESD, every non-DHS years	14.9%: 70.2% = 1 :4.7, BDHS 2014	1:3 (BDHS 2017)	1: 3.5

[3] http://www.ciprb.org/wp-content/uploads/2015/01/MPDR-Fact-Sheet.pdf
[4] Repeat Global Adult Tobacco Survey (GATS) is scheduled to take place in 2016

RESULT	INDICATOR[1]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE 2019	TARGET 2022
	3.2.7 % of public health facilities/public service delivery points without stock-outs of essential medicines/FP supplies	Essential medicines, BHFS, every 2 years; FP supplies, E-LMIS/DGFP, every year	Drugs[5]: 66%, BHFS 2014; FP methods[6]: >98%, E-LMIS/DGFP	Drugs[7]: 33% (BHFS 2017) FP methods[8]: >99%, E-LMIS/DGFP	Drugs: 75%, FP methods: >98%
	3.2.8 Tuberculosis case detection rate	NTP MIS, every year	53%, GTBR[9] 2014	67% (NTP Annual Report 2018)	75%
	3.2.9 Measles-Rubella (MR) immunization coverage among children under 12 months	CES, every year	86.6%, CES 2014	87.5%, CES 2016	90%
Result 3.3 Quality of care improved	3.3.1 % of public health facilities with at least one staff trained in pregnancy and childbirth.	BHFS, every 2 years	9.9%, BHFS 2014	49.2 % in public health facilities (BHFS 2017)	50%
	3.3.2 % of public facilities implement and monitor quality improvement activities[10]	Admin records/ APIR, every year	2 (1 MCH, 1 DH), APIR 2015	Not Available	100% MCHs & DHs, 70% UHCs

[5] Defined as availability of at least six of eight essential medicines of a DDS kit: amoxicillin tablet/capsule, amoxicillin syrup, cotrimoxazole, paracetamol tablet, paracetamol syrup, tetracycline eye ointment, iron tablet, and vitamin A capsule.

[6]Service delivery points include family planning field workers

[7] Defined as availability of at least six of eight essential medicines of a DDS kit: amoxicillin tablet/capsule, amoxicillin syrup, cotrimoxazole, paracetamol tablet, paracetamol syrup, tetracycline eye ointment, iron tablet, and vitamin A capsule.

[8]Service delivery points include family planning field workers

[9] Global Tuberculosis Report 2014 by the World Health Organization (WHO)

[10] QA activity to be specified by HEU/HSM; check baseline with HEU

Annex-E1: Summary of key challenges faced by LDs during July 2018- June 2019

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Implementation	Inadequate infrastructure	1	TBL&ASP
	Lack of supply of logistics	1	MNCAH
	Global fund's moratorium on training and procurement	1	TBL&ASP
	Finding TB and Leprosy cases and complex dynamics of urban TB	1	TBL&ASP
	Lack of capacity in disease surveillance	1	TBL&ASP
	No approved strategy and activities	1	TBL&ASP
	Lack of proper planning	1	TBL&ASP
	Late initiation of the program	1	MCRAH
	Unavailability of optimal number of the HIV detection centers and diagnostic facilities hamper on effective disease diagnosis	1	TBL&ASP
Procurement	Delayed procurement process	7	SWPMM, PSSM-HS, IFM, CDC, NCDC, CBHC, CCSDP
	Delayed submission of procurement plans by LD	1	PSSM-HS
	Changing of requirement from LDs after approval of consolidated procurement plan	1	PSSM-HS

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
	The change in prices of similar goods mentioned by different LDs.	1	PSSM-HS
	Procurement of vehicles	1	CCSDP
	Insufficient requirements from the cost center	1	MEHMD
	Not enhanced capacity of CMSD	1	PSSM-HS
	Procurement of first line drugs from RPA GoB budget required massive programmatic management and efforts to ensure the quality PSM from Global Fund approved source GDF (TB)	1	TBL&ASP
	Lengthy/time consuming procurement process	3	MEHMD, NMES, HSM
Fund release	Delayed fund release/disbursement	6	PME, MIS,NMES, MNCAH, CDC, TBLASP
	External agency refused to accomplish the next process even after getting NOA	1	HIS &e-Health
	Insufficient fund	3	MNCAH, CDC , HSM
	Need base fund release has been hampered due to the provision of equal fund release in each quarter	1	PME
	iBAS++ software implementation.	8	SWPMM, PMR , PME, HIS &e-Health, TRD , MCRAH, CCSDP, L&HEP

