



# 4<sup>th</sup> HEALTH, POPULATION AND NUTRITION SECTOR PROGRAM

January 2017 - June 2022

**Six-monthly Progress Report (SmPR) 2018**  
**July – December 2018**

**March 2019**

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



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## PREFACE

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The Program Implementation Plan (PIP) of the 4<sup>th</sup> Health, Population and Nutrition Sector Program (4<sup>th</sup> HPNSP) requires the Program Management and Monitoring Unit (PMMU) of the Ministry of Health and Family Welfare (MOHFW) to produce both six-monthly and annual program implementation reports to be shared with the policymakers of MOHFW, the supervisory heads of Agencies/Directorates, implementing Line Directors (LDs)/Program Managers (PMs)/Deputy Program Managers (DPMs) of the Operational Plans (OPs) and the Development Partners (DPs).

The Six-monthly Progress Report (SmPR) covering July – December 2018 period of the FY 2018 – 19 is the third implementation progress report of 4<sup>th</sup> HPNSP. The Report has been prepared based on physical progress measured by OP-level indicators, major physical activities performed by the LDs and the financial progress review of the Annual Development Program (ADP) done by the Planning Wing, Health Services Division (HSD) and the Planning Branch, Medical Education & Family Welfare Division (ME&FWD) respectively of MOHFW. It also includes an update on DLI achievements.

The SmPR - 2019 has tried to capture certain features of Program implementation undertaken during the reporting period. This Report also includes a “Fact Sheet” for each OP which gives financial and physical progress along with status of indicator progress of the OP in a nutshell. This six-monthly review provides an opportunity for internal stocktaking and I hope that the findings, analyses, and suggestions contained in the SmPR – 2019 will help the stakeholders in making realistic decisions, improving implementation performance of the Program, and encouraging steps to be taken 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 during this six-monthly period. I congratulate them for this achievement and appreciate their contribution and hard work. Thanks are due to the USAID funded MEASURE Evaluation Team 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 of ME&FWD for their active support and cooperation in providing relevant information and data required for preparation of the Report.



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Ministry of Health and Family Welfare



## ABBREVIATIONS & ACRONYMS

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ADP	Annual Development Program	FWVTI	Family Welfare Visitors Training Institute
ADRM	Adverse Drug Reaction Monitoring	FY	Financial year
AHI	Assistant Health Inspector	GAC	Global Affairs Canada
AIDS	Acquired Immune Deficiency Syndrome	GAVI	Global Alliance for Vaccines and Immunization
AMC	Alternative Medical Care	GBV	Gender-based Violence
AMs	Antimicrobials	GDP	Gross Domestic Product
AMS	Asset Management System	GEVA	Gender, Equity, Voice and Accountability
ANC	Antenatal Care	GFF	Global Financing Facility
APIR	Annual Program Implementation Report	GOB	Government of Bangladesh
AWP	Annual Work Plan	HA	Health Assistant
BAH&WS	Bangladesh Adolescent Health and Well-being Survey	HED	Health Engineering Department
BBS	Bangladesh Bureau of Statistics	HEF	Health Economics and Financing
BCC	Behavior Change Communication	HEU	Health Economics Unit
BDHS	Bangladesh Demographic and Health Survey	HI	Health Inspector
BHFS	Bangladesh Health Facility Survey	HIS & eH	Health Information System and e-Health
BMMS	Bangladesh Maternal Mortality Survey	HIS	Health Information System
CBHC	Community Based Health Care	HMIS	Health Management Information System
CC	Community Clinic	HNP	Health, Nutrition and Population
CCSDP	Clinical Contraceptive Service Delivery Programme	HPNSDP	Health, Population and Nutrition Sector Development Program
CDC	Communicable Disease Control	HPNSP	Health, Population and Nutrition Sector Program
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	HR	Human Resource
CES	Coverage Evaluation Survey	HRD	Human Resource Development
CHCP	Community Health Care Provider	HRIS	Human Resource Information System
CMSD	Central Medical Supplies Depot	HSD	Health Services Division
CS	Civil Surgeon	HSM	Hospital Services Management
CSBA	Community Skilled Birth Attendant	HSS	Health Systems Strengthening
CY	Calendar Year	iBAS	Integrated Budget and Accounting System
DDS	Drugs and Dietary Supplement	icddr,b	International Centre for Diarrhoeal Disease Research, Bangladesh
DFID	Department for International Development	ICT	Information and Communication Technology
DG	Director General	IDA	International Development Association
DGDA	Directorate General of Drug Administration	IEC	Information, Education & Communication
DGFP	Directorate General of Family Planning	IFM	Improved Financial Management
DGHEU	Directorate General of Health Economics Unit	IHS	Improving Health Services
DGHS	Directorate General of Health Services	IHT	Institute of Health Technology
DGNM	Directorate General of Nursing and Midwifery	IMCI	Integrated Management of Childhood Illnesses
DH	District Hospital	IMED	Implementation Monitoring & Evaluation Division
DLI	Disbursement Linked Indicator	IMR	Infant Mortality Rate
DLR	Disbursement Linked Result	IPF	Investment Project Financing
DP	Development Partner	IPH	Institute of Public Health
DPA	Direct Project Aid	IPHN	Institute of Public Health Nutrition
DPM	Deputy Program Manager	IRT	Independent Review Team
DSF	Demand-side Financing	IT	Information Technology
ECD	Early Childhood Development	IUD	Intra Uterine Device
EEF	Eligible Expenditure Program	IUFR	Interim Un-audited Financial Report
e-GP	Electronic Government Procurement	JICA	Japan International Cooperation Agency
EKN	Embassy of the Kingdom of the Netherlands	L&HEP	Lifestyle and Health Education & Promotion
EMP	Environment Management Plan	LAPM	Long Acting and Permanent Methods
ENC	Essential Newborn Care	LD	Line Director
EPI	Expanded Program on Immunization	LLIN	Long Lasting Insecticidal Net
ESP	Essential Services Package	M&E	Monitoring & Evaluation
FMA	Financial Management and Audit	MATS	Medical Assistant Training School
FMAU	Financial Management and Audit Unit	MCH	Maternal and Child Health
FP	Family Planning	MCRAH	Maternal, Child and Reproductive & Adolescent Health
FP-FSD	Family Planning Field Services Delivery	MCWC	Maternal and Child Welfare Center
FPI	Family Planning Inspector		
FWA	Family Welfare Assistant		
FWV	Family Welfare Visitor		

MDR	Multi Drug Resistant	PPFP	Postpartum Family Planning
MDTF	Multi-Donor Trust Fund	PSSM	Procurement, Storage and Supplies Management
ME&FWD	Medical Education & Family Welfare Division	PW	Planning Wing
ME&HMD	Medical Education and Health Manpower Development	RADP	Revised Annual Development Program
MIS	Management Information System	RH	Reproductive Health
MMR	Maternal Mortality Ratio	RPA	Reimbursable Project Aid
MNCAH	Maternal, Neonatal, Child and Adolescent Health	SACMO	Sub-Assistant Community Medical Officer
MNCH	Maternal, Neonatal and Child Health	SBCC	Social and Behavioral Change Communications
MNH	Maternal and Newborn Health	SDAM	Strengthening of Drug Administration and Management
MOHFW	Ministry of Health and Family Welfare	SDG	Sustainable Development Goals
MOMCH	Medical Officer, Maternal and Child Health	SGS	Strengthening Governance & Stewardship
MPIR	Mid-term Program Implementation Report	SHS	Strengthening Health Systems
MR	Measles-Rubella	Sida	Swedish International Development Agency
MT	Medical Technologist	SmPR	Six-monthly Progress Report
MTR	Mid-term Review	SSK	Shasthyo Shurokhsha Karmasuchi
NBH	New Born Health	SVRS	Sample Vital Registration System
NCD	Non-Communicable Disease	SWAp	Sector Wide Approach
NCDC	Non-Communicable Disease Control	SWPMM	Sector Wide Program Management and Monitoring
NEC	National Eye Care	TA	Technical Assistance
NGO	Non-Government Organization	TAST	Technical Assistance Support Team
NIPORT	National Institute of Population Research and Training	TB	Tuberculosis
NIPSOM	National Institute of Preventive & Social Medicine	TBL&ASP	TB-Leprosy & AIDS/STD Program
NMES	Nursing and Midwifery Education Services	TFR	Total Fertility Rate
NMR	Neo-Natal Mortality Rate	Tk.	Taka
NNHP	National Newborn Health Program	TMIS	Training Management Information System
NNS	National Nutrition Services	TOT	Training of Trainers
NSV	No-scalpel Vasectomy	TRD	Training, Research and Development
OCC	One Stop Crisis Centre	U-5MR	Under-5 Mortality Rate
OP	Operational Plan	UESD	Utilization of Essential Service Delivery
PA	Project Aid	UH&FWC	Union Health and Family Welfare Center
PB	Planning Branch	UHC	Universal Health Coverage
PER	Public Expenditure Review	UIMS	Upazila Inventory Management System
PFD	Physical Facilities Development	UN	United Nations
PHC	Primary Health Care	UNFPA	United Nation Population Fund
PIP	Program Implementation Plan	UNICEF	United Nations International Children's Emergency Fund
PIR	Program Implementation Report	USAID	United States Agency for International Development
PLHIV	People Living with HIV and AIDS	UzHC	Upazila Health Complex
PM	Program Manager	WB	World Bank
PME	Planning, Monitoring and Evaluation	WFHI	Women Friendly Hospital Initiative
PMMU	Program Management and Monitoring Unit	WHO	World Health Organization
PMR	Planning, Monitoring and Research	WIMS	Warehouse Inventory Management System
PNC	Postnatal Care	XDR	<b>Special Drawing Rights</b>

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# **PART-A**

## **CHAPTER I. INTRODUCTION**

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This is the second Six-monthly Progress Report (SmPR) for the 4th HPNSP, covering the implementation period of the first half of FY 2018-19 (July-December 2018). As part of the ongoing Program implementation review and as required by the Results Framework in the PIP, it is essential to produce the SmPR by the Program Management and Monitoring Unit (PMMU) of the Planning Wing under the Health Services Division (HSD) of the MOHFW. The SmPR has tried to capture some features of Program activities implemented by the 29 Line Directors (LDs) during the reporting period. The SmPR 2018 assesses the program performance mainly on achievement of OP-indicators. This report, however, provides additional information, such as progress of fund utilization, update on training and workshops, ongoing implementation of OP activities and the existing implementation challenges and recommendations. Thus, it provides MOHFW with an opportunity to take stock of the stage of implementation of 4th HPNSP and corrective steps as necessary to improve implementation progress.

This SmPR enables the MOHFW to use selected performance information for a more intensive follow-up of the implementation progress and for achieving better results. Moreover, the second SmPR will also support the preparation of the Mid-term Program Implementation Report (MPIR), which will feed into the Mid-term Review (MTR) of 4th HPNSP.

### **METHODOLOGY FOR PREPARATION OF THE SmPR - 2018**

The preparation process of the SmPR – 2018 involves data collection, analysis, presentation, report drafting, sharing with the LDs for feedback and finalization of the report.

#### ***Data Collection***

The 4<sup>th</sup> 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 SmPR - 2018 and capture information for the first half of 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 SmPR - 2018.

The template contains six major sections – 1) objectives of the OP, 2) component/activity-wise physical progress, 3) update on indicators, 4) training data, 5) implementation challenges and 6) financial expenditure information. The financial data was pulled from the MOHFW’s monthly ADP Review.

#### ***Data Processing***

Each filled-in template was checked for completeness, accuracy, and consistency of information by the PMMU Technical Assistance Support Team (TAST) with support of a technical group from MEASURE Evaluation and icddr,b. DGFP and DGHS have organized two separate workshops (on 25 February 2019 at DGFP and on 07 March 2019 at DGHS) on SmPR 2018 where the respective Line director or OP-specific focal person presented their reports to the PMMU and gathered inputs. After checking the data in the templates, the LDs or their representatives (OP focal person) were also further contacted over phone for additional information as necessary, and the information was updated to make the final data set.

## ***Data Analysis***

Data analysis for the SmPR - 2018 involved analysis of 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 baseline, 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 and identified factors associated with achievement as well as challenges faced by the OPs during July - December 2018. Data were analyzed in Excel and the R statistical programming environment and the graphs were produced using the ggplot2 package.

## ***Data Presentation***

The data is presented through visually attractive factsheets which provide a comprehensive picture on report submission status, 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 understand whether the OPs encountered any challenges that hampered smooth implementation of their activities. The fact sheets are intended to facilitate tracking of OP progress, identifying areas for improvements and facilitating rational budget planning and resource utilization for policymakers, program managers and Development Partners (DPs).

## ***Finalization of SmPR- 2018***

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 for update and clarification of different data points, in addition to email communications and face-to-face meetings. The report has been finalized through a dissemination workshop held on 12 June 2019 in the presence of representatives of the Planning Wing, Planning Branch, the LDs, the DPs and other stakeholders.

## ***Limitations of the Report***

The findings of the six-monthly progress report present the “self-reported” information from the OP management, relating to physical activities undertaken and the Ministry’s monthly Annual Development Program (ADP) review reports, relating to financial performance.

## ***Navigating this Report***

The SmPR-2018 has been presented in three parts: PART-A, PART-B and PART-C.

**PART-A** contains 3 chapters: Chapter 1 presents a brief introduction of SmPR-2018 and methodology used for collecting information from the 29 OPs for this report. It also explains how the categories for performance of each OP were determined for the factsheets. The



summary report of SmPR-2018 is presented in Chapter 2 along with the progress on DLIs during the review period.

**PART-B** presents 32 factsheets: One overall summary factsheet and two Division-wise OP aggregated factsheets followed by 29 OP-wise separate factsheets for the 4<sup>th</sup> HPNSP.

**PART-C** contains the Annexures (A – C) covering data collection template; summary of the key challenges faced by LDs and their recommendations and OP's report submission status.

## CHAPTER 2. SUMMARY REPORT

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### A. FINANCIAL PROGRESS of 4<sup>th</sup> HPNSP DURING JULY-DECEMBER 2018

#### 2.1 OVERALL FINANCIAL PROGRESS OF MOHFW

The total Annual Development Program (ADP) budget for the FY 2018-19 allocated for MOHFW covering 29 operational plans (OPs) under the 4<sup>th</sup> HPNSP and 34 investment projects was Tk. 10,840.0 crore. Of which Tk. 8,827.1 crore (81%) was allocated for HSD and Tk. 2,012.9 crore (19%) for ME&FWD. Of the total ADP budget for FY 2018-19, Tk. 7,505.4 crore (69%) has been allocated to the 4<sup>th</sup> HPNSP. The total ADP allocation of MOHFW is 25% higher than the last year's Revised Annual Development Program (RADP).

During this reporting period, a total of Tk. 4,821.2 crore was released, which is 44% of the total ADP allocation. Against the total ADP allocation, MOHFW spent a total of Tk. 2,424.9 crore during the reporting period, which was 22% of the allocated fund and 50% of the released fund.

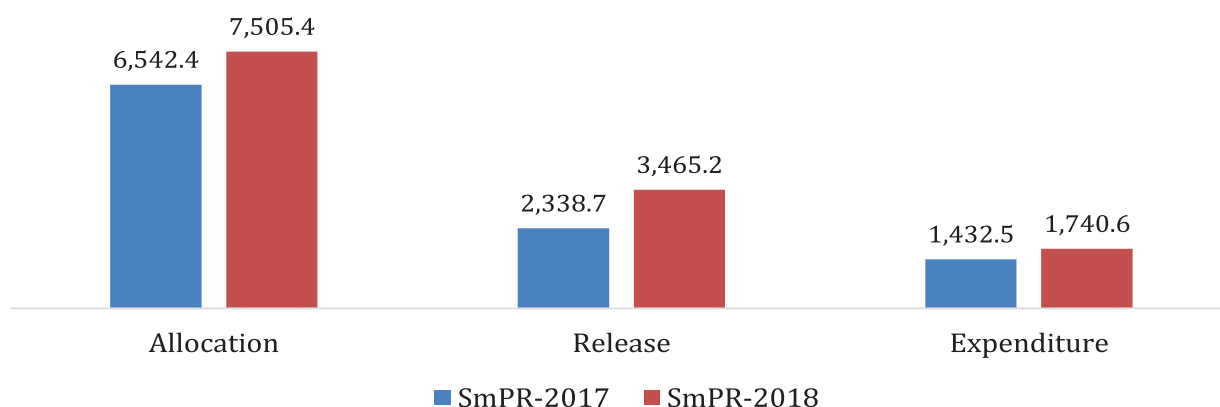
#### 2.2 SUMMARY OF FINANCIAL PERFORMANCE OF THE 4<sup>th</sup> HPNSP

The total ADP allocation for the 4<sup>th</sup> HPNSP covering 29 OPs during FY 2018-19 was Tk. 7,505.4 crore, out of which Tk. 4,311.3 crore (57%) was from GOB and Tk. 3,194.1 crore (43%) was from project aid (PA). Of the total PA allocations during the period, reimbursable project aid (RPA) allocation was Tk. 2,435.4 crore, which is 76% of PA and 32% of the total ADP allocation. Direct project aid (DPA) allocation was Tk. 758.7 crore, which is 24% of the PA and 10% of the total ADP allocation. Compared to SmPR-2017 (that covered the first six-month of FY 2017-18), the ADP allocation for the 4<sup>th</sup> HPNSP increased by 15%, from Tk. 6,542.3 crore in FY 2017-18 to Tk. 7505.4 crore in FY 2018-19.

During the first six-month of FY 2018-19 i.e. July-December 2018, a total of Tk. 3,465.2 crore (GOB Tk. 2,159.8 crore and PA Tk. 1,305.4 crore) was released for the 4<sup>th</sup> HPNSP covering 29 OPs, which is 46% of the allocated fund for the financial year. The proportions of allocated fund released were 50% for GOB and 41% for PA. During the same reporting period, a total of Tk. 1,070.5 crore was released as RPA fund, which is 82% of the PA fund released and 31% of the total released fund. The fund release scenario also increased remarkably by 48% from Tk. 2,338.7 crore in first six-month of FY 2017-18 crore to Tk. 3,465.2 crore in this reporting period.

During July-December 2018, Tk. 1,740.6 crore was spent in total for the 29 OPs of the 4<sup>th</sup> HPNSP, which is 23% of the ADP allocation and 50% of the released fund. The spending rate over released fund was 52% for GOB and that for PA was 48%. RPA expenditure was Tk. 390.8 crore, which is 37% of the released fund, and 16% of ADP allocation for RPA. DPA spending rate was almost 100%. The percent increase in fund utilization is 22%, which was Tk. 1,432.5 crore in first six-month of FY 2017-18. On the contrary, the percent expenditure of total released fund has declined by 11 percentage point, which was 61% in SmPR-2017 but percent expenditure of the total allocated fund has slightly increased from 22% in SmPR-2017 to 23% in SmPR-2018. Figure 1-3 shows a comparison of allocation, release and expenditure between SmPR-2017 and SmPR-2018

**Figure 1-3: Trend in Financial Progress (in crore Tk.)**



### 2.3 SUMMARY OF DIVISION WISE FINANCIAL PERFORMANCE

Table 1-1 shows Division-wise total ADP utilization position of the 4<sup>th</sup> HPNSP during the first six-month of FY 2018-19. It can be seen from Table 1-1 that the utilization rate of 19 OPs of the HSD stood at 52% over the release and 24% over allocation. On the other hand, the utilization rate of 10 OPs under ME&FWD was 42% over the release and 21% over- allocation.

**Table 1-1: Total ADP utilization of 4<sup>th</sup> HPNSP during July – December 2018 (in crore Tk.)**

Division	OP	ADP 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	7,505.4	4,311.3	3,194.1	2,435.4	3,465.2	2,159.8	1,305.4	1,070.5	1,740.6	1,114.8	390.8	235.0	50%	23%
HSD	19 OPs	6,018.0	3,515.2	2,502.8	1,783.0	2,720.9	1,765.5	955.4	747.1	1,426.8	925.1	293.4	208.3	52%	24%
ME&FWD	10 OPs	1,487.4	796.1	691.3	652.4	744.3	394.3	350.0	323.4	313.7	189.7	97.4	26.6	42%	21%

### 2.4 OP-WISE ADP UTILIZATION OF 4<sup>th</sup> HPNSP

OP-wise total ADP utilization position of the 4<sup>th</sup> HPNSP covering 29 OPs for the FY 2018-19 has been provided in Table 1-2 below, which shows the OP-wise expenditure in the absolute figure and in percentage terms both against allocation and fund release.

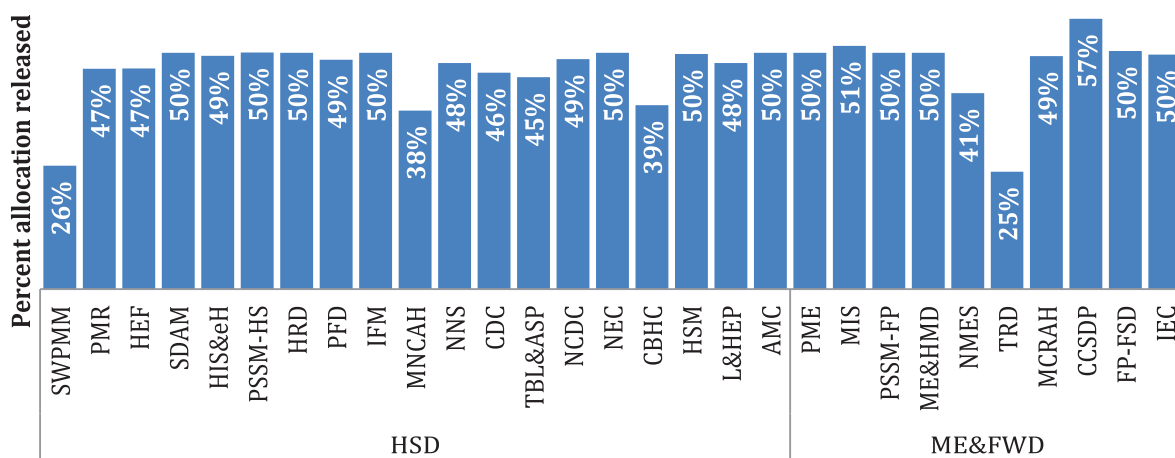
**Table 1-2: OP-wise ADP Utilization of 4<sup>th</sup> HPNSP during July – December 2018 (in crore Tk.)**

Division	OP	ADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocatio
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
<b>All 29 OPs</b>		<b>7505.4</b>	<b>4311.3</b>	<b>3194.1</b>	<b>2435.4</b>	<b>3465.2</b>	<b>2159.8</b>	<b>1305.4</b>	<b>1070.5</b>	<b>1740.6</b>	<b>1114.8</b>	<b>390.8</b>	<b>235.0</b>	<b>50%</b>	<b>23%</b>
<b>Total (19 OPs)</b>		<b>6018.0</b>	<b>3515.2</b>	<b>2502.8</b>	<b>1783.0</b>	<b>2720.9</b>	<b>1765.5</b>	<b>955.4</b>	<b>747.1</b>	<b>1426.8</b>	<b>925.1</b>	<b>293.4</b>	<b>208.3</b>	<b>52%</b>	<b>24%</b>
<b>Health Services Division (19 OPs)</b>	<b>Directorate General of Health Services (13 OPs)</b>														
	AMC	75.9	70.9	5.0	5.0	37.9	35.4	2.5	2.5	13.3	13.0	0.3	0.0	35%	17%
	CBHC	1001.9	602.8	399.1	398.0	390.1	310.2	79.9	79.9	178.6	162.5	16.0	0.0	46%	18%
	CDC	198.4	87.0	111.5	87.5	90.9	43.5	47.4	43.8	38.8	16.4	18.7	3.7	43%	20%
	HIS & eHealth	168.9	138.9	30.0	28.0	83.5	69.5	14.0	14.0	20.2	15.6	4.7	0.0	24%	12%
	HSM	770.5	269.6	500.9	495.3	383.4	134.8	248.6	247.7	206.8	78.8	127.0	1.0	54%	27%
	L&HEP	38.5	25.0	13.5	11.8	18.4	12.5	5.9	5.9	3.5	1.9	1.6	0.0	19%	9%
	MNCAH	987.6	92.0	895.6	332.6	373.5	46.0	327.5	166.3	235.0	8.7	65.2	161.2	63%	24%
	NCDC	189.7	115.0	74.7	69.7	92.4	57.5	34.9	34.9	14.8	7.6	7.2	0.0	16%	8%
	NEC	27.5	4.4	23.1	23.1	13.8	2.2	11.6	11.6	11.5	1.3	10.2	0.0	84%	42%
	NNS	121.0	6.0	115.0	100.0	57.9	3.0	54.9	50.0	21.9	1.6	15.3	4.9	38%	18%
	PMR	22.5	13.0	9.5	8.0	10.5	6.5	4.0	4.0	0.8	0.8	0.0	0.0	7%	3%
	PSSM-HS	334.1	324.6	9.5	9.5	167.4	162.6	4.8	4.8	7.0	7.0	0.0	0.0	4%	2%
	TBL&ASP	235.9	48.1	187.8	88.8	105.8	24.1	81.7	44.4	37.7	0.3	0.0	37.3	36%	16%
	<b>Total</b>	<b>4172.4</b>	<b>1797.2</b>	<b>2375.1</b>	<b>1657.4</b>	<b>1825.4</b>	<b>907.8</b>	<b>917.7</b>	<b>709.6</b>	<b>789.8</b>	<b>315.4</b>	<b>266.3</b>	<b>208.1</b>	<b>43%</b>	<b>19%</b>
	<b>Ministry of Health and Family Welfare (5 OPs)</b>														
	HEF	19.9	9.5	10.5	9.1	9.3	4.7	4.6	4.6	2.6	1.3	1.3	0.0	28%	13%
	HRD	12.4	3.5	8.9	8.9	6.2	1.7	4.5	4.5	0.5	0.1	0.3	0.0	7%	4%
	IFM	3.9	1.4	2.5	2.5	2.0	0.7	1.3	1.3	0.7	0.2	0.5	0.0	37%	19%
PFM	1800.0	1700.0	100.0	100.0	874.4	849.4	25.0	25.0	632.8	607.8	25.0	0.0	72%	35%	
SWPMM	4.4	2.4	2.0	1.3	1.1	0.5	0.6	0.3	0.4	0.2	0.0	0.3	37%	10%	
<b>Total</b>	<b>1840.6</b>	<b>1716.7</b>	<b>123.9</b>	<b>121.8</b>	<b>893.0</b>	<b>857.1</b>	<b>35.9</b>	<b>35.6</b>	<b>637.0</b>	<b>609.6</b>	<b>27.1</b>	<b>0.3</b>	<b>71%</b>	<b>35%</b>	
<b>Directorate General of Drug Administration (1 OP)</b>															
SDAM	5.0	1.3	3.8	3.8	2.5	0.6	1.9	1.9	0.1	0.1	0.0	0.0	2%	1%	
<b>Total (10 OPs)</b>	<b>1487.4</b>	<b>796.1</b>	<b>691.3</b>	<b>652.4</b>	<b>744.3</b>	<b>394.3</b>	<b>350.0</b>	<b>323.4</b>	<b>313.7</b>	<b>189.7</b>	<b>97.4</b>	<b>26.6</b>	<b>42%</b>	<b>21%</b>	
<b>Medical Education and Family Welfare Division (10 OPs)</b>	<b>Directorate General of Family Planning (7 OPs)</b>														
	CCSDP	311.5	216.2	95.3	93.9	178.3	108.1	70.2	55.0	89.7	55.0	19.5	15.1	50%	29%
	FP-FSD	300.9	70.0	230.9	230.0	151.7	35.1	116.6	115.5	62.1	11.1	50.0	1.1	41%	21%
	IEC	65.0	30.0	35.0	33.8	32.3	14.5	17.8	16.9	7.6	6.7	0.0	0.9	24%	12%
	MCRAH	194.0	64.0	130.0	125.0	95.7	32.0	63.7	62.5	31.8	28.6	2.0	1.2	33%	16%
	MIS	50.0	7.5	42.5	42.5	25.7	2.8	23.0	23.0	13.6	1.7	11.9	0.0	53%	27%
	PME	7.0	1.4	5.6	5.6	3.5	0.7	2.8	2.8	1.7	0.2	1.5	0.0	49%	24%
	PSSM-FP	31.3	29.9	1.4	1.4	15.6	14.9	0.7	0.7	9.3	9.3	0.0	0.0	60%	30%
	<b>Total</b>	<b>959.7</b>	<b>419.0</b>	<b>540.7</b>	<b>537.2</b>	<b>502.8</b>	<b>208.1</b>	<b>294.7</b>	<b>277.5</b>	<b>215.9</b>	<b>112.6</b>	<b>85.0</b>	<b>18.3</b>	<b>43%</b>	<b>23%</b>
	<b>Directorate General of Health Services (1 OP)</b>														
	ME&HMD	385.0	335.0	50.0	50.0	192.5	167.5	25.0	25.0	76.7	70.3	6.5	0.0	40%	20%
	<b>Directorate General of Nursing and Midwifery (1 OP)</b>														
	NMES	81.3	17.8	63.6	33.1	33.8	8.9	24.9	16.6	12.4	0.1	4.0	8.3	37%	15%
	<b>National Institute of Population Research and Training (1 OP)</b>														
TRD	61.4	24.3	37.0	37.0	15.3	9.8	5.5	5.5	8.6	6.7	2.0	0.0	57%	14%	

Figure 1-1 shows the distribution of the proportion of released funds of ADP allocation among the 29 OPs: CCSDP OP was the highest among the 29 OPs in releasing fund (57%) followed by

MIS (51%). 12 OPs (i.e. SDAM, PSSM-HS, HRD, IFM, NEC, HSM, AMC, PME, PSSM-FP, MEHMD, FPFSD, and IEC) got 50% of their allocated fund released. The OP with lowest fund release was TRD (25%), followed by SWPMM (26%), MNCAH (38%) and CBHC (39%). The OPs with lower fund release reported different reasons behind the problem. As for example, the MNCAH OP sent procurement activity plan to e-GP and for some items to CMSD for approval, however, get approval of the plan after 6 months. Therefore, without approval of activity plan they could not able to release a significant amount of money and in consequence the release rate against allocation was low. On the other hand, there was a mistake in ADP book regarding the allocation amount that had been allocated for SWPMM OP which the OP corrected later. In table 1-2 the allocation amounts display 4.4 crore but later the corrected amount is reported by the OP was 2.39 crore and then the release against allocation reflects 46%. In addition, the TRD OP claimed about obstacles regarding iBAS++ system which took almost 2 months to release the 1<sup>st</sup> quarter of fund in spite of sending letter on July 2019. The released fund for other 11 OPs (i.e. PMR, HEF, HIS & e-H, PFD, NNS, CDC, TBL&ASP, NCDC, L&HEP, NMES, and MCRAH) ranged between 41% and 49%. Overall, fund release position of all 29 OPs were 46% of the allocated fund.

**Figure 1-1: Proportion of total ADP allocation released**

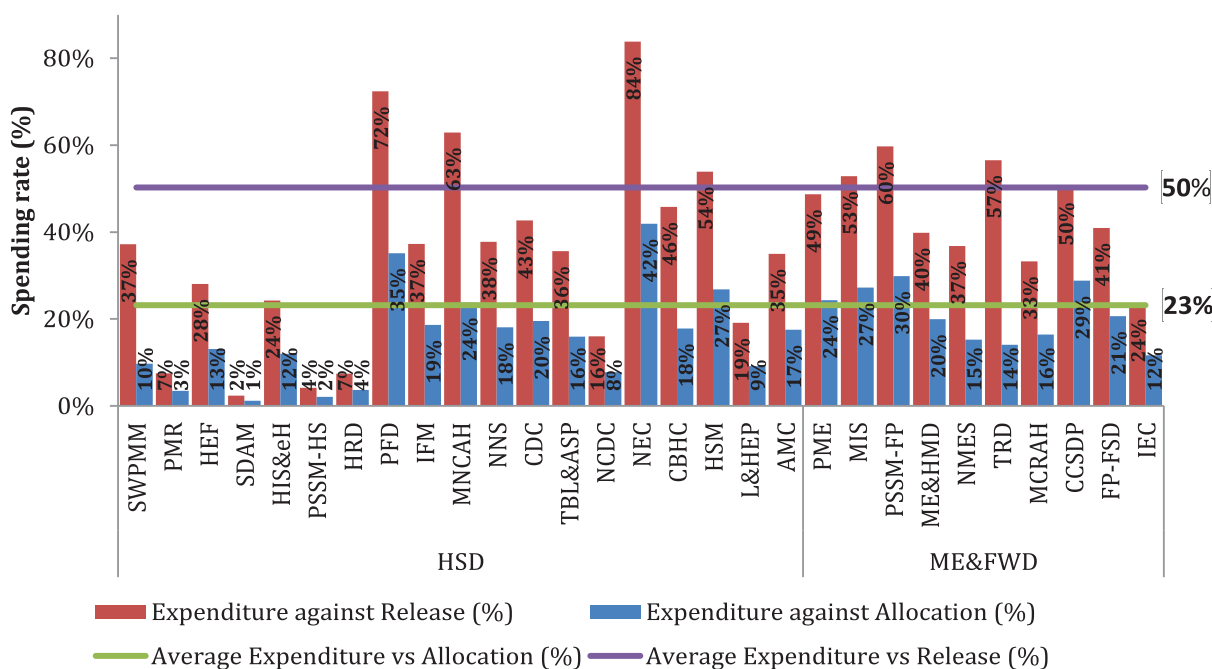


As depicted in the figure 1-2 of the 29 OPs, the spending rate against ADP allocation of 8 OPs (e.g. PFD, MNCAH, NEC, HSM, PME, MIS, PSSM-FP and CCSDP) were either equal to or above the program's average spending rate of 23%, which is demarcated by a solid line in the figure. The spending rate against allocation was highest for NEC (42%), followed by PFD (35%) and PSSM-FP (30%). The spending rate over released fund was equal to or above the overall spending rate (50%) for 8 OPs (e.g. PFD, MNCAH, NEC, HSM, MIS, PSSM-FP, TRD and CCSDP). The spending rate over released fund was the highest for NEC (84%) followed by PFD (72%), MNCAH (63%) and PSSM-FP (60%). The lowest spending rate against release was made by SDAM (2%), followed by PSSM-HS (4%), PMR (7%) and HRD (7%). There were various reasons reported by OPs for lower fund utilization. As for example, although the GOB allocated Tk. 334.1 crore for PSSM-HS (FY 2018-19) and has been able to release Tk. 167.4 crore. However, the OP could not release Tk. 150.0 crore associated with CD/VAT, since the item was under reserve code. There had been a restriction given by Ministry of Finance against using directly the reserve code item. Therefore, the OP needed reallocation to replace the reserved code to new other code. Due to these circumstances the OP could not expend money as expected. On the other hand, the PMR

OP did not have line director for almost four months during the reporting period which contributed to the lowest spending rate. Another example, the HRD OP decided not to conduct any research during FY 2018-2019 as they collaborated with WHO to conduct a study on Health Labor Market Analysis. As a result, the budget for research and study was not used. Moreover, development partners including WHO and Save the Children have been providing consultancy service in various aspects of the OP activities, for this reason, consultant under HRD OP was also not hired during the reporting period; therefore, the amount allocated for this activity was not used. On the top of above situations, the plan for conducting workshops and trainings was not approved by the concerned authority before December 2018, hence, the activities could not be started on time.

For the rest of the OPs, the spending rate against released fund ranged between 16% and 57%.

**Figure 1-2: Spending rate by OPs**



During the reporting period, a total of Tk. 1,724.6 crore remained unspent of the total released fund for the 29 OPs, which is 50% of the released fund and 23% of the ADP allocation.

It is worth mentioning that 14 large OPs out of 29 OPs of the 4<sup>th</sup> HPNSP account for 93% share of current year's ADP allocation, with the highest share of 24% going to PFD OP and the lowest share of 2% going to NNS OP. Other large OPs are CBHC (13%), MNCAH (13%), HSM (10%), ME&HMD (5%), PSSM-HS (4%), CCSDP (4%), FPFSD (4%), TBL&ASP (3%), CDC (3%), M CRAH (3%), NCDC (3%) and HIS & eHealth (2%). For FY 2018-19, a total of Tk. 6,999.5 crore was allocated for these 14 OPs, and the aggregated expenditure by these OPs was Tk. 1,653.9 crore (24% of allocation) and accounted for 95% of the total money spent during the reporting period. Hence, for maximum utilization of yearly ADP allocation of the 4<sup>th</sup> HPNSP, it is essential to be more vigilant in the implementation performance of the above mentioned 14 large OPs.



