4th HEALTH, POPULATION AND NUTRITION SECTOR PROGRAM

January 2017 - June 2022

Six-monthly Progress Report (SmPR) 2017

July – December 2017

March 2018

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

The Program Implementation Plan (PIP) of the 4th Health, Population and Nutrition Sector Program (4th 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 and share those 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 – 2017 (SmPR-2017) is the second progress report of 4th HPNSP covering July – December 2017 period of the FY 2017-18. The Report has been prepared based on the physical progress measured by OP-level indicators, major physical activities performed by the LDs and the Annual Development Program (ADP) financial progress review done by the Planning Wing, Health Services Division (HSD) and the Planning Branch, Medical Education & Family Welfare Division (ME&FWD) respectively of MOHFW.

The SmPR - 2017 has tried to capture some features of Program implementation undertaken during the first six-months of FY 2017-18. This Report has introduced a new tool for monitoring implementation progress of individual OPs in the name of "OP Fact Sheet". The OP Fact Sheet gives financial and physical progress along with status of indicator progress in a nutshell. The senior management and the policymakers of MOHFW will hopefully find this new tool reader friendly and effective for evidence-based decision-making. Some issues of importance and successful practices have also been highlighted in the Report as lessons for future development initiatives.

This six-monthly review provides an opportunity for internal stocktaking. This is especially so for the LDs and other stakeholders who are involved in program implementation, and for developing a roadmap for the way forward to speed up implementation progress during the remainder of FY 2017-18. I hope that the findings, analysis, and suggestions contained in the SmPR – 2017 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 in this six-monthly report (July – December 2017). I congratulate them for this achievement and appreciate their contribution and hard work. Thanks are also due to the MEASURE Evaluation Team at icddr,b who supported the preparation of this Report.

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

Dr. A. E. Md. Muhiuddin Osmani
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ABBREVIATIONS & ACRONYMS

ADP	Annual Development Program
AEFI	Adverse Events Following Immunization
AHI	Assistant Health Inspector
AMC	Alternative Medical Care
AMS	Asset Management System
ANC	Antenatal Care
APIR	Annual Program Implementation Report
AWP	Annual Work Plan
BBS	Bangladesh Bureau of Statistics
BCC	Behavior Change Communication
BCS	Bangladesh Civil Service
BDHS	Bangladesh Demographic and Health Survey
BHFS	Bangladesh Health Facility Survey
BMMS	Bangladesh Maternal Mortality Survey
CAG	Controller and Auditor General
CBHC	Community Based Health Care
CC	Community Clinic
CCSDP	Clinical Contraceptive Service Delivery Programme
CDC	Communicable Disease Control
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CES	Coverage Evaluation Survey
CHCP	Community Health Care Provider
CMSD	Central Medical Supplies Depot
CNC	Community Nutrition Center
CNCP	Comprehensive Newborn Care Package
CRS	Congenital Rubella Syndrome
CS	Civil Surgeon
CSBA	Community Skilled Birth Attendant
CSR	Corporate Social Responsibility
CY	Calendar Year
DDS	Drugs and Dietary Supplement
DFID	Department for International Development
DG	Director General
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHEU	Directorate General of Health Economics Unit
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DH	District Hospital
DLI	Disbursement Linked Indicator
DLR	Disbursement Linked Result
DP	Development Partner
DPA	Direct Project Aid
DPM	Deputy Program Manager
DSF	Demand-side Financing
ECD	Early Childhood Development
EKN	Embassy of the Kingdom of the Netherlands
EMP	Environment Management Plan
ENC	Essential Newborn Care
EPI	Expanded Program on Immunization
ESP	Essential Services Package
EVM	Effective Vaccine Management
FA	Financing Agreement
FAP	Fiduciary Action Plan
FMAU	Financial Management and Audit Unit
FP	Family Planning
FP-FSD	Family Planning Field Services Delivery
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FY	Financial year
GAC	Global Affairs Canada
GAVI	Global Alliance for Vaccines and Immunization
GBV	Gender-based Violence
GDP	Gross Domestic Product
GEVA	Gender, Equity, Voice and Accountability
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
GOB	Government of Bangladesh
GRS	Grievance Redressal System
HA	Health Assistant
HDC	Health Data Collaborative
HEF	Health Economics and Financing
HEU	Health Economics Unit
HFA	Health for All
HI	Health Inspector
HIS & eH	Health Information System and e-Health
HIS	Health Information System
HMIS	Health Management Information System
HNP	Health, Nutrition and Population
HPNSDP	Health, Population and Nutrition Sector Development Program
HPNSP	Health, Population and Nutrition Sector Program
HR	Human Resource
HRD	Human Resource Development
HSD	Health Services Division
HSM	Hospital Services Management
HSS	Health Systems Strengthening
iBAS	Integrated Budget and Accounting System
ICDDR,B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICT	Information and Communication Technology
IDA	International Development Association
IEC	Information Education & Communication
IFA	Integrated Fiduciary Action plan
IFC	International Finance Corporation
IFM	Improved Financial Management
IHS	Improving Health Services
IMCI	Integrated Management of Childhood Illnesses
IMED	Implementation Monitoring & Evaluation Division
IMR	Infant Mortality Rate
IP	Infection Prevention
IPF	Investment Project Financing
IPH	Institute of Public Health
IT	Information Technology
IUD	Intra Uterine Device
IVA	Independent Verification Agency
JICA	Japan International Cooperation Agency
KMC	Kangaroo Mother Care
L&HEP	Lifestyle and Health Education & Promotion
LAPM	Long Acting and Permanent Methods
LBW	Low-birth Weight
LCG	Local Consultative Group
LD	Line Director
LDC	Least Developed Country
M&E	Monitoring & Evaluation
MCH	Maternal and Child Health
MCRAH	Maternal, Child and Reproductive & Adolescent Health

MCWC Maternal and Child Welfare Center
MDG Millennium Development Goals
ME&FWD Medical Education & Family Welfare Division
ME&HMD Medical Education and Health Manpower Development
MHVS Maternal Health Voucher Scheme
MIC Middle Income Country
MICS Middle Income Country Status
MIS Management Information System
MMR Maternal Mortality Ratio
MNCAH Maternal, Neonatal, Child and Adolescent Health
MNCH Maternal, Neonatal and Child Health
MNH Maternal and Newborn Health
MOHFW Ministry of Health and Family Welfare
MOMCH Medical Officer, Maternal and Child Health
MR Measles-Rubella
NBH New Born Health
NCD Non-Communicable Disease
NCDC Non-Communicable Disease Control
NEC National Eye Care
NGO Non-Government Organization
NIPORT National Institute of Population Research and Training
NIPSOM National Institute of Preventive & Social Medicine
NMES Nursing and Midwifery Education Services
NMR Neo-Natal Mortality Rate
NNHP National Newborn Health Program
NNS National Nutrition Services
NPAN National Plan of Action for Nutrition
NSV No-scalpel Vasectomy
NTWC National Technical Working Committee
OCC One Stop Crisis Centre
ODA Overseas Development Assistance
OOPE Out-of-pocket Expenditure
OP Operational Plan
PA Project Aid
PAD Project Appraisal Document
PB Planning Branch
PER Public Expenditure Review
PFD Physical Facilities Development
PHC Primary Health Care
PICC Program Implementation Coordination Committee
PIP Program Implementation Plan
PIR Program Implementation Report
PLHIV People Living with HIV and AIDS
PM Program Manager
PME Planning, Monitoring and Evaluation
PMMU Program Management and Monitoring Unit
PMR Planning, Monitoring and Research
PNC Postnatal Care
PPFP Postpartum Family Planning
PPP Public Private Partnership
PSR Program Support Rationale
PSSM Procurement, Storage and Supplies Management
PW Planning Wing
RH Reproductive Health
RPA Reimbursable Project Aid
SACMO Sub-Assistant Community Medical Officer
SBCC Social and Behavioral Change Communications
SCANU Special Care Newborn Unit
SDAM Strengthening of Drug Administration and Management
SDF Social Development Foundation
SDG Sustainable Development Goals
SGS Strengthening Governance & Stewardship
SHS Strengthening Health Systems
SIDA Swedish International Development Agency
SSK Shasthyo Shurokhsha Karmasuchi
SVRS Sample Vital Registration System
SWAp Sector Wide Approach
SWPMM Sector Wide Program Management and Monitoring
TA Technical Assistance
TAST Technical Assistance Support Team
TB Tuberculosis
TBL&ASP TB-Leprosy & AIDS/STD Program
TFR Total Fertility Rate
Tk. Taka
TMIS Training Management Information System
TOR Terms of Reference
TOT Training of Trainers
TRD Training, Research and Development
U-5MR Under-5 Mortality Rate
UESD Utilization of Essential Service Delivery
UH&FWC Union Health and Family Welfare Center
UHC Universal Health Coverage
UIMS Upazila Inventory Management System
UN United Nations
UNFPA United Nation Population Fund
UNICEF United Nations International Children's Emergency Fund
USAID United States Agency for International Development
UzHC Upazila Health Complex
VAT Value-added Tax
VPD Vaccine Preventable Disease
WB World Bank
WFHI Women Friendly Hospital Initiative
WHO World Health Organization
WIMS Warehouse Inventory Management System

PART-A

CHAPTER I. INTRODUCTION

This is the first Six-monthly Progress Report (SmPR) for the 4th HPNSP, covering the implementation period of the first half of FY 2017-18 (July-December 2017). As part of the on-going Program implementation review and as required by the Results Framework, 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 Line Directors (LDs) during the reporting period.

Methodology for Preparation of the SmPR - 2017

The preparation process of the SmPR – 2017 involves data collection, analysis, presentation, report drafting, sharing with the LDs for feedback and finalization of the report.

Data Collection

The 4th HPNSP has 29 OPs wherein each OP document lays out the general objective, specific 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 - 2017 and capture information for the first six months of FY 2017–18, 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 - 2017.

The template contains six major sections - Objectives of the OP, Component/activity-wise physical progress, Update on Indicators, Training data, Implementation Challenges and Financial information of 4th HPNSP. The template was finalized in consultation with the concerned officials, LDs and their representatives on 25 January 2018 through two workshops. 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 icddrb. Clarifications were sought on LD's feedback in case of certain OPs. After checking the data in the templates, the LDs or their representatives were also contacted over phone for further information as necessary, and the information was updated to make the final data set.

Data Analysis

Data analysis for the SmPR - 2017 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, 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

5. **Not Applicable:** Inapplicable for this reporting period

The quantitative analysis also included financial progress by calculating the percentage of expenditure related to ADP allocation and release of funds, whereas 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 2017.

Data Presentation

This is the first time, the PMMU generated visually attractive factsheets with the purpose of giving a comprehensive picture on the report submission status, identifying the linkages between annual work plan and activities undertaken and the status of OP level indicators, financial progress and training. The challenges faced by the OPs were also analyzed and presented in the factsheet to understand whether they hampered smooth implementation of the activities. At the same time, the factsheets cover whether or how the encountered challenges were handled by the LDs. It is intended that the fact sheets will facilitate policymakers, program managers and development partners to easily track progress of the OPs, identifying areas for improvements and facilitating rational budget planning and resource utilization.

Finalization of SmPR- 2017

After initial drafting, the report was shared with the Planning Wing & Planning Branch of the MOHFW and the LDs for their review and feedback. PMMU staff and the PMMU TAST members also met as needed with the LDs for update and clarification of different data points, in addition to email communications and thus the report was finalized. The report was finalized through a dissemination workshop held on 23 April 2018 at CIRDAP International Conference Hall, wherein representatives of the Planning Wing, Planning Branch, the LDs and the DPs were present.

Navigating this Report

The SmPR-2017 has been presented in three parts: PART-A, PART-B and PART-C.

PART-A contains 5 chapters: Chapter 1 presents a brief introduction of SmPR-2017 and methodology used for collecting information from the 29 OPs for this report. It also explains how the categories for performance for each OP were determined for the factsheets. In Chapter 2, the summary report of SmPR-2017 is presented. In chapter 3, a status update on execution of the financial agreement and progress of DLIs for July-December 2017 are presented. Chapter 4 presents the key initiatives taken on program implementation particularly in ESP coordination, National Newborn Health Program and resource mobilization. Chapter 5 highlights some strategic issues that need special attention for improving implementation of the program in the future: (a) Graduation to MIC status and its consequence in the health sector and (b) equity in health in the context of UHC.

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

PART-C contains the Annexures (A-E) covering data collection template; list of DLIs; list of prior result-DLRs; summary of key challenges faced by LDs; and key information on DPA-TA to 4th HPNSP.

CHAPTER 2. SUMMARY REPORT

FINANCIAL PROGRESS DURING JULY - DECEMBER 2017

2.1 SUMMARY OF FINANCIAL PERFORMANCE

The total Annual Development Program (ADP) allocation for FY 2017-18 of the 4th HPNSP covering 29 operational plans (OPs) was Taka 6,542.4 crore, out of which Taka 3,822.4 crore (58%) was from GOB and Taka 2,720.0 crore (42%) was from PA. Of the total PA allocations during the period, RPA allocation was Taka 1,440.6 crore, which is 53% of PA and 22% of the total ADP allocation. DPA allocation was Taka 1,279.4 crore, which is 47% of the PA and 20% of the total ADP allocation.

During the first six months of FY 2017-18, i.e. July–December 2017, a total of Taka 2,338.7 crore (GOB Taka 1,439.3 crore and PA Taka 899.5 crore) was released for the 4th HPNSP covering 29 OPs, which is 36% of the allocated fund for the financial year. The proportions of allocated fund released were 38% for GOB and 33% for PA. During the same reporting period, a total of Taka 646.6 crore was released as RPA fund, which is 72% of the PA fund released and 28% of the total released fund.

During July–December 2017, Taka 1,432.5 crore was spent in total for the 29 OPs of the 4th HPNSP, which is 22% of the ADP allocation and 61% of the released fund during the first six months of FY 2017-18. The spending rate over released fund was 56% for GOB and that for PA was 70%. RPA expenditure was Taka 375.4 crore, which is 58% of released fund, and 26% of ADP allocation for RPA. The spending rate for DPA against released fund was 100%.

Of the total released fund for 29 OPs, Tk. 906.20 crore remained unspent due to various reasons, of which one common reason is the delayed fund release. As for example, although the FP-FSD OP received first quarter fund release timely (on 21 July) but the second quarter fund release was delayed by two months (in early December of 2017). Inordinate delay in the release of second quarter fund of FP-FSD OP might have been caused due to start-up challenge with the implementation of iBAS++ software, consequently led to lower utilization of released fund.

The CDC OP could not spend its entire released fund due to two main reasons. The annual training plan of the OP was approved on 09 October against the submitted proposal of 17 July 2017. On the other hand, approval for drawing advance for the training was given on 21 December against the submitted proposal of 31 July 2017. For this, bulk of the training plan could not be implemented and in turn, the major portion of training budget remained unspent.

Another reason common to many large OPs is the delayed approval of the procurement plans by MOHFW. Most of the bulk procurements are processed during July - December period, but the expenditure takes place mostly at the end of the second half of the particular financial year. The CDC OP could not complete the process of MD Vaccine and insecticides procurement as the e-GP tender had to be floated multiple times, and for this Tk. 20.00 crore remained unspent.