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Monitoring and Supervision	Monitoring workshop did not produce quality report	1	PME
	No/inadequate/weak system of monitoring & supervision in place	1	MNCAH
	OP level indicators	1	CBHC
Human resources	Shortage of manpower	8	PMR, PME , HEF , MEHMD, IFM ,TB&LASP, NCDC, L&HEP
	Line Director post was vacant approximately four months.	2	PMR, HIS &e-Health
	Lack of commitment of the managers		MEHMD
	Recruitment of manpower	1	CCSDO
	Vacancy in sanctioned position	2	MNCAH, CBHC
	Insufficient skilled/technical manpower (Biomedical Engineer, M&E, MIS/IT expert, Procurement specialist and Financial analyst etc.)	3	HIS &e-Health, PSSM-HS, HSM
	Motivate the managers		MEHMD
	Retention of trained manpower in the remote/hard to reach area	1	NEC

Annex-E2: Summary of key recommendations made by LDs

Areas	Key recommendations
Implementation, Coordination and Capacity building	For urban TB collaboration and co-ordination should be strengthened with Private Sector and Professional Bodies. For Urban TB, NTP finalized Zero TB Strategy and Urban TB Initiatives should be declared.
	Ensure co-ordination among all parties involved and need to get support from other agencies on iBAS++ related issues.
	Need more training for the managers and users on iBAS++ software.
	Organize refresher training on iBAS++.
	Provision should be added to iBAS++ system to release the fund in each quarter as per the needs of the OP rather than having equally distributed.
	Ensure early endorsement for every Upazila with IBAS ++ software.
	Sending ministry's prior instruction on advance drawing of budget at local level (Upazila) may result in smooth implementation of the programs.
	Country needs to undertake TB initiative for in country production of TB drugs with WHO prequalification.
	Needed more survey/study for AIDS STD Program.
	PSM capacity needs to be strengthened for AIDS/STD Program.
	Private sector may be encouraged to invest in establishing diagnostic facilities for AIDS/STD Program.
	Efforts should be made to transfer the non-developmental expenditure of the hospitals to revenue budget.

Areas	Key recommendations
	Need to introduce viral load testing through existing Gene Xpert machine.
	Motivate upazila health managers and involve volunteer and persons affected by Leprosy to identify the suspects.
	Needed training on case reporting for leprosy service providers by using DHIS2 in few districts.
	Increased level of donors' co-ordination and commitments are needed in strengthening GOB program for all three diseases (TB, ASP and Leprosy).
Procurement	Procurement plans should be approved by August.
	Ensure development of procurement plan timely.
	CMSD may take necessary steps to minimize the time of procurement.
	Maintain uniformity of price of similar item by different LDs
	Avoid frequent changing of requirements by the LDs.
	Encourage all the LDs to submit their requirement at the beginning of financial year.
	Fund release from RPA GoB budget needs to be done altogether (from first to fourth quarter) that actually will speed up the process of Anti-TB drugs procurement more efficiently and effectively.
Fund release	Fund should be released timely to implement activities according to the Annual Work Plan (AWP). More so, fund should be released according to the demand of respective Line Director.
	Fund release from RPA GoB budget needs to be done altogether (from first to fourth quarter) that actually will speed up the process of Anti-TB drugs procurement more efficiently and effectively.

Areas	Key recommendations
	Ensure release of fund on time.
	Fund release should be confirmed within the concerned Ministry
Monitoring and Supervision	Need to take concrete follow-ups and corrective measures for ensuring quality of monitoring workshops at field level thereby minimizing flaw of their reports.
	Strengthen monitoring and supervision.
	Need to change OP indicators according to the decision made in OPIMC meeting.
	OP indictors and activities need to be revised.
	Respective Line Directors need to take concrete steps in implementing findings/recommendations sent by Planning Unit.
Human Resources	Human resources with Public Health background may be deployed
	Line Director position should not be vacant for long period
	Separate manpower may be deployed to perform the Revenue and Development activities
	Recruitment of human resources.
	All sanctioned posts need to be filled-up to ensure quality health care services.
	Need more procurement related skilled manpower for ensuring quality procurement.
	Fill-up the vacant posts.
	Motivate the managers.