## **B. TIMELINESS OF REPORT SUBMISSION TO PMMU**

The OP's report submission status was tracked by PMMU and a color-coded table chart inserted into the Annex- C presents whether the report was submitted on time or delayed during SmPR 2017 (July – December 2017), APIR 2018 (July 2017 – June 2018) and SmPR 2018 (July – December 2018). Mentionable, four OPs (SDAM, PME, ME&HMD and AMC) have consistently submitted the report to PMMU on time during these three-reporting periods.

## **C. PROGRESS OF DLIs DURING THE REVIEW PERIOD**

### **Background**

Two years of 4<sup>th</sup> HPNSP implementation period have passed under the new results-based financing modality, known as Investment Project Financing (IPF) with Disbursement-Linked Indicators (DLIs). Initially, a total of US\$ 515 million was sourced from IDA credit (US\$ 500 million) and GFF grant (US\$ 15 million). Disbursement under this modality is being made upon verification by the Implementation Monitoring and Evaluation Division (IMED) the achievement of specifically defined Disbursement-Linked Results (DLRs) with targets covering a total of 16 DLIs. Till June 2018, a total of US\$ 62.5 million was disbursed by the World Bank from IDA credit for achievement of 10 DLRs (# 2.1, 3.1, 9.1, 11.1, 12.1, 12.2-partial, 13.1, 14.1 of FY 2016-17; and # 5.1, 15.1 of FY 2017-18).

### **Progress under the Review Period**

*Workshop for Line Directors:* The Health Services Division organized a workshop on 01 November 2018 with support from the World Bank for relevant Line Directors (LDs). The purpose of the Workshop was to orient the relevant LDs along with their associated staff on exactly what are to be achieved and the exact documents needed to be submitted to the MOHFW for claiming achievement of DLRs.

*Amendment of GFF Grant Agreement:* It was specified in the original grant agreement signed between the Government of Bangladesh (GOB) and the World Bank for GFF fund that GFF grant would be utilized for achievement of some specific DLRs of three DLIs (# 9, 14 and 15). However, till June 2018 no fund was disbursed from the GFF grant source as none of the earmarked DLRs were achieved. Later, a discussion on reallocation of GFF grant took place between the Ministry of Health and Family Welfare (MOHFW) and the World Bank, which resulted into an amendment of the original GFF grant agreement. The amended grant agreement was signed on 22 October 2018, reallocating GFF funding of US\$ 15 million among targets of all the DLRs of the first three financial years (i.e., FY 2016-17, FY 2017-18 and FY 2018-19) of the 16 DLIs.

*Joining of Four DPs in the MDTF:* Four DPs- Department for International Development (DFID), Swedish International Development Cooperation Agency (Sida), Global Affairs Canada (GAC) and Embassy of the Kingdom of Netherlands (EKN) joined World Bank administered Multi-Donor trust Fund (MDTF) with respective contribution of US\$ 56 million, US\$ 13 million, US\$ 23 million and US\$22 million for 4<sup>th</sup> HPNSP implementation period. Out of the total MDTF grant of US\$ 114 million, US\$ 26,83,55 (i.e. US\$ 26.84 million) was allocated for achievement of verified results of one DLR (#7.1) of FY 2016-17 (which was actually achieved in FY 2017-18) and 19 DLRs of FY

2018-19. The MDTF grant agreement for funding of US\$ 26.84 was signed between the GOB and the World Bank on 5 November 2018.

*Achievement of DLRs and Disbursement of Funds:* On 04 November 2018, IMED sent a report to MOHFW verifying achievement of 9 DLRs, of which four (# 4.1, 7.1, 10.1 and 11.3) belonged to FY 2016-17 and the rest five DLRs (# 1.1, 9.2, 11.2, 13.2 and 14.2) belonged to FY 2017-18. Among the nine, only DLR # 10.1 was partially achieved (i.e. achieved 1,07,772 normal deliveries against the target of 1,30,000 normal deliveries) and the rest eight were fully achieved. That makes a total achievement of 19 DLR targets against 33.

On 02 December 2018, the MOHFW claimed XDR 35,832,980 (apprx. equiv.US\$ 49.59 million) from IDA credit source for achievement of the 9 DLRs. On the same day, the MOHFW also claimed an amount of US\$ 4,422,187 for disbursement from GFF grant source due to achievement of 19 DLRs over the past two years. On 13 December 2018, the Ministry also claimed an amount of US\$ 23,870,000 from MDTF grant source for achievement of 8 DLRs.

On 15 December, the World Bank accepted the verified results with a modification in disbursement amount of DLR # 10.1 as disbursement eligibility of this DLR is in multiples of 1,000. The Bank thus disbursed an amount approximately equivalent to XDR 35,692,740 (apprx. equivalent US\$ 49.40 million) from IDA credit on 26 December 2018. The Bank also disbursed an amount of approximately equivalent to US\$ 4,420,987.10 on 18 December 2018 from GFF grant source. These two disbursements were made out of the same Interim Un-audited Financial Report submitted by MOHFW. However, the Bank could not disburse the MDTF amount claimed by the MOHFW as the IUFR submitted for the purpose was required to have breakdown of budget codes as mentioned in the definition of Eligible Expenditure program , though the results were accepted by the Bank. The MOHFW was then requested to submit a revised IUFR for disbursement of MDTF fund. The Financial Management and Audit Wing of HSD, MOHFW is working to resolve the issue. It is expected that the fund is going to be disbursed any time soon. Till December 2018, total amount disbursed due to achievement of 19 DLRs is US\$ 116.32 million. The following table depicts a summary of progress of DLRs of FY 2016-17 and FY 2017-18 till December 2019.



**Table 1-3: Progress of DLRs of FY 2016-17 and FY 2017-18 (till December 2018)**

(financial figure in million US\$)

FY	# of DLRs							Total amount allocated (IDA+ GFF+ MDTF)	Disbursed Amount (IDA+ GFF)	% Disbursed (sl. 9 as % of sl. 10)
	To achieve	Fully achieved and fund disbursed <sup>1</sup>	Partially achieved and fund disbursed <sup>2</sup>	Not possible to achieve due to data unavailability <sup>3</sup>	Achievement report under process at HSD to send to IMED <sup>4</sup>	Under verification by IMED <sup>5</sup>	Yet to achieve by relevant OPs <sup>6</sup>			
1	2	3	4	5	6	7	8	9	10	11
2016-17	14	10	2	1	-	1	-	103.16 (=88.35+3.44+11.37)	88.40 (=85.20+3.20)	86%
2017-18	19	7	-	-	2	3	7	84.30 (=64.35+4.48+15.47)	27.92 (=26.70+1.22)	33%
Total	33	17	2	1	2	4	7	187.46 (=152.70+7.92+26.84)	116.32 (=111.90+4.42)	62%

**Progress Monitoring:**

During the half-year period, instead of monthly meetings, two DLI Monitoring Committee meetings were held- the 3<sup>rd</sup> DLI monitoring Committee meeting was held on 6 July 2018 and the 4<sup>th</sup> DLI Monitoring Committee meeting on 6 September 2018. The meetings reviewed achievement progress of the DLRs and suggested the relevant LDs some actions. However, the World Bank's Implementation Support Mission took place regularly. The second Implementation Support Mission took place on 2-4 October 2018 as part of regular support to the implementation of the Bank's Health Sector Support project (HSSP). A wrap-up meeting was held on 4 October 2018 where a number of time-bound actions were undertaken.

**Way Forward:**

The DLI Monitoring Committee was constituted in August 2017 and over all these months only four meetings were held. Due to frequent turn-over of the LDs and other OP personnel as well as their limited acquaintance over DLRs, it is not possible to get expected momentum in achievement of DLRs and claiming achievement to IMED for verification. The HSD and the World Bank are keen to resolve this issue. The DLI Monitoring Committee, thus, needs to sit every month to monitor progress and guide the LDs in implementation and reporting of relevant activities. The DLI Consultant, provided by the World Bank and working with MOHFW also needs to vigorously

<sup>1</sup> FY 2016-17: DLR # 2.1, 3.1, 4.1, 7.1, 9.1, 11.1, 11.3, 12.1, 13.1, and 14.1

FY 2017-18: DLR # 1.1, 5.1, 9.2, 11.2, 13.2, 14.2, and 15.1

<sup>2</sup> FY 2016-17: DLR # 10.1 and 12.2

<sup>3</sup> FY 2016-17: DLR # 14.4

<sup>4</sup> FY 2017-18: DLR # 4.2, 13.4

<sup>5</sup> FY 2016-17: DLR# 4.2

FY 2017-18: 8.1, 10.1, and 11.3

<sup>6</sup> FY 2017-18: DLR # 2.2, 3.2, 6.1, 7.2, 12.2, 14.4, 16.1

support the LDs to achieve the DLRs and report the achievements to the Ministry as well as to support the MOHFW to claim achievements to IMED. The Consultant also needs to follow-up on the decisions of the DLI Monitoring Committee.

It has also been observed that the MOHFW usually accumulates several achievement reports for submission to IMED. As there is limited number of officials in IMED for verification of DLRs, therefore, it would be beneficial to send the DLR achievement reports to IMED as and when received from the LDs. This would lessen the workload of IMED officials in DLR verification at a specific point of time.

Further, there was an orientation workshop held for the LDs in November 2018. However, to overcome frequent turn-over of OP personnel, such workshops may be arranged at least twice a year.

Close monitoring by the DLI Monitoring Committee, and active steps for reducing the gap mentioned at Table 1-3 need to be vigorously pursued to avoid potential adverse effect on MOHFW's future claim to the Ministry of Finance for increasing funds for the sector program. Left unabated, ever increasing gap in disbursement could even threaten the operation of the DLI-based funding modality in future.

#### **D. PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP LEVEL INDICATORS**

Out of 131 OP-level indicators used for measuring physical progress, the report found 59 indicators (51%) as achieved and 22 indicators (19%) as partially achieved. Six OPs (PSSM-HS, TBL&ASP, SWPMM, HIS & eHealth, AMC and PSSM-FP) were able to achieve targets of all indicators ( $\geq 80\%$ ) during July - December 2018. Whereas, 3 OPs (FP-FSD, CCSDP and IFM) couldn't achieve any target of the OP-level indicators ( $\geq 80\%$  of the target) during the reporting period.

#### **E. PROGRESS IN TRAINING AND WORKSHOPS**

The 4<sup>th</sup> HPNSP devotes considerable effort to improving HR capacity through trainings (local and foreign) and workshops/seminars/orientations. Out of the total expenditure of Tk. 1,740.56 crore for July - December 2018, Tk. 83.88 crore (5%) was spent on capacity building activities. Of the total training cost, Tk. 29.84 crore (36%) was spent on workshop/seminar/advocacy related activities, Tk. 51.83 crore (62%) was spent on local training and 2.21 crore (3%) was spent on foreign training involving a total of 2,01,543 participants (Male-56% and Female-44%).

Among the total 2,01,543 number of participants, 74% were from the field level and the rest 26% participants were from the central level. During this period; 60 participants attended foreign training. Out of the total participants, 81% attended the local trainings organized by four OPs (CDC, MNCAH, NCDC and MIS). Most participants attended local trainings were conducted by CDC (28% of total participants), followed by MNCAH (21%). Whereas, the SDAM did not conduct any training during the reporting period.

## **F. PROGRESS IN IMPROVING SERVICES AND STRENGTHENING SYSTEMS**

**Some of the key activities undertaken during July - December 2018 were:**

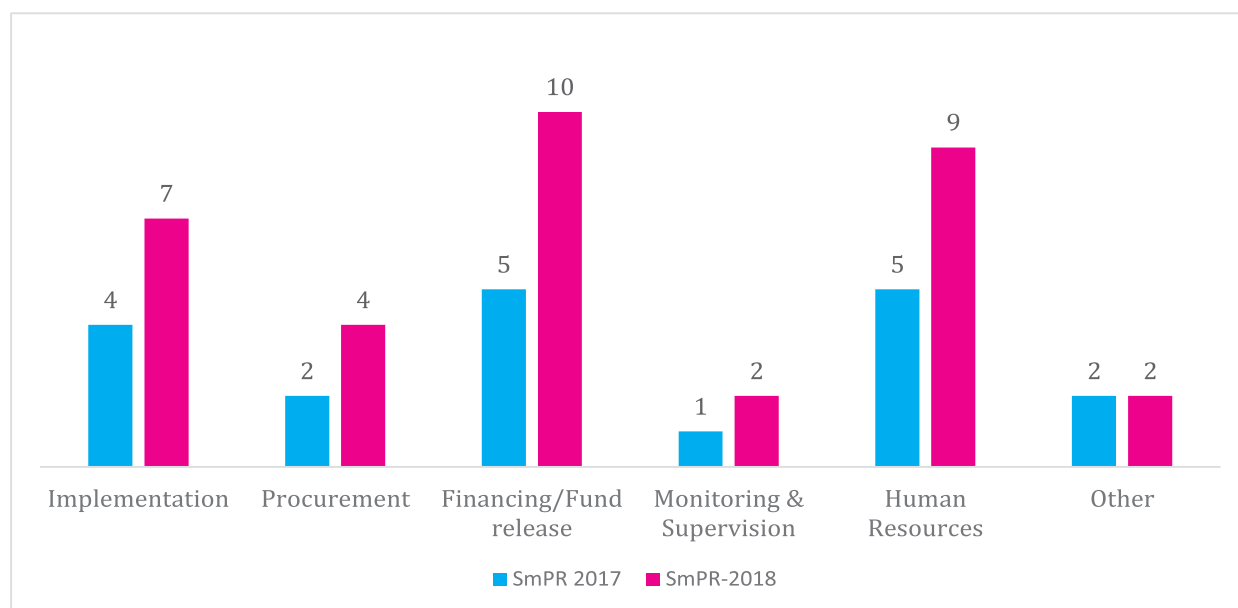
- 68,858 normal deliveries took place in the public facilities of Sylhet and Chittagong divisions under DGFP (n=31,466) and DGHS (n=37,392).
- 1,39,665 all forms of new TB cases (drug sensitive) were notified. Enrolled 651 Multi Drug Resistant (MDR) TB cases.
- Achieved 99.5% of annual target (children immunized for measles and rubella) in 4 districts of Sylhet Division and 97.8% of annual target for the same in 11 districts of Chattogram Division.
- 47,984 tubectomies; 21,529 no-scalpel vasectomies (NSVs); 99,206 intrauterine devices (IUDs); and 1,64,866 implants inserted.
- Arranged four cataract screening and surgical camps in Kishoreganj, Monshiganj, Manikganj, Madaripur, Natore and Magura districts and provided OPD services to 14,611 persons.
- 1,258 newly recruited nurses and midwives received orientation training.
- The final draft of hospital emergency management guidelines for secondary and tertiary hospitals (8 MCHs, 12 DHs) has been finalized and submitted for approval.
- Drafted Accreditation of Health Care Institutions Act.
- Developed institutional antimicrobial (AMs) guideline for four different medical colleges/national institutes for monitoring and evaluation of ensuring adherence to AMs guideline and national AM policy.
- 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 1,237 drug samples through National Control Laboratory, Dhaka and Chittagong Drug Testing Laboratory also inspected 440 pharmaceutical manufacturing units and 27,325 retail drug shops.
- The Adverse Drug Reaction Monitoring (ADRM) Cell of DGDA collected 446 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.
- DGFP conducted orientation on FP-MCH issues in 16 upazilas for the DGHS service providers.
- DGFP procured 12.5 million injectables.
- Completed 90% activities e.g. preliminary activities, 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 10 (CCs +UzHCs). Cancer registries in one medical college hospital was also set up.
- An independent Review Team (IRT) consisting of 11 national and two international consultants conducted the APR 2018. The Team Leader submitted the final report on 24 February 2019.
- Arranged one PIP dissemination workshop at the national level and publicized and disseminated the HNP Sector Program.
- The APIR 2018 was prepared, published and distributed.

- Monitored DLI achievement progress and took steps as and when necessary to guide the LDs to achieve DLRs. The MOHFW received disbursement of US\$ 54.01 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 segregated data in DHIS2. 100% of facilities (upazila level and above) and 92% 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 scaled up in 1,706 UH&FWCs.
- Incorporated the provision of comprehensive maintenance management in 50% tender documents for high-tech equipment under DGHS. DGFP awarded 99% of contracts within initial tender validity period.
- 99.53% 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.
- Completed the review of re-structuring ME&HMD and the report is now available with MOHFW.
- 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.
- The online registration process for private hospitals, clinics, diagnostic centres and blood banks was launched and is in operation since July 2018. Completed monitoring visit to 500 private hospitals.
- Continued unani, ayurvedic and homeopathic medicinal services in 654 MCHs, DHs, and UzHCs by providing adequate human resources, medicine and equipment.
- Above 80% progress was made against the set targets: vertical extension of DGDA Office from 2nd floor to 5th floor; repair and construction of boundary wall of existing Union Health & Family Welfare Centre (UH&FWC); construction of 50 bed hospital for newly created upazilas; construction of 20 bed Mother and Child Welfare Center (MCWC); construction of HED circle and divisional office; construction of General Hospital and Trauma Center; upgradation of Upazila Health Complex from 10/31 to 50 bed; upgradation/construction of nurses training institutes; construction of FWVTI; Maligaon 50 Bed Hospital, Maligaon, Daudkandi, Comilla; upgradation and renovation of UH&FWC; construction of 10 bed Mother and Child Welfare Center; establishment of Institute of Health Technology (IHTs); construction of Medical Assistant Training School (MATS); construction of 50 Bed Diabetic Hospital; construction of Meghdubi 20 Bed Mother and Child Welfare Center(MCWC); construction of office building for the Institute of Public Health Nutrition (IPHN) at Mohakhali in Dhaka.

## **G. IMPLEMENTATION CHALLENGES AND RECOMMENDATIONS**

This chapter summarizes the challenges reported by the OPs (see Annex B1) along with a comprehensive list of recommendations made by the Line Directors (presented in Annex B2). Notably, out of 29 OPs, 16 OPs (HSD-9, ME&FWD-7) reported of facing no challenges. On the other hand, 10 OPs from HSD and 3 OPs from ME&FWD mentioned having faced challenges.

**Fig: 2-3: Trends in number of area-wise challenges reported by the LDs by area, July - December 2018**



The bar chart (Fig 2-3) shows the trend in challenges reported by LDs during the 4<sup>th</sup> HPNSP (July - December 2018). The above figure reveals the number of challenges went up in almost all categories during July - December 2018 compared to the same period in 2017. 76% of all the challenges were mainly in three areas: program implementation, human resources and fund release. The SmPR 2017 (July - December 2017) also reported that 74% of total challenges come from these three areas. This highlights that more attention is required from the management of MOHFW and the agencies under it to overcome persistent challenges especially human resources and fund release areas. Three OPs (PMR, HIS & eHealth, LHEP) 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 to make progress in both physical and financial areas. Moreover, the LHEP OP reported that one Program Manager’s position remained vacant throughout the reporting period.

Among the key challenges reported in SmPR 2018, four LDs (MEHMD, NCDC, LHEP and HEF) reported shortages of human resources as one of the key challenges for the OPs implementation. One OP reported the requirement of technical manpower (MT Lab and MT Radiography) to smoothly run the program. The CBHC OP mentioned that a substantial number of posts particularly CHCPs were vacant as many of them quit their jobs. Five OPs (MEHMD, HSM, IFM, TBL&ASP, and NCDC) reported challenges in the procurement process. The CBHC OP reported that quarterly fund release caused delay in procurement as the payment couldn’t be made before getting 3rd & 4th quarter of fund. Moreover, six LDs reported that they encountered challenges in implementing iBAS++ software (e.g user friendliness, accessibility, non-familiarity with the interface, inadequate coordination at different levels, etc.).

One OP (MNCAH) mentioned that the logistics (computer, modem etc.) were not adequately supplied to the field to run the EPI DHIS2. This OP also highlighted about the long pending approval of carry-over funds of 3rd sector program to undertake DSF and EOC training. Moreover, one OP (NCDC) reported not to achieve the targets of OP indicators due to lack of

clarity and understanding on the indicator definition, unavailability of baseline data etc. These were also flagged by some other OPs in the earlier reports (SmPR 2017 and APIR 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, collected 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.

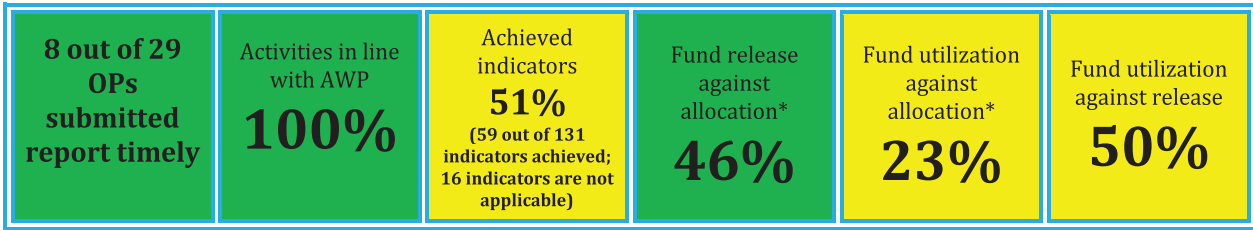
Most of the recommendations (n=16) were related to implementation, coordination and capacity building aspects. The OPs call for fostering effective collaboration and coordination; which are key to successful implementation of the programs. It was suggested that the data entry and reporting on iBAS++ should be easier and more user friendly with sub-national coverage. The TBL &ASP OP recommended that the country should take initiatives for in-county production of TB drugs with WHO prequalification to avoid unnecessary procurement related hiccup and potential stock-out of 1<sup>st</sup> line drugs.

Regarding the fund release, one OP opined that the fund should be released according to the demand of respective Line Director. Suggestion also emerged to strengthen monitoring and supervision mechanism and solid steps need to be taken to strengthen linkage between field level findings and central level programs design and plan. Like APIR -2018, 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.

## **PART-B**



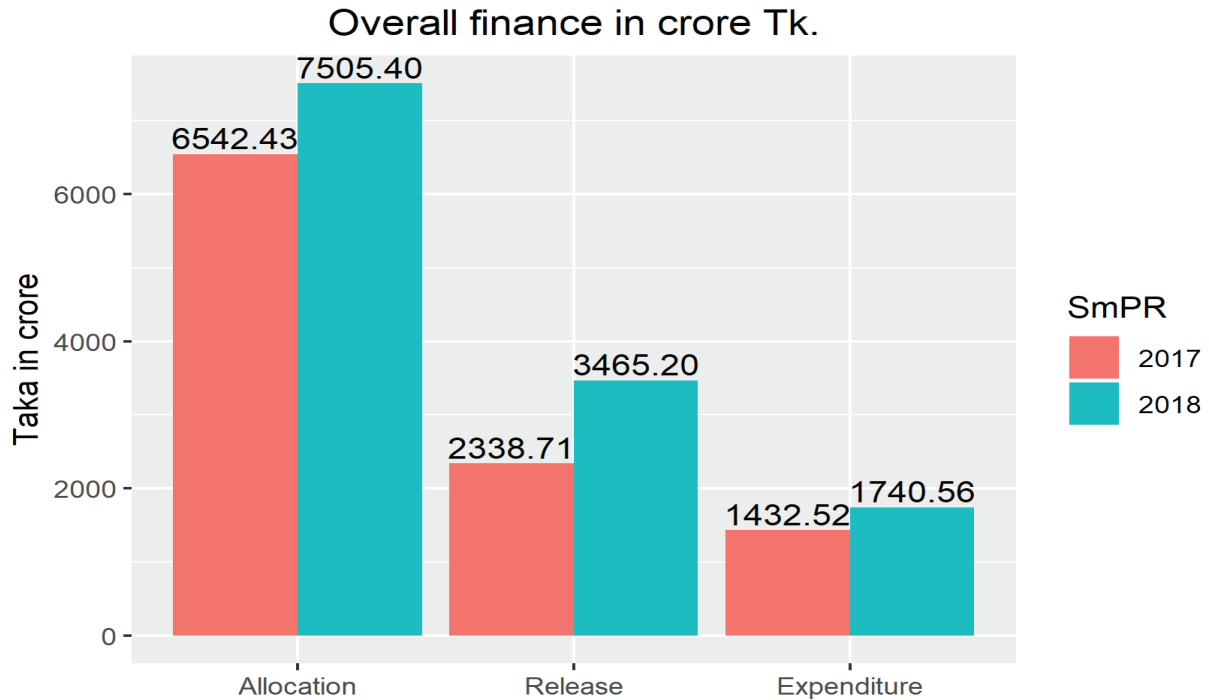
## 4<sup>th</sup> HPNSP Overall Performance – Summary Factsheet



### General Objective

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

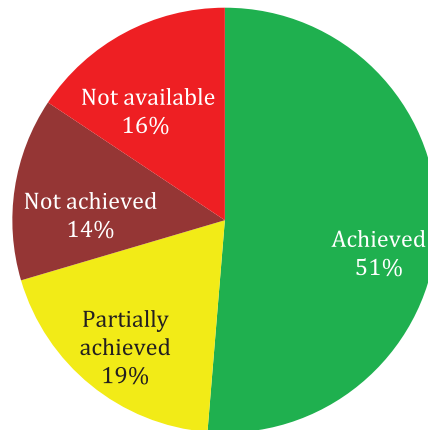
### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.



## Progress of OP-level Indicators



■ Achieved   
 ■ Partially achieved   
 ■ Not achieved   
 ■ Not available

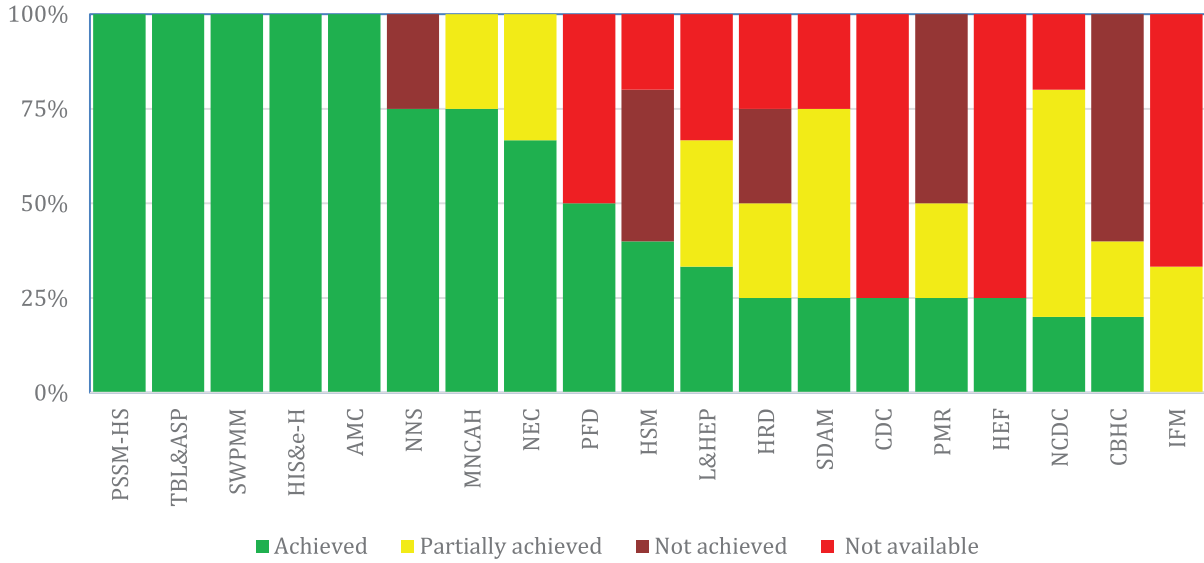
\*\* 16 indicators that are not applicable have not considered in calculation.

### Overall achievement measured by OP-level indicators:

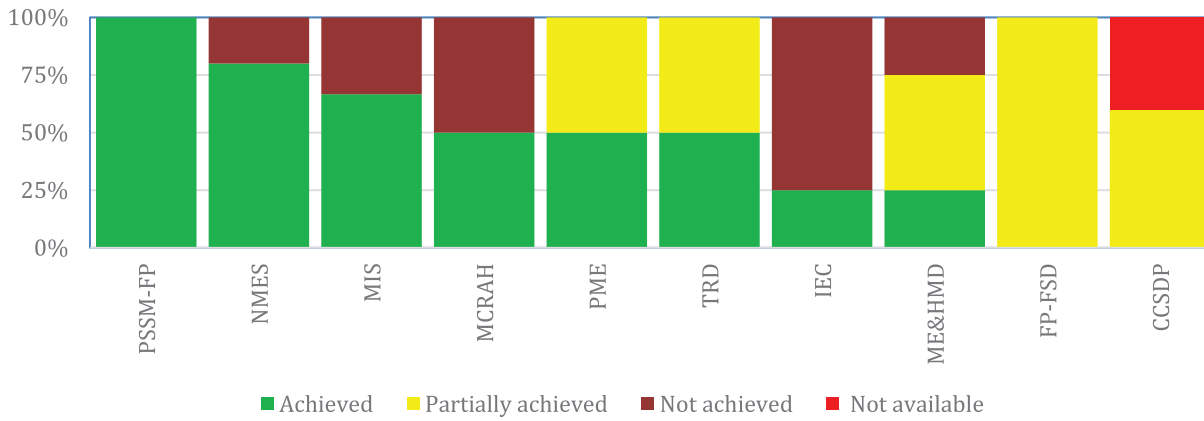
Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	20	43	52	115
Achieved	9 (45%)	27 (63%)	23 (44%)	59 (51%)
Partially achieved	5 (25%)	6 (14%)	11 (21%)	22 (19%)
Not achieved	2 (10%)	4 (9%)	10 (19%)	16 (14%)
Not available	4 (20%)	6 (14%)	8 (15%)	18 (16%)

\*\* 1 indicator from SGS, 4 indicators from SHS and 11 indicators from IHS component were not applicable. The values in percentage are being rounded-up.

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



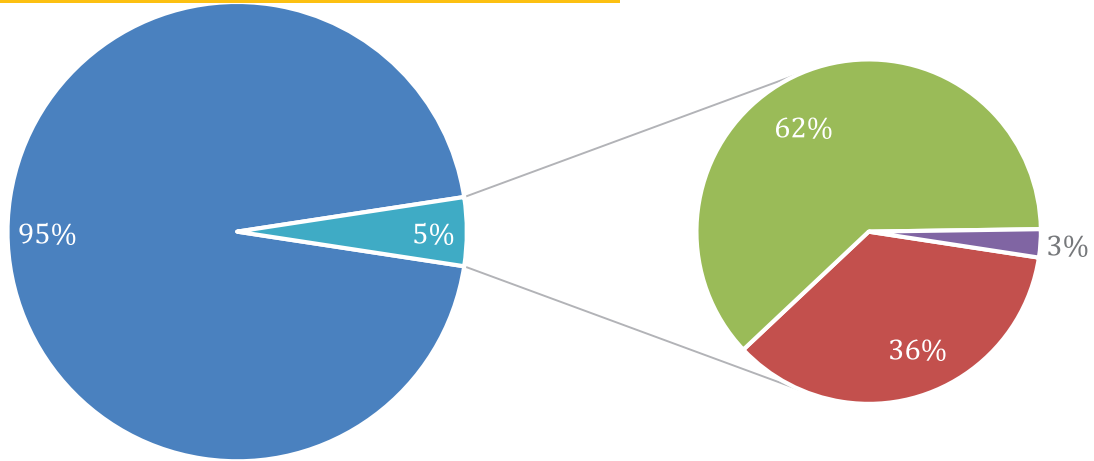
**Progress measured by OP indicators of ME&FWD (n=10)**



## Training Information

Total expenditure\* = training cost (5%) + other program cost (95%)

Distribution of training cost



■ Non-training cost   
 ■ Workshop   
 ■ Local Training   
 ■ Foreign Training

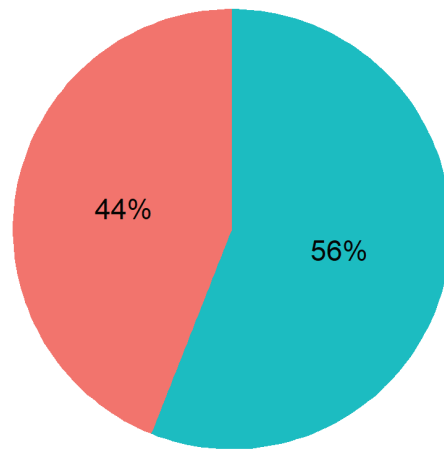
Out of the total expenditure of Tk. 1,740.56 crore, 83.88 crore (5%) was spent on training. Of the total training cost, Tk. 29.84 crore (36%) was spent on workshop, Tk. 51.83 crore (62%) was spent on local training and Tk. 2.21 crore (3%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	8,787 (75)	67,095 (45)	2,732 (7)	78,709 (39)
Foreign Training	38 (<1)	12 (<1)	10 (<1)	60 (<1)
Workshop	2,971 (25)	81,889 (55)	37,914 (93)	122,774 (61)

\*\* In the local training of IEC OP, information for 95 MOHFW participants could not be disaggregated by central or field level. Hence, for the local training category, total number of participants is 95 greater than the sum of the MOHFW (central and field) and Non-MOHFW participants. The values in percentage are being rounded-up.

Training duration	Training participants		Cost of training (Taka in crore)	
	Number	%	Number	%
Short term (1-28 days)	197,792	98.14%	77.51	92.40%
Medium term (29 days – 6 months)	796	0.39%	1.99	2.38%
Long term (6+ months)	2,955	1.47%	4.38	5.22%
<b>Total</b>	<b>201,543</b>	<b>100%</b>	<b>83.88</b>	<b>100.00%</b>

## Overall gender distribution

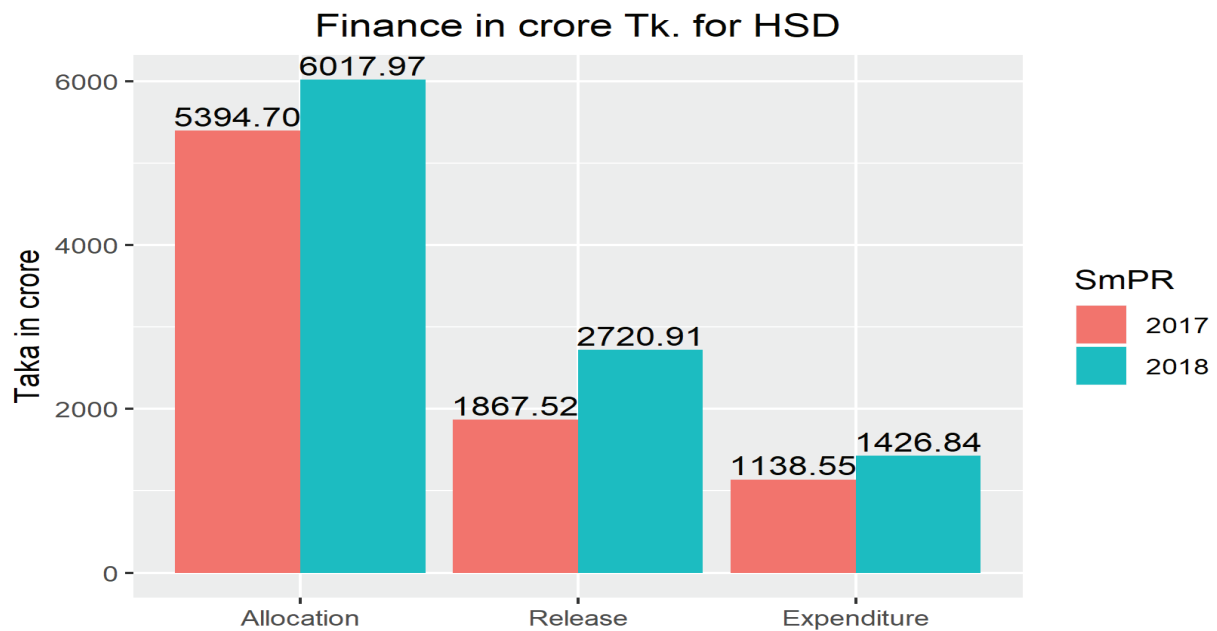


Female Male

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

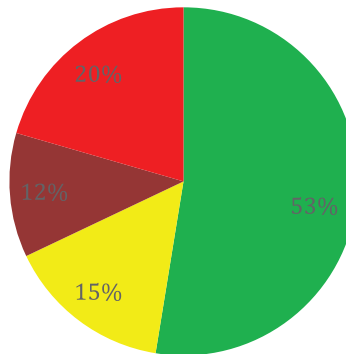
<b>4 out of 19 OPs submitted report timely</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>53%</b> (41 out of 85 indicators achieved; 7 indicators are not applicable)	Fund release against allocation* <b>45%</b>	Fund utilization against allocation* <b>24%</b>	Fund utilization against release <b>52%</b>
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### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators



■ Achieved   
 ■ Partially achieved   
 ■ Not achieved   
 ■ Not available

\*\* 7 indicators that are not applicable have not considered in calculation.