The MOHFW may raise the above mentioned issues in the Quarterly ADP Review Meeting so that the cases are expeditiously disposed of and actions are taken timely by the implementers.

Table 2-1 shows Division-wise total ADP utilization position of the 4th HPNSP during the first six months of FY 2017-18.

Table 2-1: Total ADP utilization Position of 4th HPNSP for FY 2017-18 (in crore Taka)

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**	**6542.4**	**3822.4**	**2720.0**	**1440.6**	**2338.7**	**1439.3**	**899.5**	*646.6*	**1432.5**	**804.2**	**375.4**	**252.9**	**61%**	**22%**
HSD	*19 OPs*	*5394.7*	*3067.6*	*2327.1*	*1081.8*	*1867.5*	*1095.1*	*772.4*	*528.3*	*1138.6*	*573.6*	*320.9*	*244.1*	*61%*	*21%*
ME&FWD	*10 OPs*	*1147.7*	*754.9*	*392.9*	*358.8*	*471.2*	*344.2*	*127.0*	*118.2*	*294.0*	*230.7*	*54.5*	*8.8*	*62%*	*26%*

2.2 OP-WISE ADP UTILIZATION OF 4th HPNSP

OP-wise total ADP utilization position of the 4th HPNSP for the first six months of FY 2017-18 has been provided in table 2-2 below, which shows the OP-wise expenditure both against allocation for FY 2017-18 and fund release for July–December 2017, covering 29 OPs of the 4th HPNSP.

Table 2-2: OP-wise ADP Utilization of 4th HPNSP for FY 2017-18 (in crore Taka)

Division	OP	ADP Allocation				Released Fund				Fund Spent				% Spent over Total Release	% Spent over Total Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
	All 29 OPs	*6542.4*	*3822.4*	*2720.0*	*1440.6*	*2338.7*	*1439.3*	*899.5*	*646.6*	*1432.5*	*804.2*	*375.4*	*252.9*	*61%*	*22%*
Health Services Division (19 OPs)	*Total*	*5394.7*	*3067.6*	*2327.1*	*1081.8*	*1867.5*	*1095.1*	*772.4*	*528.3*	*1138.6*	*573.6*	*320.9*	*244.1*	*61%*	*21%*
	Directorate General of Health Services (13 OPs)														
	AMC	75.0	70.0	5.0	5.0	37.5	35.0	2.5	2.5	16.4	16.3	0.1	0.0	44%	22%
	CBHC	700.0	600.0	100.0	100.0	350.0	300.0	50.0	50.0	151.6	148.4	3.2	0.0	43%	22%
	CDC	224.0	120.0	104.0	80.0	90.8	48.9	42.0	40.0	21.8	12.6	7.2	2.0	24%	10%
	HIS&eH	87.0	75.0	12.0	10.0	43.1	37.5	5.6	5.0	22.3	18.1	3.6	0.6	52%	26%
	HSM	700.0	392.0	308.0	300.0	262.1	112.3	149.8	149.8	208.6	77.3	131.3	0.0	80%	30%
	L&HEP	30.0	17.0	13.0	10.0	14.2	8.5	5.7	4.6	6.1	2.3	2.7	1.1	43%	20%
	MNCAH	1290.0	90.0	1200.0	200.0	366.2	45.0	321.2	100.0	321.1	8.1	91.8	221.2	88%	25%
	NCDC	185.0	120.0	65.0	60.0	91.1	60.0	31.1	30.0	45.7	23.2	21.3	1.1	50%	25%
	NEC	14.0	4.0	10.0	10.0	7.0	2.0	5.0	5.0	2.5	1.6	1.0	0.0	36%	18%
	NNS	136.0	12.0	124.0	100.0	58.6	6.0	52.6	50.0	31.3	1.5	27.2	2.6	53%	23%
	PMR	12.9	8.0	4.9	3.0	5.5	4.0	1.5	1.5	1.7	1.6	0.1	0.0	32%	14%
	PSSM-HS	135.0	130.0	5.0	5.0	66.3	65.0	1.3	1.3	51.6	51.5	0.1	0.0	78%	38%
	TBL&ASP	259.1	40.0	219.1	50.0	84.7	19.7	65.0	50.0	16.4	1.3	0.0	15.0	19%	6%
	Total	**3848.0**	**1678.0**	**2170.0**	**933.0**	**1477.1**	**743.9**	**733.3**	**489.6**	**897.0**	**363.7**	**289.7**	**243.7**	**61%**	**23%**
	Ministry of Health and Family Welfare (5 OPs)														
	HEF	31.3	20.0	11.3	10.0	9.2	6.7	2.5	2.5	2.2	2.0	0.1	0.0	23%	7%
	HRD	6.4	3.4	3.0	3.0	3.2	1.7	1.5	1.5	0.3	0.2	0.1	0.0	8%	4%
	IFM	3.5	2.5	1.0	1.0	1.5	1.0	0.5	0.5	0.4	0.3	0.2	0.0	28%	12%
	PFD	1487.8	1357.0	130.8	130.8	372.0	339.3	32.7	32.7	237.0	206.3	30.7	0.0	64%	16%
	SWPMM	12.0	3.0	9.0	2.0	2.2	0.8	1.4	1.0	0.6	0.1	0.1	0.4	28%	5%
	Total	**1541.0**	**1385.9**	**155.1**	**146.8**	**388.0**	**349.4**	**38.6**	**38.2**	**240.5**	**208.9**	**31.2**	**0.4**	**62%**	**16%**
	Directorate General of Drug Administration (1 OP)														
	SDAM	5.7	3.7	2.0	2.0	2.3	1.8	0.5	0.5	1.1	1.1	0.0	0.0	45%	19%
Medical Education and Family Welfare Division (10 OPs)	*Total*	*1147.7*	*754.9*	*392.9*	*358.8*	*471.2*	*344.2*	*127.0*	*118.2*	*294.0*	*230.7*	*54.5*	*8.8*	*62%*	*26%*
	Directorate General of Family Planning (7 OPs)														
	CCSDP	282.3	225.0	57.3	50.0	122.7	98.0	24.6	19.3	65.5	60.1	0.0	5.3	53%	23%
	FP-FSD	165.0	65.0	100.0	100.0	28.7	28.5	0.2	0.2	20.6	20.6	0.1	0.0	72%	13%
	IEC	58.0	28.0	30.0	28.0	14.3	7.0	7.3	7.0	5.1	3.4	1.3	0.3	35%	9%
	MCRAH	183.0	63.0	120.0	100.0	83.2	31.5	51.7	50.0	38.0	18.0	18.3	1.7	46%	21%
	MIS	18.0	10.0	8.0	8.0	6.4	4.6	1.8	1.8	0.6	0.6	0.0	0.0	10%	3%
	PME	2.9	0.9	2.0	2.0	1.4	0.4	1.0	1.0	1.2	0.2	1.0	0.0	82%	41%
	PSSM-FP	30.8	30.0	0.8	0.8	7.3	7.1	0.2	0.2	5.2	5.2	0.0	0.0	72%	17%
	Total	**739.9**	**421.9**	**318.0**	**288.8**	**263.9**	**177.2**	**86.7**	**79.4**	**136.1**	**108.1**	**20.7**	**7.3**	**52%**	**18%**
	Directorate General of Health Services (1 OP)														
	ME&HMD	360.0	310.0	50.0	50.0	180.0	155.0	25.0	25.0	140.5	116.8	23.7	0.0	78%	39%
	Directorate General of Nursing and Midwifery (1 OP)														
	NMES	16.9	2.0	14.9	10.0	10.5	1.5	9.0	7.5	5.6	0.4	3.7	1.5	54%	33%
	National Institute of Population Research and Training (1 OP)														
	TRD	31.0	21.0	10.0	10.0	16.8	10.5	6.3	6.3	11.7	5.3	6.3	0.0	69%	38%

The distribution of the proportion of released funds of ADP allocation among the 29 OPs are described as: only seven OPs (HIS & e-Health, HRD, NEC, CBHC, AMC, PME and ME&HMD) were able to get the ADP funds released for the first two quarters, i.e., up to 50%; NMES and TRD OPs received 62% and 54% funds respectively; release of fund for each of PSSM-HS and NCDC OPs was 49%; release of funds for 12 OPs ranged between 30% and 47%; and the rest six OPs' fund release positions were less than 30% along with SWPMM and FP-FSD OPs' release of less than 20% of ADP allocations.

Of the 29 OPs, the spending rate against ADP allocation of 13 OPs are either equal to or above the program's average spending rate of 22%. The spending rate was the highest for PME (41%) followed by ME&HMD (39%), PSSM-HS (38%) and TRD (38%). The lowest spending was by MIS (3%), followed by HRD (4%), SWPMM (5%) and TBL&ASP (6%). Despite DPA allocation, HEF and PMR OPs did not receive any DPA fund for utilization during the period under report.

It is worth mentioning that 10 large OPs out of 29 OPs of the 4th HPNSP account for 87% share of current year's ADP allocation, with the highest share of 22.74% going to PFD OP and the lowest share of 2.8% going to MCRAH OP. Other large OPs are MNCAH (19.72%), CBHC (10.70%), HSM (10.70%), ME&HMD (5.5%), CCSDP (4.31%), TBL&ASP (3.96%), CDC (3.42%) and NCDC (2.83%). For maximum utilization of ADP allocations of the 4th HPNSP, it is essential to be more vigilant in relation to the above mentioned 10 large OPs.

PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP INDICATORS

Out of 131 OP-level indicators used for measuring physical progress, the report found 60 indicators (46%) as achieved and 13 indicators (10%) as partially achieved. Eight OPs (MNCAH, HIS & e-Health, IEC, PSSM-FP, L&HEP, NMES, PMR and SDAM) were able to achieve all their OP-level indicators targets (>=80%) of the during July-December 2017. Whereas; 6 OPs (CBHC, NCDC, MCRAH, FP-FSD, FP-MIS and HRD) couldn't achieve any of their OP-level indicators (>=80% of the target) during the reporting period.

PROGRESS IN TRAINING AND WORKSHOPS

The 4th HPNSP devotes considerable effort to improving HR capacity through trainings (local and foreign) and workshops/seminars/orientations. Out of the total expenditure for July-December 2017, Taka 127.9 crore (9%) was spent on capacity building programs. Around Taka 67.12 crore (53% of the total training cost) was spent on local training and Taka 51.32 crore (40%) spent on workshop/seminar/advocacy related programs and Taka 9.06 crore (7%) spent on foreign training involving a total of 453,992 participants (Male-59% and Female-41%). Among the total 177,653 GOB participants, 95% were from the field level and the rest 5% participants were from the central level. During this period, 226 GOB participants attended foreign training/workshop/seminar. Most participants attended local trainings which were conducted by NNS (52% of total participants), followed by MNCAH (20%).

PROGRESS IN IMPROVING SERVICES AND STRENGTHENING SYSTEMS

Some of the key activities undertaken during July-December 2017 were:

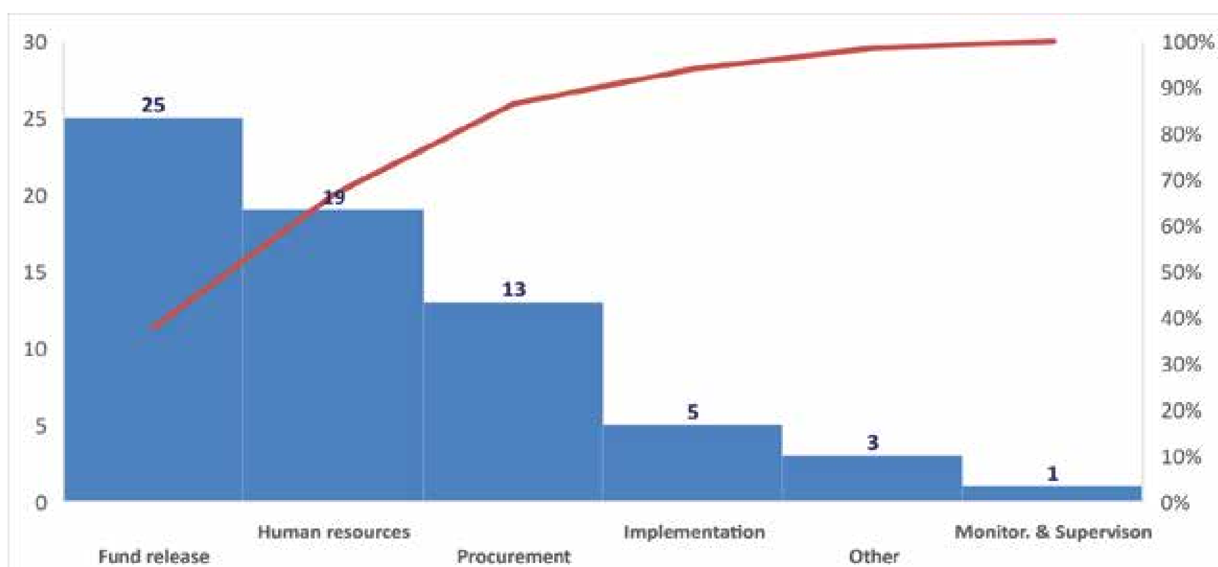
- DGHS achieved 51% of its annual target for children immunized for measles and rubella in 4 districts in Sylhet division and 52% of its annual target for the same in 11 districts in Chittagong division.
- Strengthened VPD surveillance, AEFI surveillance and environmental surveillance by ensuring specific surveillance manpower and operational cost in 64 districts and 11 CCs.
- 62,285 normal deliveries took place in the public facilities of Sylhet and Chittagong divisions under DGFP (n=27,064) and DGHS (n=35,221).
- The public facilities under DGFP provided at least 4 ANC to 233,691 pregnant mothers and ensured 445,472 deliveries by skilled birth attendants (SBAs).
- Enrolled 504 Multi Drug Resistant (MDR) TB cases and 2,600 people living with HIV/ AIDS (PLHIV) received comprehensive care and support
- DGHS finalized the operational guidelines for Multipurpose Health Volunteers (MHV) and developed the referral strategy from CC to USC/UzHC.
- Developed National Child Health Strategy Bangladesh, 2017-2022 and sent to Ministry for endorsement.
- Finalized the National Strategy of Maternal Health and Maternal Health Standard Operating Procedures (Vol: 1&2).
- Developed institutional antimicrobial (AMs) guideline (for different medical colleges/ national institutes), monitoring & evaluation for ensuring adherence to AMs guideline; national AM policy, and updated national strategy and action plan.
- DGFP developed the training guidelines and curriculum to identify the characteristics of facility readiness for PPFP services. At the same time, this agency appointed regional and district Family Planning Clinical Supervision Quality Improvement Team (FPCS-QIT) consultants for ensuring the quality of LARC/PM Services.
- DGHS successfully tested an electronic platform for tracking license and renewal process of private clinics and diagnostic centres. During the reporting period, 1500 CCs reported gender segregated data in DHIS2.
- 100% of facilities (upazila level and above) and 91% of community-level government health facilities under DGHS submitted routine reports on time.
- MOHFW prepared and disseminated the Program Implementation Report (PIR) of FY 2016-17 and HPNSDP endline evaluation report.
- MOHFW published and disseminated the Health Bulletin -2017 and DGFP LMIS reports.
- MOHFW completed data collection for BHFS 2017 through TRD; while data collection of BDHS is ongoing.
- MOHFW completed different research and surveys through CDC: 1 Drug Resistance Monitoring; 6 Vector Bionomics; 4 Bio-assay on LLIN; 2 Molecular Epidemiological study with sequencing; 2 Vector incrimination study; 1 G6PD (glucose-6-phosphate dehydrogenase deficient) survey in coordination with MIS and 1 National Rabies Survey and Research
- Completed roll-out of the Asset Management System in the 250-bed hospitals of Manikganj, Sirajganj and Jhenaidah districts
- Procurement process through e-GP initiated in DGHS for 5 NCB packages
- SSK project rolled out in two new upazilas.
- As part of strengthening the financial management system, the MOHFW completed training on financial management for DDO's at all LDs, PMs, DPMs and others and 97 MOHFW central and 46 MOHFW field level personnel.