Areas	Key recommendations
	Posting/Recruitment of MT Lab, MT Radiography
	Permanent post creation (TB & Lab Experts, MT Lab, Microbiologist).
	HRM plan for NASP including ART center and HTC centers need to be reviewed and expansion.
	Post of 430 CHCPs should be approved in revised OP.
	Need to create DDO ship of senior health education officer.
	Need to create post of health education officer or health educator

Annex-F: List of 16 DLIs with Allocated Fund (as of 30 June 2019)

DLIs	Allocation (as of June 2019) (in million US$)			
	IDA	GFF	MDTF	Total
Component 1. Governance and Stewardship				
DLI 1. Citizen feedback system is strengthened	25.00	0.75	3.00	28.75
DLI 2. Budget planning and allocation are improved	56.00	1.68	0.15	57.83
Total (Component 1)	81.00	2.43	3.15	86.58
Component 2. HNP Systems Strengthening				
DLI 3. Financial management system is strengthened	51.00	1.53	0.10	52.63
DLI 4. Asset management is improved	18.20	0.55	0.09	18.84
DLI 5. Procurement process is improved using information technology	19.80	0.59	1.20	21.59
DLI 6. Institutional capacity is developed for procurement and supply management	16.00	0.48	0.10	16.58
DLI 7. Availability of midwives for maternal care is increased	45.50	1.37	11.48	58.34
DLI 8. Information system is strengthened, including gender-disaggregated data	20.00	0.60	0.10	20.70
Total (Component 2)	170.50	5.12	13.06	188.68
Component 3. Provision of Quality HNP Services				
DLI 9. Post-partum family planning services are improved	32.725	0.98	1.50	35.21
DLI 10. Utilization of maternal health care services is increased	20.575	0.62	0.62	21.81
DLI 11. Emergency obstetric care services are improved	39.20	1.18	0.93	41.31
DLI 12. Immunization coverage and equity are enhanced	50.00	1.50	0.75	52.25
DLI 13. Maternal nutrition services are expanded	28.00	0.84	2.46	31.30
DLI 14. Infant and child nutrition services are expanded	28.00	0.84	2.47	31.31
DLI 15. School-based adolescent HNP program is developed and implemented	25.00	0.75	1.50	27.25

DLIs	Allocation (as of June 2019) (in million US$)			
	IDA	GFF	MDTF	Total
DLI 16. Emerging challenges are addressed	25.00	0.75	0.39	26.14
Total (Component 3)	248.50	7.46	10.62	266.58
Grand Total	500.00	15.00	26.84	541.84

Annex - G: LIST OF OP FOCAL PERSONS

OP Focal Points under HSD

Md. Ibrahim Khalil
DPM, SWPMM, HSD

Md. Abdul Mazid
DPM, PMR, DGHS

Md. Nayeem Golder
DPM, SDAM, DGDA

Mr. Borhan Uddin Ahmed
Programmer, HIS&eH, DGHS

Dr. Abu Bakar Siddiki
DPM, AMC, DGHS

Dr. Gita Rani Debi
DPM, CBHC, DGHS

Dr. Abu Nayeem Md. Sohel
DPM, CDC, DGHS

Dr. Supriya Sarker
DPM, HSM, DGHS

Md. Bazlur Rahman
PM, L&HEP, DGHS

Dr. Noor Riffat Ara
DPM, MNCAH, DGHS

Dr. S. M. Mustafizur Rahman
DPM, NCDC, DGHS

Dr. Golam Musfiqur
DPM, NEC, DGHS

Engr. Nazmul Ahsan
DPM, NNS, DGHS

Dr. Md. Nurul Amin
Additional Director, HEF, MOHFW

Dr. Mohammad Ziaul Huq
Chief Coordinator, PSSM-HS, DGHS

Dr. Md. Monjur Rahman
Medical Officer, TBL&ASP, DGHS

Dr. Sarwar Hossain
Deputy Secretary, HRD, MOHFW

Md. Jahangir Hossain
Deputy Secretary, IFM, MOHFW

Abdul Kayum
Ex Eng., HED, PFD, MOHFW

S M Sadekul Islam
DPM, PWD, PFD, MOHFW

OP Focal Points under ME&FWD

Dr. Nurun Nahar
Deputy Director, CCSDP, DGFP

Md. Mahabub-ul-Alam
PM, FPFSD, DGFP

Abdul Latif Mollah
PM, IEC, DGFP

Dr. Fahamida Akhter
PM, MCRAH, DGFP

Mehbub Morshed
PM, MIS, DGFP

Humayun Kabir
PM, PME, DGFP

Md. Taslim Uddin Khan
Additional Director, PSSM-FP, DGFP

Dr. Md. Shamim Al-Mamun
DPM, ME&HMD, DGHS

Md. Ahsanul Alam
DPM, TRD, NIPORT

Md. Khairul Kabir
PM, NMES, DGNM