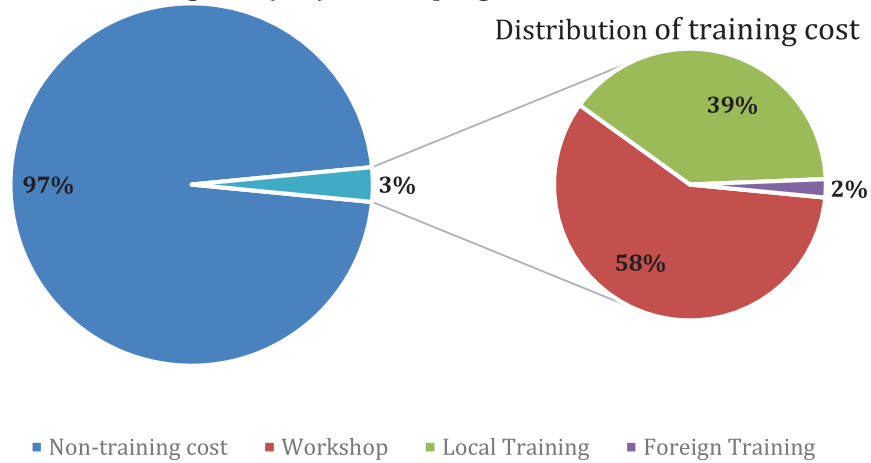
### Overall achievement measured by OP-level indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	16	22	40	78
Achieved	7 (44%)	13 (59%)	21 (53%)	41 (53%)
Partially achieved	3 (19%)	2 (9%)	7 (18%)	12 (15%)
Not achieved	2 (13%)	1 (5%)	6 (15%)	9 (12%)
Not available	4 (25%)	6 (27%)	6 (15%)	16 (20%)

\*\* 1 indicator from SGS, 2 indicators from SHS and 4 indicators from IHS component were not applicable. The values in percentage are being rounded-up.

## Training Information

Total expenditure = training cost (3%) + other program cost (97%)



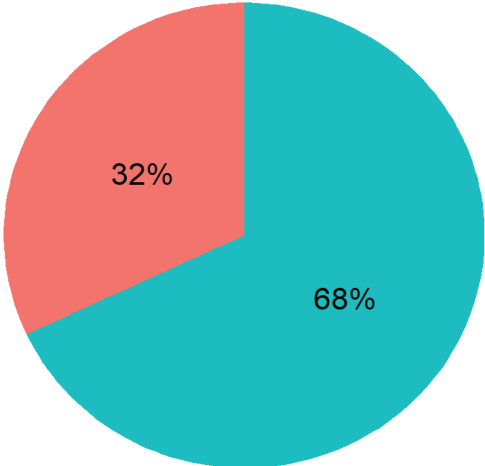
Out of the total expenditure of Tk. 1,426.84 crore, 43.70 crore (3%) was spent on training. Of the total training cost, 25.52 crore (58%) was spent on workshop, Tk. 17.22 crore (39%) was spent local training and Tk. 0.95 crore (2%) was spent on foreign training.

### Training and workshop participants by OPs\*

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,740 (52)	24,651 (25)	2,732 (7)	30,123 (21)
Foreign Training	25 (<1)	5 (<1)	0 (0)	30 (<1)
Workshop	2,537 (47)	72,994 (75)	36,641 (93)	112,172 (79)

\* The values in percentage are being rounded-up.

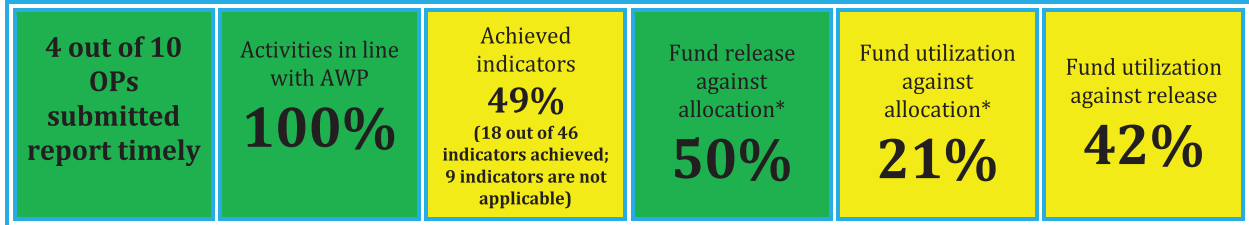
Gender distribution among participants- HSD



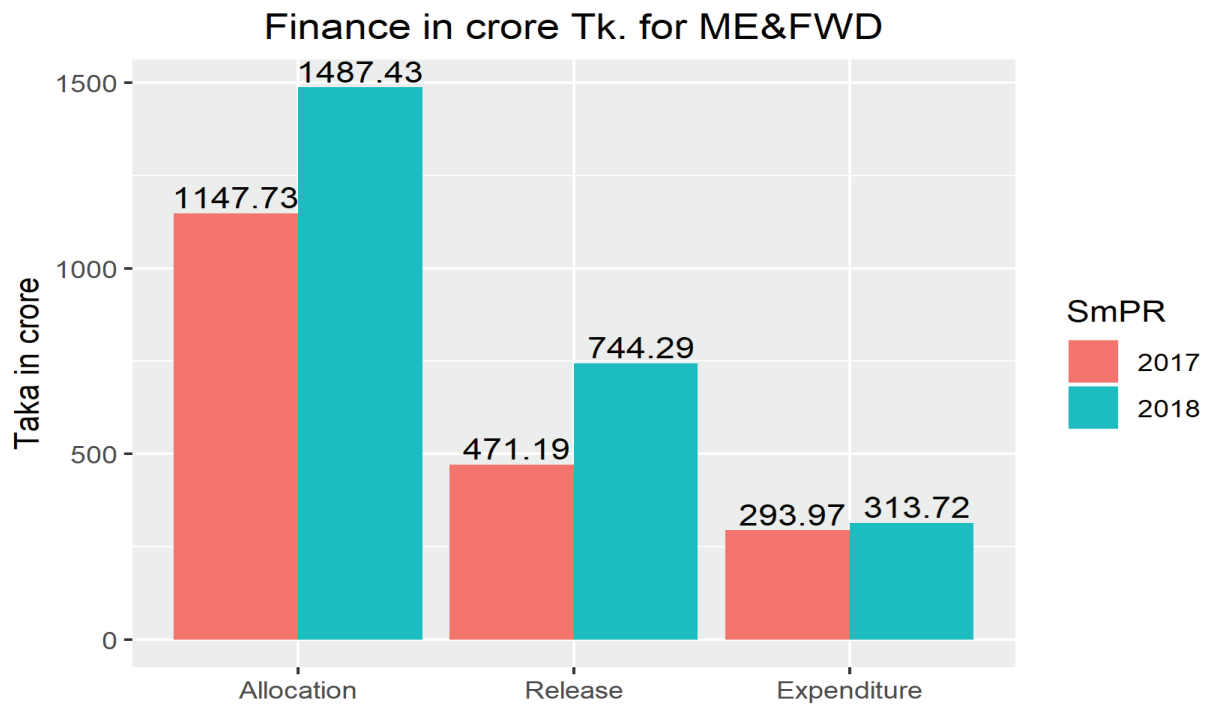
Female Male



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

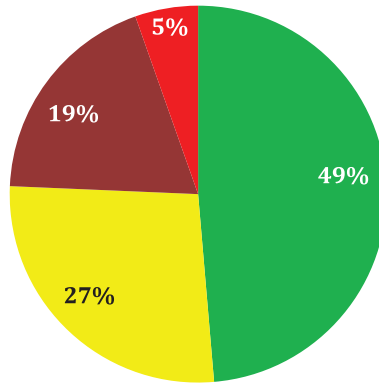


### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators



■ Achieved   
 ■ Partially achieved   
 ■ Not achieved   
 ■ Not available

\*\* 9 indicators that are not applicable have not considered in calculation.

### Overall achievement measured by OP-level indicators:

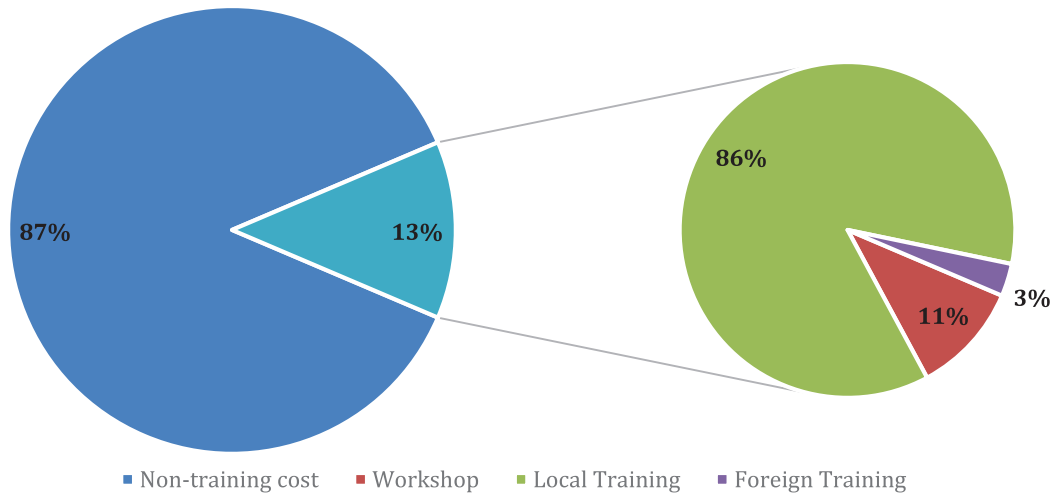
Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	4	21	12	37
Achieved	2 (50%)	14 (67%)	2 (17%)	18 (49%)
Partially achieved	2 (50%)	4 (19%)	4 (33%)	10 (27%)
Not achieved	0 (0%)	3 (14%)	4 (33%)	7 (19%)
Not available	0 (0%)	0 (0%)	2 (17%)	2 (5%)

\*\* 2 indicators from SHS component and 7 indicators from IHS component were not applicable. The values in percentage are being rounded-up.

## Training Information

Total expenditure = training cost (13%) + other program cost (87%)

Distribution of training cost



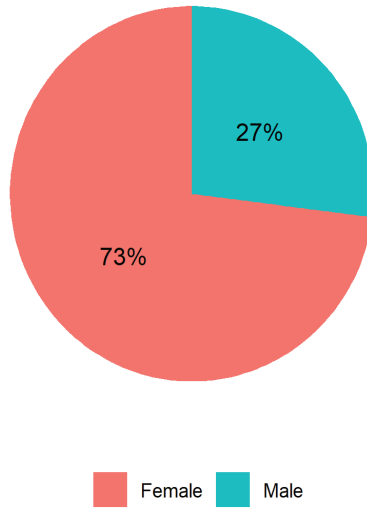
Out of the total expenditure of Tk. 313.72 crore, 40.19 crore (13%) was spent on training. Of the total training cost, 4.31 crore (11%) was spent on workshop, Tk. 34.61 crore (86%) was spent local training and Tk. 1.26 crore (3%) was spent on foreign training.

### Training and workshop participants by OPs\*

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	6,047 (93)	42,444 (83)	0 (0)	48,586 (82)
Foreign Training	13 (<1)	7 (<1)	10 (1)	30 (<1)
Workshop	434 (7)	8,895 (17)	1,273 (99)	10,602 (18)

\*The values in percentage are being rounded-up

Gender distribution among participants- ME&FWD





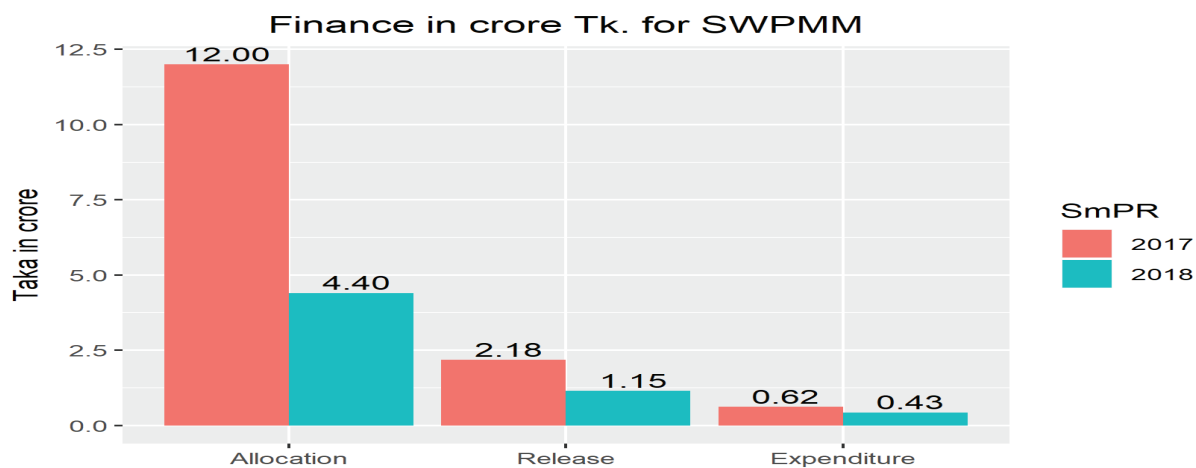
## OP-01: Sector-wide Program Management & Monitoring (SWPMM)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> (4 out of 5 indicators achieved; 1 indicator is not applicable)	Fund release against allocation* <b>26%</b>	Fund utilization against allocation* <b>10%</b>	Fund utilization against release <b>37%</b>
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### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

### Status Legend:

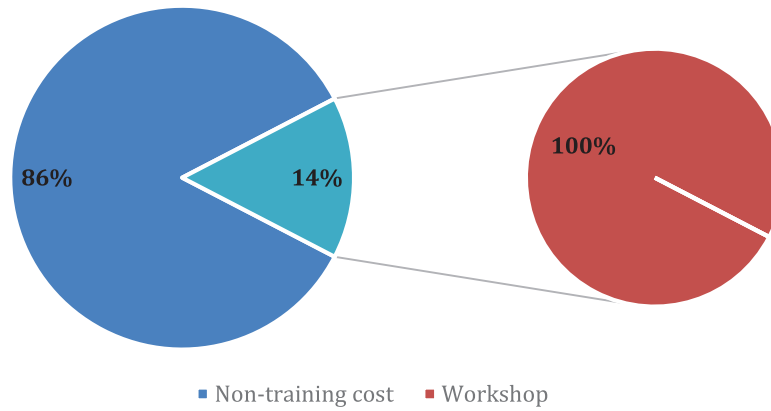
■ Achieved 
 ■ Partially achieved 
 ■ Not achieved 
 ■ Not available 
 ■ Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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	29	100%	NIL	
Indicator-2	Increase in the number of OPs with annual budget execution over 80%	13, (APIR 2015)	18	16	Not Applicable	Not Applicable	Not Applicable	Yes	
Indicator-3	Prepare annual Programme implementation reports (APIR)	1 report/year	3	1	1	1 ( APIR-2018 has been developed and disseminated.)	100%	NIL	
Indicator-4	LCG health meetings organized quarterly and decisions followed up	2 Nos. (July-Dec. 2016)	14	4	2	3	150%	NIL	
Indicator-5	Improved coordination mechanism focusing on PHC in urban areas	NA		2 meetings	1 meeting	1 meeting ( To improve coordination between MOHFW and MOLGRDC on urban health was conducted in November 2018.)	100%	Yes	

## Training Information

Total expenditure = training cost (14%) + other program cost (86%)

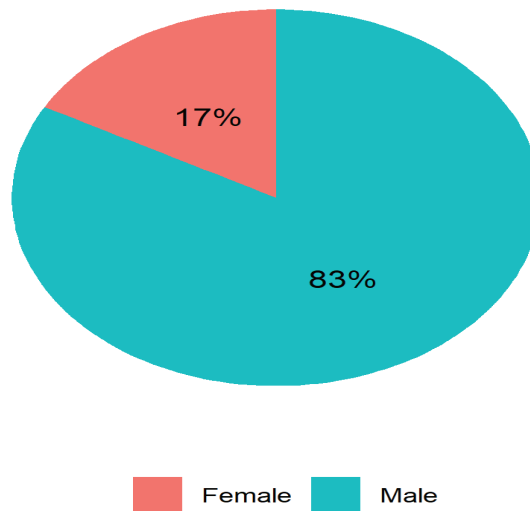
Distribution of training cost



Out of the total expenditure of Tk. 0.43 crore, 0.06 crore (14%) was spent on training. Of the total training cost, 100% was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	788 (100)	0 (0)	0 (0)	788 (100)

### Gender distribution among participants- SWPMM





## Major Physical Progress

### **Program Review, Monitoring and Evaluation**

- The APIR 2018 was prepared, published and distributed.
- Organized one consultative workshop with the LDs and DPs to finalize APIR 2018.
- Included one report on progress of DLI achievement in APIR 2018.
- Sent one report on MOHFW's progress in FY 2017-18 to GED, Planning Commission for inclusion in SDG Implementation Review (SIR) 2018.
- Organized a national consultation workshop to present health-related SDGs at the PMO.
- Started preparation of APR 2018 on June 2018. An independent Review Team (IRT) consisting of 11 national and two international consultants conducted APR 2018. The TL submitted the final report on 24 February 2019.
- Arranged 12 ADP meetings (HSD and ME&FWD) in 06 months as part of monthly progress review meetings.

### **Sector Coordination**

- Ensured GOB-DP coordination through 16 meetings (LCG WG-H-3; TAC-2; DLI Monitoring-2; APR-SC-9). Coordination with the DPs also took place through a number of bilateral meetings.
- Ensured inter-ministerial coordination through 21 meetings (OP Steering Committee-11; OPIC-4; TIC-1; OPIMC- 3; Urban health related meetings/ Urban Health TAST Group Meeting-1 and Urban health Coordination committee Meeting- 1)
- Ensured inter-agency coordination through 19 workshops (AWP-4; Template of APIR 2018-6; ATP-2; FAMS-3; DLI achievement Meetings-2 & workshops -2, etc.)
- Arranged one PIP dissemination workshop at the national level and Publicized and disseminated the HNP Sector Program.
- 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.

### **Capacity building**

- 49 central level MOHFW personnel attended DLI Achievement for LDs.
- 67 central level MOHFW personnel attended workshops on APIR-2018.
- 58 central level MOHFW personnel attended four workshops on AWP.
- 118 central level MOHFW personnel attended workshop on FAMS software.
- 12 central level MOHFW personnel attended workshop on NNHP.
- 14 central level MOHFW personnel attended two workshops on DLI.
- 65 central level MOHFW personnel attended workshop on NCIP.
- 191 central level MOHFW personnel attended workshops on APIR 2018.
- 164 central level MOHFW personnel attended workshop APR-2018.
- 50 central level MOHFW personnel attended workshop on Annual Training Plan (ATP).

### **Strengthening of Program Management & Monitoring Unit (PMMU)**

- Arranged 20- meetings/seminars/workshops/orientations at PMMU.
- Continued Technical Assistance Support (under DP execution) to PMMU through TAST/ USAID funded MEASURE Evaluation.

TA Support (Conducting Studies, Surveys etc.)

- Two national consultants have been working since 2018 (1 consultant funded by the World Bank for DLI monitoring; and another consultant funded by WHO for SDG monitoring).

#### **Gavi-HSS Programme**

- Organized 13 meetings/workshops (workshop with several Gavi Missions-06, Gavi PIC meeting-04; Technical Sub-committee meeting of Gavi- 01, NCIP meeting-1, NNHP meeting-1)

#### **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**

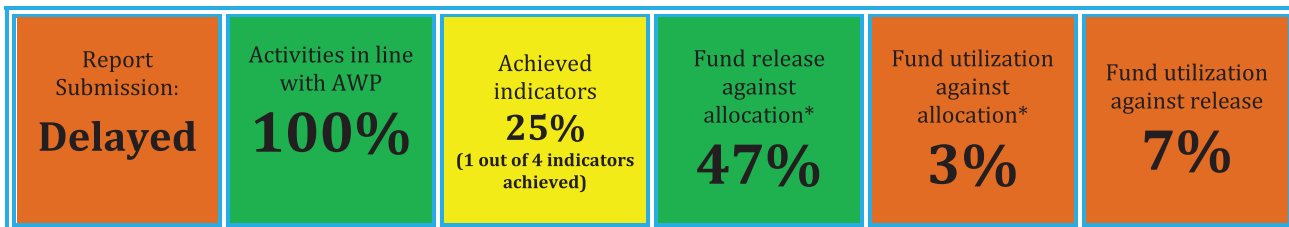
- Monitored DLI achievement progress and took steps as and when necessary to guide the LDs to achieve DLRs. The MOHFW received disbursement of US\$ 54.01 m for total achievement of 19 DLRs.
- Reviewed documents, conducted meetings with several WB Missions and GOB officials to negotiate the additional financing agreement. Also reviewed and organized SC meetings to revise 5 OPs of HSD to channel the additional financing.

### **Key Challenges**

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



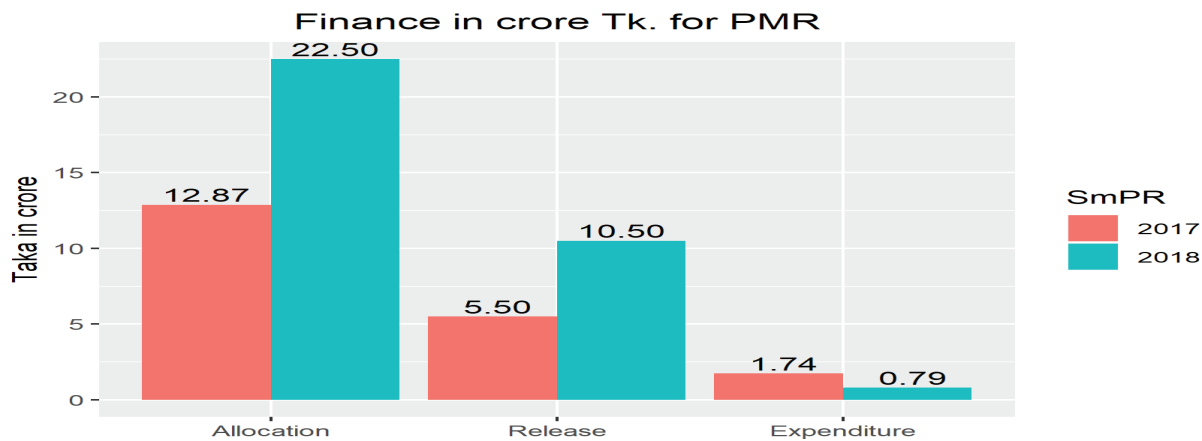
## OP-02: Planning, Monitoring and Research (PMR)



### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

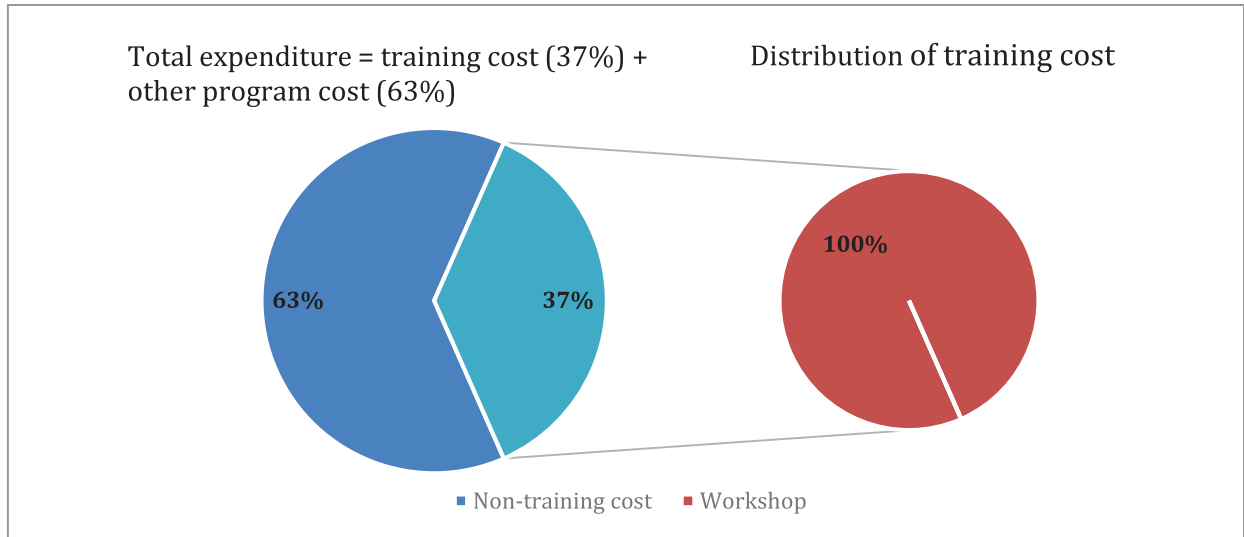
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Orientation trainings conducted on priorities of the Sector Programme	0	300	-	60	0	0%	NIL	Not achieved
Indicator-2	Prepare plan for improved service delivery to supporting managers at different levels	0	200	-	40	0	0%	NIL	Not achieved
Indicator-3	Monitoring meetings for OPs	12/year	42	-	6	6	100%	NIL	Achieved
Indicator-4	Number of brief prepared and disseminated on research conducted	0	25	-	4	1	25%	NIL	Partially achieved

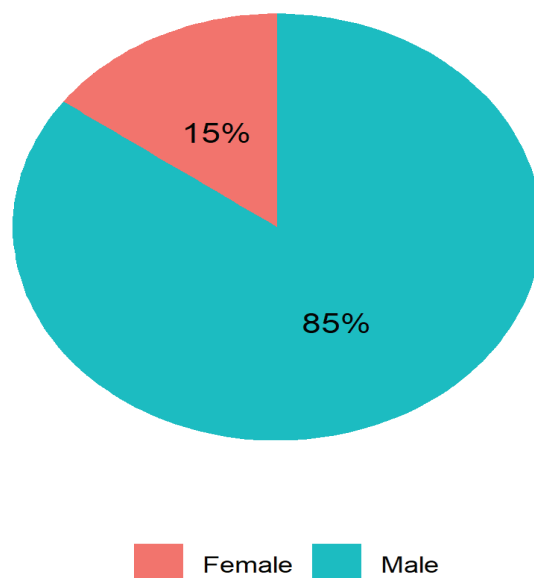
## Training Information



Out of the total expenditure of Tk. 0.79 crore, 0.29 crore (37%) was spent on training. Of the total training cost, 100% was spent on workshop and seminar.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	318 (100)	53 (100)	0 (0)	371 (100)

## Gender distribution among participants- PMR



### Major Physical Progress

- Organized one orientation workshop for field level managers at division and district level.
- Completed ten feasibility studies of the proposed projects and digital survey.
- Organized six monitoring meetings for OPs.
- Organized five meetings with different stakeholders/subject matter experts to identify the cross-cutting issues.
- Organized ten meetings with different stakeholders to finalize the draft project proposal.
- Prepared and finalized 10 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 six ADP monitoring and six development project monitoring meetings.
- Completed 13 periodic visits of OPs and five DPA activity monitoring.
- 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.
- 35 central level MOHFW personnel attended workshop for incorporation of FDMN in ROP.
- 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.

- 29 central level MOHFW personnel attended workshop on SDG, Universal Health Coverage priorities and the principles of 4<sup>th</sup> HPNSP, Dhaka.
- 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
- Completed feasibility study on establishment of Nilphamari kidney unit and dialysis centre in existing medical college.

## Key Challenges

- Line Director post was vacant for approximately four months.
- Fund release delayed due to introduction of iBAS+ +
- Planned activities could not be performed due to shortage of manpower and time constraints.

### **Suggestions/recommendations**

- Need to deploy human resources with public health background.
- Line Director's post should not be vacant for long period.





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

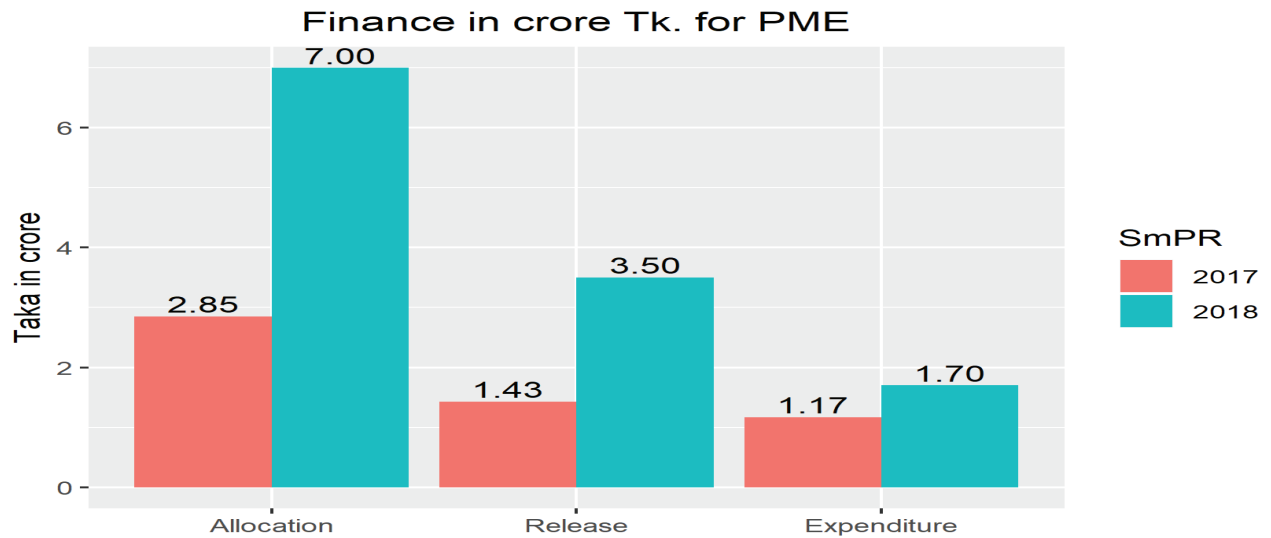
PME

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>50%</b> (2 out of 4 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>24%</b>	Fund utilization against release <b>49%</b>
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### 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



### Progress of OP-level Indicators

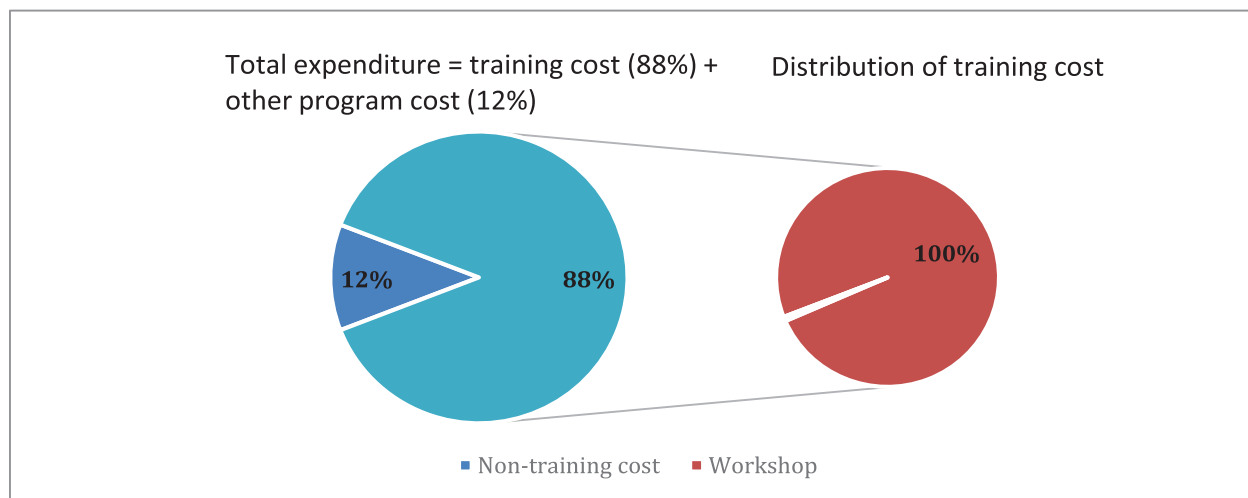
#### Status Legend:

<span style="color: green;">■</span> Achieved	<span style="color: yellow;">■</span> Partially achieved	<span style="color: brown;">■</span> Not achieved	<span style="color: red;">■</span> Not available	<span style="color: darkblue;">■</span> Not Applicable
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\* Financial progress against half of the budget allocation within the first two quarters.

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievement, of six-monthly target (July-December 2018)	% achieved	Link with DLI	Status
Indicator-1	Field Programme Performance Monitoring Workshop (Central, Division & District Level).	104 (Official/ Admin Reports)	444	146	72	55	76%	NIL	Yellow
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	07 OPs	100%	NIL	Green
Indicator-3	Monitoring of financial & physical progress of OPs for ADP Review Meetings.	05 Meetings (Official Reports)	12 Meetings/ Year	12 Meetings/ Year	06	03	50%	NIL	Yellow
Indicator-4	Co-ordination Workshop with NGOs/ Garments/ Private Organization on FP-MCRAH activities (Central & Divisional Level).	N/A	N/A	01	01	01	100%	NIL	Green

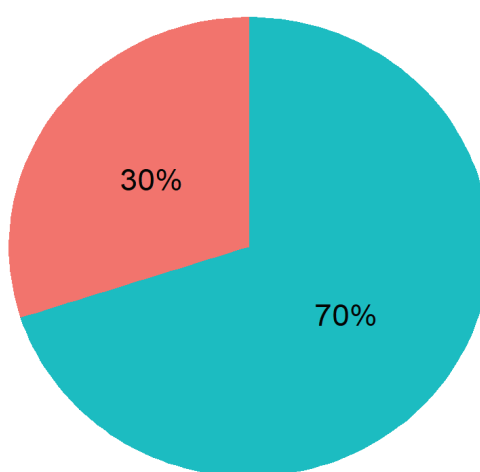
## Training Information



During this reporting period, out of the total expenditure of Tk. 1.70 crore, 1.50 crore (88%) was spent on training. Of the total training cost, Tk. 1.49 crore (99%) was spent on workshop and Tk. 0.01 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	6 (7)	0 (0)	0 (0)	6 (<1)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	76 (93)	1807 (100)	155 (100)	2038 (100)

### Gender distribution among participants- PME



■ Female
 ■ Male

### Major Physical Progress

- Prepared seven AWP's with budgets and submitted to the MOHFW by July 2018.
- Arranged three ADP review meetings for monitoring financial and physical progress.
- Organized a coordination workshop with NGOs/garments/private organization on FP – MCRAH activities (at central and divisional levels).
- 73 field level MOHFW personnel and 14 NGO personnel participated in the workshop on GO-NGO collaboration in Sylhet division.
- Six central level MOHFW personnel participated in a short-term local training on good governance, accountability, and transparency.
- 1,734 field level MOHFW staff and 136 non-MOHFW personnel participated in 55 districts and divisional level workshops on field program performance monitoring.
- 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

- In some cases, lack of co-ordination between central and field level accounts office (AG Office) still prevalent on implementation of iBAS++ software. Interestingly, this OP mentioned this particular challenge in earlier reports both SmPR 2017 (Jul-Dec 2017) and APIR 2018 (Jul 2017-Jun 2018) which seems to be still unresolved. However, the OP already disbursed money at field level following proper steps in iBAS++ software during the reported period (Jul-Dec 2018). But some field level accounts office still complaining against non-display of required information on their computers.
- 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.

### **Initiative taken to overcome challenges:**

- The PME OP gathered several recommendations and findings from field level workshops and sent to respective OPs. In addition, the OP arranged a special workshop at central level to disseminate field level findings to concerned Line Directors and Ministry representatives.

### **Suggestions/recommendations:**

- Ensure co-ordination among all parties involved and take support from other agencies on iBAS++ related issues.
- Concrete steps need to be taken in strengthening linkage between field level findings and central level programs.
- Fund should be released according to the demand of respective Line Director.
- Respective Line Directors need to take concrete steps in implementing findings/recommendations sent by Planning Unit.