- Provided financial and technical support to implementing partners in 4 district hospitals (Bandarban, Rangamati, Tangail and Netrokona) for ensuring baby, women and adolescent-friendly hospital environment.
- Out of 123,000 licensed retail pharmacies and depots, the DGDA inspectors inspected 29,959 retail drug shops; they also inspected 602 pharmaceutical manufacturing units.
- Completed upgradation of 8 Upazila Health Complex (UzHC) from 20/31 to 50 bed; 3 Upazila Health Complex (UzHC) from 20/50 to 100 bed and 26 UH&FWC and reconstruction of 10 old existing Union Health & Family Welfare Centre (UH&FWC).
- Completed remodelling and construction of 24 different Health and Family Planning Infrastructures and completed repair and renovation of 1646 Health & Family Planning Infrastructures
- As part of work remaining from HPNSDP, MOHFW completed 100% of Sir Salimullah Medical College Mitford Hospital, Dhaka; remodelling and renovation of 12 existing Family Planning Stores; construction of ladies' hostel at Dental Collage, Dhaka; physical facilities development of Unani, Ayurvedic Medical College and Hospital; construction of Health Bhaban at Mohakhali, Dhaka; HED Inspection Bunglow; Health Bhaban, Mohakhali, Dhaka (1st Phase) and 14 Community Clinics.

IMPLEMENTATION CHALLENGES

The reporting template used for obtaining information on the implementation progress of the OPs also collected information on the major challenges faced by the LDs during the second six-months of 4th HPNSP implementation. This chapter summarizes the challenges reported by the OPs which is illustrated in Annex D. Notably, out of 29 OPs; 7 OPs (HSD-4, ME&FWD-3) reported that they faced no challenges. On the other hand, 15 OPs from HSD and 7 OPs from ME&FWD mentioned having faced challenges.

Fig: 2-1: Areas of Key Challenges reported by LDs



The pareto chart (Fig 2-1) reveals, 67% of all the challenges were from the first two areas: Fund release and Human Resources which highlights that more attention is required from the senior management of MOHFW and the agencies under it to overcome these persistent challenges.

Among the key challenges, 12 LDs reported delayed receipt of funds, which subsequently hindered on-time implementation of planned activities. On the other hand, delays in the procurement process remains a concern; 8 OPs reported challenges in this area. Moreover, 7 LDs reported that they encountered challenges in implementing iBAS++ software which has since been mitigated through providing training to the relevant officials. Shortage of manpower due to either vacancy in sanctioned positions or delayed recruitment of new staff coupled with frequent turn-over of the OP-level key positions posed challenges for implementation of planned activities.

Two LDs (FP-FSD and HIS & e-Health) mentioned that inadequate inter-OP coordination is a major drawback for smooth operation of activities. One LD (PFD) explicitly mentioned natural calamity due to heavy rainfall and flood, transportation, and land acquisition issues having hampered timely implementation of planned activities. Moreover, three OPs (FP-MIS, HEF, ME&HMD) reported that they were struggling to achieve the targets of OP indicators due to lack of clarity and understanding on the indicator definition, unavailability of baseline data, etc. Hence, it is critical for the MOHFW to review, refine/revise the indicators and/or reset targets as appropriate in consultation with the relevant OP personnel. This will ensure that the most relevant data needed to track OP progress is collected and thereby used for achieving the target.

CHAPTER 3. FINANCING AGREEMENT and DLIs

3.1 Status of Execution of the Financing Agreement of 4th HPNSP

The Financing Agreement (FA) between the GOB and the IDA for supporting the 4th HPNSP was signed on 28th August 2017 and it became effective on 2nd October 2017. The FA is a legal document and Bangladesh, as a party to the Agreement, has incurred obligations to undertake certain clearly identified steps within the program period.

2. Schedule 2 of the FA specifies a set of obligations of the MOHFW under "Implementation Arrangements" and "Project Monitoring, Reporting and Evaluation". These steps are also elaborated in the Project Appraisal Document (PAD) prepared by the WB (July 2017). Some key obligations are stated below:

3.1. Obligations of the MOHFW under the FA:

3.1.1 Institutional Arrangement:

3.1.1.1 GOB (MOHFW) will maintain a DLI Monitoring Committee coordinated by the Planning Wing, HSD and the Planning Branch, ME&FWD. The Committee will be responsible for (a) monitoring DLI progress, (b) supporting the relevant Line Directors in monitoring implementation, and (c) assisting in producing reports on achievement of DLIs for verification by the designated agency.

[Status: The DLI Monitoring Committee was set up under a notification issued by the PW, HSD on 13th August 2017 and the first meeting of the Committee was held on 30 August 2017. The WB suggested that the Committee meet every month to expedite monitoring and reporting on achievement of DLRs.**]**

3.1.1.2 The GOB will similarly maintain an adequately staffed and equipped Program Management and Monitoring Unit (PMMU) throughout the program implementation period. The PMMU will provide support to the Planning Wing, HSD and the Planning Branch, ME&FWD to meet their "planning, monitoring and reporting obligation under the Project"

[Status: The PMMU has been maintained with government staff (full time & part-time), supported by a technical assistance support team (TAST) funded by a DP.**]**

3.2. Project Monitoring, Reporting and Evaluation:

Progress of the project will be reported through an Annual Program Implementation Report (APIR) within 90 days of the end of the FY (i.e.by 30 September). The report will cover the whole sector program. A mid-term review of the sector program will be conducted around the first part of FY 2020.

[Status: The PMMU prepared all the APIRs during the last sector program (2011-2016). The first report under the 4th HPNSP covering January-June 2017 (Program Implementation Report (PIR), 2017) was similarly prepared by the PMMU & disseminated to the stakeholders.**]**

3.3. Safeguard Instruments:

The GOB/ MOHFW will submit information on compliance of the agreed safeguard instruments e.g. the Environment Management Plan (EMP), the Social Management Framework and the Tribal People's Framework. A 'Project Report' is to be submitted by the Govt. (MOHFW) within 90 days of the end of the FY on the subject, i.e. ,1st report will fall due by end of September 2018.

[Status: The Project Report is not yet due.**]**

3.4. Financial Management, Financial Reports and Audits:

3.4.1. Quarterly Internal Unaudited Financial Reports (IUFRs) shall be prepared and furnished to the IDA within 45 days after the end of each quarter of the FY i.e. by 15th of November, February, May and August.

[Status: IUFRs are to be submitted by FMAU, HSD with disbursement requests, once the verification of results by IMED are accepted by the World Bank, as detailed in the Aide Memoire of the 1st WB Mission (January 14-18, 2018). The timeline for the first disbursement request by the MOHFW was 15 March 2018 and the first disbursement was received on 21 March 2018 (see note on DLI achievement at page 18).

3.4.2. Audited Annual Financial Statements shall be furnished to the IDA within 9 months of the end of F.Y., i.e., by the end of March of the following F.Y.

[Status: Not yet due. FMAU may take necessary steps in co-operation with CAG's office after the end of FY 17-18. The first such statement will fall due in end-March 2019.**]**

3.5. Fiduciary Action Plan:

As a part of the institutional arrangement for the implementation of the Project, the Govt. (MOHFW) shall continue to carry out its obligations under the Fiduciary Action Plan, agreed with the World Bank earlier.

[Status: An Integrated Fiduciary Action Plan (IFA) was introduced prior to the additional financing of $150 million by the World Bank for the extended period of the last program (HPNSDP, July 2016 to Dec-2016). Fund disbursement was tagged to the achievement of a set of DLIs for the first-time ever by the WB. Many of these DLIs were linked to the IFA and the MOHFW accomplished 100% reimbursement following the successful implementation of the IFA.

A new set of ten actions called the Fiduciary Action Plan (FAP) has been made a part of the legal covenants of the WB loan for the current program (4th HPNSP). The implementation of the FAP is to be monitored jointly by the MOHFW and the WB. The first WB 'Implementation Support Mission' in mid-January 2018 reviewed both fiduciary management and the safeguards while assessing the status of implementation of the 'project.']

Note: The status report on the execution of the Financing Agreement between the GOB and the IDA draws attention to the specified obligations incurred by the MOHFW for regular monitoring and reporting, as part of the implementation of the 4th HPNSP. The timeline for reporting may be noted for each of these items, an officer may be identified for reporting or for taking timely action to avoid failure to honor the legal obligation.

3.2 Progress of DLIs Achievement

The World Bank (WB) agreed to finance the 4th HPNSP under a new funding modality developed as the Investment Project Financing (IPF) with Disbursement-Linked Indicators (DLIs). A total of 16 DLIs was agreed to as presented in Annex B. Among the 16 DLIs, two (DLI # 1 & 2) involving $81 million are for strengthening the Governance and Stewardship role of the MOHFW, six DLIs (DLI # 3, 4, 5, 6, 7 & 8) worth $170.50 million are for strengthening HNP systems, and eight DLIs (DLI # 9, 10, 11, 12, 13, 14, 15 & 16) involving $263.50 million are for improvement of quality of services. However, out of the 16 DLIs, eight have focused on service improvement in Sylhet and Chittagong Divisions tagging $258.50 million. The two Divisions cover one-third of the country's population and this population lags behind those in other parts of the country in terms of health outcomes. Under the IPF-DLI modality, the IDA is financing $500 million as credit and the WB is administering $15 million provided by the Global Financing Facility (GFF) as a grant. Disbursement of this fund is to be made upon annual achievement of specifically defined Disbursement-Linked Results (DLRs) with targets.

Negotiation for this funding between the Economic Relations Division and the WB was completed on 22 June 2017. The World Bank Board accepted the proposed funding on 28 July 2017, following which a Financing Agreement for IDA credit and a Grant Agreement, with the WB acting as the administrator of the Multi-Donor Trust Fund for the GFF, were signed on 28 August 2017. Finally, the Financing and Grant Agreements came into effect 2 October 2018 with the provision of reimbursement of fund for achievement of "prior results", i.e., DLRs targeted to be achieved during January-June 2017. Notably, 14 DLRs (# 2.1, 3.1, 4.1, 4.2, 7.1, 9.1, 10.1, 11.1, 11.3, 12.1, 12.2, 13.1, 14.1, and 14.4) were to be achieved as prior results (the list of prior results-DLRs is presented in Annex C). The MOHFW formed a DLI monitoring Committee on 13 August 2017 to monitor progress towards achievement of DLIs, support the Line Directors in implementation and in producing internal reports for claiming reimbursement for results. The Committee is comprised of representatives from the concerned departments of the two Divisions, relevant Wings of the MOHFW, and representatives from the WB, having Joint Chief (Planning), HSD as the Chair.

It was recommended during the WB Missions to finalize the Project Appraisal Document (PAD) that the Implementation Monitoring and Evaluation Division (IMED) of the GOB would verify achievement of DLIs as an Independent Verification Agency (IVA). Accordingly, upon request from the MOHFW, IMED consented to perform as the IVA. The WB arranged a three-day workshop during 21-23 September 2017 in Cox's Bazar for IMED and relevant officials of the MOHFW on the DLI verification process. A field trip was also conducted at an Upazila Health Complex, a Union Health and Family Welfare Center and a Community Clinic for data quality audit. Special focus of the workshop was on verification of achievement of prior results. Notably, out of the prior result-DLRs, two (# 3.1 and 7.1) could not be fully implemented by December 2017, whereas, two DLRs (# 5.1 and 15.1), which were planned to be achieved during FY 2017-18 (i.e., July 2017-June 2018), were achieved by December 2017.

The Planning Wing, HSD sent the first achievement report to IMED on 14 December 2017 claiming achievement of 12 prior results (# 2.1, 4.1, 4.2, 7.1, 10.1, 11.1, 11.3, 12.1, 12.2, 13.1, 14.1 and 14.4) and 2 DLRs (#5.1 and 15.1) of FY 2017-18. However, on verification, IMED found that: a. three DLRs (#2.1, 5.1 and 15.1) worth $34 million were fully achieved; b. six DLRs (# 4.1, 9.1, 11.1, 12.1, 13.1, and 14.1) worth $23.7 million needed further documentation of information for submission to IMED; and c. the rest five DLRs (#4.2, 10.1, 11.3, 12.2 and 14.4) worth $16.25 million would need data quality audit, requiring field visits by IMED. The WB consented in February 2018 to disburse funds against achievement of 3 DLRs (# 2.1, 5.1 and 15.1) worth $34 million, which was received on 21 March 2018.

Note: The fact that only one of the 14 prior results could be successfully achieved points out to the need for consistent monitoring of progress towards achieving the DLRs by staff dedicated to this purpose. To meet this need, the MOHFW sent a proposal seeking TA from the WB and the recruited Consultant reported for duty in the third week of March 2018.

Since the IPF-DLI is a new financing modality and 2017 was the first year of the sector program, the Planning Units of DGHS and DGFP need strengthening of their supervisory/monitoring mechanisms so that they can take timely steps to ensure achievement of targeted results within the stipulated time.

Moreover, the 13 OPs involved in achieving the 16 DLIs need to have their program monitoring staff trained (and retrained, as needed) to monitor and adequately report on the progress of achievement of the annual target of each DLR.

CHAPTER 4. INITIATIVES TAKEN ON PROGRAM IMPLEMENTATION

Initiatives were taken during the reporting period to focus on some priority cross-cutting themes which are spread over several OPs. For example, the Essential Service Packages (ESP) and the National Newborn Health Program (NNHP). Steps were also taken to mobilize resources to reduce the existing financing gap of the 4th HPNSP.

The 4th HPNSP aims to strengthen the focus of the three earlier SWAps on providing a package of essential services which were built around primary health care. ESP is a key element in Bangladesh's strategy for meeting the goal of Universal Health Coverage (UHC). ESP has been revised in the current program keeping in view the evolving health challenges: (a) the predominance of the non-communicable diseases (NCDs) and (b) the demand for HNP services by the fast-expanding urban population. The updated ESP services are to be provided at different service-delivery levels (e.g., CC, UHWC, UzHC and DH) by a number of OPs- like CBHC, MNCAH, MCRAH, FPFSD, NNS, etc., and would need to be supported by OPs dealing with BCC-IEC and MIS, etc. The diversity of the OPs demands that a platform for coordination and monitoring is set-up to achieve focused results. The following note on ESP describes the steps taken to (a) set-up a coordination mechanism and (b) agree on a set of results-indicators for measurement of progress in providing ESP.

Similarly, the note on the National Newborn Health Program (NNHP) describes an initiative to develop an institutional arrangement for coordinating the activities of several OPs (MNCAH, MCRAH, IEC, L&HEP, CBHC, NNS, etc.) to address the challenges in reducing neonatal mortality. Neonatal mortality constitutes 60% of under-5 mortality in Bangladesh. Reducing neonatal mortality is a goal-level indicator of the 4th HPNSP (Goal 2) and is one of the health-related SDG indicators (3.2.2)

4.1 Progress of ESP Coordination

The Ministry of Health and Family Welfare (MOHFW) updated the Essential Services Package (ESP) as part of the preparation for the current sector program and as a core element of its strategy to achieve Universal Health Coverage. The ESP is composed of maternal, neonatal, child and adolescent health care, family planning, nutrition services, treatment of selected communicable and non-communicable diseases, management of other common conditions, and other components. Notably, the MOHFW developed its fourth HNP Sector Program- 4th HPNSP- with a major focus on implementation of the updated ESP.

The Planning Wing of Health Services Division (HSD) of the MOHFW- as the custodian of SWPMM OP - plays a key role in planning and budgeting the HNP Sector program, coordinating implementation of activities through the operational plans (OPs), and monitoring progress of the HNP Sector program, including the implementation of ESP. Before finalization of the 29 OPs of the 4th HPNSP in May 2017, the Planning Wing coordinated with the agencies of the MOHFW to ensure that activities related to ESP implementation are included in the relevant OPs and adequately budgeted. The Planning Wing took steps during July-December 2017 with support from WHO to establish a platform comprising different stakeholders to coordinate, monitor and support ESP implementation. The Planning Wing, HSD, in association with the Planning Branch of ME&FWD, focused on establishing the steering bodies for ESP implementation with their roles and responsibilities; and on developing a results framework for ESP implementation as well as facilitating coordination among the OPs implementing different elements of ESP.

A planning meeting was held on 26 October 2017 on developing TORs to establish the steering bodies for effective ESP implementation. Consequently, the Planning Wing, HSD, organized a consultation workshop on 'Co-ordination Structure on Essential Service Package (ESP) Implementation' on 6 November 2017. A number of participants from both Divisions of the Ministry, DGHS, DGHEU, DGFP, DGNM, DGDA, NIPORT and representatives from WHO, UNICEF, JICA attended the workshop. In the workshop, a two-tier ESP steering structure was recommended- (i) ESP Steering Committee; and (ii) ESP Coordination Committee. The ESP Steering Committee was proposed to be chaired by the Hon'ble State Minister, MOHFW, with high level relevant officials of the Ministry and heads of the agencies of the MOHFW as well as the Chair of the DP Consortium as members. The Committee would provide strategic decisions and policy guidelines on ESP implementation. The ESP Coordination Committee was proposed to be chaired by the Joint Chief, Planning Wing, HSD, having relevant officials of the two divisions of the Ministry and agencies as members. The focus of this Committee would be to coordinate the activities of different agencies involved in the implementation of ESP. The formal approval of the two-tier ESP monitoring structure is currently in process.

It was further felt in a planning meeting on 11 November 2017 that for results-based monitoring of ESP implementation, a results-framework for ESP might be developed keeping the OP-level indicators and the results-framework of the 4th HPNSP in view. To discuss more on the matter and come up with recommendations, a consultation workshop, on 'Developing the Results Framework for ESP Implementation Monitoring' was held on 15 November 2017 under the chairmanship of the Joint Chief. The workshop was attended by the officials from the Planning Wing and Planning Branch of the two Divisions of the Ministry, agencies of MOHFW and representatives from WHO and JICA. A results framework on ESP activities, developed mostly in line with the OP-level indicators, was discussed and the workshop recommended further deliberations on the proposed indicators for their finalization.

Note: While next steps for arriving at the ESP results-framework indicators are due, it would be necessary to establish linkages between the proposed ESP Committees and the different Task Groups of the sector program which are going to be set up for smooth implementation of the 4th HPNSP.

4.2 National Newborn Health Program

Bangladesh achieved remarkable progress in reducing under-5 mortality and achieved MDG-4 target. Despite that, reduction in neonatal mortality was slower and as a result the proportion of neonatal deaths to overall under-5 deaths increased over the last two decades. Major causes of neonatal mortality are sepsis (24%), asphyxia (21%) and prematurity/LBW (11%). Most newborn deaths occur within the first 24 hours and at home, often without medical care. The universal practice of essential newborn care is still very low.

Bangladesh's neonatal mortality rate is 23.3 per 1000 live births whereas the SDG target is 12/1000 live births by 2030. The 4th HPNSP's results framework indicator mentions 18/1000 live births as the target to be reached by 2022.

The government expressed its commitment for ending preventable newborn and child deaths through launching "A Promise Renewed– Bangladesh Call for Action" during the last sector program. Newborn Health was prioritized in both MNCAH and MCRAH OPs with steps for scale-up of both community and facility-based newborn care services. Steps were taken to develop capacity of staff and managers on the implementation of comprehensive newborn care package (CNCP), kangaroo mother care (KMC) to manage preterm low-birth weight (LBW) babies at Upazila and higher levels, facility readiness by establishing SCANUs, distribution of medical products and job-aids, etc. A national Steering Committee and an Implementation Committee

were set up to guide the implementation of NNHP interventions, backed up by a national technical working committee on new-born health (NTWC-NBH).

In continuation of the NNHP interventions initiated during the last sector program (HPNSDP), the MOHFW decided to implement the NNHP during the 4th HPNSP, in partnership with professional societies, development partners and NGOs. In addition to the 2 OPs directly involved in MNCH interventions, i.e., MNCAH and MCRAH, a number of other OPs of the 4th HPNSP will provide complementary support e.g., CBHC, Medical Education, NNS, IEC, L&HEP, HIS&e-H, TRD and PSSM-HS, etc.

A new dimension to the need for improved co-ordination and implementation monitoring among the various OPs and different stakeholders of NNHP has been added by the creation of 2 Divisions within the MOHFW namely, the Health Services Division and the Medical Education and Family Welfare Division. In the above circumstances, it was felt that a high-level steering committee to be chaired by the Hon'ble State Minister, MOHFW, is required to co-ordinate the NNHP related issues of the two Divisions. A stakeholder's consultation workshop held in the last week of December 2017 also agreed on the following steps for the successful implementation of NNHP within the 4th HPNSP:

- A Program Implementation Coordination Committee is required to coordinate the implementation related issues. A member secretary of the Program Implementation Coordination Committee (PICC) should be from the program (NNHP). The District Committee on Coordination can work for neonatal health also. NNHP should be a routine agenda in the monthly meeting at CS offices at the district level.
- National Technical Working Committee (NWTC) on New Born Health (NBH) is well functional. So NTWC-NBH will continue to function as it is.
- Participants of the workshop agreed that coordination among the implementing bodies is necessary for Essential Newborn Care (ENC) services. Currently KMC service is being provided in DH, MCH and other institutions which may be extended up to Upazila level (UzHC).
- EPI program is the role model for NNHP. Union level coordination is important for the field level implementation of NNHP.

The existing National Newborn & Child Health Cell of DGHS will help the Ministry of Health and Family Welfare to coordinate the NNHP. This cell should be strengthened to support NNHP and different stakeholders can contribute to this Cell.

Note: Further administrative steps are needed to finalize the proposed committees of ESP and NNHP for policy guidance and implementation.

4.3 Resource Mobilization

The PIP of the 4th HPNSP was approved with a development budget of approximately $5.5 billion with the GOB's own resources contributing about 57% of needed funds. The remaining 43%, equivalent to $2.4 billion, is expected to be funded externally. The PIP also listed indicative DP contributions approximately $1.4 billion, still leaving a potential financing gap of about $978 million. The list included 14 potential funders including the IDA credit of $500 million and GFF grant of $15 million, bilateral DPs like DFID, SIDA, JICA, GAC, USAID and EKN; the UN agencies like WHO, unicef, UNFPA and the Global Funds- both GFATM and the two funding streams of Gavi.

Some of these sources have since confirmed their participation in the pool fund to be managed by the World Bank, e.g., DFID ($62.4 million equivalent), Sweden/SIDA ($23.3 million equivalent) and The Netherlands/EKN ($13 million). Canada/GAC has not yet officially confirmed their position; while negotiation has been continuing with Gavi-HSS and JICA. Notes on these two cases are provided below.

The DP consortium recently provided a list of DPA-TAs for the 4th HPNSP which includes planned TA as Direct Project Aid as well as a number of ongoing TA's with figures of budget allocation and relevant OPs for which the TA's are meant. The list may be seen in Annex E. The TAs -ongoing and to be provided- constitute substantial financial support as Direct Project Aid (DPA), some of which are to be provided as off-budget contribution.

a. Negotiating Gavi Grant for Health System Strengthening (HSS-3)

The Global Alliance for Vaccines and Immunization (Gavi) provides support to ensure essential vaccines for children to achieve reduction in premature deaths from vaccine-preventable diseases. As a Gavi-eligible country, Bangladesh has been enjoying Gavi support since 2001 through different windows: support for introduction of vaccines in the national EPI program, strengthening immunization program, injection safety support, conducting immunization campaigns and support for health system-strengthening (HSS). As of June 2017, Bangladesh had received $558 million as vaccine support and $509 million as financial support (cash balance). Currently the MNCAH OP of the Health Services Division is implementing Gavi HSS-2 program with the total budget of $34 million.

The MOHFW has been preparing to submit a request for HSS-3 support from Gavi (through the Country Engagement Framework approach) for the remaining balance of the HSS ceiling for Bangladesh, amounting to $90 million. This will run in parallel with the ongoing HSS-2. A draft Program Support Rationale (PSR) has been developed with technical support of WHO and UNICEF through a series of consultation meetings/workshops. To discuss the HSS-3 proposal, 2 (two) missions from Gavi headquarters visited Bangladesh during June–December 2017: one in August 2017 and the other between 29 October and 3 November 2017. The third mission is due in March 2018. During the third mission, the draft PSR is to be reviewed and finalized for submission to the Gavi headquarters.

The MOHFW proposes to utilize Gavi HSS-3 funds for the following system-strengthening activities under the 4th HPNSP:

- strengthen surveillance of vaccine-preventable diseases (VPD) and immunization-information system as an integral part of HMIS,
- ensure Effective Vaccine Management (EVM) in terms of the cold-chain and supply-chain management system,
- program management-related activities

The World Bank, as administrator of the pool fund for the 4th HPNSP, will exercise fiduciary oversight over utilization of that part of the Gavi grant which may join the pool fund. However, the negotiation for HSS-3 is still ongoing.

b. Negotiating for JICA's Assistance to the 4th HPNSP

The Planning Wing, HSD, MOHFW has been in talks with JICA for financial assistance to the 4th HPNSP through JICA's "Health Services Strengthening (HSS)" project which will be implemented from September 2018 to June 2022. The total cost of the HSS project is ¥8,285 million (approx. $73 million), out of which ¥6,559 million (approx. $58 million) will be provided by JICA under the 39th ODA loan and the rest amount, i.e. ¥1.727 million or $15 million, will be borne by the GOB to meet VAT, import tax, income tax, etc., expenses. This fund to this project will be provided in the form of RPA. The Appraisal Mission of JICA took place during 10-21 December 2017 for a feasibility study of the HSS project. It is expected that an agreement between the GOB and JICA will be signed in June 2018 and the loan will be effective from September 2018.

The HSS project has two components: (i) strengthening NCD control; and (ii) urban health improvement. The NCD-control related component will be implemented through CBHC, NCDC, NNS, PFD and HSM OPs of the 4th HPNSP; and the urban health-related component will be implemented through NCDC, CBHC and PFD OPs. The project will be implemented following "Narshingdi Model", especially for the NCDs control.

The HSS project will also support expansion of a new technical cooperation project of JICA, entitled "The Project for Strengthening Health Systems through Organizing Communities (SHASTO)", being implemented July 2017-June 2022 with an estimated cost of $5 million. This fund, provided as grant, will be in the form of Direct Project Aid (DPA). The purpose of the SHASTO project is to improve the NCDs and MNH services in an integrated manner. The project is being implemented through SWPMM, HEF, NCDC, CBHC, HSM and L&HEP OPs with pilot sites in Dhaka City and Narshingdi and Cox's Bazar districts.

Another technical cooperation project entitled "Capacity Building of Nursing Services" has been under implementation since July 2016 and will continue till June 2020 with an estimated cost of $5 million. The project purpose is to improve the quality of education for BSc in nursing, so that the graduates of BSc in nursing can improve nursing quality at their workplace. The project area is Dhaka Nursing College. JICA has a long-term vision in the nursing sector which will cover about 20 year's cooperation.

Thus JICA will be financing approx. $105.43 million as ODA loan ($47.43 million carried over from HPNSDP and $58 million from the 39th ODA loan) which will form part of the 4th HPNSP's reimbursable project aid (RPA-others) and will also be financing approx. $10 million as grant ($5 million each for the SHASTO project and Capacity Building of Nursing project) in the form of direct project aid, which together will help to reduce the Program's financing gap.

CHAPTER 5. ISSUES OF IMPORTANCE

5.1 Equity in Health in the context of UHC

Introduction

Over the past two and half decades, there has been a dramatic reduction in the extent of poverty in Bangladesh. With a total population of 163 million, Bangladesh reached the lower-middle-income country group in 2014. Commendable progress has also been made by Bangladesh in attaining improvements in key health, nutrition and population (HNP) outcomes including improvements in the overall health systems. Continuity in the reduction of NMR, IMR, U-5MR, MMR, TFR, malnutrition, stunting, under-weight, etc., have resulted in increasing life expectancy at birth. This atmosphere in the HNP sector has helped create a platform for a population with better health and a prosperous society.

Approaches to Universal Health Coverage (UHC)

The current 4th Health, Population and Nutrition Sector Program (4th HPNSP) has been designed to serve as the the foundation stone, of three subsequent SWAps and is aligned to the goal of achieving universal health coverage (UHC) by 2030. Bangladesh in its development planning has prioritized a focus on making public health services available and accessible to all its citizens since, at least, the last three decades–through Health for All (HFA), Primary Health Care (PHC), Essential Service Package (ESP), etc. The adoption of a Sector-Wide Approach (SWAp) in 1998 further consolidated those efforts and helped to focus on expanding service coverage and access, while strengthening service-related systems to meet the UHC goal.

CC based PHC services: With the new Sustainable Development Goal (SDG) targets for health and the goal of UHC, the main principles of equity and social justice that underpins PHC are more relevant than ever. The Government has established community clinics (CCs) nationwide per 6,000 populations to bring health care to the doorstep of the people. This is a flagship program of GOB and is recognized globally as a model for cost-effective PHC. It is estimated that an average of 40 clients/day, receive services from each CC and 95% of them are women and children. Revitalization of CC-based health care service provision with trained service providers, adequate medicines and contraceptives at the grass root level has created increased access of the poor, particularly women and children, to PHC services. The CCs have taken off as the first-contact facility providing PHC services and serve as a platform of community participation.