## OP-04: Health Economics & Financing (HEF)

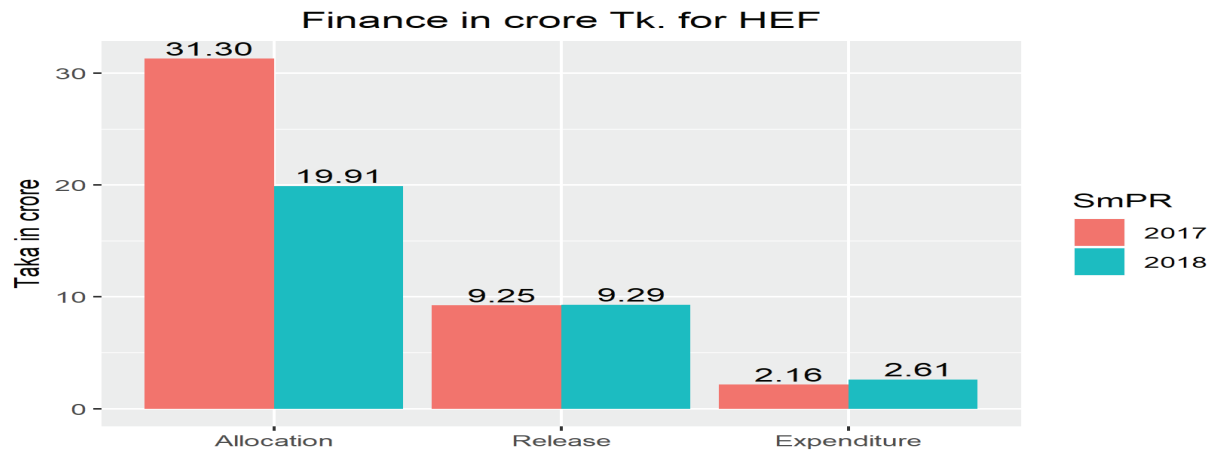
Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> (1 out of 4 indicators achieved; 3 indicators are not available)	Fund release against allocation* <b>47%</b>	Fund utilization against allocation* <b>13%</b>	Fund utilization against release <b>28%</b>
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HEF

### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

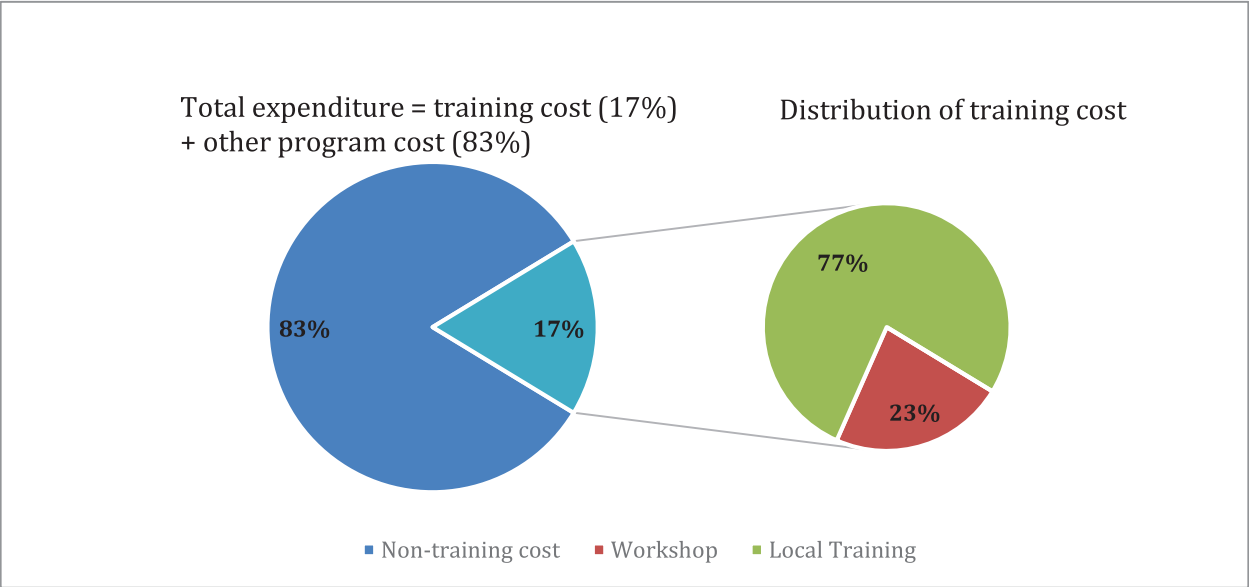
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Number of BNHA conducted	BNHA 4 (1997-2012)	1	-	-	-	Not Available	NIL	
Indicator-2	Number of PER conducted	PER 11 (1997-2014)	1	Data collection to be completed	50% data collection to be completed	50% data collection completed	100%	NIL	
Indicator-3	Number of upazilas are in social health protection scheme	1 upazila	3	-	-	-	Not Available	NIL	
Indicator-4	Health facilities piloting health sector response to GBV	N/A	1 upazila of 1 district	-	-	-	Not Available	NIL	

## Training Information

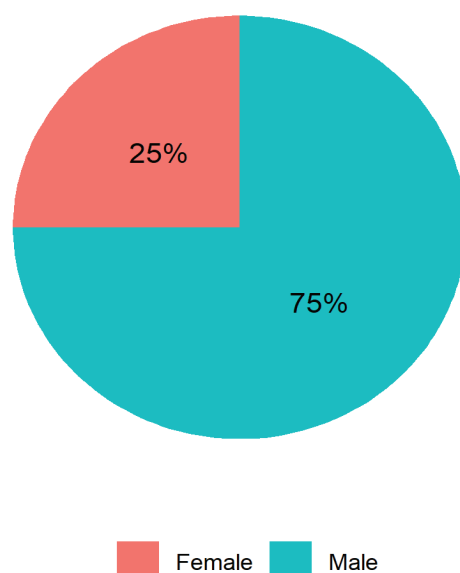


Out of the total expenditure of Tk. 2.61 crore, 0.45 crore (17%) was spent on training. Of the total training cost, Tk. 0.10 crore (23%) was spent on workshop and Tk. 0.35 crore (77%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	97 (30)	603 (100)	16 (100)	716 (76)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	230 (70)	0 (0)	0 (0)	230 (24)



## Gender distribution among participants- HEF



### Major Physical Progress

- Completed patient's satisfaction survey.
- Completed gender equity in health in Bangladesh: Advancing from indicators to situational analysis and a framework.
- 29 central level MOHFW personnel attended short training course on public-private-partnership in HPN sector.
- 35 central level MOHFW personnel attended training course on gender responsive budgeting.
- 33 central level MOHFW personnel attended short training course on UHC in sustainable development goal-3: Perspective Bangladesh.
- 43 field level MOHFW personnel and eight field level non-MOHFW staff attended training course on health sector response to Gender Based Violence (GBV) in Mymensingh.
- 39 field level MOHFW personnel and eight field level non-MOHFW staff attended training course on health sector response to Gender Based Violence (GBV) in Narayanganj.

### Key Challenges

- Shortage of human resources in SSK areas.

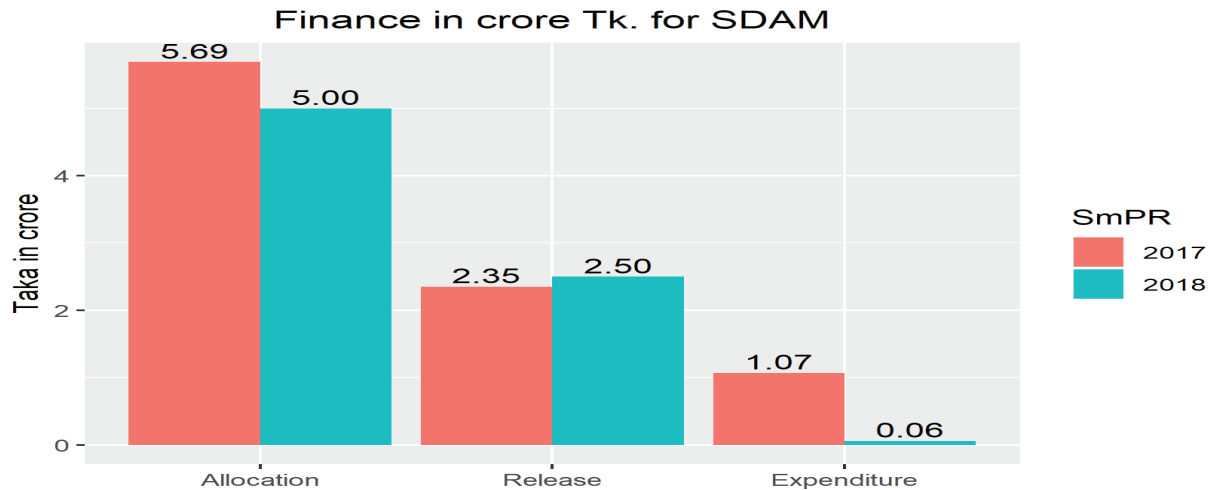
## OP-05: Strengthening Drug Administration and Management (SDAM)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> (1 out of 4 indicators achieved; 1 indicator is not available)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>1%</b>	Fund utilization against release <b>2%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

## 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of permitted drug tested annually	28.07% (2015-2016)	31%	8.66% (3,700)	-	2.89% (1,237)	67%	NIL	
Indicator-2	Number of Drug Manufacturing Units (DMU) inspected annually	1,552 (2015-2016)	1,750	1,300	-	440	68%	NIL	
Indicator-3	Percentage of Depot of drugs, retail pharmacy shops inspected annually	54.44% (2015-2016)	70%	44.08% (56,800)	-	21.20% (27,325)	96%	NIL	
Indicator-4	Number of ADR reports collected from both healthcare facilities and pharmaceutical manufacturers	640 (2015-2016)	1,500		-	446	Not available	NIL	

## Training Information

During this reporting period, this OP didn't conduct any training.

## Major Physical Progress

- Out of registered 42,731 brands of medicines, DGDA tested 1,237 drug samples through National Control Laboratory, Dhaka and Chittagong Drug Testing Laboratory.
- Inspected 440 pharmaceutical manufacturing units.
- Out of 1,28,852 licensed retail pharmacies and depots, the DGDA inspectors inspected 27,325 retail drug shops.
- The Adverse Drug Reaction Monitoring (ADRM) Cell collected 446 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.

## Key Challenges

- No challenge reported during the reporting period July – December 2018

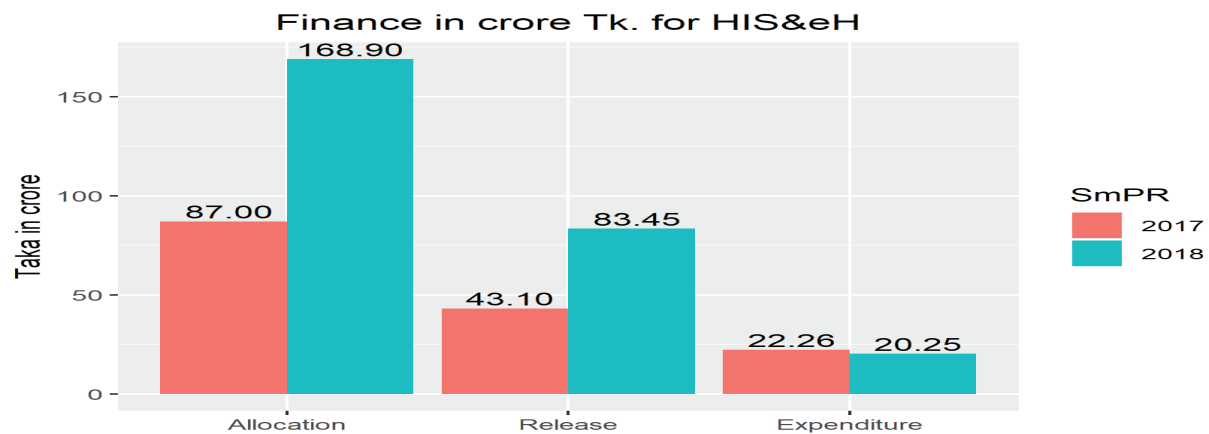
## OP-06: Health Information System & e-Health (HIS & e-Health)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> (5 out of 5 indicators achieved)	Fund release against allocation* <b>49%</b>	Fund utilization against allocation* <b>12%</b>	Fund utilization against release <b>24%</b>
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### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

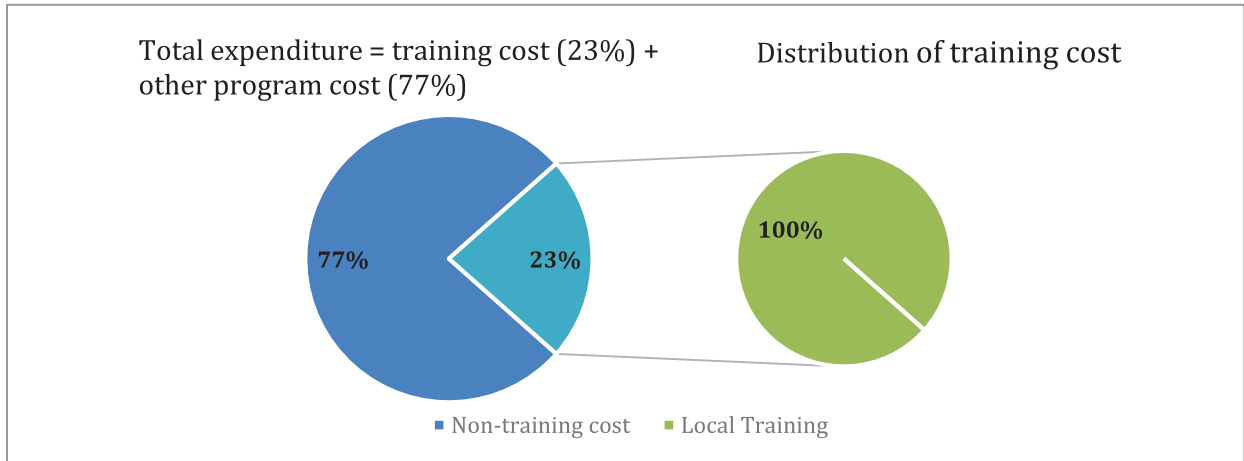
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievement, of six-monthly target (July-December 2018)	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% 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	4,000	2,500	2,000	2,000	100%	Yes	
Indicator-3	GRS is enhanced	GRS in place	30%	20%	15%	15%	100%	Yes	
Indicator-4	MIS reports on health service delivery published and disseminated	Health Bulletin 2018(MIS-DGHS)	1	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	DHIS2 and HRM data	100%	NIL	

## Training Information



Out of the total expenditure of Tk. 20.25 crore, 4.66 crore (23%) was spent on training. Of the total training cost, 100% was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	804 (100)	1,422 (100)	3 (100)	2,229 (100)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

## Major Physical Progress

- 2,000 CCs continue to report on gender segregated data in DHIS2.
- 100% of facilities (upazila level and above) and 92% 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.
- 15% GRS has been enhanced.
- Ensured TA for strengthening HIS & eHealth (Health Call Center 16263, COIA, HSS, Citizen's Grievances, Telemedicine and CRVS, etc.)
- 1,713 both central level and field level MOHFW personnel attended different types of local trainings and 199 central level MOHFW personnel participated in different workshops.

## 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.

### **Human resources**

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

### **Physical progress**

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

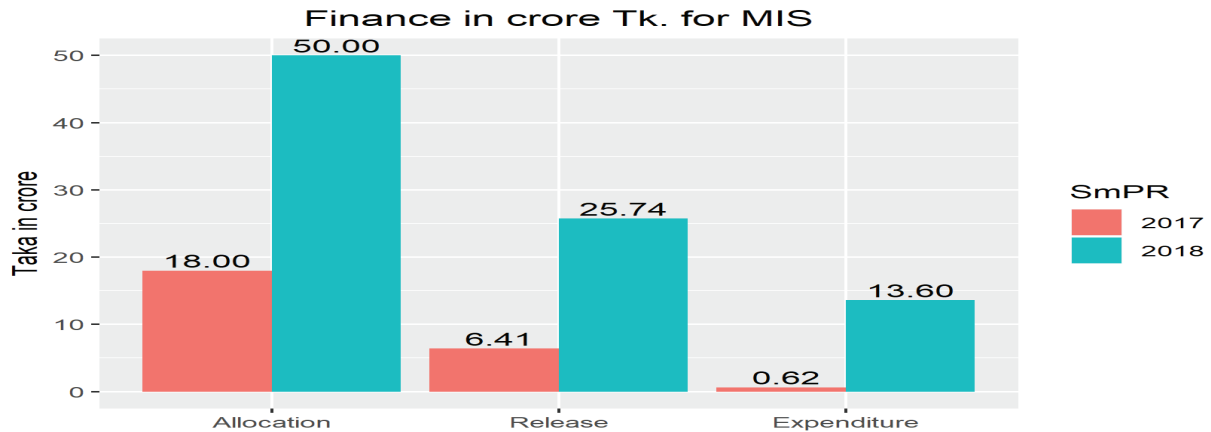
## OP-07: Management Information Systems (MIS)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>67%</b> (2 out of 5 indicators achieved; 2 indicators are not applicable)	Fund release against allocation* <b>51%</b>	Fund utilization against allocation* <b>27%</b>	Fund utilization against release <b>53%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.



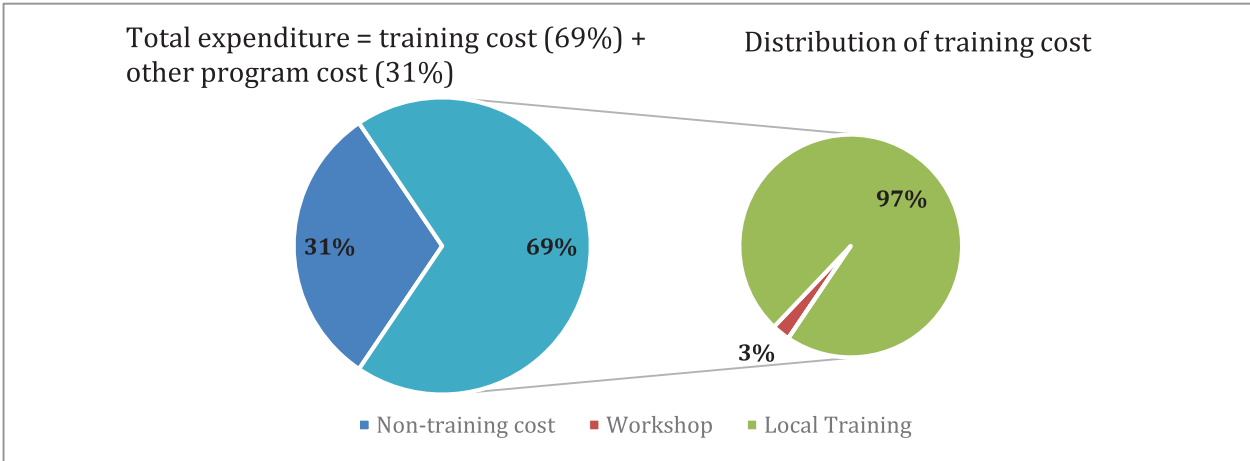
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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	0%	NIL	
Indicator-2	Number of UHFWCs under e-MIS scale up	30 (2016) (e-MIS/DGFP)	800	-	-	1706	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			2	Not applicable	NIL	

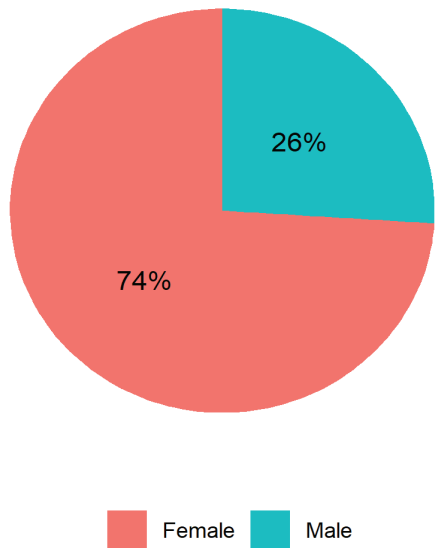
## Training Information



Out of the total expenditure of Tk. 13.60 crore, 9.37 crore (69%) was spent on training. Of the total training cost, Tk. 0.25 crore (3%) was spent on workshop and Tk. 9.13 (97%) crore spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local training	81 (100)	31,539 (99)	0 (0)	31,620 (99)
Foreign training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	364 (1)	0 (0)	364 (1)

Gender distribution among participants- MIS



## Major Physical Progress

- e-MIS scaled up in 1,706 UH&FWCs.
- Published and disseminated two MIS reports on service delivery.
- Completed procurement of 1,572 desktop computers.
- 23 central level MOHFW personnel and 1,151 field level staff attended ToT on FWA updated Register and Formats.
- 30,150 field level staff participated training on FWA updated register and formats.
- Two central level MOHFW personnel and 238 field level staff attended training on HRIS.
- 56 central level MOHFW personnel attended training on e-filing.
- 88 field level staff attended workshop on focus group on data monitoring and supervision.
- 181 field level staff attended workshop on field force and supervisors on LMIS.
- 95 field level staff attended outcome evaluation workshop on data reporting.

## Key Challenges

- Some offices e.g. central warehouse, FWVTI and all regional warehouse could not access to the iBAS++ system. So, the MIS OP faced problem to allocate the fund to these offices.

Suggestions/recommendations:

- Data entry and reporting on iBAS++ should be easier and more user friendly. All Field offices under DGFP should be included in iBAS++ system.

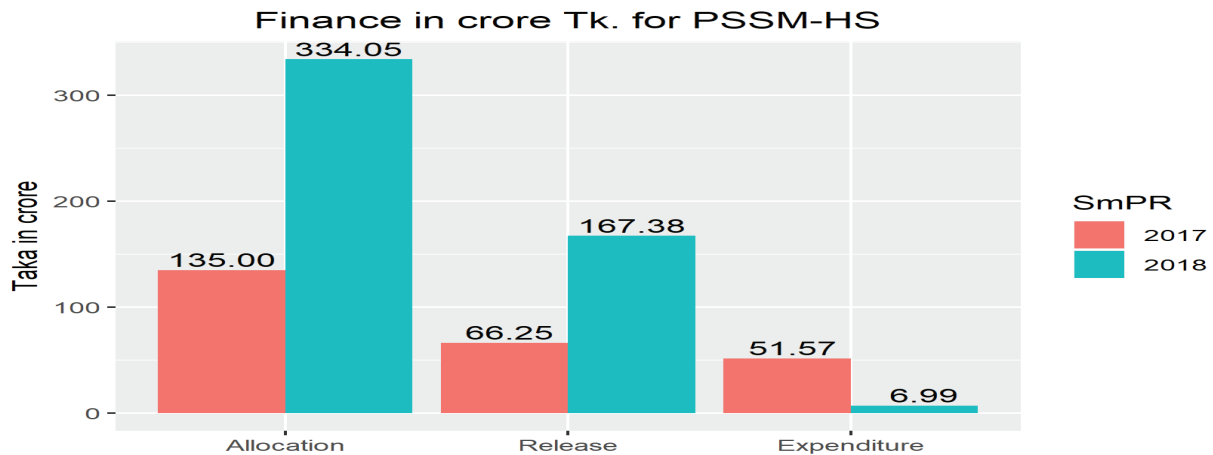
## OP-08: Procurement, Storage and Supplies Management-HS (PSSM-HS)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> (4 out of 4 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>2%</b>	Fund utilization against release <b>4%</b>
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### General Objective

Enhancement of procurement capacity and supplies management for health services.

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

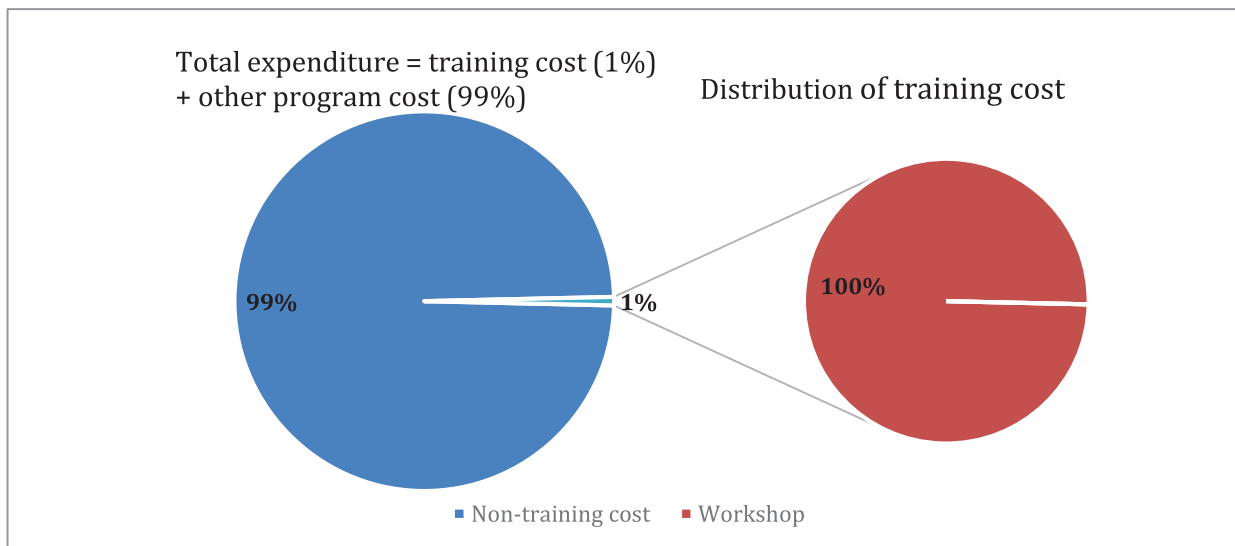
## Progress of OP-level Indicators

### 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	Six monthly Target (July-December 2018)	Achievements of Six monthly Target (July-December 2018)	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 week	50 week	50 week	Yes	100%	NIL	
Indicator-2	Introduce e-GP	0	25% of NCB Package	25% of NCB Package	25% of NCB Package	yes	100%	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	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	"Restructuring of CMSD" proposal in MOHFW & MOPA	Yes	100%	Yes	

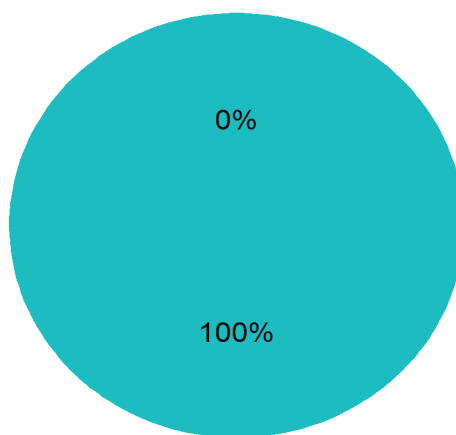
## Training Information



Out of total expenditure of Tk. 6.99 crore, Tk. 0.05 crore (1%) was spent on training. Of the total training cost, 100% was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	29 (100)	0 (0)	3 (0)	32 (100)

### Gender distribution among participants- PSSM-HS



Female Male

### Major Physical Progress

- Completed procurement of 25% NCB packages through e-GP.
- Incorporated the provision of comprehensive maintenance management in 50% tender documents for high-tech equipment.
- Proposal sent to MOHFW and MOPA for restructuring of CMSD.
- 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 and completed post-shipment inspection for ensuring quality of goods.
- 58 out sourcing staff (Bio-medical Engineer, IT Engineer, Legal Officer and Computer Data Entry Operator) have been employed.

- Ten central level MOHFW personnel attended local training on store management.
- 30 central level MOHFW personnel attended local training on procurement and contract management.
- 40 central level MOHFW personnel attended local training on e-GP.

## Key Challenges

- No challenge reported during the reporting period July – December 2018

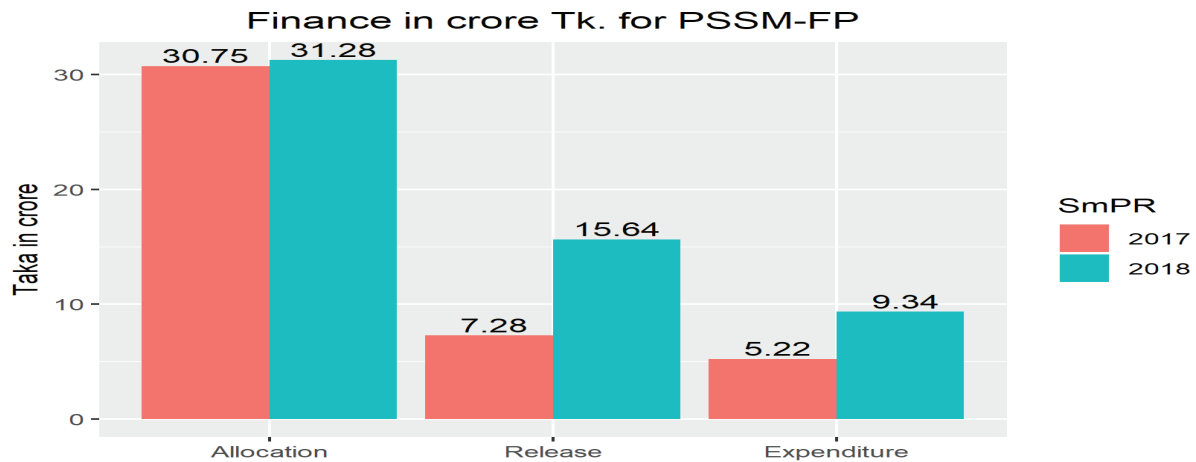
## OP-09: Procurement, Storage and Supplies Management-FP (PSSM-FP)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> (5 out of 5 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>30%</b>	Fund utilization against release <b>60%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.



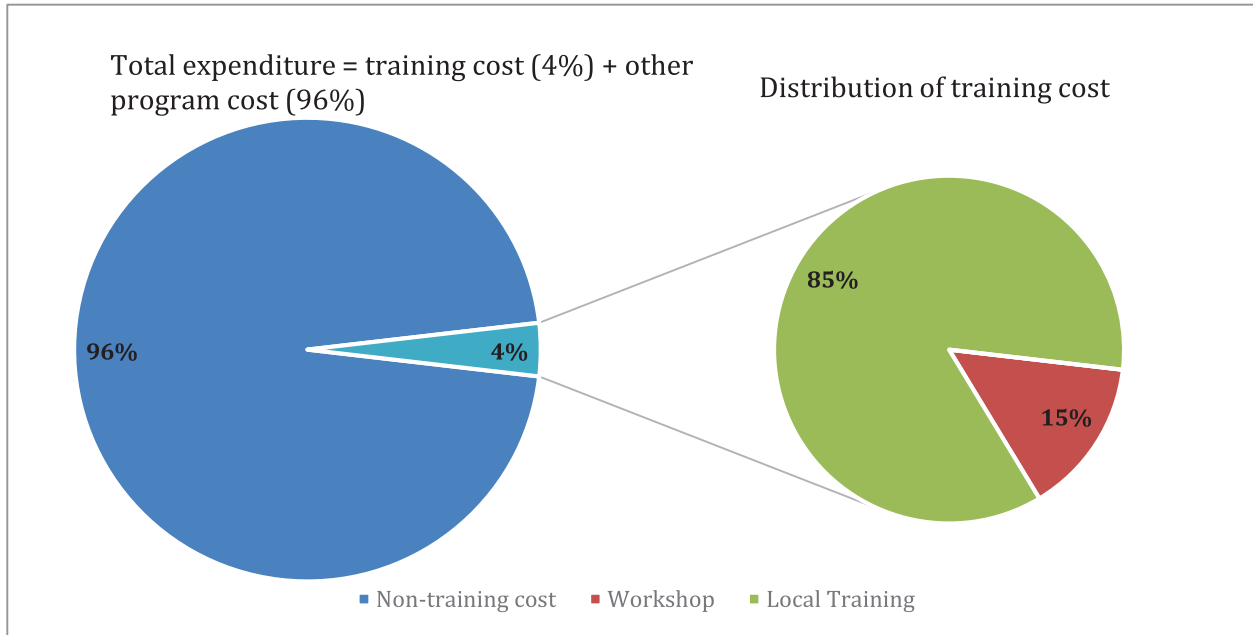
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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%	99%	99%	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%	99.53%	102%	NIL	
Indicator-3	Percentage of (a) WIMS and (b) UIMS functional	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100%	NIL	
Indicator-4	Percentage of Upazilas having no 'unusable'	78%	80%	25%	12%	12%	100%	NIL	
Indicator-5	Introduce e-GP	5%	75%	50%	40%	40%	100%	Yes	

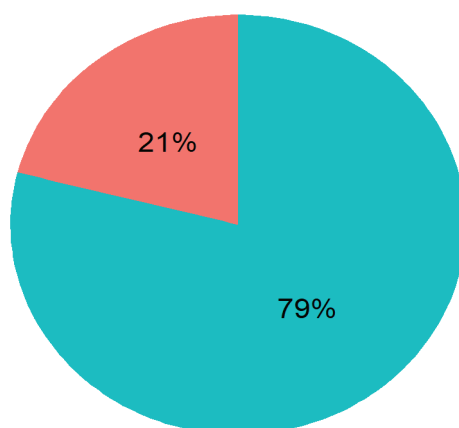
## Training Information



Out of the total expenditure of Tk. 9.34 crore, Tk. 0.34 crore (4%) was spent on training. Of the total training cost, Tk. 0.29 crore (85%) was spent on local training and Tk. 0.05 crore (15%) crore spent on workshop. While no training was conducted during Jul-Dec 2017.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	329 (88)	0 (0)	329 (88)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	46 (12)	0 (0)	46 (12)

## Gender distribution among participants- PSSM-FP



Female Male

## Major Physical Progress

- Awarded 99% of contracts within initial tender validity period.
- 99.53% 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 12% of Upazilas having no 'unusable'.
- Deployed 668 Ansar/VDP members for 4,008 (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 233 upazila family planning stores through GOB transport.
- Supplied commodities to 10 regional warehouses and 256 upazila family planning stores through private transport.
- Appointed a clearing and forwarding agent to release commodities from the sea/airports.
- Ensured renting of 32,300 square-feet of storage space to use during the interim construction period of CWH.
- 329 field level MOHFW staff attended software training on computerized software inventory management e.g. WIMS & UMIS.
- 46 field level MOHFW staff attended workshop on supply chain management.