Provision of essential service package (ESP): An essential service package (ESP) was developed while introducing the first SWAp in 1998, and continued till the third SWAp implementation period, i.e., up to December 2016. With the change of disease pattern and the need for expanding scope of PHC services, the ESP has been updated for implementation during the 4th HPNSP period (2017-22). The updated ESP is being delivered through the health and family planning service facilities from community to upazila and district levels, with provision for a functioning referral system. The updated ESP envisages expanded service coverage, including for urban facilities while region wise specialized service packages have also been developed for the hard-to-reach areas.

The ESP represents GOB's commitment to ensure the right to health and access to the most essential health services for the whole population. The GOB has continuously pursued this strategy with supporting incremental investments with a view to ensuring equity along with quality and thus achieving UHC by 2030.

Addressing Inequity in the HNP Sector

The HNP sector planning and designing of all the SWAp programs had been geared to improving equity and tackling gender inequality. This deliberate approach by the policymakers brought in benefits in the long run for increasing access of the poor to HNP services. For example, the lowering of the difference in the proportion of birth in health facilities by wealth quintile from 1:10 in 2007 to 1:5 in 2014 (BDHS) indicates a sharp reduction in inequity in Bangladesh. Focus on pro-poor ESP and provision of PHC services at the door step of people (through the CCs) are among the factors which contributed to reducing the gap between rich and poor in relation to the access of HNP services.

A recent World Bank Report concluded, based on the BDHS 2011 and UESD 2016 data, that HPNSDP equity target to increase poorest – richest ratio was achieved in some variables related to health goods and service provision. Some other relevant results are highlighted below.

By income inequity: The World Bank Report found that the percentage of women receiving antenatal care increased from 48.4% in 2011 to 62.6% in 2016 in the poorest quintiles. But this increase was only 0.8% in the case of the richest quintiles. In the case of deliveries in health facilities, among the poorest quintiles, the increase was from 9.9% to 23.5% - an increase by 137%, whereas the increase was only 21% (from 60 to 72.8%) among the richest quintiles during the same period under report. Similarly, the percentage of deliveries assisted by medically trained providers increased from 11.5% to 28.3% – an increase by 146% - in the poorest quintiles, whereas the increase was only 20% - from 63.8% to 76.5% amongst the richest quintiles. All these indicate a trend in improving equity in the HNP sector.

By gender inequality: Improvement in health services through the implementation of three successive sector programs during 1998 - 2016 contributed to improvement in women's health. For example, the nutritional status of women has improved over time and women's life expectancy at birth increased from 63.5 years in 2000 to 72.9 years in 2016. During the same period men's life expectancy at birth increased from 63.7 to 70.3. It is worth mentioning that a major allocation of HNP services goes for maternal, neonatal and child health development, as is the case in the SWAp programs including the 4th HPNSP.

By both income inequity and gender inequality: The Expanded program on immunization (EPI) is a successful activity of the GOB in the development of maternal, neonatal and child health. Bangladesh has maintained the trend of national coverage of fully vaccinated children by one year of age at a level above 80% (82.3% as per 2016 EPI Surveillance, DGHS). The EPI coverage evaluation survey (CES, 2016) found no significant difference by sex and wealth quintile: between male and female and the richest and the poorest. The revitalization of the CCs has provided a woman-friendly platform where more than 90% of service seekers are women availing various PHC services near at home.

Social protection scheme: The MOHFW is implementing a pilot social health protection scheme in three upazilas known as "Shasthyo Shuroksha Karmasuchi (SSK) under which free hospital services are provided to the poor- below poverty card holders. The Maternal Health Voucher Scheme (MHVS) in operation in 53 upazilas is another health protection scheme, wherein, specified services are provided by designated providers at facilities in the public and

the private sectors and the NGOs for ensuring safe delivery by poor mothers. The beneficiaries of MHVS are poor and vulnerable pregnant women, those belonging to functionally landless households, those with low and irregular income of Taka 2,500 per household per month, and those who lack productive assets.

Women-friendly hospitals: 28 women-friendly hospitals render specialized psychosocial counseling to women survivors of violence and links them with legal aid agencies. A separate room with maintenance of privacy and necessary equipment has been set up in these facilities for examination of the victims. The Women Friendly Hospital Initiative (WFHI) is currently the only program in the HNP sector having an accreditation system. According to the Bangladesh Health Facility Survey 2014, 47.6% of the public health facilities excluding CCs had separate improved toilets for female patients. Besides, the Ministry of Health and Family Welfare as a vital member of the Ministry of Women and Children Affairs led a multi-purpose project called "One Stop Crisis Centre (OCC)" which provides services to survivors of gender-based violence in eight divisions of the country.

Gender, Equity, Voice and Accountability (GEVA): GEVA is a central theme of the sector program aimed at enhancing availability of quality services to women and creating a congenial environment for women and adolescent girls where they get health services with dignity, respect and privacy. The implementation of CC-based services, provision of separate toilets, establishment of breast feeding corners, nutrition corners and other facilities in the women friendly hospitals and establishment of SCANUs in public hospitals, etc., have contributed to increasing access of poor women to HNP services.

Citizen's voice: The GOB has created a credible framework for the exercise of accountability and for hearing citizen's voices. The community clinic model is an example of participation and accountability of local communities in HNP service delivery (e.g., community support groups and community groups have been formed for management of the CCs). The majority of the group members are women including the local government public representatives.

Way Forward

A UHC service coverage index has been developed jointly by the World Bank and WHO taking 16 indicators as a summary measure for monitoring the health SDGs. The Service Coverage Index of WB-WHO (2017) assessed that Bangladesh achieved a score of 50% on a universal health coverage index of essential health services. The remarkable progress in achieving MDG-related health outcomes in Bangladesh sets the stage from where Bangladesh is now ambitiously looking towards attaining the SDGs including UHC by 2030 – meaning access of every citizen to HNP services along with an end to inequity in health care.

5.2 Transition of Bangladesh from LDC to MIC – Health Sector Consequences

Background

Bangladesh has been undergoing steady social and economic changes, more so since 1990. Due to the dramatic reduction in the extent of poverty, Bangladesh reached the lower-middle-income country group in 2014. As like other sectors, Bangladesh health sector responses are also favorable to claim the status of middle income country (MIC) as the percentage of the undernourished population and the mortality rate for children aged five years or under - the health sector-related two indicators for the Human Assets Index - have been declining consistently.

Malnutrition has decreased over the past decade and stunting is now below the WHO 'critical' threshold of 40%. Stunting (height-for-age) of children decreased from 51% in 2004 to 36% in 2014, while during the same period, the proportion of underweight (weight-for-age) children decreased from 43% to 33%. Bangladesh has also been able to reduce the under-5 Mortality Rate (U-5MR) at 46 (BDHS 2014) against the MDG 4 target of 48/1000 live births by the year 2015. The rate has been reduced further to 35 in 2016 (SVRS, BBS).

Health Sector Program Financing

Currently the combined public and private sources of health financing are insufficient to achieve full coverage of health services. At the same time, Bangladesh, due to its expected transition from least developed country (LDC) to the MIC by 2021, is going to experience a reduced share of overseas development assistance (ODA) over time.

The external sources of financing in the health sector of Bangladesh include multi-lateral organizations, e.g., World Bank, Asian Development Bank and Islamic Development Bank; bi-lateral development partners (DPs), e.g., USAID, DFID, GAC, JICA, SIDA, EKN, SDF; global partners, e.g., GAVI, GFATM, the Bill and Melinda Gates Foundation, Global Funds Facility (GFF); UN bodies, e.g., WHO, UNICEF, UNFPA; and the non-traditional partners, e.g., South Korea, China, India; etc., External sources of financing play a key role in supporting the development activities of the health sector, e.g., procurement of medical equipment, contraceptives, vaccines, medicines; manpower development both in-country and abroad; hiring external experts; research and IT solutions; etc.

The Development Partners (DPs), particularly the grant financing bi-lateral DPs also provide off-budget (resources not channeled through the government treasury) support and implement various projects in the health sector through national and international NGOs. DPs' off-budget contribution per annum is substantial for specific area-based health sector development activities, e.g., for urban health service, which is also likely to be reduced over time.

Changing Scenes – Consequences of the MIC Status

On graduating to a MIC status, Bangladesh may see gradual reduction of external funding and technical assistance support including DPs' active involvement in different coordination forums (for example, LCG meeting, GOB-DP task group meetings, etc.) and in monitoring and evaluation process (annual program review, mid-term reviews, etc.) of GOB's health sector programs. The independent review and evaluation process and GOB-DP task-group meetings are special arrangements in the sector-wide development initiatives of Bangladesh's health sector, which

provide unique opportunities for maintaining neutrality and quality of review/evaluation and deciding on way-forward activities.

International expert support and sharing of expert experience contribute to producing objectively verified reports based on which future development programs are designed. The health sector is the only example in the development process of Bangladesh where the DPs remain involved side by side with the stakeholders of the GOB right from planning and design stage to the implementation, monitoring, evaluation and way forward stage to the formulation of the next health sector wide program. This arrangement of GOB-DP involvement since 1998 might have also contributed to a gaining positive influence in improving health outcomes, like reducing MMR, IMR, U-5MR, Malnutrition, TFR, etc. This practice is likely to suffer with the reduction/ gradual withdrawal of DP involvement and financing for the health sector, which may even affect the quality of program design and implementation during the initial transition period.

The GOB needs to employ a rigorous and effective M&E system to promote governance, transparency and accountability in financial regulation, need-based procurement, ensuring quality of health care, producing quality reports and using data for evidence-based policy formulation and decision making. Enhancing HR capability and skills would be a challenge during the short and medium term-periods to maintain quality in program development and execution.

The country will also see a series of transitions of financial flows because of graduation to the MIC. In many cases, foreign aided programs contracted directly with NGOs to provide services to the poor and vulnerable, may taper off or cease to exist at some point. When external funding ends, Bangladesh may face challenges in taking over projects run by the NGOs through off-budget DP funding. This willit require institutional capacity as well as flow of funds from GOB sources, which will also have implications forh financial priority setting to get rid of budget pressure. This may result in less service coverage and area-specific program activities (e.g., RH rights, gender sensitive work, nutrition activities, etc.) are likely to be adversely affected. Graduation to MIC, may adversely affect the externally funded local NGOs in continuing their development activities in the health sector.

Some urban health services through NGOs as part of DP off-budget activities in the health sector have provisions of targeted free-of-cost services for the ultra-poor and different types of "Health Cards" are used for each program to identify the poor. The Government has traditionally encouraged such programs with a view to reducing the cost of health burden to the urban poor, which are likely to be affected due to reduction/gradual withdrawal of DP support. However, a rational approach to the use of health cards (by different NGOs) needs to be adopted even if the GOB wants to continue with these programs, so that any difficulty in inclusion of the programs into the national health program is minimized due to withdrawal of DP financing.

The experience-based efficient and high quality technical assistance on financial and contract management, monitoring of performance and results, digital health interventions, capacity building assignments, research and development, that come from the DPs' end through their expert human resources may be affected due to reduction / withdrawal of DP support and this may remain as a critical area of concern for a considerable period of time in the context of health sector development in Bangladesh. Hence, the Government will have to plan well ahead and collaborate with DPs/ implementing agencies to minimize this resource gap (both financial and technical) by building local capacity and institutional development. During the transition period, DPs may need to be requested to support HR capacity development initiatives of the GOB.

Ultimately, the success of the transition to MIC depends on how Bangladesh learns to do for herself. Aid agencies should have an obligation to the GOB to make their exit process in a more predictable and smoother way and with a longer timeframe (10 to 15) years, so that adequate space is there to overcome the consequences of transition to MIC by Bangladesh. In this context, it is very important for the country to assess its existing health system's readiness to deal with this loss of external support (both financial and technical) and strategize in a holistic way to achieve health-related indicators within stipulated timeframe (e.g., health-related SDGs within 2030).

Innovation in Mobilizing External Resources

Bangladesh with the MIC status, may source the World Bank, Asian Development Bank and other multi-lateral financiers including some global funds (GAVI, GFATM, the Gates Foundation, GFF, etc.) as well as a few bi-lateral DPs – who have been funding the health sector development efforts of GOB – to overcome the challenges explained above. The Government may also have to negotiate with IFC, JICA or other aid agencies to bridge any shortfall in funding. Besides, new sources of funding may be explored, e.g., Chan Zuckerberg Initiative and non-traditional DPs like China, India and South Korea.

Community Resource Mobilization

Community participation in the health sector was introduced in the Community Clinics (CCs) and the associated Community Groups in rural Bangladesh. Land of the CC is donated /contributed by a community member along with electricity in certain CCs. A mechanism may need to be developed to generate funds through community mobilization efforts to meet some basic expenses which will help to make it sustainable (e.g., the Chougacha and Jhenaidha Models). At the same time, the Government needs to improve the readiness of public health facilities to provide effective services at different tiers of its health system and may consider gradually introducing means - tested cost recovery strategy – to begin with – on a pilot basis.

Expansion of Private Sector, Social Marketing and Social Enterprise Model

Bangladesh's health systems are characterized by mixed public and private financing and delivery of care. The MIC status will call for strategic thinking on the role and further expansion of the private sector in health systems and a broader systems-perspective on how public and private sectors can work together to address the challenges of affordability, quality, and availability of care. In the case of health service provision, the increasing reliance on the private sector can be guided to result in greater equity in service utilization and decreased out-of-pocket (OOP) expenditure with appropriate adjustment of the targeting of subsidies to the poor and other vulnerable groups. The Government will have to be vigilant in addressing the equity issue and will have to play a strong stewardship role in ensuring effective compliance with regulations. In addition, steps may be taken to identify and involve the private philanthropic organization/charity or corporate house under Corporate Social Responsibility (CSR) as well as ways to mobilize local resources to address the challenges of funding gaps at the facility level.

Health Insurance Market- A New Concept in the Context of Bangladesh

The Government has been implementing a pilot social health protection scheme in three upazilas known as "Shasthyo Shuroksha Karmasuchi (SSK) under which free hospital services are being provided to the poor- below poverty line card holders. The Maternal Health Voucher Scheme (MHVS) in operation in 53 upazilas of Bangladesh is another on-going health protection scheme, the beneficiaries of which are poor and vulnerable pregnant women. Specified services are provided by designated providers and facilities from the public and the private sectors and

the NGOs for ensuring safe delivery of the poor mothers. Funds will need to be raised from a combination of tax-based budgets, donor aids, social health protection schemes and prepayment schemes, many of which are community-based.

Use of ICT for Better Results

Digital innovations have been adopted to strengthen the health information system (HIS) in Bangladesh. As one of the leading countries within the global Health Data Collaborative (HDC), Bangladesh has taken concerted steps to further the HDC agenda and is committed to investing in strengthening the HIS in the country. Although there is a shortage of staff with health informatics skills, the Government has taken initiatives and collaborated with global experts to build the basic core competencies of its health staff to conceptualize, design, develop and manage routine HIS, and use the information generated to improve public health practice and service delivery. These initiatives are expected to produce better results including higher efficiency in the use of resources.