## Key Challenges

- No challenge reported during the reporting period July –December 2018

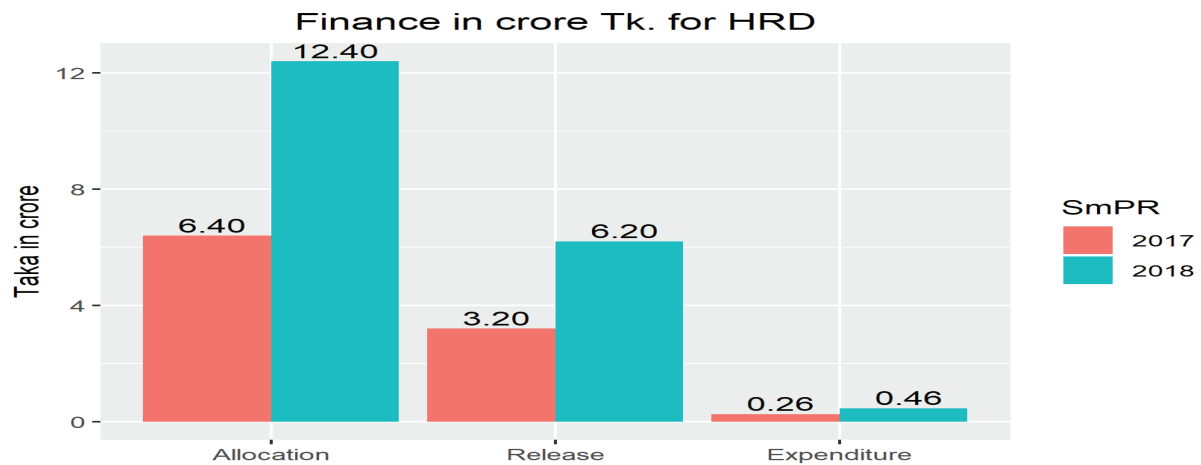
## OP-10: Human Resources Development (HRD)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> (1 out of 6 indicators achieved; 2 indicators are not applicable)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>4%</b>	Fund utilization against release <b>7%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

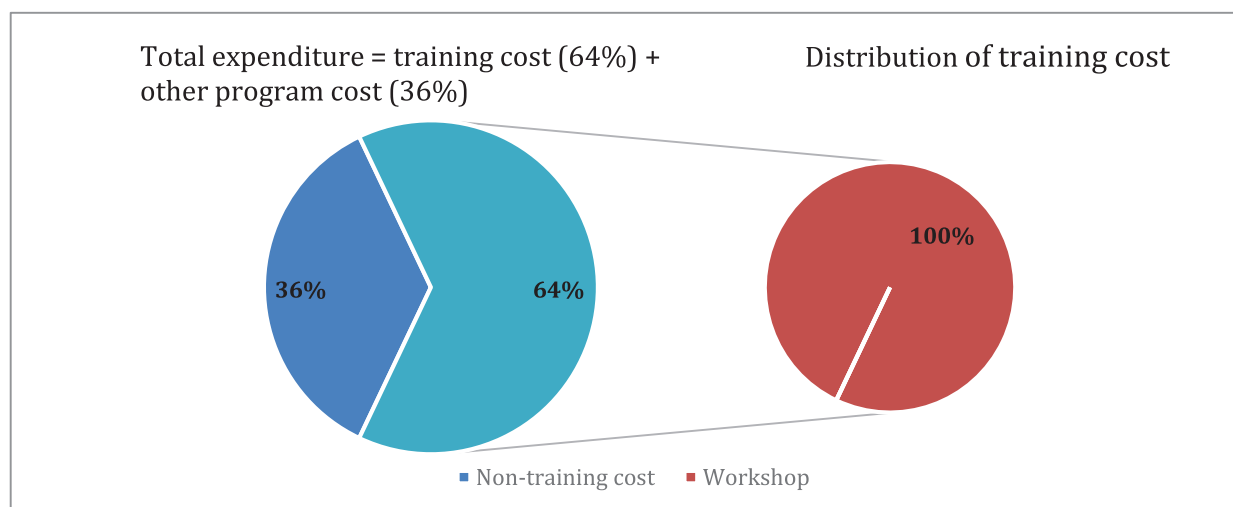
### Status Legend:

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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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	-	-	A meeting with the LD on this topic was held and a workshop was held on 27 November 2018, which covered TO&E of Upazila Health Complex and below level health facilities. Remaining workshops will be held before June 2019 and TO&E will be updated as planned.	50%	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	

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
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	-	-	-	Activities are under process. JD of a number of categories of HWF will be updated soon.	0%	NIL	

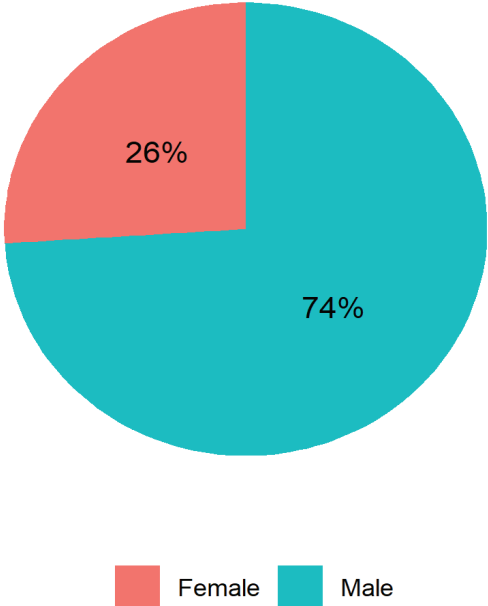
## Training Information



Out of the total expenditure of Tk. 0.46 crore, 0.30 crore (64%) was spent on training. Of the total training cost, 100% was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	91 (100)	19 (100)	0 (0)	110 (100)

Gender distribution among participants- HRD



**Major Physical Progress**

- Organized a meeting with the LD to review and update TO&E for health facilities and organizations which covered TO&E of Upazila Health Complex and below level.
- Ensured operational the Human Resources Information System (HRIS) for evidence-based decision.
- 45 central level MOHFW personnel and 15 field level staff attended workshop on addressing shortage and skill-mix, including ration imbalance, task shifting addressing HWF strategy.
- 46 central level MOHFW personnel and four field level staff attended workshop on review of the organogram of all health and family planning facilities and entities.

**Key Challenges**

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

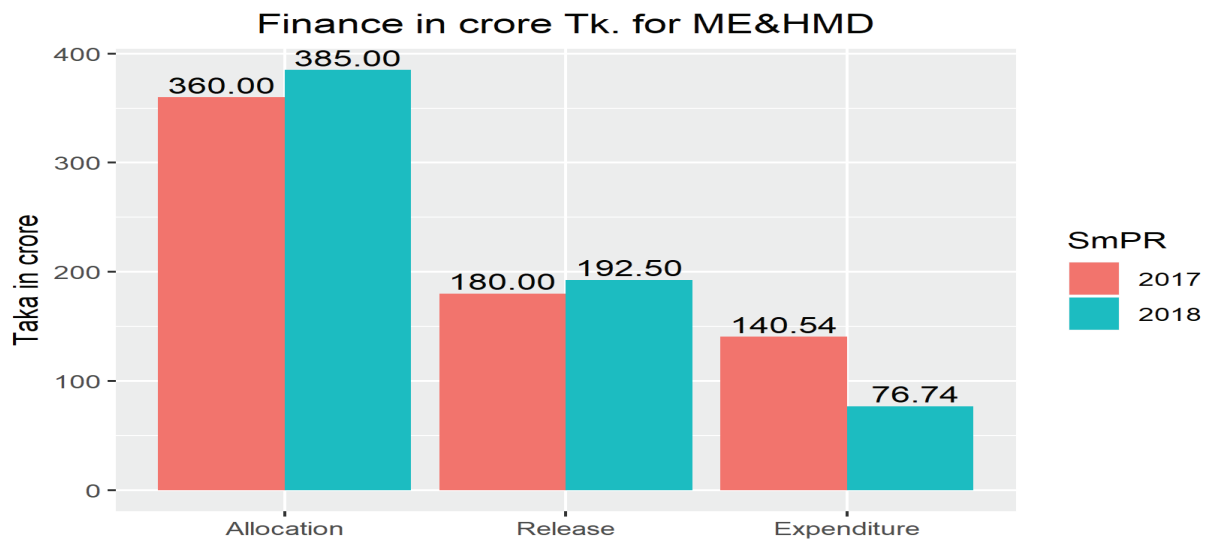
## OP-11: Medical Education and Health Manpower Development (ME&HMD)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> <small>(1 out of 4 indicators achieved)</small>	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>20%</b>	Fund utilization against release <b>40%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.



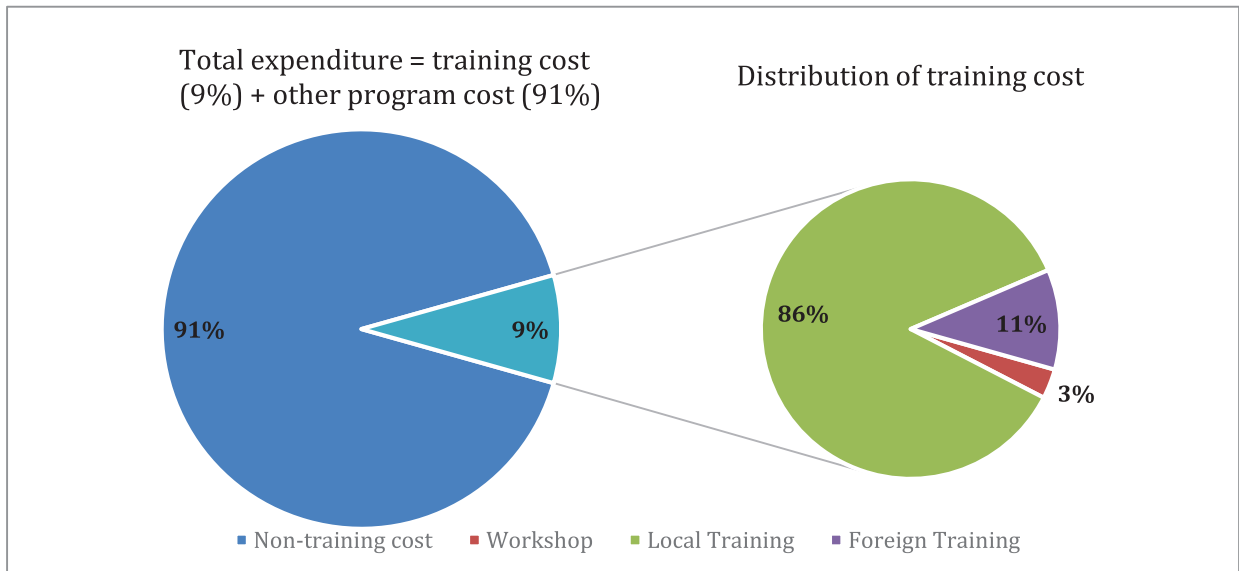
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievement, of six-monthly target (July-December 2018)	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%	5%	5%	100%	NIL	Achieved
Indicator-2	Re-structured Director, ME&HMD	Current organogram	Review completed with report	Review completed with report	Review completed with report	Partially Achieved (50%)	50%	NIL	Partially achieved
Indicator-3	New law for technologists	SMF with no legal basis	Draft new law available	Draft new law available	Draft new law available	Partially Achieved (50%)	50%	NIL	Partially achieved
Indicator-4	Development of TMIS	No TMIS	TMIS capturing current training	TMIS capturing current training	TMIS capturing current training	Not Achieved	0%	NIL	Not achieved

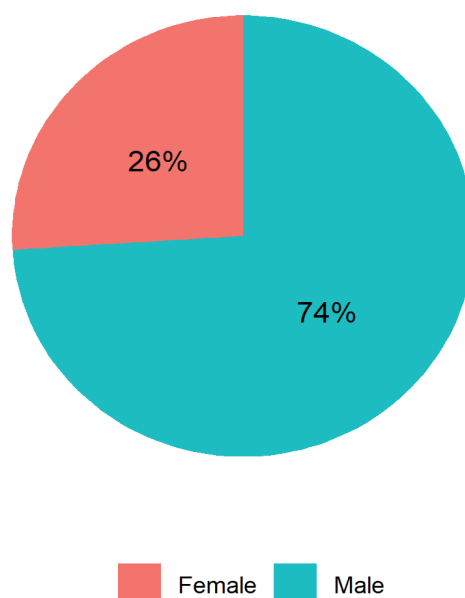
## Training Information



Out of the total expenditure of Tk. 76.74 crore in the reporting period, Tk. 6.70 crore (9%) was spent on training. Of the total training cost, Tk. 5.76 crore (86%) was spent on local training, 0.72 crore (11%) was spent on foreign training and 0.22 crore (3%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	287 (100)	205 (100)	0 (0)	492 (98)
Foreign Training	0 (0)	0 (0)	10 (100)	10 (2)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

Gender distribution among participants- ME&HMD



### Major Physical Progress

- Completed the review of re-structuring ME&HMD and the report is now available.
- Ensured availability of draft new law for technologists.
- 14 curriculums developed and reviewed.
- 185 central level and 170 field level MOHFW doctors and staff attended training on computer.
- 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.
- 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 anesthesia.
- 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 neurology.
- 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 non-MOHFW personnel attended different management and overseas training in the USA (parliamentary committee)

## Key Challenges

- Time consuming procurement process and delayed fund release.
- Shortage of manpower.
- Lack of commitment of the managers.

### **Suggestions/Recommendations:**

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

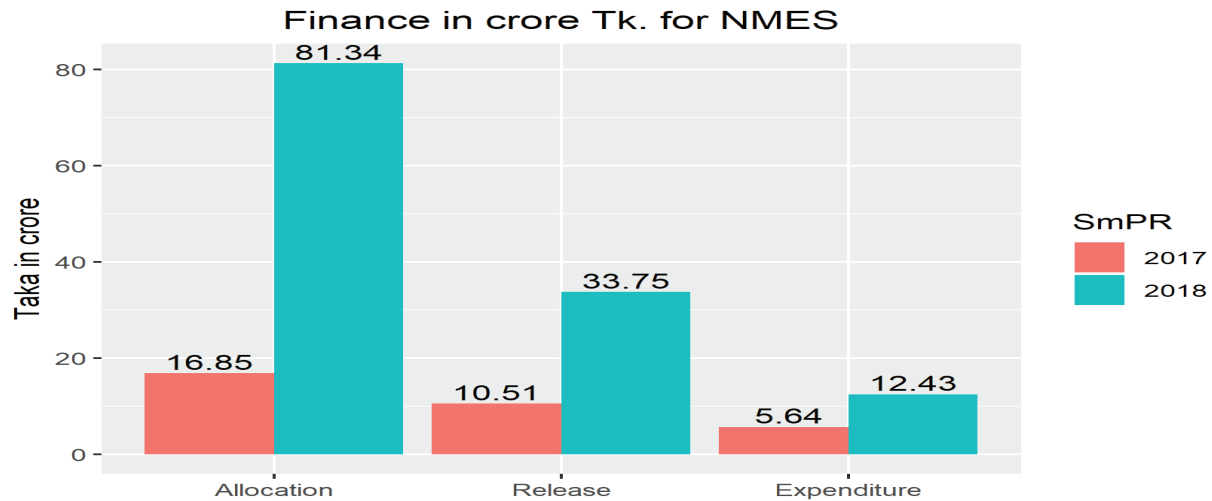
## OP-12: Nursing and Midwifery Education Services (NMES)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>80%</b> (4 out of 5 indicators achieved)	Fund release against allocation* <b>41%</b>	Fund utilization against allocation* <b>15%</b>	Fund utilization against release <b>37%</b>
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### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

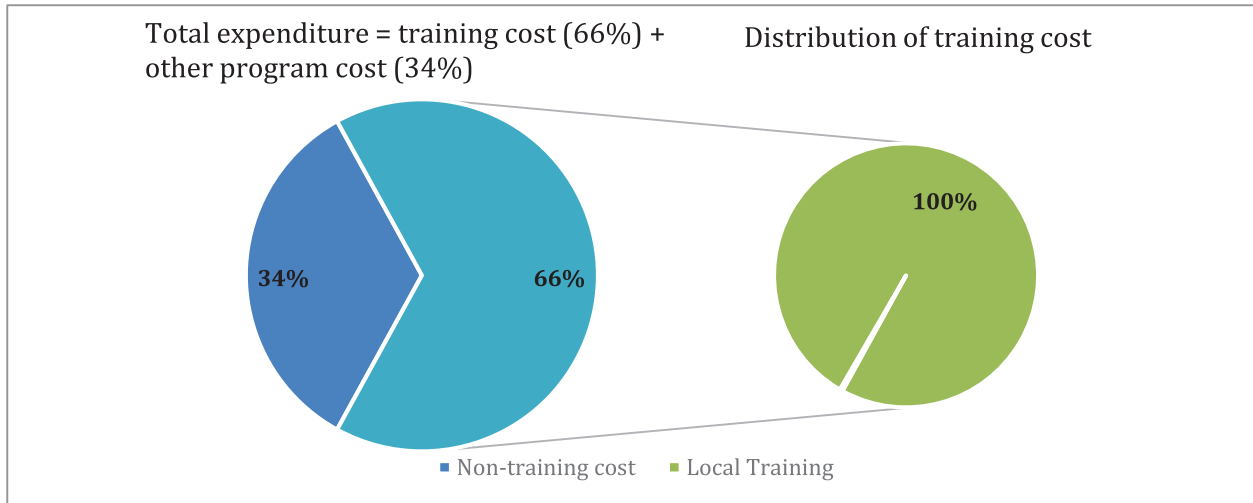
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Number of newly recruited nurses and midwives received orientation training	370	4000	2500	1250	1258	101%	NIL	
Indicator-2	Number of nurses received specialized education and training.	2200	6000	500	250	-	0%	NIL	
Indicator-3	Number of newsletter/ HR report published (2/Year)	N/A	4	4	2	2	100%	NIL	
Indicator-4	Number of training manual developed and updated	(DGNM/BNMC)	4	4	2	6	300%	NIL	
Indicator-5	Number of Midwives produced.	975	1950	975		975		Yes	

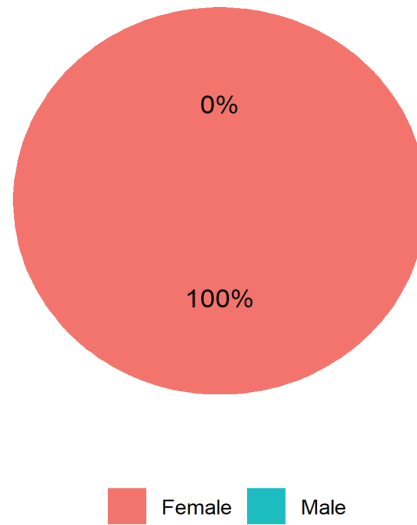
## Training Information



During the reporting report, out of the total expenditure of Tk. 12.43 crore, 8.18 crore (66%) was spent on training. Of the total training cost, Tk. 8.15 crore (100%) was spent on local training and Tk. 0.03 crore (<1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	5,649 (98)	0 (0)	0 (0)	5,649 (98)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	120 (2)	0 (0)	0 (0)	120 (2)

## Gender distribution among participants- NMES



## Major Physical Progress

- 1,258 newly recruited nurses and midwives received orientation training.
- Published two newsletters/HR reports.
- Developed and updated six training manuals.
- Produced a total number of 975 registered midwives.
- 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 managers 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 half time seminar on thesis course (web- based masters).
- 134 midwifery faculty and mentors received skill lab training.
- 32 central level web-based masters participants attended workshop on financial thesis writing.
- 709 registered midwives attended three months' internship for skill development.
- 75 central level nurses attended pre-despatch training to Rohingya camp.
- 120 central level nurses attended management training.
- 120 central level MOHFW personnel attended workshop on community practices.
- 128 central level MOHFW personnel attended training on PMIS, NEMS, NMES nursing education and management system.
- 30 central level nurses attended curriculum training.





## Key Challenges

- No challenge reported during the reporting period July – December 2018



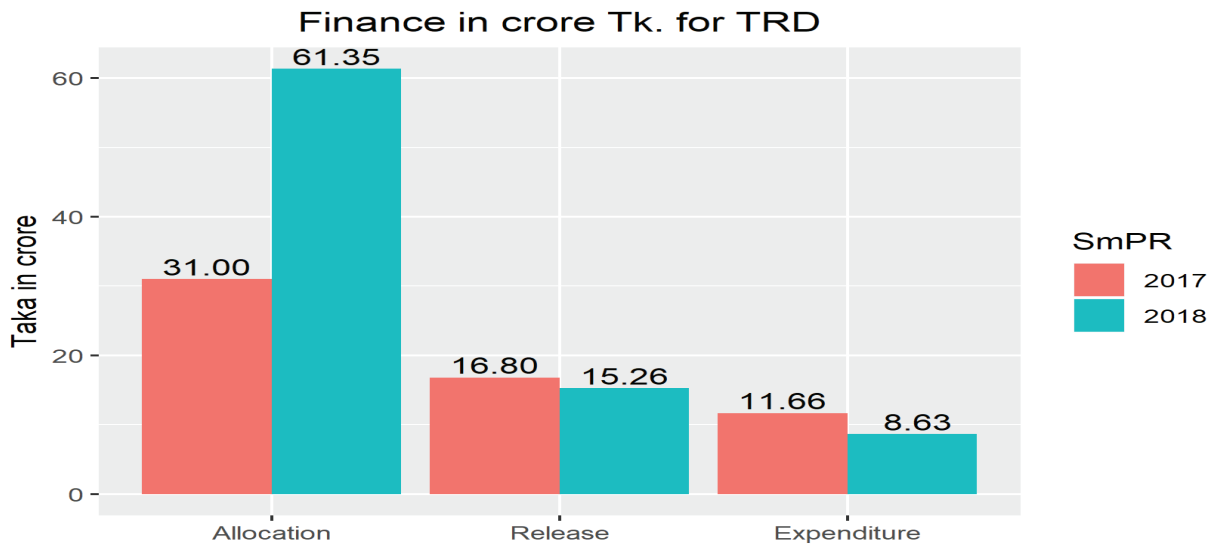
## OP-13: Training, Research and Development (TRD)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>50%</b> (2 out of 4 indicators achieved)	Fund release against allocation* <b>25%</b>	Fund utilization against allocation* <b>14%</b>	Fund utilization against release <b>57%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

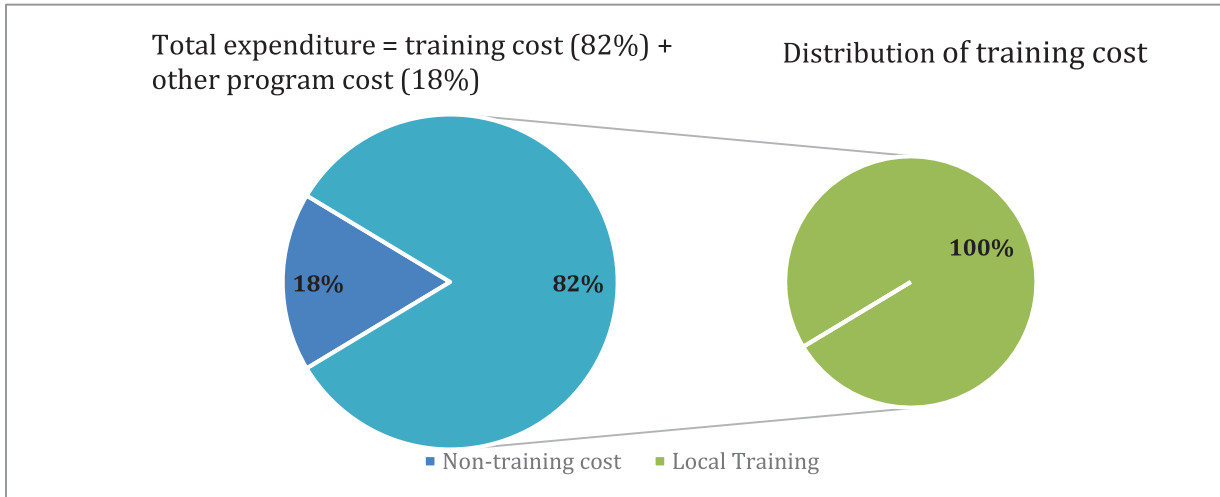
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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	700	575	82%	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	9,436	6,466	69%	NIL	
Indicator-3	Conduct national surveys (including BDHS, BMMS, UESD surveys, Facility survey, Urban Health Survey, etc.)	7 (during 2011-2016)	4	2	Complete preliminary activities, selection of data collection agency and development of data collection tools	90% of tasks accomplished (selection of data collection agency and development of data collection tools)	90%	NIL	
Indicator-4	Number of Programme focused and policy research studies/ conducted	45 (during 2011-2016)	16	8	Complete preliminary activities, selection of data collection agency and development of data collection tools	35% of tasks accomplished (selection of data collection agency and development of data collection tools)	35%	NIL	

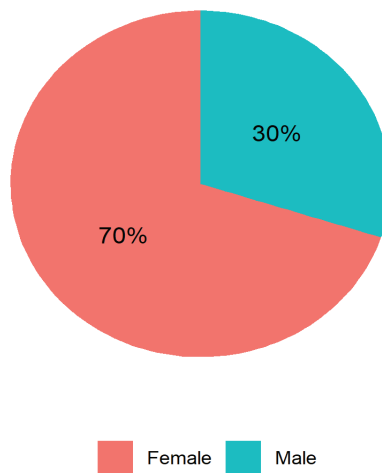
## Training Information



Out of the total expenditure of Tk. 8.63 crore, 7.12 crore (82%) was spent on training. Of the total training cost, 100% was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	6 (0)	7,035 (100)	0 (0)	7,041 (100)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

Gender distribution among participants- TRD



## Major Physical Progress

- Completed 90% activities e.g. preliminary activities, 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 a research on capacity building and conducted training/workshop on research methodology, research/survey data analysis/ report writing etc.
- 575 senior staff nurses completed orientation course at FWVTIs.
- 3,000 FWAs, HAs and CHCPs completed team training.
- 192 FWVs completed counseling, IUD and IP training.
- 952 physicians, nurses and paramedics completed CNC training at FWVTIs.
- 300 FWVs and SACMOs completed ECD & BRRCR training.
- 550 FWVs and SACMOs completed Sexual and Reproductive Health & Rights (SRHR) training.
- 900 FWAs and HAs completed Sexual and Reproductive Health & Rights (SRHR) training.
- 500 SIs, HIs, AHs and FPIs completed monitoring, supervision and follow-up training.

## Key Challenges

- No challenge reported during the reporting period July – December 2018

### **Suggestions/recommendations:**

- Provision should be added to iBAS++ system to release the fund in each quarter as per the needs of the organization.

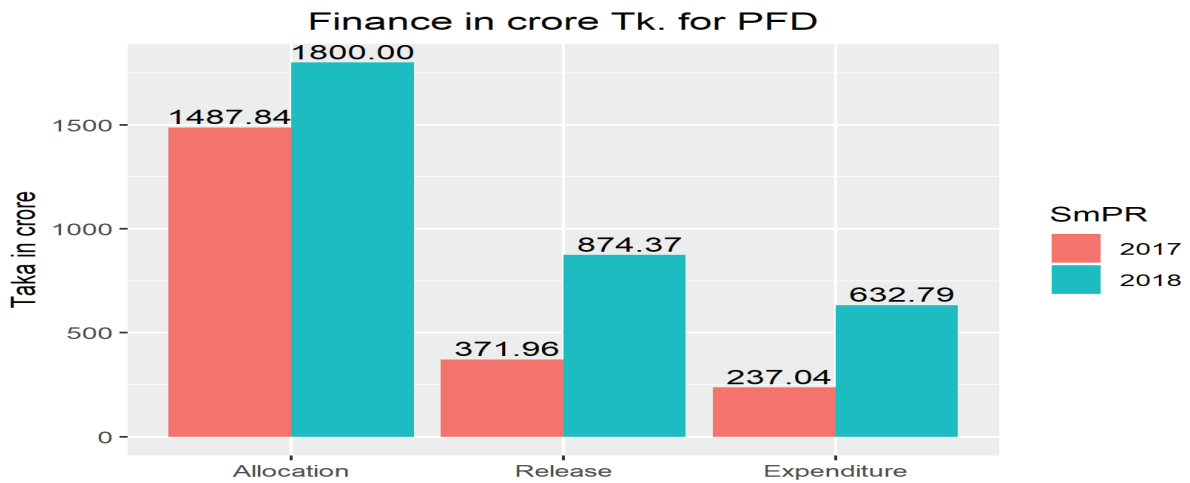
## OP-14: Physical Facilities Development (PFD)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>50%</b> (3 out of 6 indicators achieved; 3 indicators are not available)	Fund release against allocation* <b>49%</b>	Fund utilization against allocation* <b>35%</b>	Fund utilization against release <b>72%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

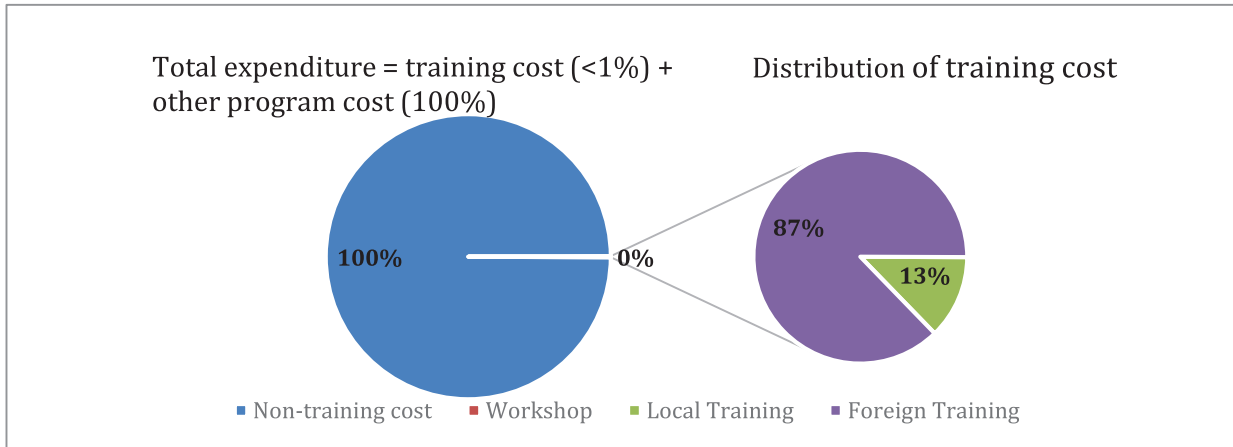
### Status Legend:

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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Introduce e-GP	NA	75%	100%	100%	100%	100%	Yes	
Indicator-2	Percentage of Contracts awarded within initial Tender validity period.	97% APIR 2016	80%	100%	100%	100%	100%	NIL	
Indicator-3	Preparation of a comprehensive plan for (a) construction of facilities (b) repair and maintenance	0	Draft approved	-	-	-	Not available	Yes	
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%	-	-	Not available	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%	20%	20%	100%	NIL	
Indicator-6	Asset management system is implemented	AMS is piloted in one district hospital	20	-	-	-	Not available	Yes	



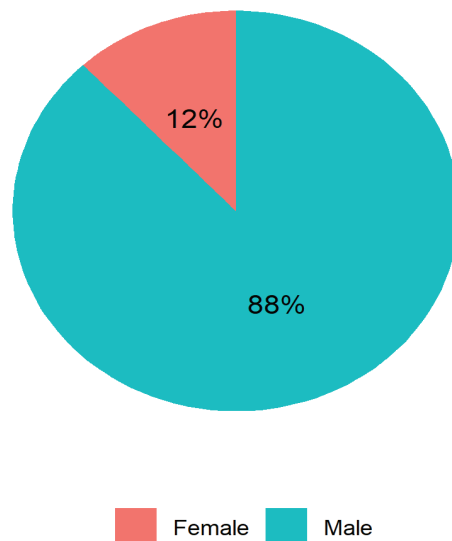
## Training Information



Out of total expenditure of Tk. 632.01 crore, 0.79 crore (<1%) was spent on training. Of the total training cost, 0.69 crore (87%) was spent on foreign training and 0.10 crore (13%) spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	20 (54)	70 (96)	0 (0)	90 (82)
Foreign Training	17 (46)	3 (4)	0 (0)	20 (18)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

Gender distribution among participants- PFD



## Major Physical Progress

- Ensured 100% introduction of e-GP.
- 100% contracts awarded within initial tender validity period.
- 20% of hospitals/health facilities constructed/renovated to make them gender and disability friendly (ramp, separate toilet for women and sitting arrangement).
- 20 central level MOHFW personnel and 70 field level MOHFW staff attended training on e-GP.
- 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.
- Above 80% progress was made against the set targets: vertical extension of DGDA Office from 2nd floor to 5th floor; repair and construction of boundary wall of existing Union Health & Family Welfare Centre (UH&FWC); construction of 50 bed hospital for newly created upazilas; construction of 20 bed Mother and Child Welfare Center (MCWC); construction of HED circle and divisional office; construction of General Hospital and Trauma Center; upgradation of Upazila Health Complex from 10/31 to 50 bed; upgradation/construction of nurses training institutes; construction of FWVTI; Maligaon 50 Bed Hospital, Maligaon, Daudkandi, Comilla; upgradation and renovation of UH&FWC; construction of 10 bed Mother and Child Welfare Center; establishment of Institute of Health Technology (IHTs); construction of Medical Assistant Training School (MATS); construction of 50 Bed Diabetic Hospital; construction of Megdubi 20 Bed Mother and Child Welfare Center(MCWC); construction of office building for the Institute of Public Health Nutrition (IPHN) at Mohakhali in Dhaka.

## Key Challenges

- No challenge reported during the reporting period July-December 2018.

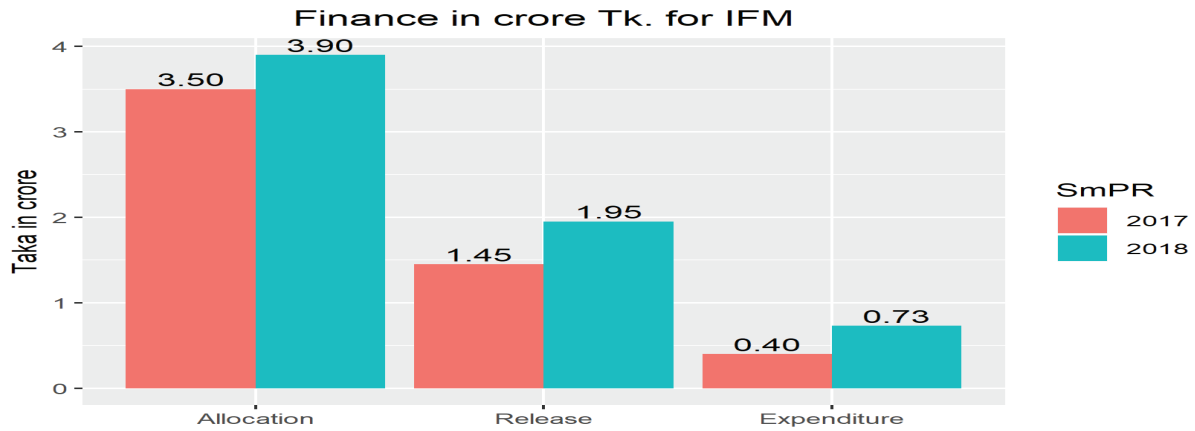
## OP-15: Improved Financial Management (IFM)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>0%</b> (0 out of 3 indicators achieved; 2 indicators are not available)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>19%</b>	Fund utilization against release <b>37%</b>
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### General Objective

To improve governance in financial management and audit system.

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

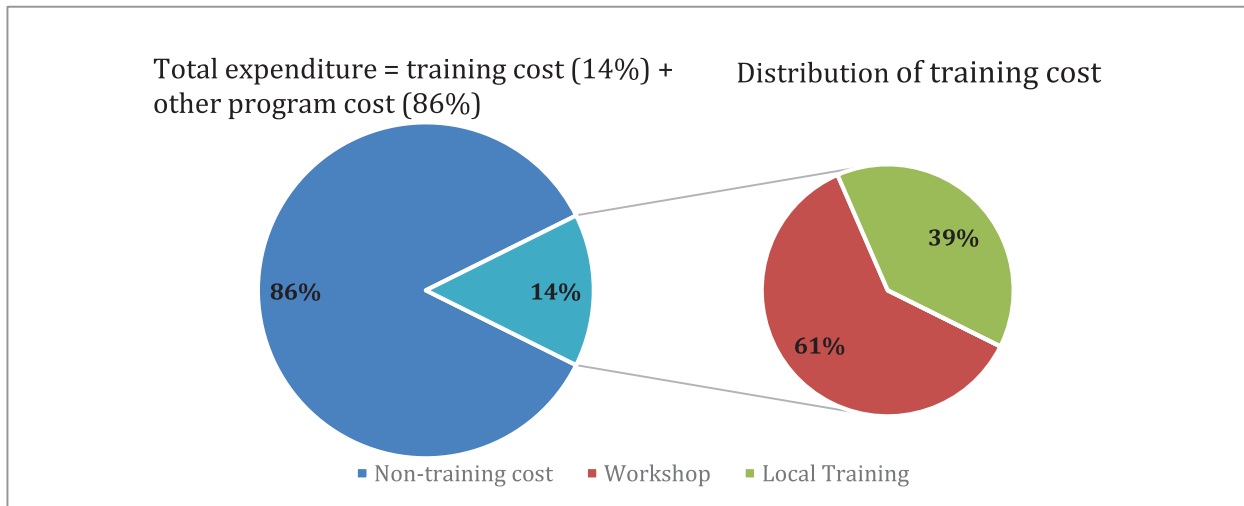
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Financial management system is strengthen	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	4708 FMAU	6,000	300	150	36	24%	NIL	

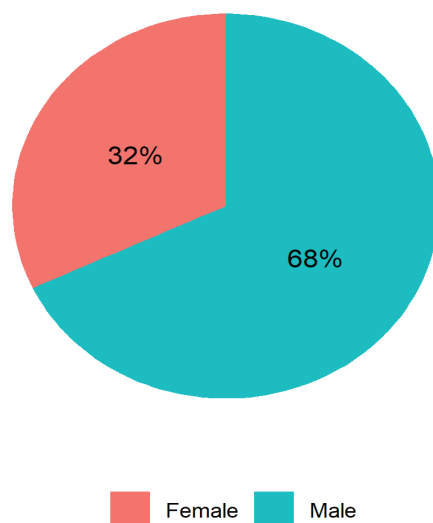
## Training Information



Out of the total expenditure of Tk. 0.73 crore, 0.10 crore (14%) was spent on training. Of the total training cost, Tk. 0.06 crore (61%) was spent on workshop and Tk. 0.04 crore (39%) spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	36 (100)	0 (0)	0 (0)	36 (49)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	38 (100)	0 (0)	38 (51)

Gender distribution among participants- IFM



### Major Physical Progress

- Outsourced seven financial management personnel to support FMAU and the OPs.
- Completed training on financial management for DDO's and 36 central level MOHFW personnel attended the training.
- One batch of participants completed training on institutionalizing of the IFM.
- 38 field level MOHFW personnel completed workshop, seminar and conference.

### Key Challenges

- Non optimal fund utilization due to lack of manpower.
- Delayed procurement process.