Way Forward - Resource Augmentation by the Government

With one of the lowest tax-to-GDP ratios in the world, Bangladesh's capacity to translate growth into public revenues is limited. Moreover, Government's thrust to develop much-needed physical infrastructure like bridges, roads, energy, ports, etc., for accelerating development of the country may comparatively reduce the scope for higher investment in the health sector, in the foreseeable future. Various options for increasing the health sector's financing by the Government will need to be explored. One option would be raising efficiency in fund utilization, thereby creating more fiscal space for investment. Another option is to increase public investment in health in both absolute term and as a proportionate share of GDP to health. Besides, the private sectors' health service provision, the role of the NGOs and health services through public private partnership (PPP) can complement the health sector's financing. Good examples of active community participation in operating hospital and community health programs exist in Bangladesh, such as, the Chougacha and the Jhenaidaha Models, and the operation of the CCs at the ward level.

During the current 4th Health, Population and Nutrition Sector Programme (4th HPNSP) implementation period, efforts will be made to (i) increase resources in the health sector; (ii) achieve equitable access to services and financial protection; (iii) enhance efficiency in resource allocation and utilization; (iv) improve financial management and governance; and (v) mobilize the private OOP expenditure for systematic investment in social protection, e.g., insurance schemes. These efforts will help strengthen the sustainable health financing options of the GOB and to achieve the SDGs along with universal health coverage by 2030.

5.3 Review of OP-level Indicators

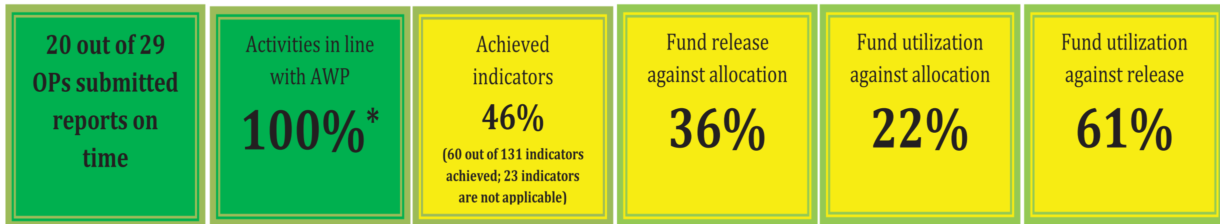
During the preparation of the Program Implementation Report (PIR)-2017 and Six-monthly Progress Report (SmPR)-2017, some OPs (for example: FP-MIS, HEF, ME&HMD) reported that they were struggling to achieve the targets set for OP indicators due to multiple reasons (ambiguity or lack of clarity and understanding on the indicator definition, unavailability of baseline data, issues related to calculation methodology, frequency of data collection not explicitly mentioned, etc.).

The TAST conducted a quick desk review of all 131 OP-level indicators and found that some of the OP indicators identified at the time of OP preparation are ill-defined/not appropriate, do not

have baseline values or targets, are missing data sources, have unclear timelines, etc. Based on this preliminary review, 54 indicators covering 20 OPs need revision to clarify definitions, targets. etc. Hence, it is critical for the MOHFW to review, refine/revise the indicators and/or reset targets as appropriate in consultation with the relevant OP personnel. This will ensure that the most relevant data needed to track OP progress is collected and thereby used for effective decision-making.

PART-B

4th HPNSP Overall Performance - Summary factsheet

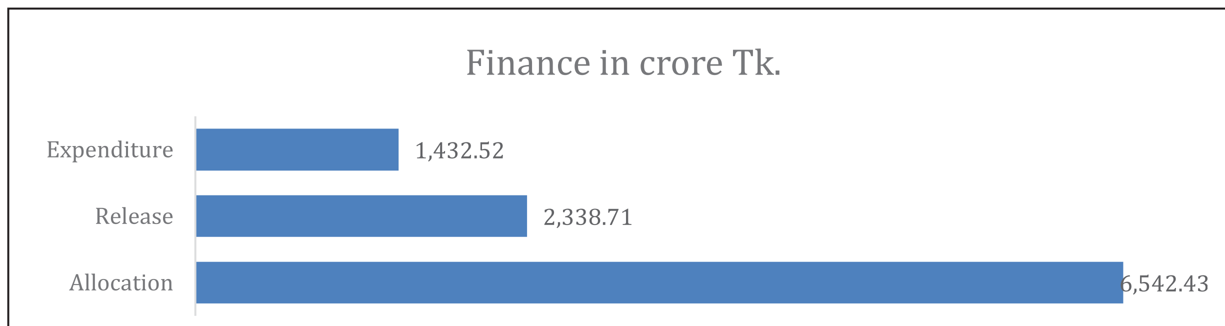


Objective

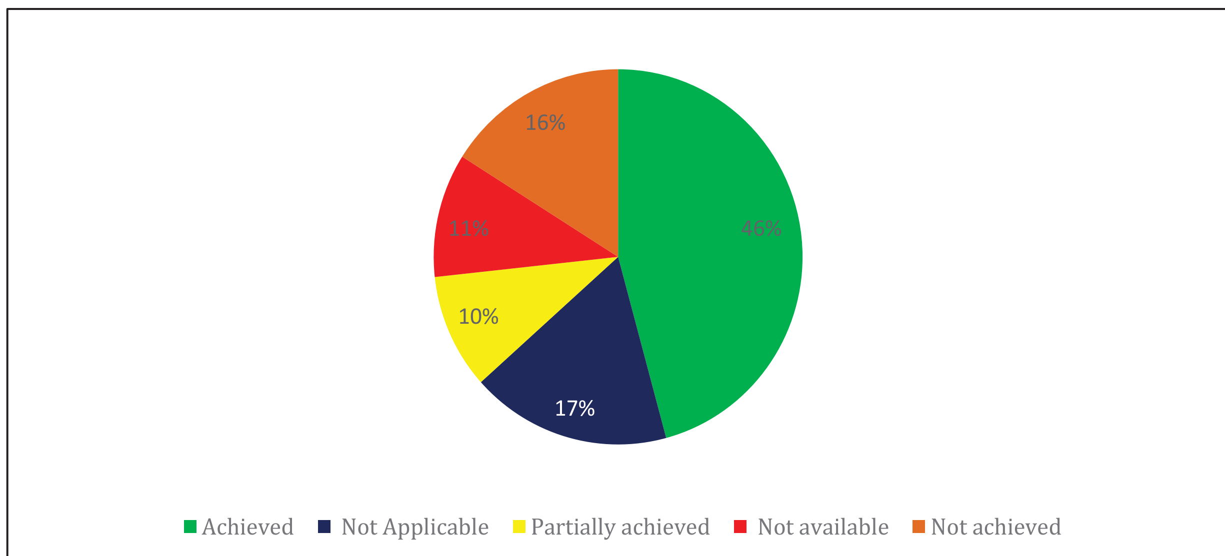
To have focused improvements in increasing access to quality health care and improvement in equity along with efficiency by gradually achieving UHC.

*Several OPs (NEC, HRD, PSSM-HS) didn't specifies whether their performed activities are aligned with AWP in the reporting template. However, a desk review demonstrated that activities were in line with the AWP.

Financial Progress



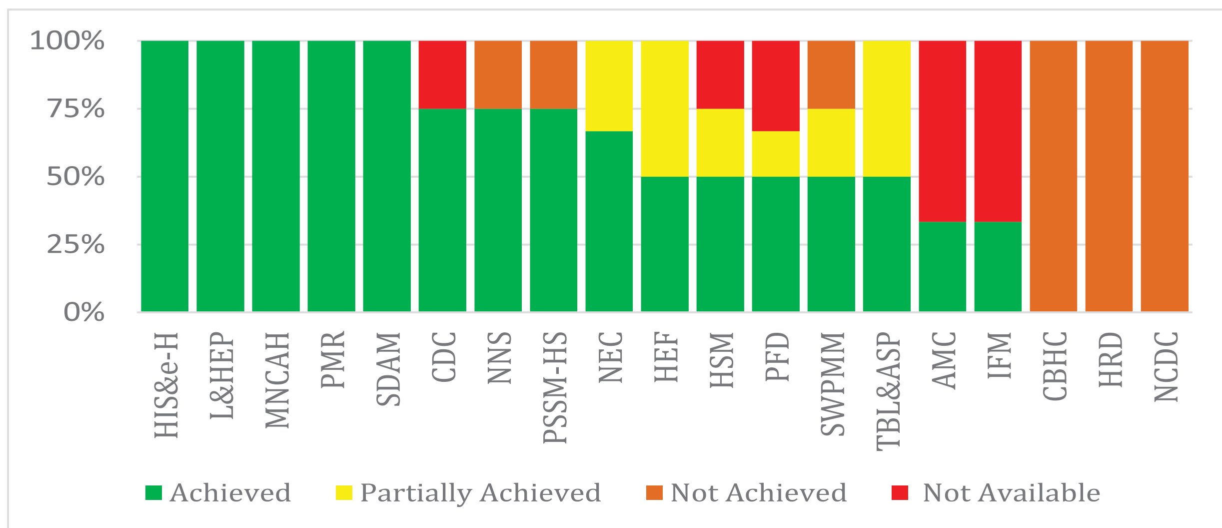
Progress of OP-level Indicators



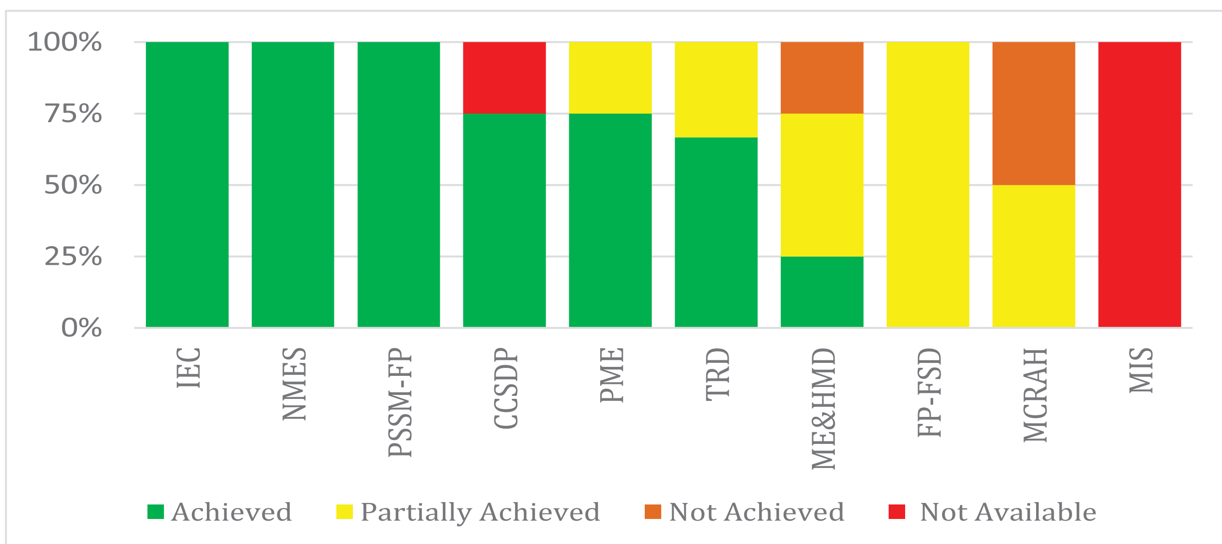
Overall achievement measured by OP-level Indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	21	47	63	131
Achieved	13 (62%)	20 (43%)	27 (43%)	60 (46%)
Partially achieved	3 (14%)	4 (9%)	6 (10%)	13 (10%)
Not achieved	1 (5%)	8 (17%)	12 (19%)	21 (16%)
Not available	0 (0%)	9 (19%)	5 (8%)	14 (11%)
Not applicable	4 (19%)	6 (13%)	13 (20%)	23 (18%)

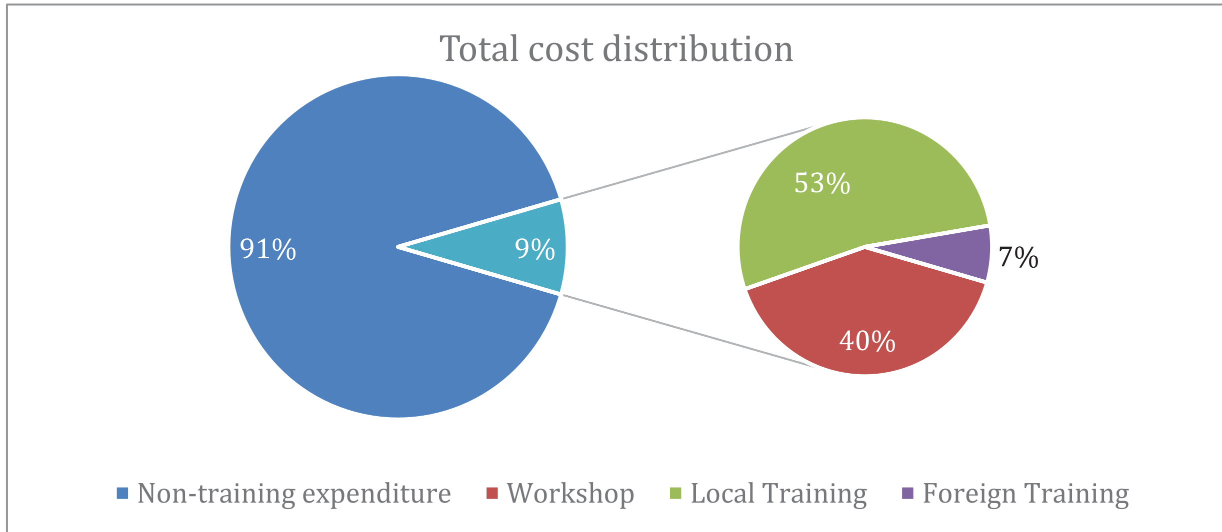
Progress measured by OP indicators of HSD (n=19)



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



Training Information



Out of the total expenditure for Jul-Dec 2017 of Tk. 1,432.52 crore, 127.50 crore (9%) was spent on training. Of the total training cost, 67.12 crore (53%) was spent on local training, 51.32 crore (40%) spent on workshop and 9.06 crore (7%) spent on foreign training.