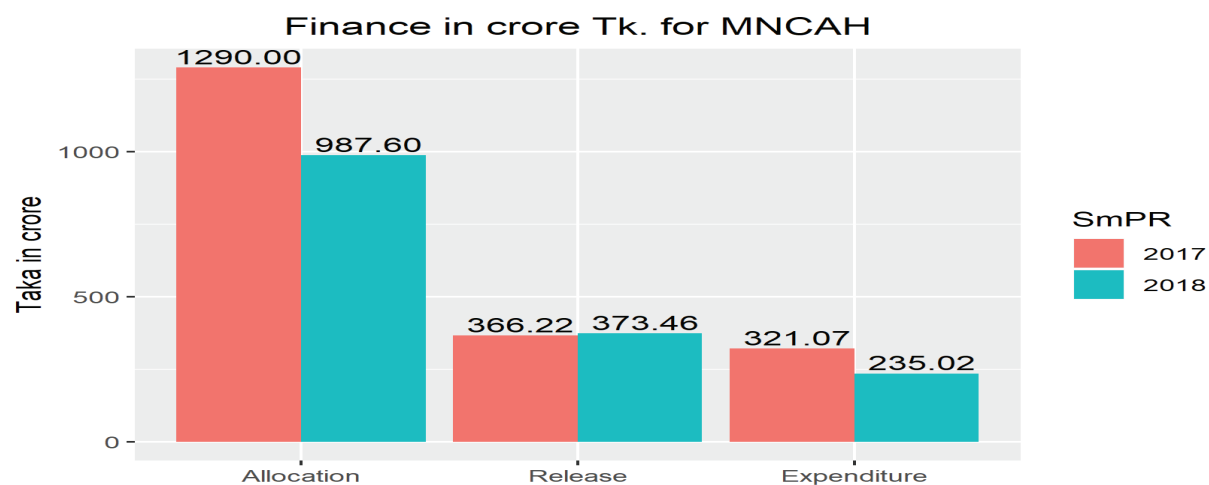
## OP-16: Maternal, Neonatal, Child and Adolescent Health (MNCAH)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>75%</b> (3 out of 7 indicators achieved; 3 indicators are not applicable)	Fund release against allocation* <b>38%</b>	Fund utilization against allocation* <b>24%</b>	Fund utilization against release <b>63%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

### Status Legend:

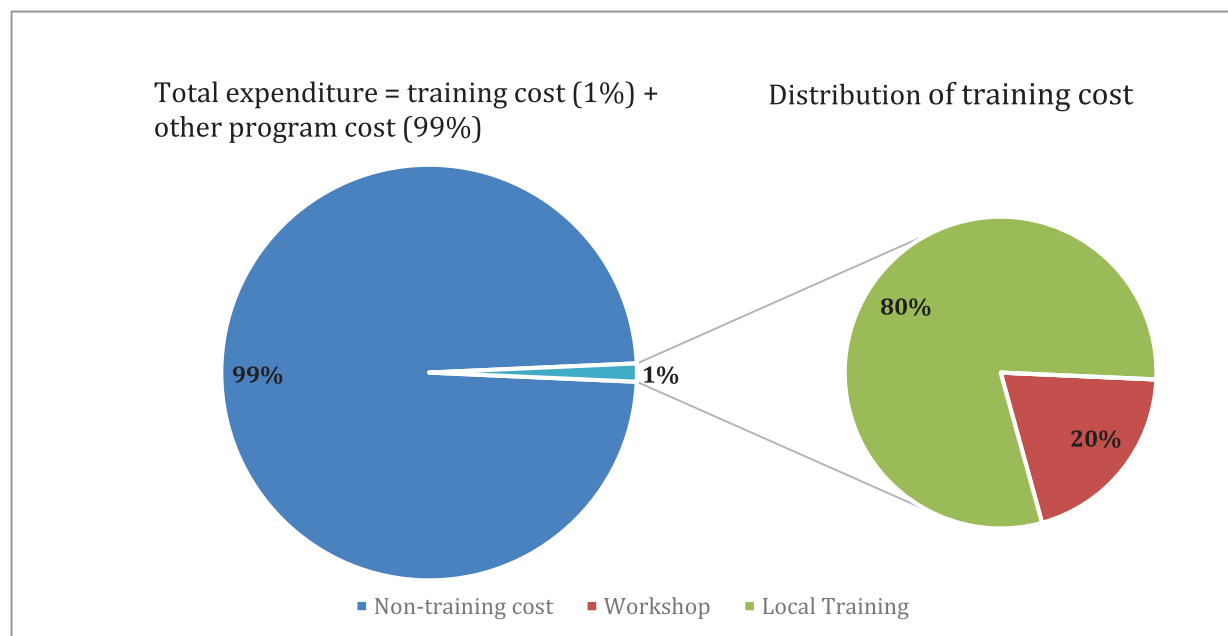
■ Achieved 
 ■ Partially achieved 
 ■ Not achieved 
 ■ Not available 
 ■ Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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)	21,693	37,392  (July to Dec 2018)	172%	Yes	Achieved
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)	44.2%	99.5% in Sylhet  and 97.8% in Chattogram  (DHIS2)	223%	Yes	Achieved
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.	Assessment of current school based HPN services jointly completed with health & education sector.	Development of survey questionnaire is completed and Consultancy firm is going to be selected for assessment	50%	Yes	Partially achieved
Indicator-4	Percentage of new born received essential new born care (ENC)	(BDHS, 2014)	8.5%	-	-	-	Not applicable	NIL	Not Applicable
Indicator-5	ANC coverage (at least 4 visits)	31.2% (BDHS, 2014)	40%	35%	17.5%	24.5% (PR)	Not applicable	NIL	Not Applicable



OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-6	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	45%	22.5%	33%(PR)	Not applicable	NIL	
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%	169%	NIL	

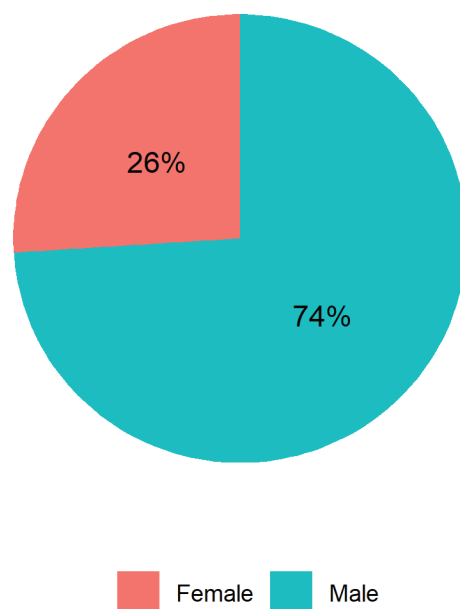
## Training Information



Out of the total expenditure of Tk. 235.02 crore, 3.30 crore (1%) was spent on training. Of the total training cost, Tk. 2.64 crore (80%) was spent on local training and 0.66 crore (20%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	67 (23)	2,462 (7)	248 (3)	2,777 (7)
Foreign Training	0	0	0 (0)	0 (0)
Workshop	220 (77)	31,381 (93)	7,325 (97)	38,926 (93)

Gender distribution among participants- MNCAH



### Major Physical Progress

#### Maternal Health (MH)

- Performed 37,392 normal deliveries in public facilities of DGHS in Sylhet and Chittagong divisions during the reporting period.
- 36 field level MOHFW staff attended TOT on MPDSR at national level.
- 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”.
- 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)**

- Achieved 99.5% of annual target (children immunized for measles and rubella) in 4 districts of Sylhet Division and 97.8% of annual target for the same in 11 districts of Chattogram division.
- 30 central level MOHFW personnel, 452 field level MOHFW personnel and 223 non-MOHFW personnel attended training on SOP and DHIS2 at Regional level.
- 1,057 field level MOHFW personnel and 21 non-MOHFW personnel attended training on 'online EPI reporting (DHIS2).
- 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**

- 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).
- 310 filed level doctors and nurses attended ETAT training.

## **Key Challenges**

- Pending funding of Tk. 13.51 Cr for DSF (Mother Cash Incentive and Transport Expense) of 3<sup>rd</sup> 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 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 volunteer against the vacant position of Health Assistant. 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.



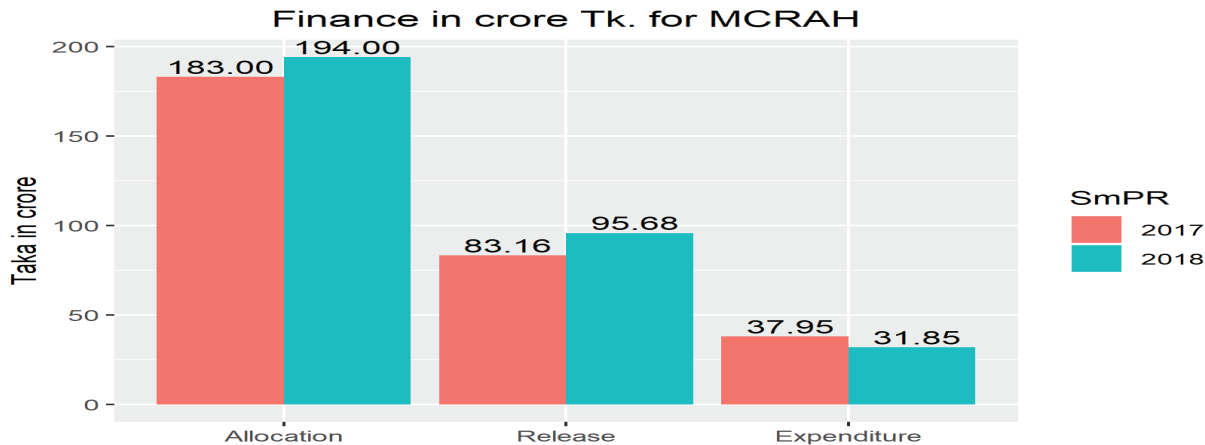
## OP-17: Maternal, Child, Reproductive and Adolescent Health (MCRAH)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>50%</b> (1 out of 6 indicators achieved; 4 indicators are not applicable)	Fund release against allocation* <b>49%</b>	Fund utilization against allocation* <b>16%</b>	Fund utilization against release <b>33%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

### Status Legend:

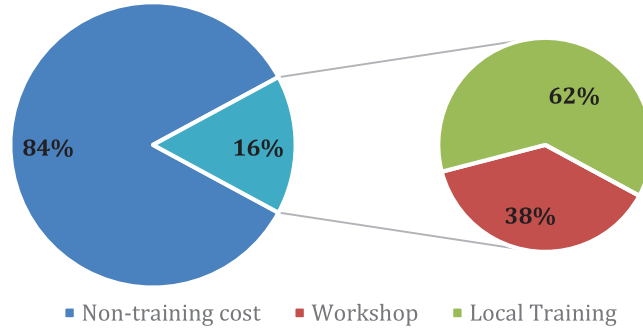
Achieved
  Partially achieved
  Not achieved
  Not available
  Not Applicable

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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	26,000	31,466 (MIS, DGFP)	121%	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%	-	-	2,45,119	Not Applicable	NIL	
Indicator-4	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	-	-	3,25,890	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%	-	-	2,31,215	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	-	-	0%	NIL	

## Training Information

Total expenditure = training cost (16%) + other program cost (84%)

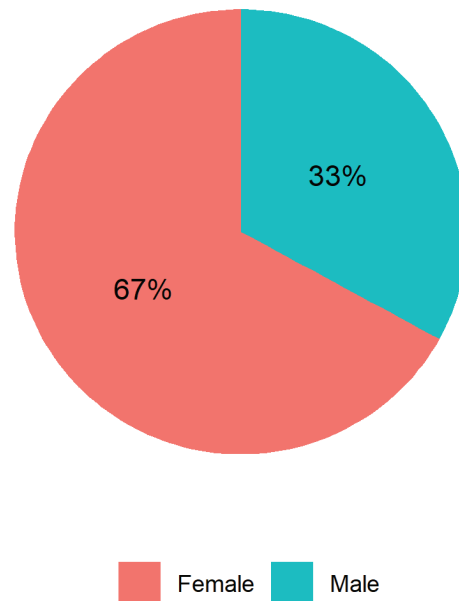
Distribution of training cost



Out of the total expenditure of Tk. 31.85 crore during the reported period, 5.01 crore (16%) was spent on training. Of the total training cost, Tk. 1.91 crore (38%) was spent on workshop and 3.11 (62%) crore was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	2,164 (27)	0 (0)	2,164 (24)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	214 (100)	5,800 (73)	1,047 (100)	7,061 (76)

## Gender distribution among participants- MCRAH



### Major Physical Progress

- Performed 31,466 normal deliveries in public facilities of Sylhet and Chittagong divisions under DGFP during the reporting period.
- 2,45,119 pregnant mothers received at least 4 ANC from the public facilities under DGFP.
- The public facilities under DGFP ensured 3,25,890 deliveries by skilled birth attendant (SBA).
- 2,31,215 mothers with non-institutional delivery received post-natal care from a medically trained provider within two days of delivery.
- Completed recruitment of 840 (man-months) for security, cleaning and facility management.
- Procured and supplied 1,25,000 pieces of mother's bank to Sylhet and Chittagong divisions.
- 104 field level MOHFW staff (DDFP, AD, MOs, UFPO, AUFPO, and AFWO) attended basic training on adolescent friendly health services.
- 51 field level MOHFW staff attended TOT on basic nutrition.
- 133 field level doctors and 1,784 SACMOs, FWVs, FWAs and FPIs attended training on CNCP.
- 32 FWVs attended refresher training on OT management and nursing care.
- 50 FWVs attended refresher training on midwifery.
- Ten doctors (Obs/Gynae and Anesthesiology) attended training on EOC.
- 180 central level MOHFW personnel, 5,365 field level MOHFW staff and 855 non-MOHFW personnel attended orientation on awareness building on 24/7 normal delivery at UH&FWC.
- 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

- No challenge reported during the reporting period July – December 2018



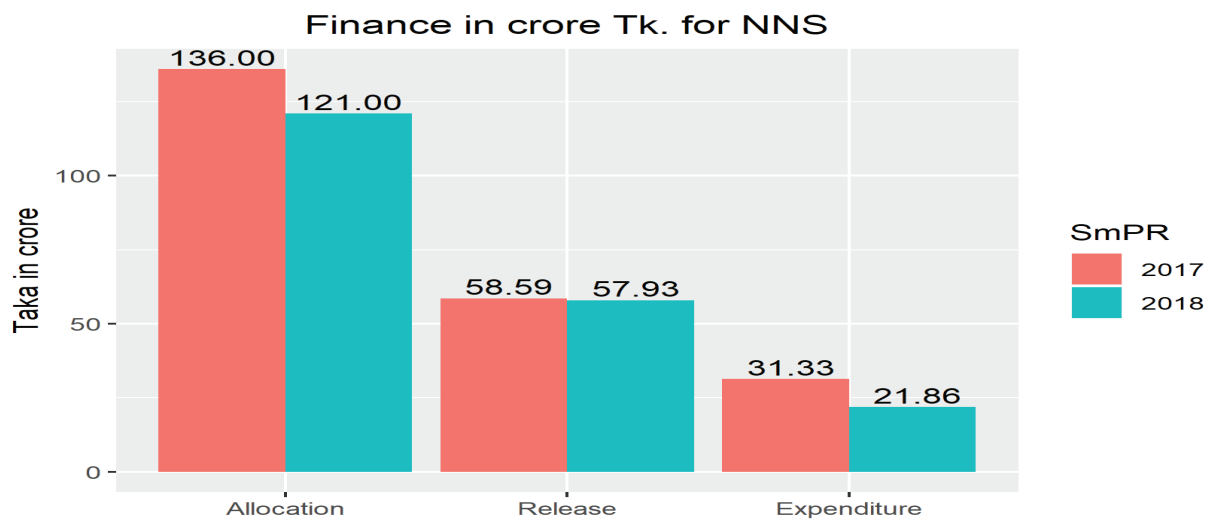
## OP-18: National Nutrition Services (NNS)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>75%</b> <small>(3 out of 5 indicators achieved; 1 indicator is not applicable)</small>	Fund release against allocation* <b>48%</b>	Fund utilization against allocation* <b>18%</b>	Fund utilization against release <b>38%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

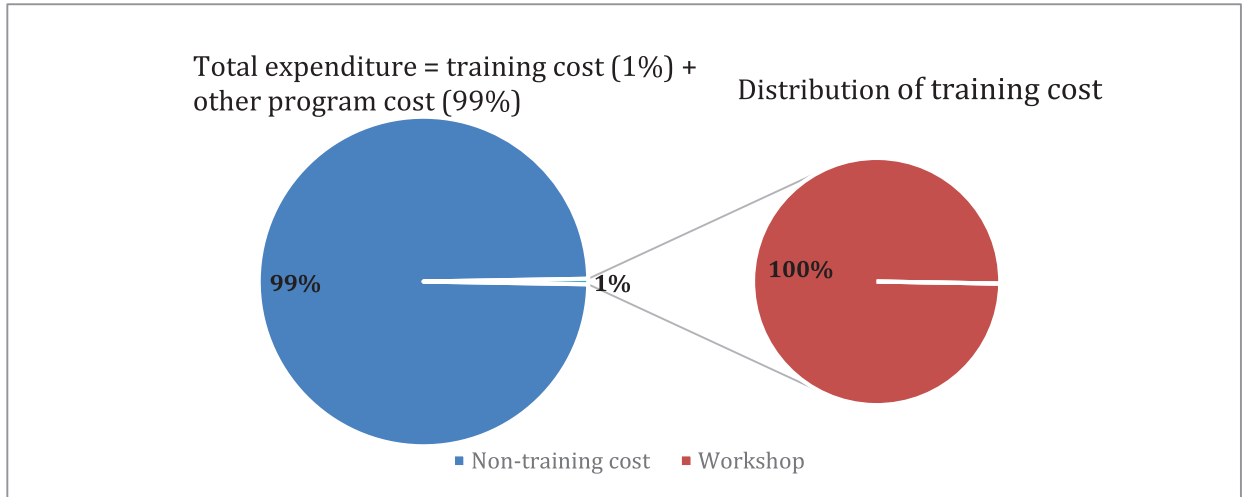
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Number of field level workers trained in Comprehensive Competency Training on Nutrition (CCTN)	Administrative Data	4,000 persons (Training for supervisors at district and upazila levels)	2,000	500	Not achieved  Training module was prepared	0%	NIL	
Indicator-2	Number of SAM unit functional (UHC, District hospital & govt. medical college)	202 (August 2016, Monitoring data)	100	50	25	25	100%	NIL	
Indicator-3	CCs and UH&FWCs delivering maternal nutrition services during ANCs in Sylhet and Chittagong division	0% (HMIS & FPMIS)	20	10	5	5	100%	Yes	
Indicator-4	CCs and UH&FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong division	0% (HMIS & FPMIS)	30	20	10	10	100%	Yes	
Indicator-5	Infants 6-23 months are fed with minimum acceptable diet	BDHS 2014, UESD 22.8	Not applicable	Not applicable	Not applicable	34	Not Applicable	NIL	

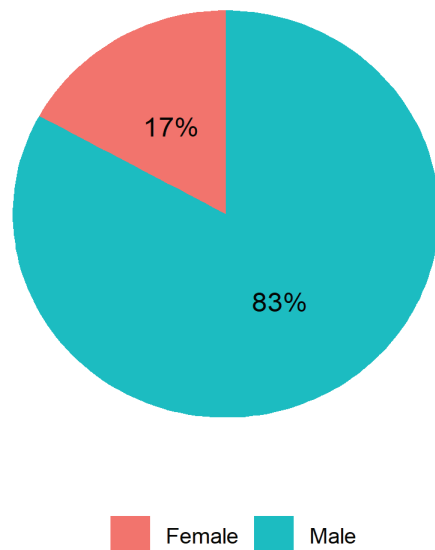
## Training Information



Out of the total expenditure of Tk. 21.86 crore, 0.12 crore (1%) was spent on training. Of the total training cost, 100% was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	235 (100)	0 (0)	235 (100)

Gender distribution among participants- NNS



## Major Physical Progress

- Observed national breastfeeding week from 1-7 August 2018.
- Observed national vitamin A plus campaign on 14 July 2018.
- Ensured 25 functional SAM units at UzHCs, district hospital and government medical college.
- Ensured five CCs and UH& FWCs delivering maternal nutrition during ANCs in Sylhet and Chittagong divisions.
- Ensured 10 CCs and UH& FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong divisions.
- 235 field level respective MOHFW personnel attended district orientation on food fortification for supervision and monitoring.

## Key Challenges

- No challenge reported during the reporting period July – December 2018

## OP-19: Communicable Disease Control (CDC)

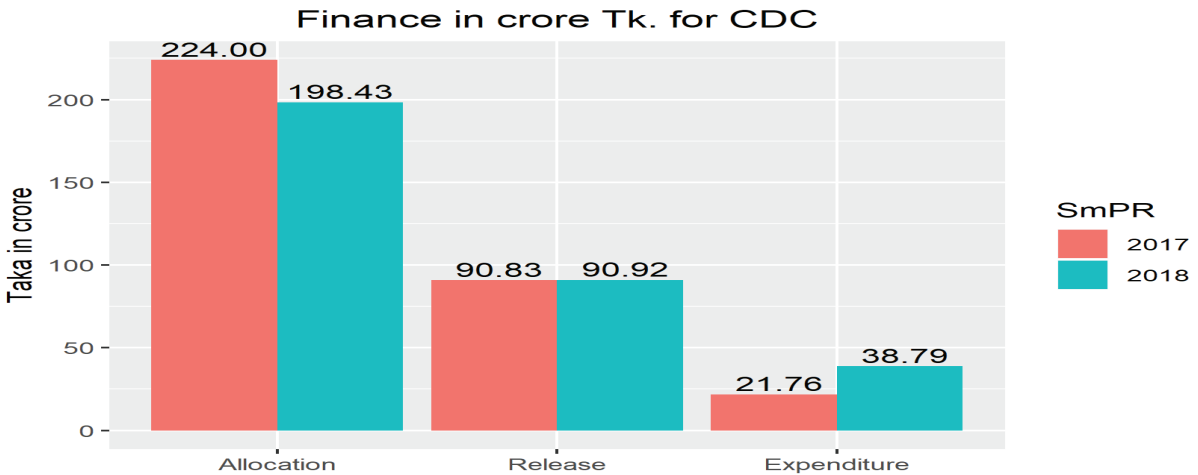
Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> (1 out of 4 indicators achieved; 3 indicators are not available)	Fund release against allocation* <b>46%</b>	Fund utilization against allocation* <b>20%</b>	Fund utilization against release <b>43%</b>
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CDC

### General Objective

To control/eliminate specific communicable diseases from Bangladesh.

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

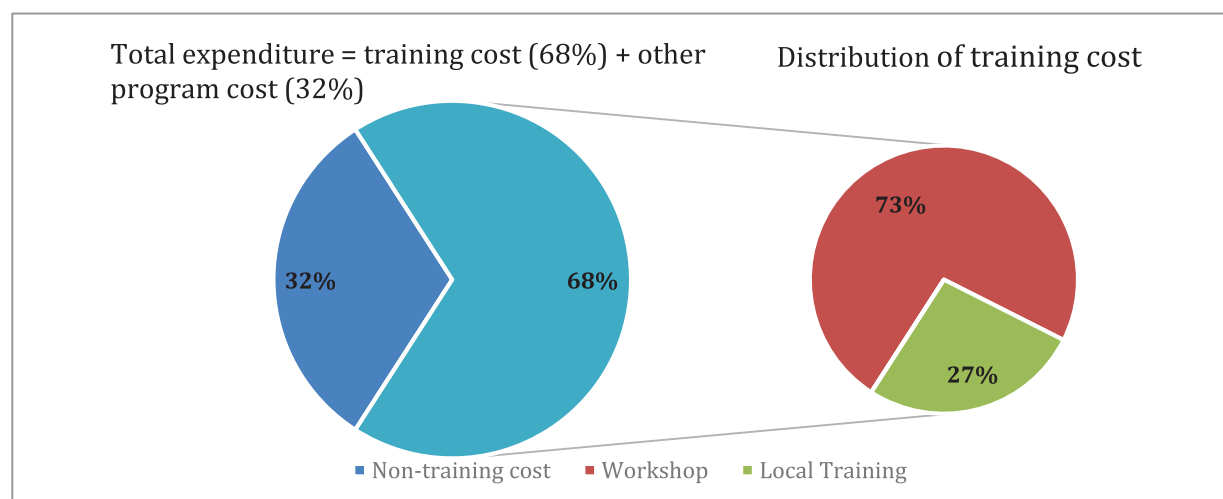
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievement, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Malaria incidence per 1000 population in endemic area	1.6 per 1000 (2016) MIS	1.5	1.5	-	-	Not available	NIL	
Indicator-2	Hepatitis B incidence	546 (BBS, 2014)	450	450	-	-	Not available	NIL	
Indicator-3	Prevalence of STH among children < 16 years	15 (2014, Surveyed by CDC)	8	8	-	-	Not available	NIL	
Indicator-4	Human rabies death	1400 (Survey, 2012)	280	280	140	20 human rabies deaths have been reported at NRPCC and DRPCC	700%	NIL	

## Training Information

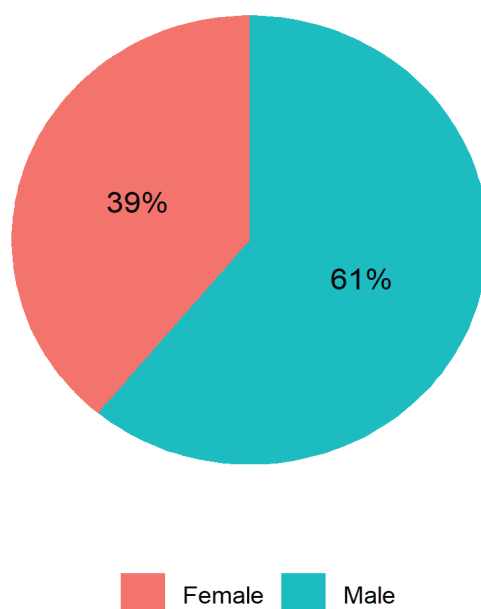




Out of the total expenditure of Tk. 38.79 crore, 26.47 crore (68%) was spent on training. Of the total training cost, Tk. 19.41 crore (73%) was spent on workshop and 7.06 crore (27%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	1,676 (72)	6,799 (27)	2,015 (7)	10,490 (18)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	645 (28)	18,772 (73)	27,134 (93)	46,551 (82)

Gender distribution among participants- CDC



### 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.
- 500 MOHFW field level staff and 100 non-MOHFW personnel attended training on EDPT.
- 60 MOHFW central level and 250 field level staff attended training on severe malaria management for doctors for non-endemic area.
- 240 SACMOs attended training on severe malaria management for SACMO.

- 320 community health care providers attended training on malaria.
- 200 central level MOHFW personnel and 60 non-MOHFW personnel attended training on dengue, zika, 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.
- 200 private practitioners attended orientation on malaria.
- 200 field level MOHFW staff and 200 non-MOHFW personnel community volunteers attended orientation meeting on malaria.
- 50 field level MOHFW staff attended advocacy meeting on malaria.

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

- Completed two rounds of MDA for de-worming.
- Completed surveillance activities for Lymphatic Filariasis.
- 600 central level MOHFW personnel and 2,904 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**

- Procured 108 tons insecticides.

#### **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 upzila levels.
- 20 human rabies deaths have been reported at NRPC and DRPC.
- Developed guideline/SOP for establishment and functioning of rabies diagnosis laboratory (including procurement of lab, equipment, reagent, training, sample collection, transportation etc.)
- Continued seven surveillance programs (animal bite, rabies, other zoonotic diseases including verbal autopsy).
- 66 central level MOHFW personnel, 2,012 field level MOHFW staff attended 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, 05 field level MOHFW staff and 05 non-MOHFW personnel attended meeting with program personnel and relevant stakeholders on planning of MDV

- 10 central level MOHFW personnel, 10 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 four 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 seven surveillance programs (AMR, usage of antimicrobials by physicians).
- 24 central level MOHFW personnel and 123 MOHFW field level personnel attended training on prevention and control of viral hepatitis and diarrhea.
- 14 central level MOHFW personnel and 62 MOHFW field level personnel attended training on functioning of regional microbiology labs at medical colleges hospitals for AST
- 11 central level MOHFW personnel and 40 MOHFW field level personnel attended training on AMR surveillance, data management and networking.
- 16 central level MOHFW personnel and 62 MOHFW field level personnel and two non-MOHFW personnel attended meeting on core committee for the prevention and control of water and food borne diseases.
- Nine central level MOHFW personnel, 39 MOHFW field level personnel and two non-MOHFW personnel attended workshop on development of antimicrobial guideline and implementation of ARC & IPC action plan.
- 12 central level MOHFW personnel, 57 MOHFW field level personnel and five non-MOHFW personnel attended workshop on infection prevention and control of guideline and tool kits.
- 28 central level MOHFW personnel, 68 MOHFW field level personnel and four non-MOHFW personnel attended workshop on increase weight age of antibiotic resistance under graduate curriculum.
- 23 central level MOHFW personnel attended sub-committee meeting 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 one seminar/hands on training on disease surveillance
- Completed one emergency preparedness and response
- Procured one computer, one lot Medicine, MSR and 1 lot printing, publication for awareness building.
- 185 central level MOHFW personnel attended training on MERS corona virus.
- 185 central level MOHFW personnel attended workshop on entomological surveillance.

**Others:**

- 200 central level MOHFW personnel and 390 field level MOHFW staff attended workshop/training on NKEP.

**Key Challenges**

- No challenge reported during the reporting period July-December 2018.

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

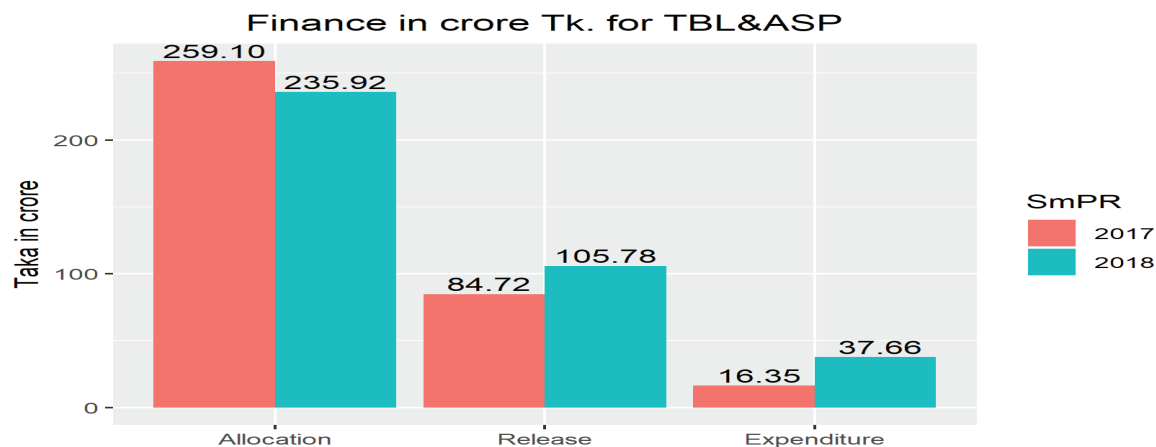
Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> <small>(4 out of 4 indicators achieved)</small>	Fund release against allocation* <b>45%</b>	Fund utilization against allocation* <b>16%</b>	Fund utilization against release <b>36%</b>
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TBL & ASP

### 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



\* Financial progress against half of the budget allocation within the first two quarters.

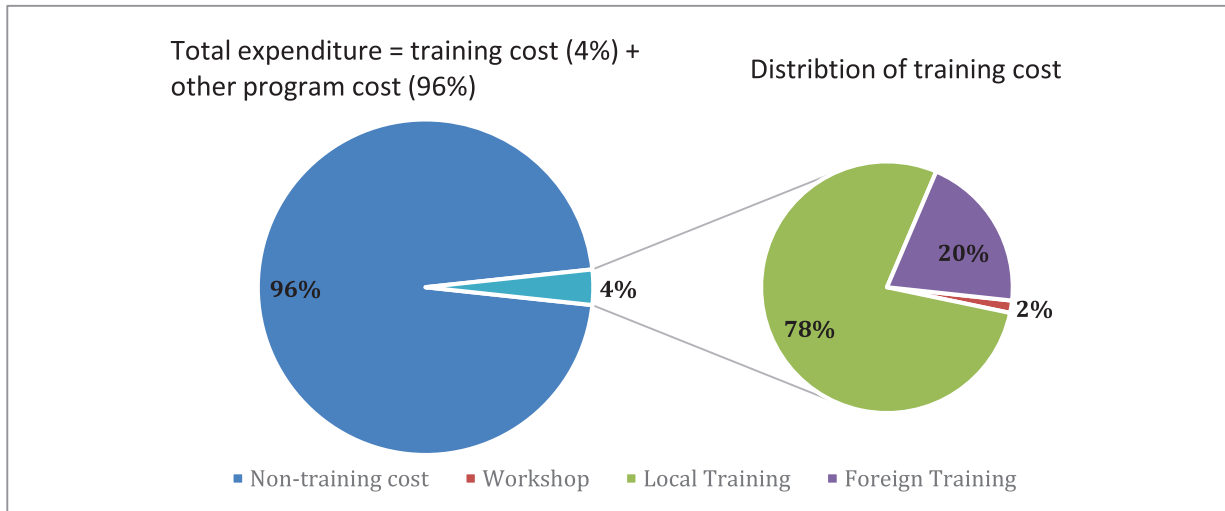
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Notification of New TB case	209438 (NTP MIS report 2015)	2,45,000	2,43,303	1,18,500	1,39,665	118%	NIL	
Indicator-2	Enrolment of MDR patients for treatment	880 (NTP MIS report 2015)	2,600	1,400	700	651	93%	NIL	
Indicator-3	Registered Prevalence of Leprosy	0.23 (MIS Leprosy 2015)	0.18	0.22	0.215	0.20	93%	NIL	
Indicator-4	PLHIV receiving comprehensive care and support	53% (2015, MIS, ASP)	90%	80%	--	61%	153%	NIL	

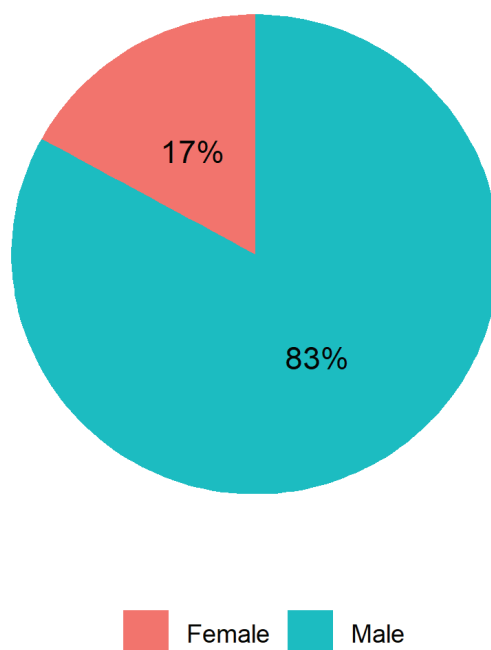
## Training Information



Out of the total expenditure of Tk during the reporting period. 37.66 crore, 1.28 crore (4%) was spent on training. Of the total training cost, Tk. 0.02 crore (2%) was spent on workshop, Tk. 0.10 crore (78%) was spent on local training and Tk. 0.26 crore (20%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	4 (3)	747 (100)	78 (56)	829 (80)
Foreign Training	8 (5)	2 (0)	0 (0)	10 (1)
Workshop	140 (92)	0 (0)	61 (44)	201 (19)

### Gender distribution among participants- TBL&ASP



### Major Physical Progress

#### TB

- 1,39,665 all forms of new TB cases (drug sensitive) were notified.
- Enrolled 651 Multi Drug Resistant (MDR) TB cases.
- Procured 33 Gene Xpert machines of which 13 Gene Xpert machines already distributed.
- Procured 250 LED microscopes, of which 80 LED microscopes already distributed.
- Ensured sufficient Gene Xpert cartridges, reagents, x-ray film and other supportive kits.
- Completed 145 field visits for program monitoring and supervision.
- Produced one drama as part of mass campaign of TB.
- 82 field level MOHFW personnel attended training on Gene Xpert Testing.
- 67 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 store.
- 28 field level MOHFW personnel attended training for mid level staff on DRTB and IC.
- Ten field level MOHFW personnel and 14 non-MOHFW staff (mainly HIV counselor and other staff) attended training to identify and refer TB suspects.
- 73 field level MOHFW personnel (medical doctors) and 03 non-MOHFW staff attended training on X-Ray, EP, PMDT, IC, TB/HIV.
- 209 field level MOHFW personnel (medical doctors) and 50 non-MOHFW staff attended training on field-level ambulatory MDR-TB Patient management.
- 36 field level MOHFW personnel (doctors) attended training/ retraining on programmatic management of drug resistant TB (PMDT).
- 62 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)
- Three central level MOHFW personnel and two field 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.
- Established six HTC centres as per geographical priorities areas (Note: among the 23 centres five centres will provide care support and treatment service along with HIV testing) in the GoB setting.