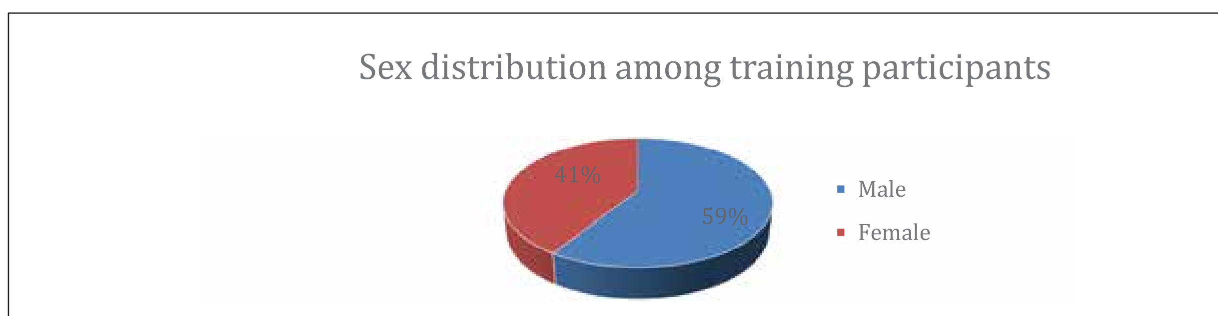
Training and workshop participants by OPs:

Training Type	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	5,694 (59%)	107,689 (64%)	9,214 (3%)	122,597 (27%)
Foreign Training	211 (2%)	15 (0%)	2 (0%)	228 (0%)
Workshops	3,668 (38%)	60,376 (36%)	264,270 (97%)	328,314 (73%)

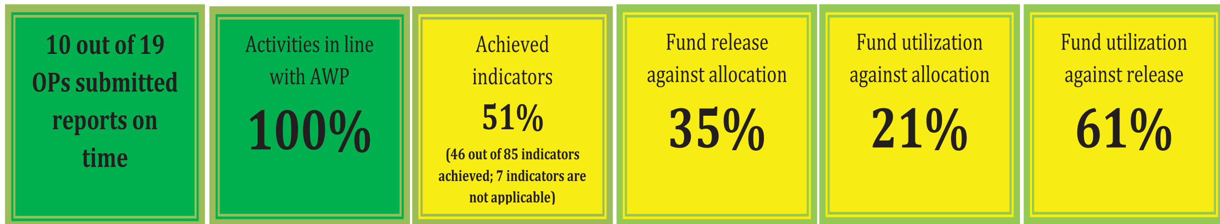
In addition, 2,853 MOHFW personnel from the central and field levels were trained by the CCSDP, IEC, PFD, NEC and HEF OP.

Distribution of training by duration:

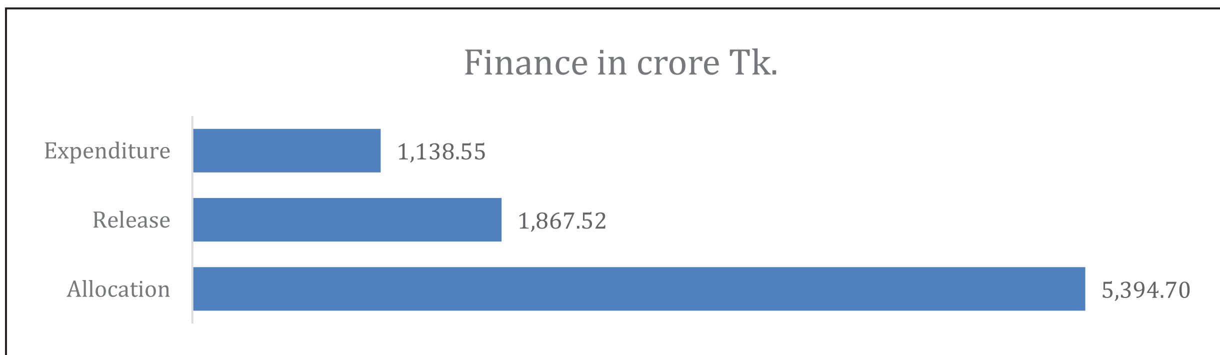
Training duration	Training participants		Cost of training (Taka in crore)	
	Number	%	Total	%
Short term (1 day- 28 days)	452,437	99.66%	113.37	88.92%
Medium term (29 days - 6 months)	107	0.02%	0.69	0.54%
Long term (6+ months)	1,448	0.32%	13.44	10.54%
Total	**453,992**	**100%**	**127.50**	**100%**



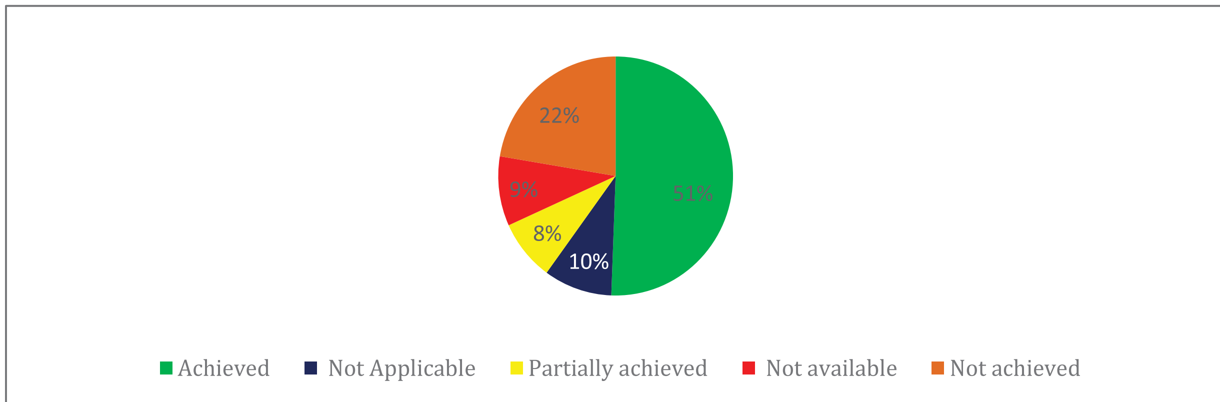
Health Services Division (HSD) – Summary Factsheet (19 OPs)



Financial Progress



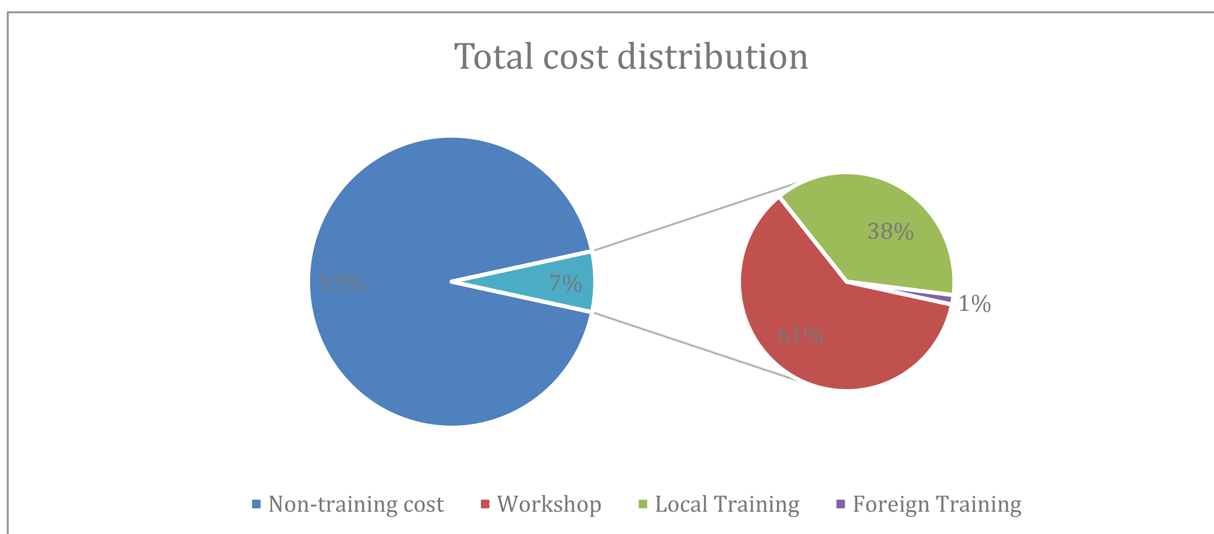
Progress of OP-level Indicators



Overall achievement measured by OP-level Indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	17	24	44	85
Achieved	10 (59%)	12 (50%)	21 (48%)	43 (51%)
Partially achieved	2 (12%)	1 (4%)	4 (9%)	7 (8%)
Not achieved	1 (6%)	7 (29%)	11 (25%)	19 (22%)
Not available	0 (0%)	4 (17%)	4 (9%)	8 (9%)
Not applicable	4 (24%)	0 (0%)	4 (9%)	8 (9%)

Training Information

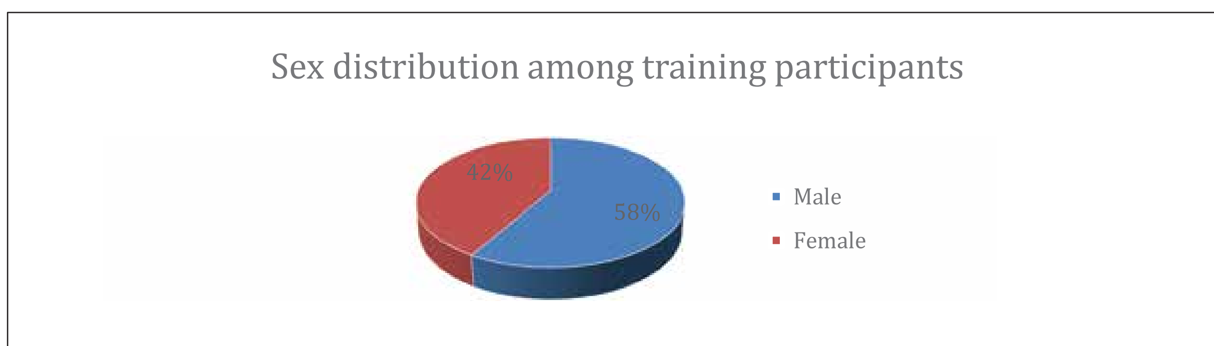


Out of the total expenditure for Jul-Dec 2017 of Tk. 1,138.55 crore, 76.26 crore (7%) was spent on training. Of the total training cost, 28.80 crore (38%) was spent on local training, 46.41 crore (61%) spent on workshop and 1.06 crore (1%) spent on foreign training.

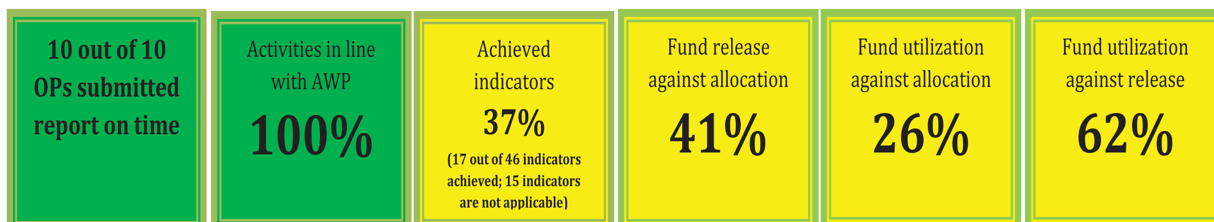
Training and workshop participants by OPs:

Training Type	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	3,456 (54%)	86,148 (62%)	9,211 (3%)	98,815 (24%)
Foreign Training	44 (1%)	13 (0%)	2 (0%)	59 (0%)
Workshops	2,916 (45%)	52,521 (38%)	259,995 (97%)	315,432 (76%)

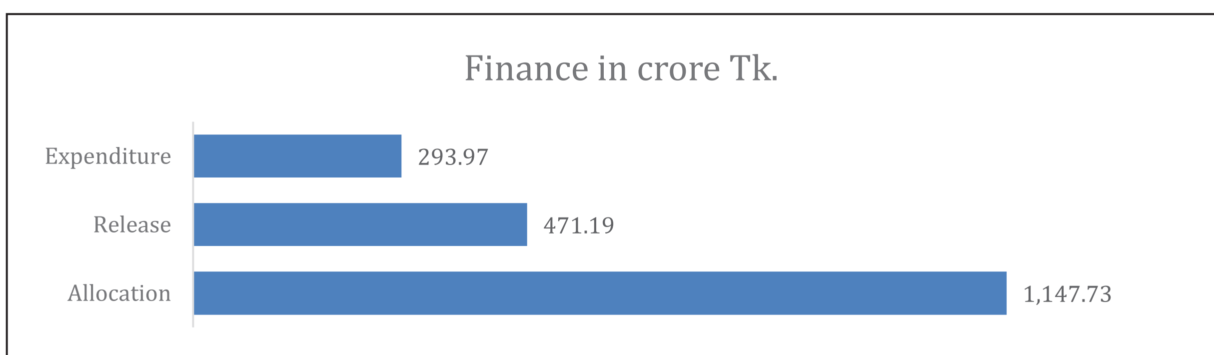
In addition, 525 MOHFW personnel from the central and field levels were trained by HEF, PFD and NEC.



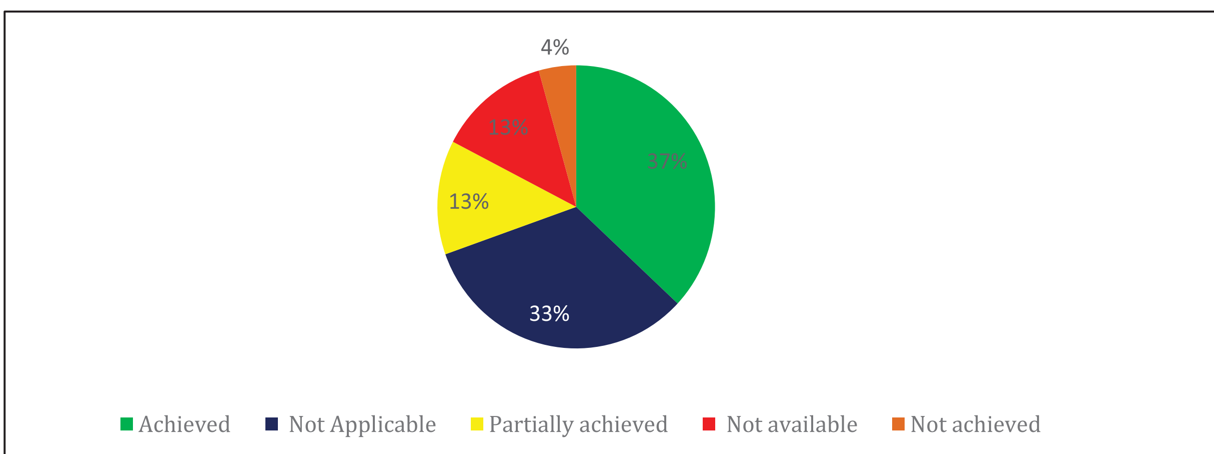
Medical Education and Family Welfare Division (ME&FWD) – Summary Factsheet (10 OPs)