### **Leprosy**

- Prevalence rate of leprosy has been reported: 0.20 per 10,000 populations.
- Arranged orientation training on active case search in five districts for Leprosy in community –by WHO DFC.
- Arranged Active case search in 31 Upazilas for Leprosy in community.
- Prepared 1,000 copies of National guideline Leprosy –by WHO DFC.
- Ensured 11% preparation of national guideline Leprosy both in Bangla & English –by WHO DFC.
- Ensured Leprosy-Strengthen capacity of different level health care providers.

### **HIV**

- 61% people living with HIV/AIDS (PLHIV) received comprehensive care and support.
- Completed the world AIDS Day celebration across the country.
- 21 field level MOHFW personnel and four non-MOHFW staff attended basic training on data triangulation and data analysis tools and techniques and DHIS2 for statistician/ data entry person.
- Four central level MOHFW personnel and 21 field level MOHFW personnel attended basic training on monitoring and evaluation of HIV/AIDS Prevention programme
- 20 field level MOHFW personnel and six 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).
- Two central level MOHFW personnel attended regional international conference of HIV/AIDS, Amsterdam, Netherland.
- One central level MOHFW personnel attended exposure visit on HIV/AIDS.



- 29 central level MOHFW personnel attended and three non-MOHFW personnel advocacy workshop on HIV/AIDS Prevention programme among potential migrants.
- Four central level MOHFW personnel and 27 non-MOHFW personnel attended advocacy workshop of HIV/AIDS with journalists.
- 24 central level MOHFW personnel and three non-MOHFW personnel attended advocacy workshop on HIV/AIDS and national response at Mugda Medical College Hospital.
- Two central level MOHFW personnel and 28 non-MOHFW personnel attended advocacy workshop on HIV testing, reporting to national database and referral linkage with GAMCA.

**Other activities:**

- 200 persons attended the Medical College orientation programs.
- 236 persons attended orientation of pharmacy (Chemist Shop) owners and chemist/pharmacist (Known as Pharmacy Info Mela).
- Organized 750 presumptive through Outreach programs (reaching out to the people at risk of TB in slum areas) and distributed 48,200 leaflets during campaigns.

## Key Challenges

- Procurement of first Line Anti-TB Drugs (FLDs) from RPA GoB budget required massive programmatic management and effort. 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)
- 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 of ASP in disease surveillance in proper planning and implementation (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)

**Suggestions/recommendations**

- 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.
- 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).

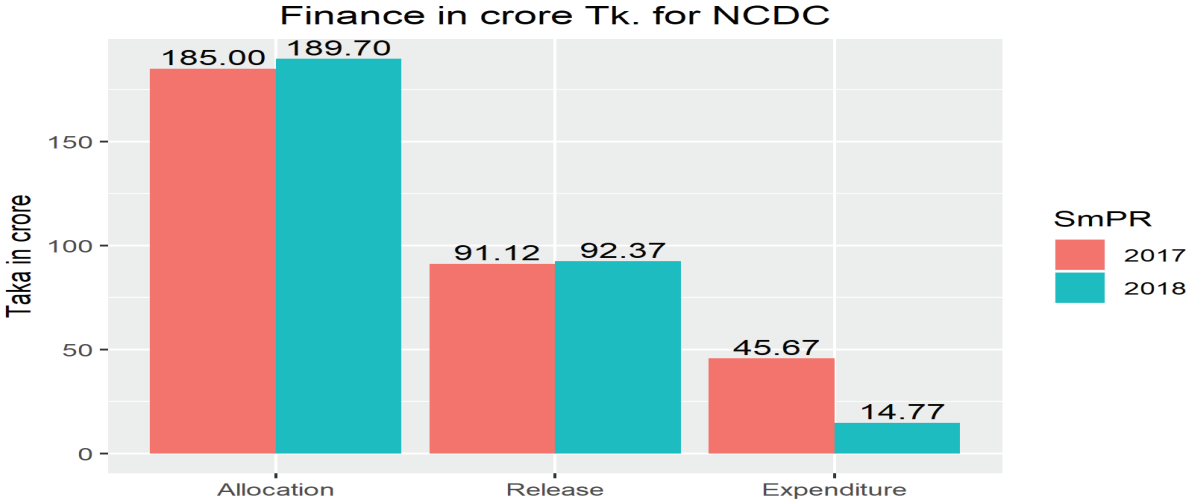
## OP-21: Non-Communicable Disease Control (NCDC)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>20%</b> <small>(1 out of 5 indicators achieved; 1 indicator is not available)</small>	Fund release against allocation* <b>49%</b>	Fund utilization against allocation* <b>8%</b>	Fund utilization against release <b>16%</b>
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### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

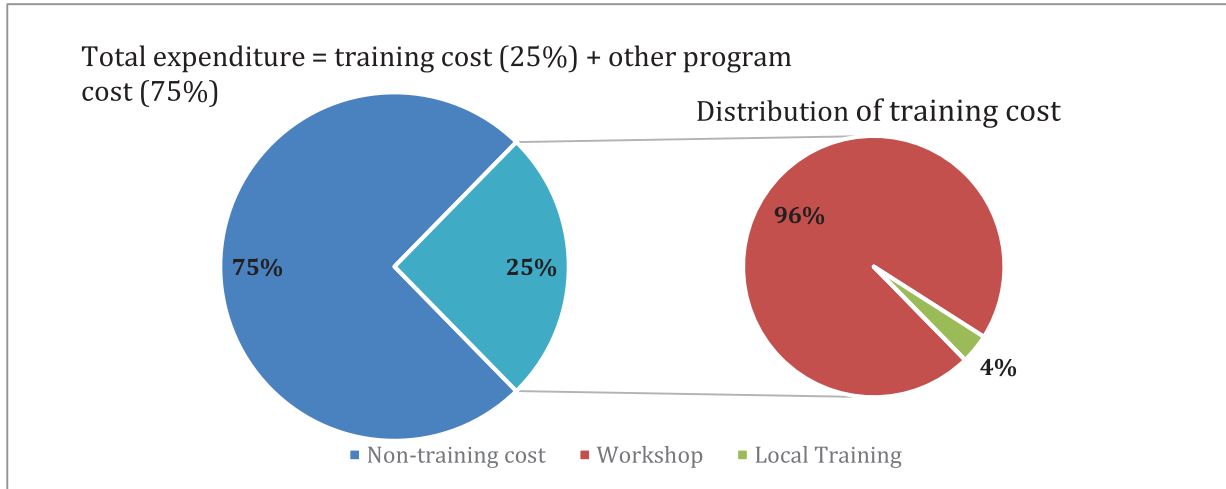
## Progress of OP-level Indicators

**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	Six Monthly Target (July-Dec/18)	Achievements of Six-Monthly Target (July-Dec/18)	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%	Not Available	Not Available	Not Available	Not Available	NIL	
Indicator-2	Autism diagnosis and management at DHs	No base in line data	25	10	5	5	100%	NIL	
Indicator-3	Number of Upazilas covered by awareness campaigns on road traffic injuries and childhood drowning)	Baseline to establish	200	120	60	40	67%	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	20	10	50%	Yes	
Indicator-5	Setting up cancer registries in Medical College hospitals	No base in line data	10	3	2	1	50%	NIL	

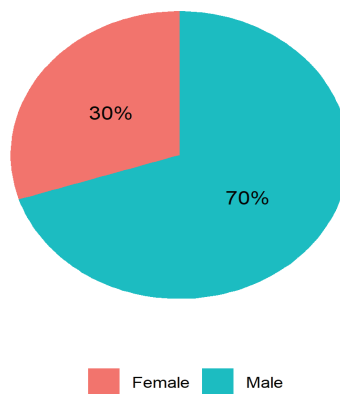
## Training Information



Out of the total expenditure of Tk. 14.77 crore, 3.74 crore (25%) was spent on training. Of the total training cost, Tk. 3.61 crore (96%) was spent on workshop and Tk. 0.14 crore (4%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	11,820 (36)	0 (0)	11,820 (36)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	21,050 (64)	0 (0)	21,050 (64)

Gender distribution among participants- NCDC



## Major Physical Progress

- Procured 63 items of medicines.
- Ensured EOI for nine research packages.
- Ensured EOI for ten survey packages.
- Introduced 5 district hospitals under autism diagnosis and management.
- 40 upazilas conducted awareness campaigns on road traffic injuries and childhood drowning.
- Developed the NCD management model on diabetes and hypertension at the community clinics with referral to upazila health complex and implemented in 10 (CCs +UzHCs).
- Set up cancer registries in one medical college hospital.
- 11,820 field level MOHFW staff attended training on major NCD (CVD, cancer, diabetes, COPD, neurological health, autism, injury prevention, oral health, disability etc)
- 21,050 field level MOHFW staff attended workshop on major NCD/mental health/disability.

## Key Challenges

- Procurement delay in CMSD
- Shortage of human resource.
- OP indicator-needs to be corrected (process indicator & outcome indicator are in same frame work)

### **Suggestion/recommendations:**

- Take initiative for developing timely procurement plan and fund release.
- Undertake recruitment of human resources.

## OP-22: National Eye Care (NEC)

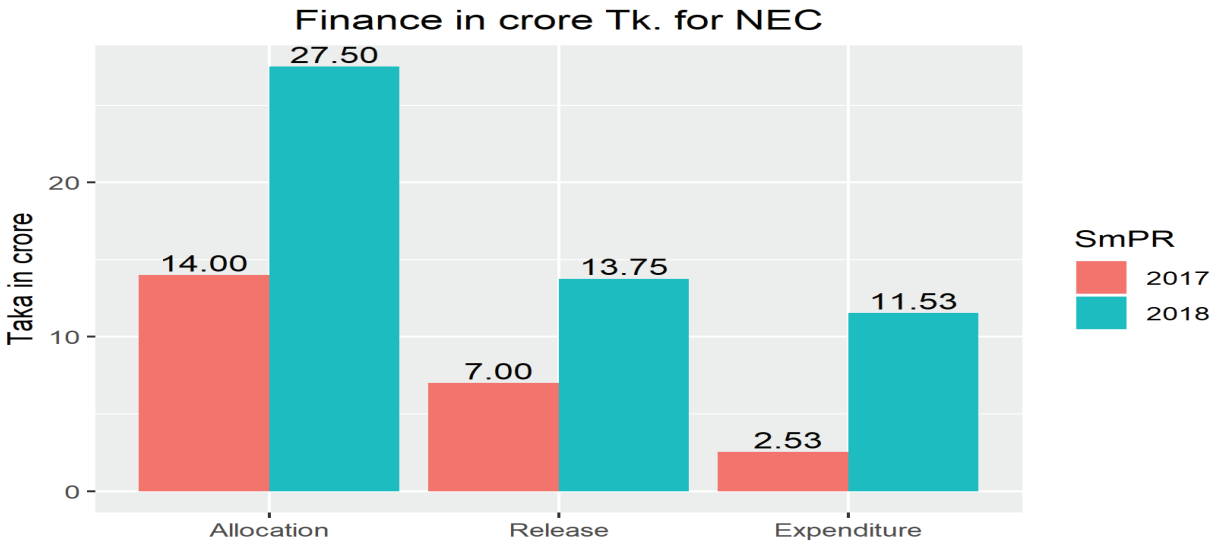
Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>67%</b> (2 out of 3 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>42%</b>	Fund utilization against release <b>84%</b>
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### General Objective

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

NEC

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

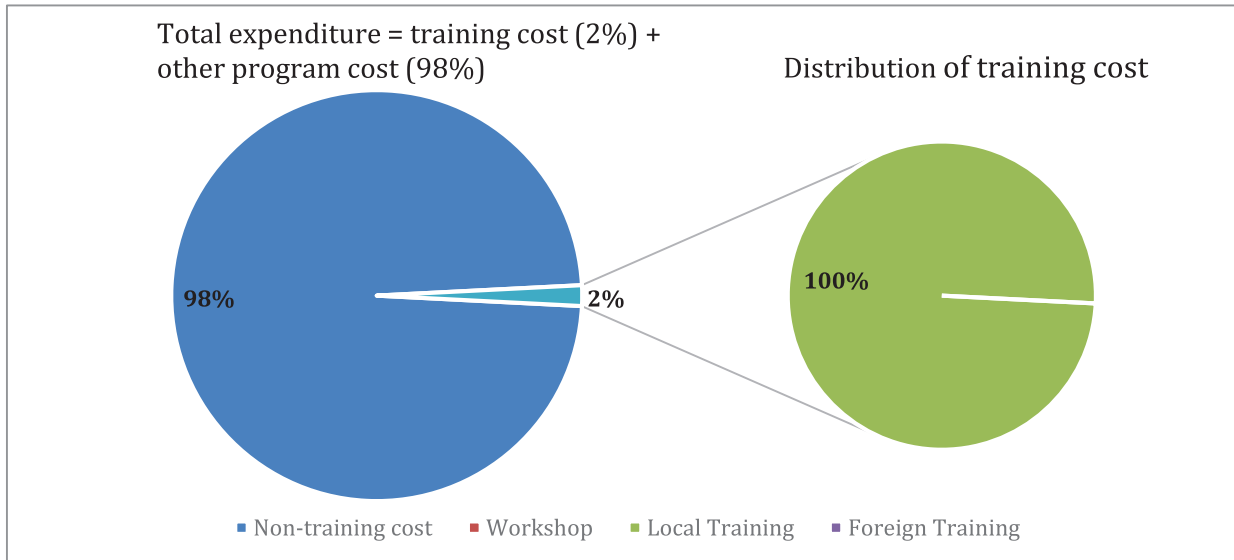
## Progress of OP-level Indicators

### 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	Six-monthly Target (July-December 2018)	Achievements of Six-monthly (July- December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Number of adult cataract patients undergone surgery	1950 (2016 NEC)	2000	1980	1970	1970	100%	NIL	Achieved
Indicator-2	Number of cataract patients received DSF/ cash voucher	Number (Admin records)	6000	2000	1000	700	70%	NIL	Partially achieved
Indicator-3	Number of hospitals following standard protocols.	120 (2016 NEC)	240	60	30	30	100%	NIL	Achieved

## Training Information

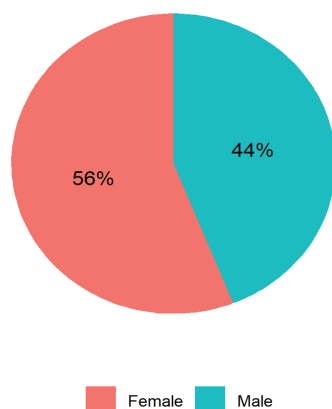


Out of the total expenditure of Tk. 11.53 crore, 0.19 crore (2%) was spent on training. Of the total training cost, 100% was spent on local training.



Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	36 (100)	0(0)	0(0)	36 (100)
Foreign Training	0(0)	0(0)	0(0)	0(0)
Workshop	0(0)	0(0)	0(0)	0(0)

Gender distribution among participants- NEC



## Major Physical Progress

- Arranged four cataract screening and surgical camps in Kishoreganj, Monshiganj, Manikganj, Madaripur, Natore and Magura districts and provided OPD services to 14,611 persons.
- 970 adult cataract patients underwent surgery.
- Observed world sight day program across the country and distributed 4,000 posters.
- Treated 2,100 school children and delivered 250 pairs of glasses for refractive error patients
- Supplied 4,093 reading glasses in free of cost.
- Trained four ophthalmologists on microsurgery.
- Trained 20 nurses on OT management and counseling.
- 12 doctors completed fellowship training on retina, glaucoma pediatric ophthalmology.
- 180 central level MOHFW personnel attended discussion meeting for establishment of vision centre.
- 700 cataract surgeries have been done in five districts as part of demand side financing.
- Completed monitoring and evaluation in 21 District Hospitals.
- Space and nurses have been selected for establishment of community vision centre 30 UzHCs.
- Supported repair and maintenance of the equipment in 08 district hospitals.
- Supplied medicine and MSR as per demand of districts hospitals across the country.
- Supplied medicine, reading glasses and MSR as per demand of 20 upazila community vision centre and the base centre of Sheikh Fazilatunnesa Mujib Eye Institute and Hospital, Goplaganj.

## Key Challenges

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

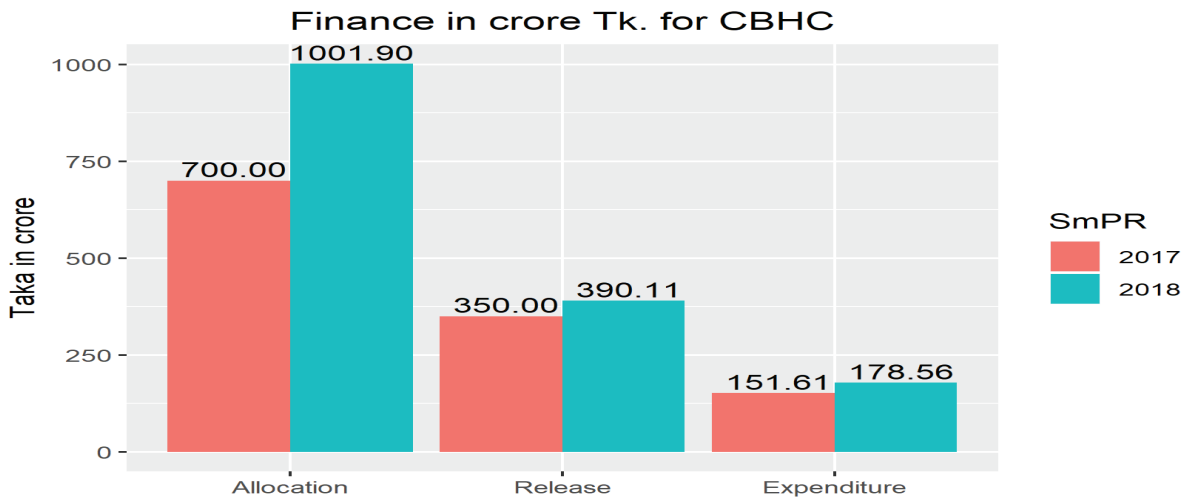
## OP-23: Community Based Health Care (CBHC)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>20%</b> (1 out of 5 indicators achieved)	Fund release against allocation* <b>39%</b>	Fund utilization against allocation* <b>18%</b>	Fund utilization against release <b>46%</b>
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### 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

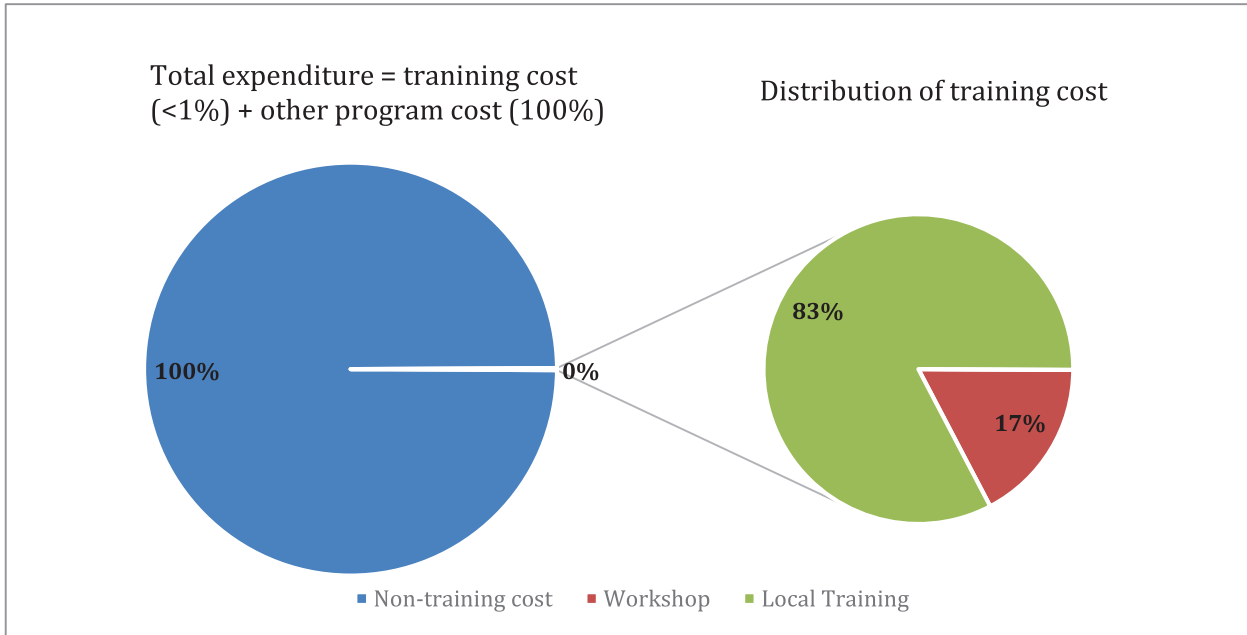
#### Status Legend:

■ Achieved 
 ■ Partially achieved 
 ■ Not achieved 
 ■ Not available 
 ■ Not Applicable

\* Financial progress against half of the budget allocation within the first two quarters.

OP Indicator Number	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Number of CCs functioning at Upazila Health Complexes	0 (CBHC 2016)	200	128	64	0	0%	NIL	
Indicator-2	Number of CCs having population-based data	0 (CBHC 2016)	1000	300	150	0	0%	NIL	
Indicator-3	Functional referral system	No functional referral system exists	Initiatives undertaken for establishment of referral system	18	9	8	89%	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	Upazilla and bellow all facilities	108 operational and process initiated at all level facilities	54	50%	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 Upazilla ( 3 from CHT and 2 from Plaid land) and 2 districts from CHT.	Two districts of CHT	0	0%	NIL	

## Training Information



During the reporting period, out of the total expenditure of Tk. 178.56 crore, Tk. 0.29 crore (<1%) was spent on training. Of the total training cost, Tk. 0.24 crore (83%) was spent on local training and Tk. 0.05 crore (17%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	Training information was not provided by the OP			
Foreign Training				
Workshop				

## Major Physical Progress

- Developed individual health ID for measuring health outcomes.
- Developed apps for house hold data collection and also for the CC services. Field test of the apps has also been done.
- Printed 1,00,000 posters and 50,000 leaflets on 10 years' achievement related to CC and distributed to all concerned.
- Printed 23,000 wall calendars and distributed to all stakeholders.
- 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.

## Key Challenges

- Collection of SOE from the cost centers of the field (UHC) was time consuming, since it was needed for adjustment with AG. Even if cost center would have failed then the whole process became delayed that caused further delay in getting necessary fund.
- Fund was released on quarterly basis that caused delay in procurement as the payment of a substantial items couldn't be procured as payment couldn't be made before getting 3rd & 4th quarter of fund.
- A substantial number of posts particularly CHCPs were vacant as many of them quit their jobs after getting better opportunity. Recently 1,156 CHCPs have been recruited.

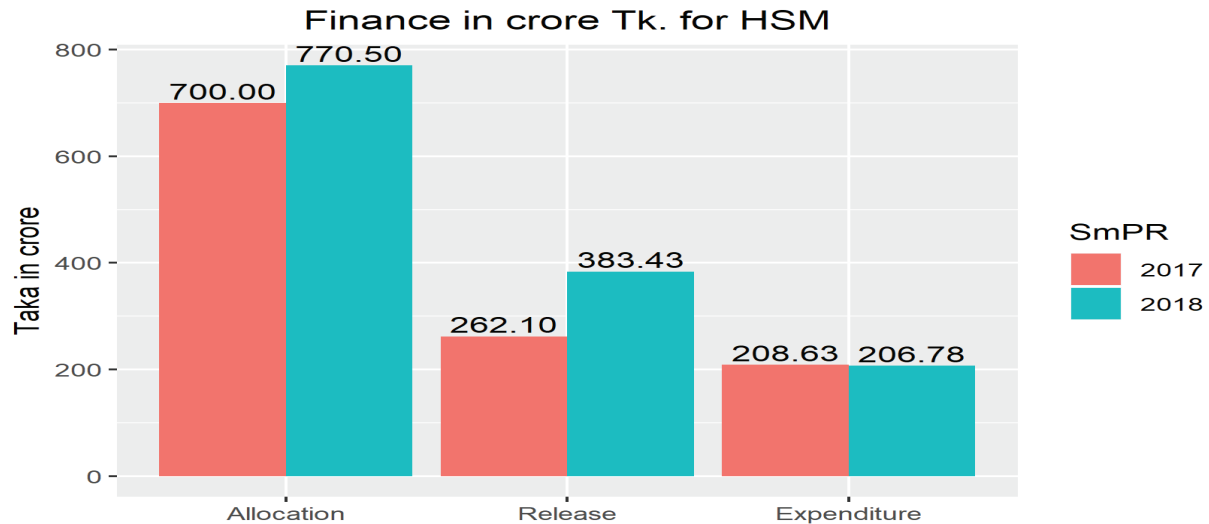
## OP-24: Hospital Services Management (HSM)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>40%</b> (2 out of 5 indicators achieved; 1 indicator is not available)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>27%</b>	Fund utilization against release <b>54%</b>
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### General Objective

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

### Financial Progress



\* Financial progress against half of the budget allocation within the first two quarters.

## Progress of OP-level Indicators

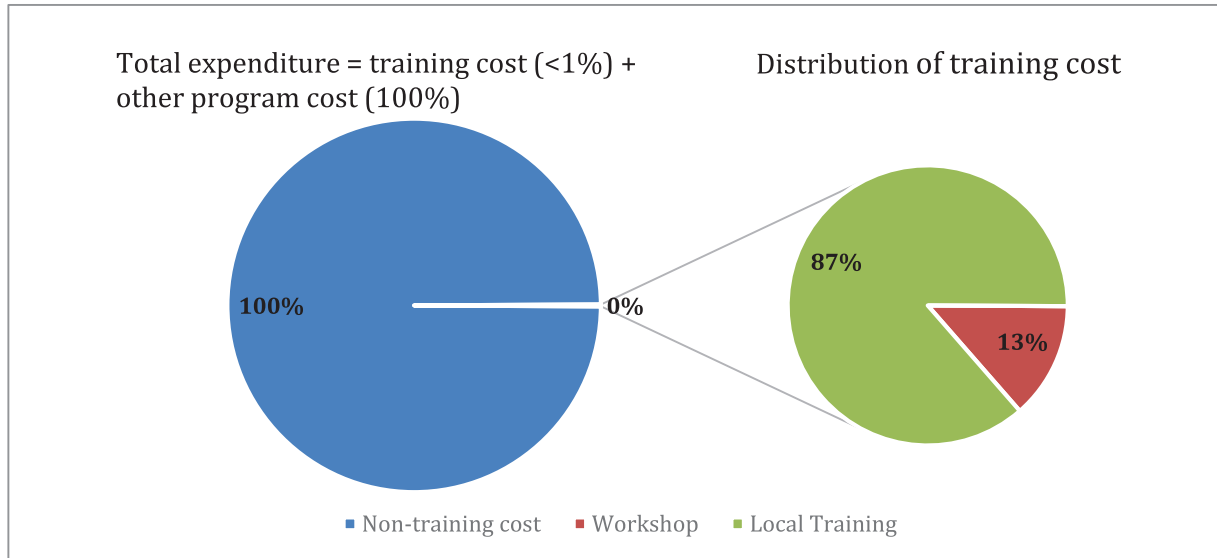
### Status Legend:

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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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 - 06	MCH-08 Special. H - 12 DH - 08	108%	NIL	
Indicator-2	Number of public and non-public facilities accredited	00	Accreditation mechanism established			Accreditation mechanism awaiting approval	0%	NIL	
Indicator-3	Number of district hospitals connected to structured Referral System	2	30	10	02	0	0%	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				6	7	113%	Yes	



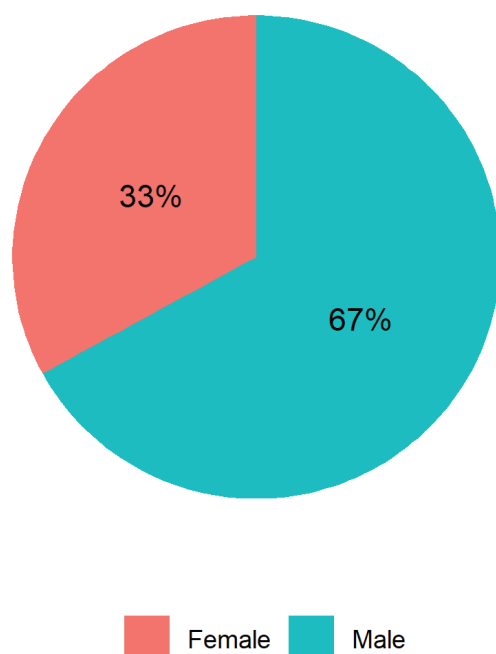
## Training Information



Out of the total expenditure of Tk. 206.78 crore, 0.35 crore (<1%) was spent on training. Of the total training cost, Tk. 0.05 crore (13%) was spent on workshop and Tk. 0.30 crore (87%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	372 (100)	372 (83)	744 (83)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	76 (100)	0 (0)	76 (17)	152 (73)

## Gender distribution among participants- HSM



### 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 CMSD has already started bidding process.

#### **Hospital emergency management**

- The final draft of hospital emergency management guidelines for secondary and tertiary hospitals (8 MCHs, 12 DHs) has been finalized and submitted for approval.

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

- Procurement process of specialized services equipment has been completed by the CMSD for 5 DHs.

#### **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.
- 12 central level MOHFW personnel and 12 non-MOHFW personnel have attended the workshop for approval of National Thalassemia guidelines.

### **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.

### **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 partners (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.

### **Shishu Bikash Kendra**

- Supported 15 Shishu Bikash Kendras with pay and allowance, training, supplies and maintenance.
- Served about 20,000 children in the SBKs.
- Completed monitoring visit to five SBKs.

### **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 nine DHs.
- Arranged a workshop to review the CEmONC facility assessment toolkits and checklists.
- Carried out facility assessment in Rangamati and Cox's Bazar District Hospitals.
- Distributed delivery kit and equipment set to six DHs.

### **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 1,450 clubfoot patients.
- Approved the national clubfoot care strategic plan by HSD, MoHFW.
- 14 central level MOHFW personnel and 14 non-MOHFW personnel attended workshop on approval of national clubfoot strategy.
- 12 central level MOHFW personnel and 12 non-MOHFW personnel attended the national workshop to finalize national clubfoot strategy.

### **Private healthcare facilities**

- The online registration process for private hospitals, clinics, diagnostic centres and blood banks was launched and is in operation since July 2018.
- Completed monitoring visit to 500 hospitals

### **Safe Blood Transfusion**

- Ensured Support for outhouse management of medical waste in 28 hospitals.
- 133 field level staff and 133 non-MOHFW personnel attended training of intern doctors 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.

**WHO Biennial Program:**

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

**Introduction of medical waste management at public and private hospitals**

- 28 hospitals, 08 MCHs and 12 specialized hospitals and 08 district hospitals introduced standard in-house medical waste management.
- Established medical waste management authorities at divisional, district and facility levels to oversee waste management activities

**Introduction and scale up of the structured referral system**

- Prepared zero draft of the guideline

**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 and 139 non-MOHFW personnel trained on automated licensing system.

## Key Challenges

- Some trivial issues with the iBAS++ software.
- 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.
- Structured referral system guidelines could not be finalized. So, the achievements in this regard were lagging behind the target.

**Suggestions/recommendations:**

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

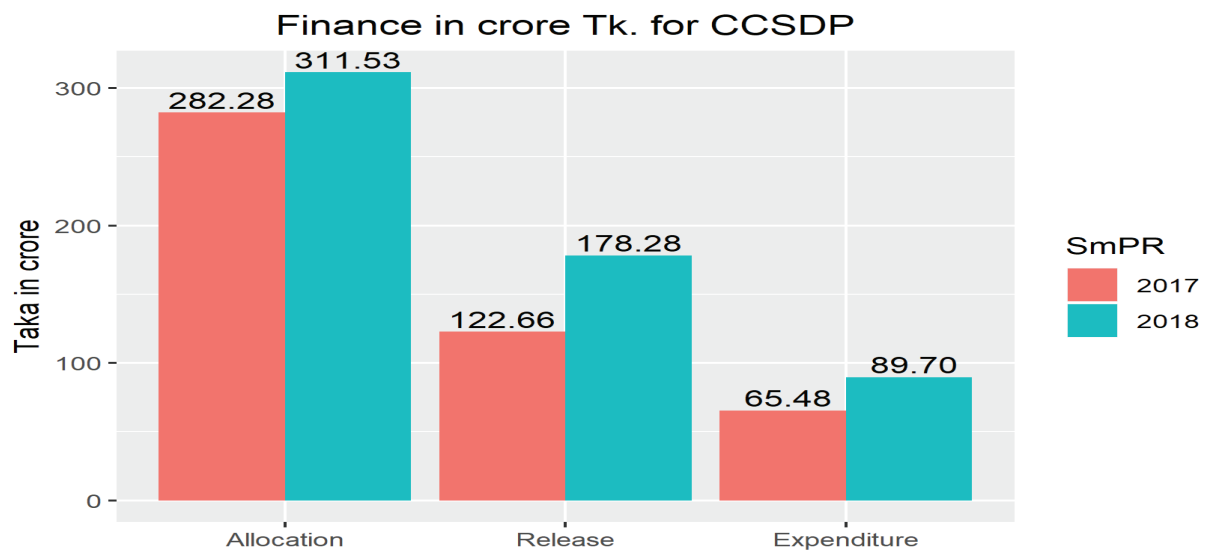
## OP-25: Clinical Contraception Services Delivery Program (CCSDP)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>0%</b> (0 out of 5 indicators achieved; 2 indicators are not available)	Fund release against allocation <b>57%</b>	Fund utilization against allocation <b>29%</b>	Fund utilization against release <b>50%</b>
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### 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



CCSDP

\* Financial progress against half of the budget allocation within the first two quarters.

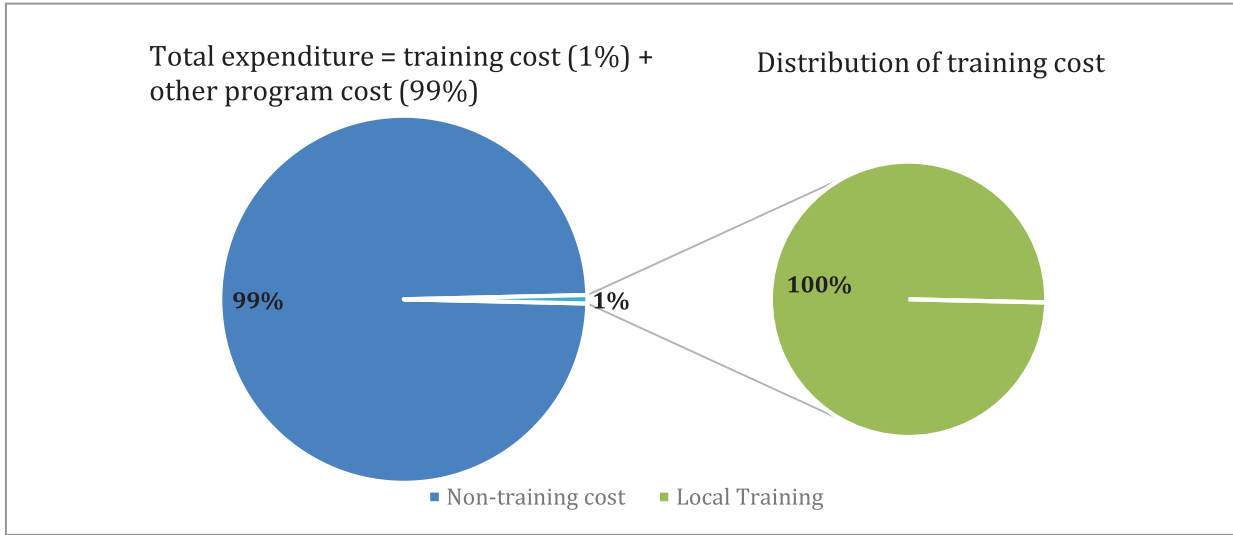
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of targeted public health facilities meeting readiness criteria for delivery of PPF services in Sylhet and Chittagong divisions	Not available	20%				Not available	Yes	
Indicator-2	Number of BLTL & NSV performed	1,63,031 (APIR 2016)	7,00,000 (Cumulative)	2,00,000	1,00,000	69,513	70%	NIL	
Indicator-3	Number of IUDs insertion	2,33,557 (APIR 2016)	8,75,000 (Cumulative)	2,64,000	1,32,000	99,206	75%	NIL	
Indicator-4	Number of Implants insertion	3,53,239 (APIR 2016)	14,00,000 (Cumulative)	4,40,000	2,20,000	1,64,866	75%	NIL	
Indicator-5	Percentage of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Service	5%	15%				Not available	NIL	

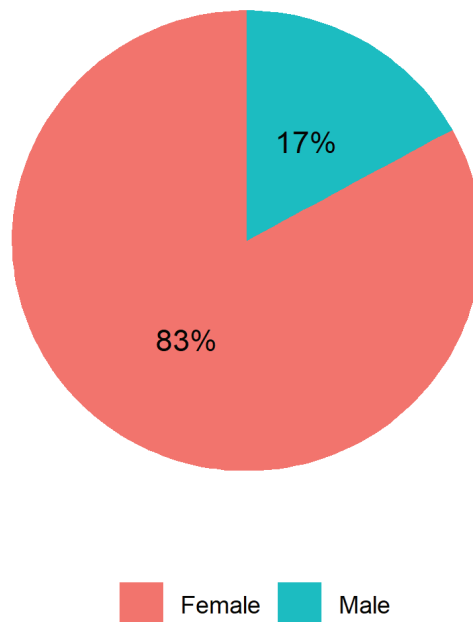
## Training Information



Out of the total expenditure of Tk. 89.70 crore, Tk. 0.66 crore (<1%) was spent on training. Of the total training cost, 100% was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	10 (100)	400 (100)	0 (0)	410 (100)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

### Gender distribution among participants- CCSDP



## Major Physical Progress

- 47,984 tubectomies; 21,529 no-scalpel vasectomies (NSVs); 99,206 intrauterine devices (IUDs); and 1,64,866 implants inserted.
- Ensured availability 3,65,000 implant (2 stick); 2,000 oxygen cylinder and carrying trolley and 1,000 ambu bags.
- In order to provide quality of care of Family Planning LARC & PM services, DGFP appointed 55 senior staff nurses, 13 electro medical technician, one store keeper, one data entry operator (out sourcing), 64 computer operators (out sourcing), 56 drivers (out sourcing), one night guard (out sourcing) and one cleaner (out sourcing).
- 80 field level MOHFW staff (midwives) attended basic training on LARC & PM.
- 20 field level MOHFW staff attended refresher training on LARC & PM.
- 12 field level MOHFW staff attended orientation training on LARC & PM.
- Three central level MOHFW personnel and 16 field level MOHFW staff attended 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.
- 209 field level MOHFW staff attended basic training for Paid Peer Volunteer.

## Key Challenges

- No challenge reported during the reporting period July – December 2018



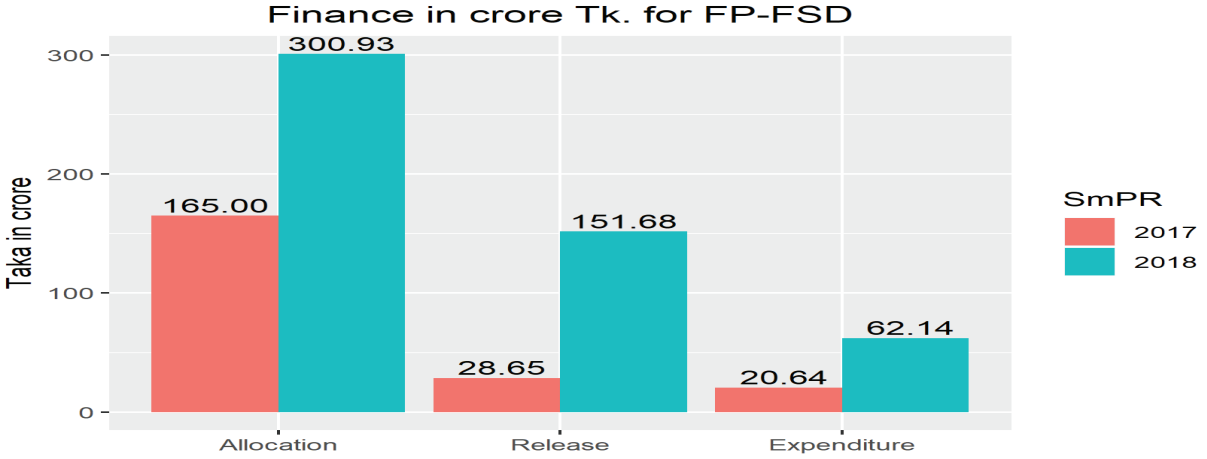
## OP-26: Family Planning Field Services Delivery (FP-FSD)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>0%</b> (0 out of 4 indicators achieved; 3 indicators are not applicable)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>21%</b>	Fund utilization against release <b>41%</b>
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### General Objective

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

### Financial Progress



FP-FSD

\* Financial progress against half of the budget allocation within the first two quarters.

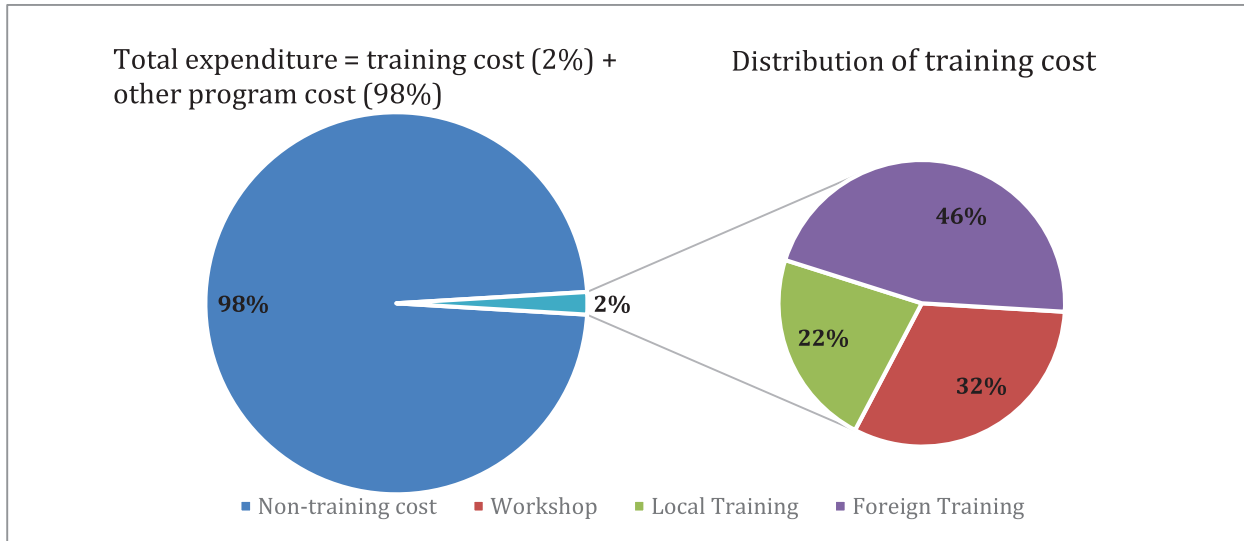
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	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.	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.	Not Available	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.	Not Applicable	NIL	
Indicator-4	Number of Upazillas covered for orientation of DGHS service providers on FP-MCH issues	N/A	250	100	50	16	32%	NIL	

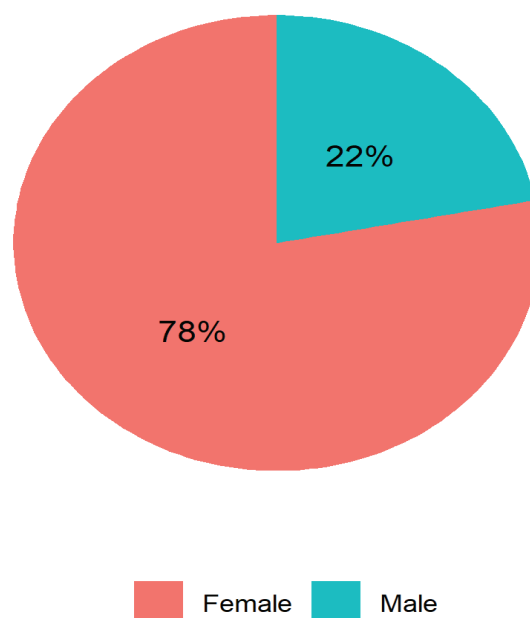
## Training Information



Out of the total expenditure of Tk. 62.14 crore, 1.17 crore (2%) was spent on training. Of the total training cost, Tk. 0.26 crore (22%) was spent on local training, 0.54 crore (46%) was spent on foreign training and 0.37 crore (32%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	8 (18)	772 (47)	0 (0)	780 (44)
Foreign Training	13 (29)	7 (0)	0 (0)	20 (1)
Workshop	24 (53)	878 (53)	71 (100)	973 (55)

## Gender distribution among participants- FP-FSD



### Major Physical Progress

- Conducted orientation on FP-MCH issues in 16 upazilas for the DGHS service providers.
- Procured 12.5 million injectables.
- Procured 75 thousand MSR (cotton, povidone iodine solution, sanitary napkin BP with stethoscope pregnancy test, thermometer etc).
- Ensured wages of labour/volunteer/outsourcing staff.
- Ensured supply of furniture in 125 FWCs.
- Ensured tube-well installation for 15 UH & FWCs.
- Ensured electrical equipment for 15 UH& FWCs.
- Procured 23 pieces of computer.
- Procured four thousand 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-December 2018.



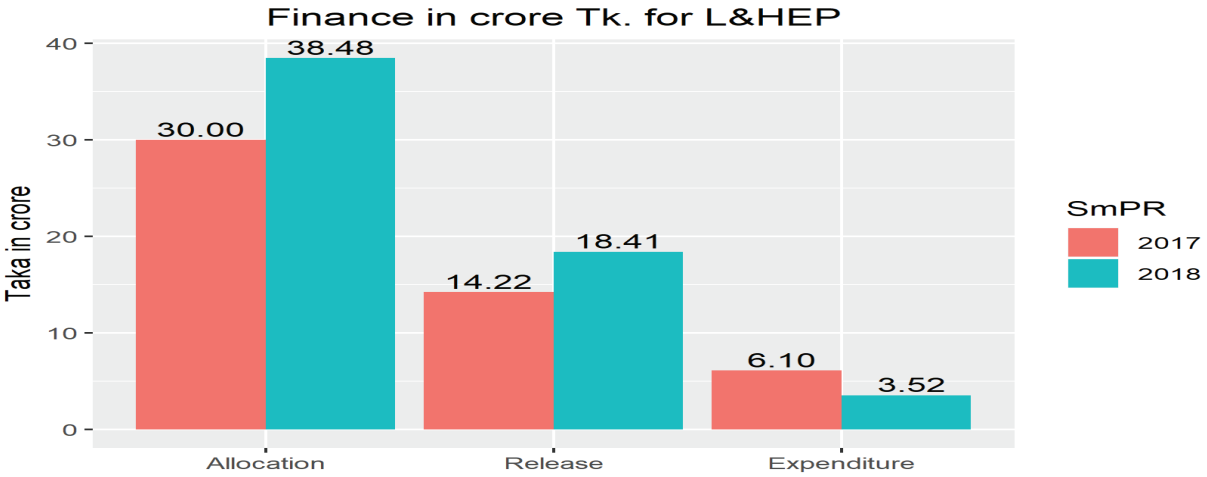
## OP-27: Lifestyle, and Health Education & Promotion (L&HEP)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>33%</b> (1 out of 3 indicators achieved; 1 indicator is not available)	Fund release against allocation* <b>48%</b>	Fund utilization against allocation* <b>9%</b>	Fund utilization against release <b>19%</b>
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### 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



L&HEP

\* Financial progress against half of the budget allocation within the first two quarters.

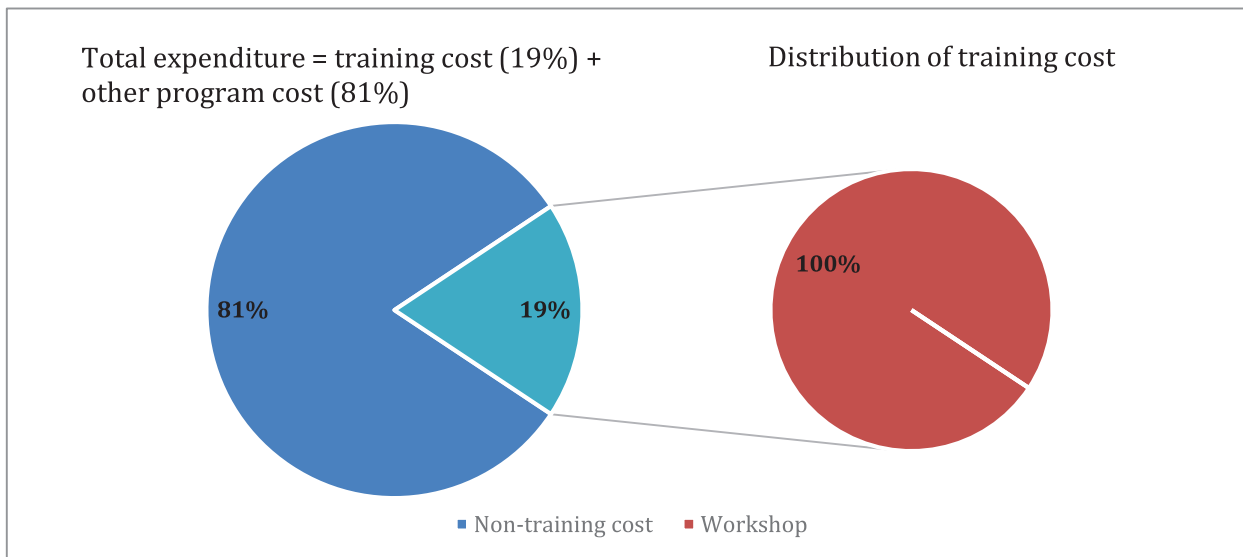
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Percent achieved	Link with DLI	Status
Indicator-1	Implementation of comprehensive SBCC strategy	Approved strategy available	50%	15%	7.5%	7.0%	93%	NIL	
Indicator-2	Number of SBCC material produced and distributed.	11,34,500	7,65,330	1,70,175	85,087	20,000	24%	NIL	
Indicator-3	Number of survey/research on L& HEP conducted	07	01	-	-	-	Not Available	NIL	

## Training Information

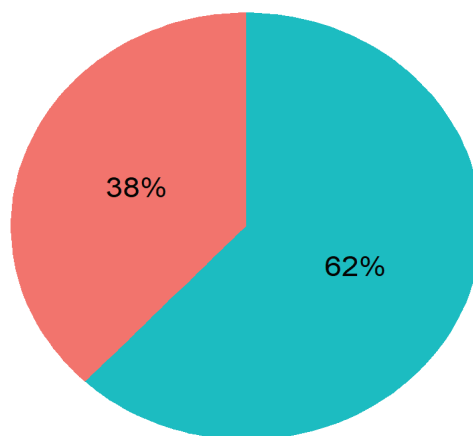


Out of the total expenditure of Tk. 3.52 crore, Tk. 0.65 crore (19%) was spent on training. Of the total training cost, 100% was spent on workshop.



Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	0 (0)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	1,328 (100)	2,042 (100)	3,370 (100)

Gender distribution among participants- L&HEP



Female Male

### Major Physical Progress

- Completed 20 sessions to promote personal hygiene practices among the school children at community level in different primary schools.
- Completed 7% implementation of comprehensive SBCC strategy.
- Produced and distributed 20,000 SBCC materials on nipah virus and dengue.
- Published advertisements in daily newspapers on different health issues; like as dengue, flood, heart disease, cancer, diabetes, nipah etc.
- Observed 2 National days i.e. World AIDS Day and World Mental Health Day, The Mental Health day was observed in collaboration with National Institute of Mental Health.
- Produced 01 TV spot which focused on FDMN issue
- Conducted 3 advocacy workshops at district level. Both government and non- government officials attended these workshops.
- Organized 32 awareness campaigns on healthy lifestyle at different districts and Upazillas
- 1,000 non-MOHFW personnel attended orientation on personal hygiene.
- 1,188 field level MOHFW staff and 972 non-MOHFW personnel attended workshop on healthy lifestyle, environment and physical exercise.
- 140 field level MOHFW staff and 70 non-MOHFW personnel attended advocacy on tobacco and cancer.

## Key Challenges

- Fund utilization was difficult due to iBAS++ system
- Shortage of manpower in field level. Noteworthy, this OP mentioned this challenge in earlier reports too i.e. SmPR 2017 (Jul-Dec 2017) and APIR 2018 (Jul 2017-Jun 2018). It seems the issue still to be resolved.
- The post of LD was vacant around 4 months. Hence the expected progress couldn't not be made. Moreover, 1 Program Manager's position under this OP is still vacant.

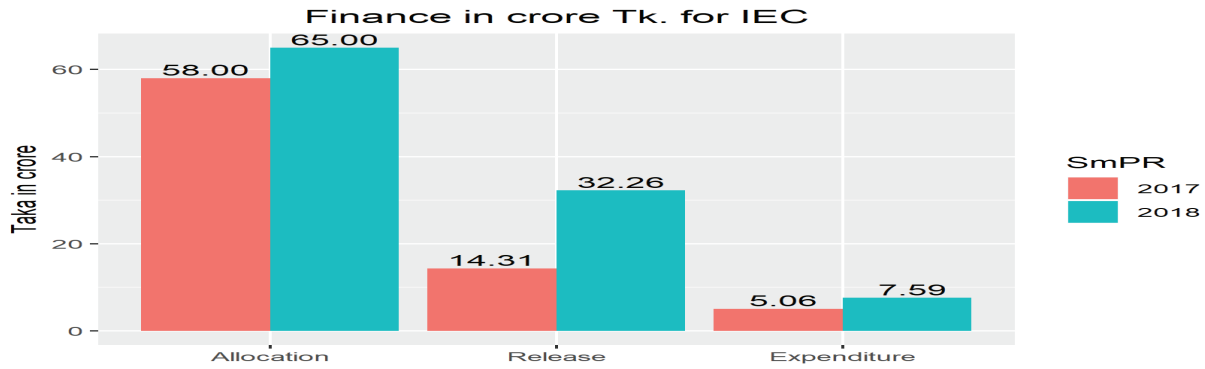
## OP-28: Information, Education & Communication (IEC)

Report Submission: <b>Delayed</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>25%</b> (1 out of 4 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>12%</b>	Fund utilization against release <b>24%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

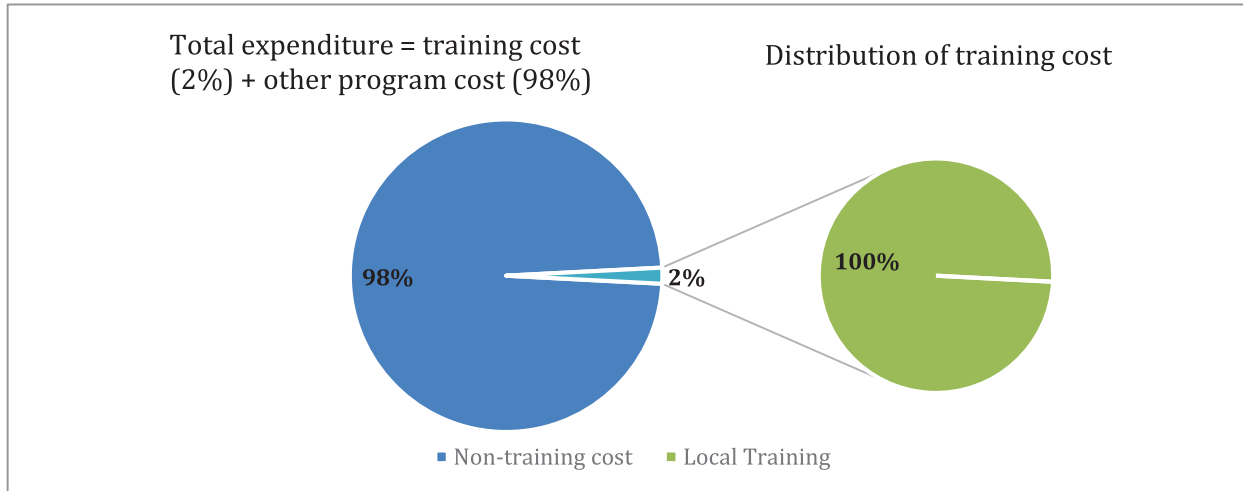
## Progress of OP-level Indicators

### 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	Six-monthly Target(July-December 2018)	Six-monthly Achievements (July-December 2018)	% Achieved	Link with DLI	Status
Indicator-1	Number of FP, MCH and Nutrition campaign organized	127	500	100	50	03	6%	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	200	0	0%	NIL	
Indicator-3	Number of IEC materials (audio and video) produced and broadcasted in mass media	Video Produced : 15 Video Telecast: 1784 Audio Broadcasted : 15830	Video Produced: 40 Video Telecast: 10000 Audio Broadcasted : 20000	Video Produced : 23 Video Telecast: 3772 Audio Broadcasted : 4043	Video Produced: 0 Video Telecast: 156 Audio Broadcasted : 2022	Video Produced: 0 Video Telecast: 132 Audio Broadcasted : 2568	124%	NIL	
Indicator-4	Number of survey/research conducted and best practices documented	1 (Impact Survey)	3	1	-	-	0%	NIL	

## Training Information



Out of the total expenditure of Tk. 7.59 crore, 0.13 crore (2%) was spent on training. Of the total training cost, 100% was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	0 (0)	0 (0)	95 (100)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	0 (0)	0 (0)	0 (0)

Note : This OP didn't provide any gender disaggregated data on training.

## Major Physical Progress

- Organized three campaigns on FP, MCH and Nutrition.
- Observed World Population Day and recognized the best manager, service provider, service centers, union parishad and NGO et cetera.
- Observed the FP campaign and service week.
- Displayed 3,272 film shows by audio-visual van giving special focus on hard-to-reach areas.
- Organized 1,500 motivational programs through private TV channels during peak hour.
- Organized two trainings for audio-visual zone managers and technical staffs and 90 central level MOHFW personnel attended the training.
- 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.
- Published two Parikroma (Bangla newsletter) quarterly.
- Broadcast 2,568 radio programs and 132 TV programs through population cell of Bangladesh Betar and Bangladesh Television respectively.

- Procured five AV vans (Micro).
- Procured one camera and one computer.

### Key Challenges

- The OP did not encounter any challenge during July – Dec 2018

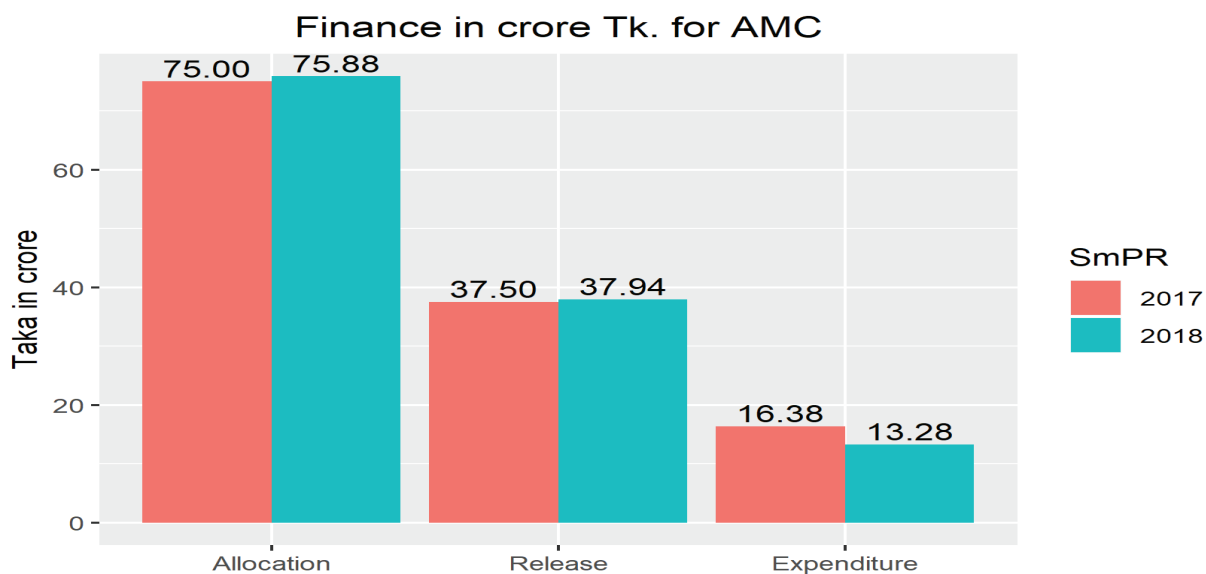
## OP-29: Alternate Medical Care (AMC)

Report Submission: <b>On-time</b>	Activities in line with AWP <b>100%</b>	Achieved indicators <b>100%</b> (3 out of 3 indicators achieved)	Fund release against allocation* <b>50%</b>	Fund utilization against allocation* <b>17%</b>	Fund utilization against release <b>35%</b>
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### 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



\* Financial progress against half of the budget allocation within the first two quarters.

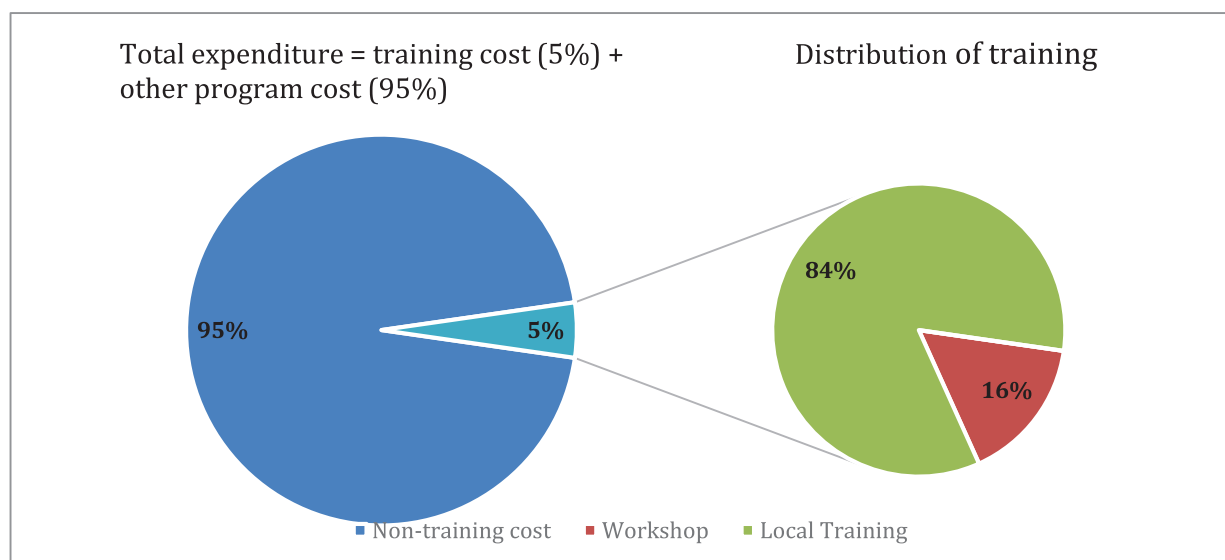
## Progress of OP-level Indicators

### 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	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018 )	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	63 DH	63 DH	100%	NIL	Achieved
Indicator-2	No. of AMC Pharmacopoeia & Formularies	05	10	04	04	04	100%	NIL	Achieved
Indicator-3	No. of medicinal Herbal Garden/ prepared herbal garden	487	490	04	02	02	100%	NIL	Achieved

## Training Information

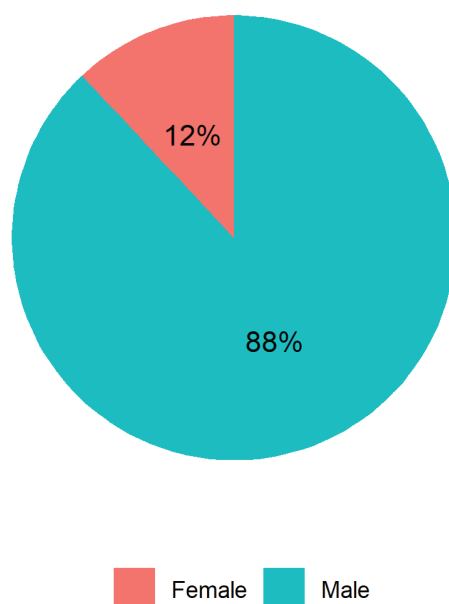


Out of the total expenditure of Tk. 13.28 crore, Tk. 0.60 crore (5%) was spent on training. Of the total training cost, Tk. 0.51 crore (84%) was spent on local training and Tk. 0.10 crore (16%) was spent on workshop.



Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	356 (75)	0 (0)	356 (75)
Foreign Training	0 (0)	0 (0)	0 (0)	0 (0)
Workshop	0 (0)	118 (25)	0 (0)	118 (25)

### Gender distribution among participants- AMC



### 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.
- Produced four electronic advertisements for creating awareness.
- Established four AMC Pharmacopoeia and Formularies.
- 117 field level MOHFW staff attended training on AMC Service Management.
- 118 field level MOHFW staff attended orientation on existing AMC services.

### Key Challenges

- No challenge reported during the period of July - December 2018.

# **PART-C**

## Annex-A: DATA COLLECTION TEMPLATE for Reporting OP-wise Implementation Progress of 4<sup>th</sup> HPNSP (July 2018-December 2018)

Name of the OP: \_\_\_\_\_

### OBJECTIVE(S) OF THE OP

General objective:

Specific objectives:

### 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, FSDP, MIS, TB&LASP, HIS)*

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

### PROGRESS OF OP-LEVEL INDICATORS

Please fill-up only column 6, column 7, column 8 and column 9.

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

Sl #	OP Indicators	Unit of Measurement	Means of Verification	Baseline Value (Year)	Mid-Target (June 2020)	Yearly Target, FY 2018-19	Six-monthly target (July-December 2018)	Achievements, of six-monthly target (July-December 2018)	Reasons for shortfall (if any) in achieving the targets
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1									
2									
3									
4									
5									

### TRAINING/ORIENTATION/WORKSHOP/SEMINAR/ADVOCACY

Category	Topic /subject/area	Duration	Number of participants						Cost of training (Tk. in Lac)	Remarks
			MOHFW personnel <sup>+</sup>				Non-MOHFW personnel <sup>++</sup>			
			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)
<b>(a) Local Training</b>										
Short-term*										
Medium-term**										
Long-term***										
<b>Subtotal (a)</b>										
<b>(b) Foreign Training</b>										
Short-term*										
Medium-term**										
Long-term***										

Category	Topic /subject/area	Duration	Number of participants						Cost of training (Tk. in Lac)	Remarks
			MOHFW personnel <sup>+</sup>			Non-MOHFW personnel <sup>++</sup>				
			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)
<b>Subtotal (b)</b>										
<b>(c) Foreign study tour/experience sharing visit/exposure visit</b>										
<b>Subtotal (c)</b>										
<b>(d) Orientation/Workshop/Seminar/Advocacy</b>										
Orientation										
Workshop										
Seminar										
Advocacy										
<b>Subtotal (d)</b>										
<b>Grand Total (a+b+c+d)</b>										

*\*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*

## CHALLENGES FACED

1. Describe the challenges faced in implementing the OP activities during July 2018 to December 2018 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.

**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-B1: Summary of key challenges faced by LDs during Jul 2018- Dec 2018

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Implementation	Planned activities could not be performed due to shortage of manpower and time constraints	1	PMR
	Non-availability of the Line Director affected making progress on both physical and financial areas.	1	HIS & eHealth
	The logistics (computer, modem etc.) were not adequately supplied to run the EPI DHIS2.	1	MNCAH
	Global fund's moratorium on training and procurement	1	TBL&ASP
	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 (Finding TB cases and complex dynamics of urban TB)	1	TBL&ASP
	Lack of capacity in disease surveillance	1	TBL&ASP
	Scale up of latest diagnostic technologies (Gene Xpert)	1	TBL&ASP
	Time consuming procurement process	2	MEHMD, HSM
	Delayed procurement process	1	IFM
	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
Procurement	Procurement delay in CMSD	1	NCDC

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Fund release	Fund release delayed due to introduction of iBAS+ +	1	PMR
	In some cases, lack of co-ordination between central and field level accounts office (AG Office) still prevalent on implementation of iBAS++ software	1	PME
	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.	1	HIS & eHealth
	Some offices e.g. central warehouse, FWVTI and all regional warehouse could not access to the iBAS++ system. So, the MIS OP faced problem to allocate the fund to these offices.	1	MIS
	Some trivial issues with the iBAS++ software	1	HSM
	Collection of SOE from the cost centers of the field (UHC) was time consuming, since it was needed for adjustment with AG	1	CBHC
	Fund was released on quarterly basis that caused delay in procurement as the payment of a substantial items couldn't be procured as payment couldn't be made before getting 3rd & 4th quarter of fund	1	CBHC
	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	1	PME
	Insufficient fund	1	HSM
	Fund utilization was difficult due to iBAS++ system	1	LHEP



Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Monitoring and Supervision	Supervision and Monitoring was not adequate. Fund was not available to supervise immunization activities at all levels	1	MNCAH
	OP indicators	1	NCDC
	Gaps in monitoring and supervision prevailed due to lack of knowledgeable and skilled staffs in important position	1	HIS & eHealth
	Shortage of manpower.	4	MEHMD, NCDC, LHEP, HEF
Human resources	Lack of commitment of the managers	1	MEHMD
	Line Director post was vacant for approximately two - four months. Moreover, 1 Program Manager's position under LHEP is still vacant	3	PMR, HIS & eHealth, LHEP
	Fund utilization due to lack of manpower/shortage of manpower.	1	IFM
	A good number of HA post was vacant due to their promotion to higher level or retirement	1	MNCAH
	Shortage of Human Resources (MT Lab, MT Radiography)	1	TBL&ASP
	A substantial number of posts particularly CHCPs were vacant as some of them quit their jobs	1	CBHC
Other	Pending approval of carry-over funds of 3rd sector program to undertake DSF and EOC training	1	MNCAH
	Structured referral system guidelines could not be finalized. So, the achievements in this regard were lagging behind the target	1	HSM

## Annex-B2: Summary of key recommendations made by LDs

Areas	Recommendations
<p><b>1) Implementation, Coordination and Capacity building</b></p>	<p>Organize refresher training on iBAS++</p> <p>Provision should be added to iBAS++ system to release the fund in each quarter as per the needs of the OP</p> <p>Data entry and reporting on iBAS++ should be easier and more user friendly. All Field offices under DGFP should be included in iBAS++ system</p> <p>Ensure co-ordination among all parties involved and take support from other agencies on iBAS++ related issues</p> <p>Foster increased level of donors' co-ordination and commitments to strengthen GOB program for TB, ASP and Leprosy diseases</p> <p>Concrete steps need to be taken in strengthening linkage between field level findings and central level programs</p> <p>Efforts should be taken to transfer the non-developmental expenditure of the hospitals to revenue budget</p> <p>Respective Line Directors need to take concrete steps in implementing findings/recommendations sent by Planning Unit</p> <p>Country needs to undertake initiatives for in-county production of TB drugs with WHO prequalification.</p> <p>Private sector may be encouraged to invest in establishing diagnostic facilities for screening HIV/AIDS cases.</p> <p>TB PSM capacity needs to be strengthened.</p> <p>NTP needs to introduce viral load testing through existing Gene Xpert machine</p> <p>Collaboration and co-ordination should be strengthened with Private Sector and Professional Bodies in regard to urban TB. NTP finalized Zero TB Strategy and Urban TB Initiatives should be declared</p>

Areas	Recommendations
	<p>Motivate upazila health managers and involve volunteer and persons affected by Leprosy to identify the suspects</p> <p>Need to conduct more survey/study on TBL&amp; ASP program</p> <p>Organize training on case reporting for leprosy service providers by using DHIS2 in few districts.</p>
<b>2) Procurement</b>	Take initiative for developing timely procurement plan and fund release
<b>3) Fund release</b>	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 should be released according to the demand of respective Line Director
<b>4) Monitoring and Supervision</b>	Strengthen Monitoring and Supervision
	OP level indicators need to be reviewed and revised
<b>5) Human Resources</b>	Posting/recruitment of MT Lab, MT Radiography
	Motivate the Managers.
	Undertake recruitment of human resources
	Fill-up the vacant posts
	Line Director's post should not be vacant for long period
	Need to deploy human resources with public health background
	HRM plan for NASP including ART center and HTC centers need to be reviewed and expanded

## Annex-C: OP-wise report submission status

On-time	
Delayed	

S.I.	Division	OP	SmPR-2017	APIR-2018	SmPR-2018
1	HSD	SWPMM			
2	HSD	PMR			
3	HSD	HEF			
4	HSD	SDAM			
5	HSD	PME			
6	HSD	PSSM-HS			
7	HSD	HRD			
8	HSD	PFDD			
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			