Financial Progress



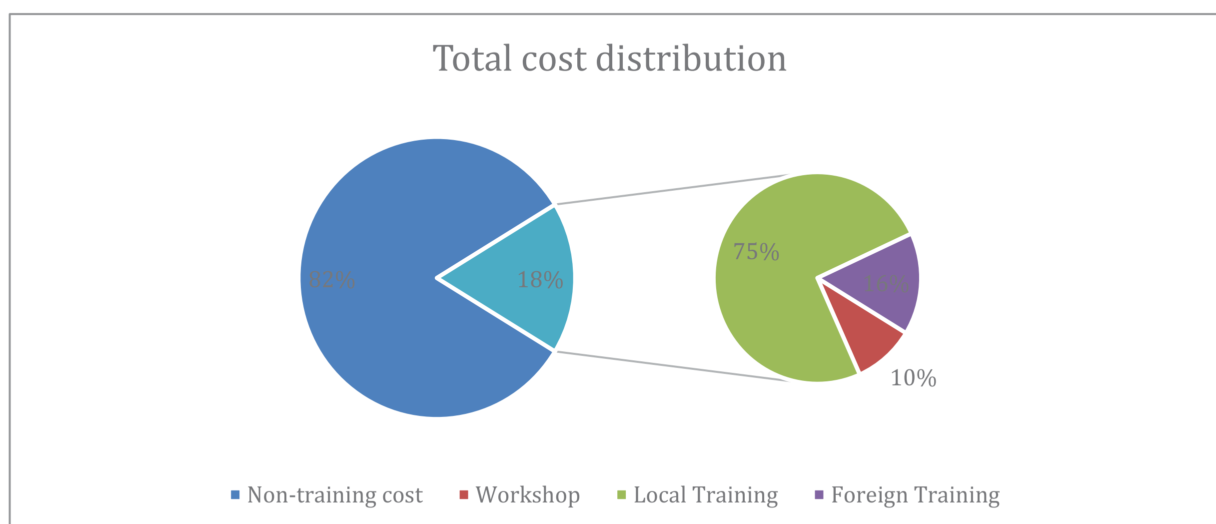
Progress of OP-level Indicators



Overall achievement measured by OP-level Indicators:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	4	23	19	46
Achieved	3 (75%)	8 (35%)	6 (32%)	17 (37%)
Partially achieved	1 (25%)	3 (13%)	2 (11%)	6 (13%)
Not achieved	0 (0%)	1 (4%)	1 (5%)	2 (4%)
Not available	0 (0%)	5 (22%)	1 (5%)	6 (13%)
Not applicable	0 (0%)	6 (26%)	9 (47%)	15 (33%)

Training Information

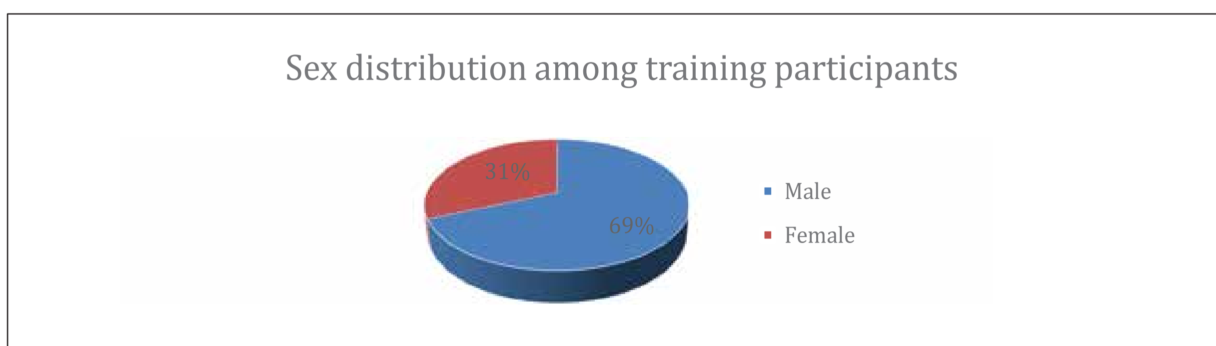


Out of the total expenditure for Jul-Dec 2017 of Tk. 293.97 crore, 51.24 crore (18%) was spent on training. Of the total training cost, 38.32 crore (75%) was spent on local training, 4.91 crore (10%) spent on workshop and 8 crore (16%) spent on foreign training.

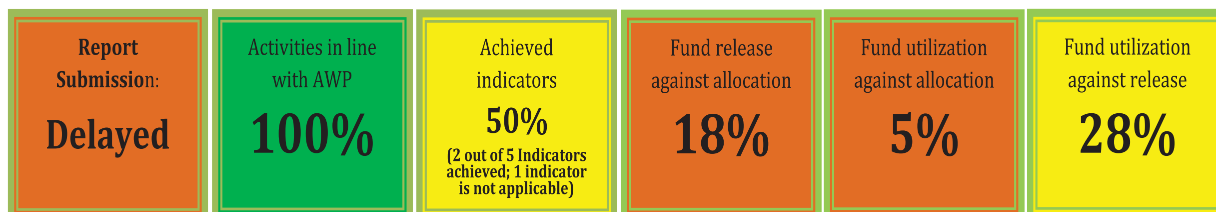
Training and workshop participants by OPs:

Training Type	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,238 (71)	21,541 (73)	3 (0)	23,782 (65)
Foreign Training	167 (5)	2 (0)	0 (0)	169 (0)
Workshops	752 (24)	7,855 (27)	4,275 (100)	12,882 (35)

In addition, 2,328 MOHFW personnel from the central and field levels were trained by CCSDP and IEC.



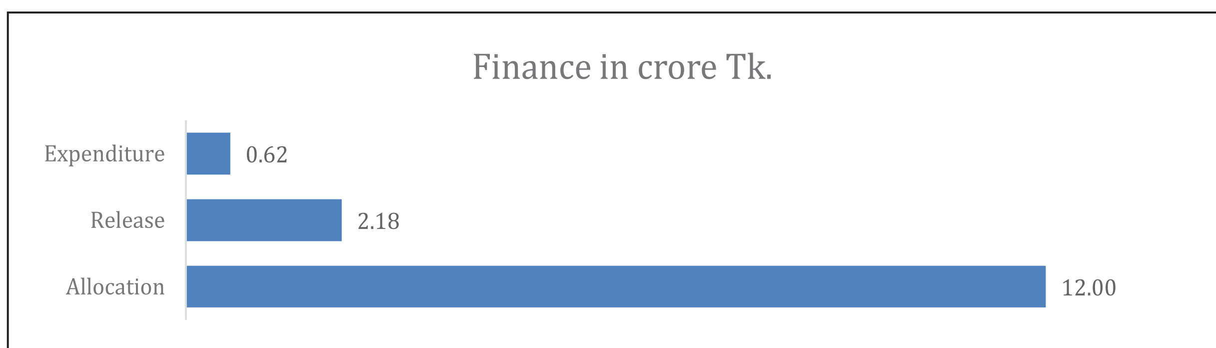
OP-wise Factsheet - 01: Sector-wide Program Management & Monitoring (SWPMM)



General Objective

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

Financial Progress



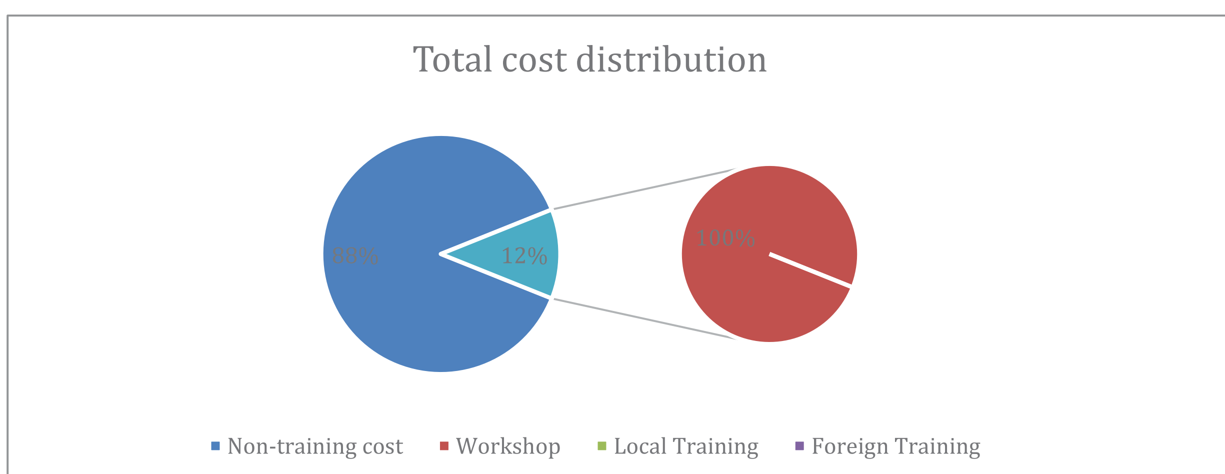
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of OPs submitting Annual Work Plan (AWP) with budget by August	29	29	100%	NIL	
Indicator-2	Increase in the number of OPs with annual budget	Not applicable	Not applicable	Not Applicable	Yes	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	execution over 80%					
Indicator-3	Prepare annual Programme implementation reports (APIR)	1	1	100%	NIL	
Indicator-4	LCG health meetings organized quarterly and decisions followed up	2	Revised composition and TOR of LCG health is under approval of the Ministry.	0%	NIL	
Indicator-5	Improved coordination mechanism focusing on PHC in urban areas	--	Among the proposed TGs of the 4th HPNSP, one is on urban health. Draft composition and TOR of TGs have been shared with the DPs and notification will be issued soon.	50%	Yes	

Training Information



Out of the total expenditure of Tk. 0.62 crore, 0.08 crore (12%) was on training. Of the total training cost, 100% was spent on workshops.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Workshop	417 (100)	0 (0)	0 (0)	417 (100)

Major Physical Progress

Program Review, Monitoring and Evaluation
- Developed a report on review and monitoring DLI achievement.
- Prepared and disseminated the Program Implementation Report (PIR) of FY 2016-17 and HPNSDP endline evaluation report.
- As part of monthly progress review meetings, the OP arranged six meetings in six months.
- Conducted two workshops on SDG (health related goals) monitoring.

Sector Coordination
- Ensured GOB-DP coordination through 40 meetings/workshops.
- Ensured inter-ministerial coordination through 59 meetings/workshops.
- Ensured inter-agency coordination through 12 meetings/ workshops.

Strengthening of Program Management & Monitoring Unit (PMMU)
- Initiated procurement of stationary, IT and office equipment
- Arranged eight Meetings/Seminars/Workshops/Orientation at PMMU.

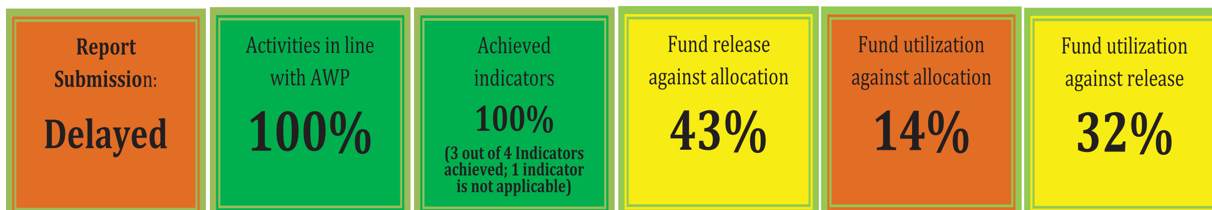
Gavi-HSS Programme
- Organized 25 meetings/workshops with Gavi Mission-16; Gavi PIC meeting-6; Technical Sub-committee meeting of Gavi.

Capacity building
- 134 MOHFW personnel attended workshops on Annual Work Plan (AWP) and 70 MOHFW personnel attended workshops on PIR 2017.
- Six MOHFW personnel attended workshop on PFD OP and 21 MOHFW personnel attended workshops on DLIs.
- 148 MOHFW personnel attended workshops on 4th HPNSP and 38 MOHFW personnel attended workshops on SDG.

Key Challenges

- **Manpower shortfall -** due to involvement of fifty percent of the desk-level officers' in long-term foundation training/financial capacity development training of the GOB, activities of the OP could not be implemented as planned.
- **Delay in approval of procurement plan** – it took a longer time to get approval of the proposed procurement plan, following which resulted in the procurement process being delayed.
- **Delay in fund release** – quarter-wise release of fund was delayed.

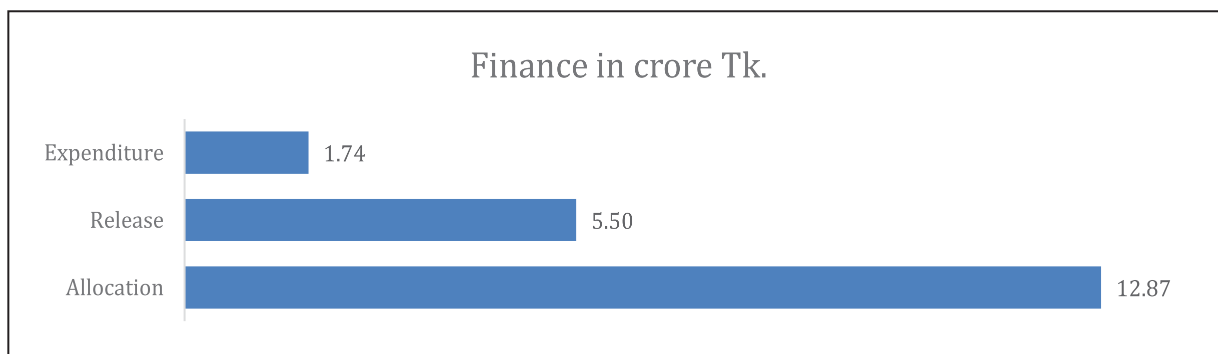
OP-wise Factsheet - 02: Planning, Monitoring and Research (PMR)



General Objective

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

Financial Progress



Progress of OP-level Indicators

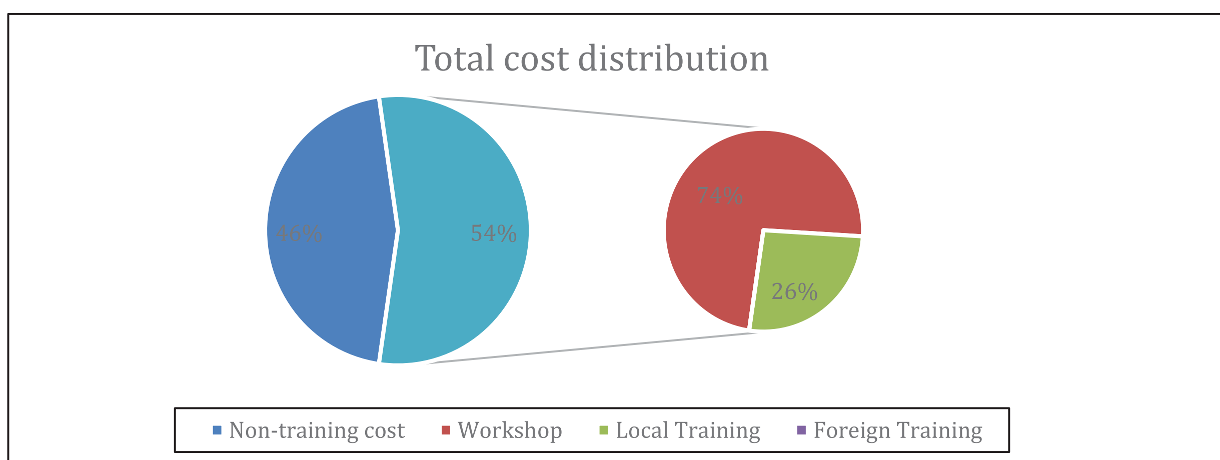
Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Orientation trainings conducted on priorities of the Sector Programme	200	160	80%	NIL	
Indicator-2	Prepare plan for improved service delivery to supporting managers at different levels	250	245	98%	NIL	

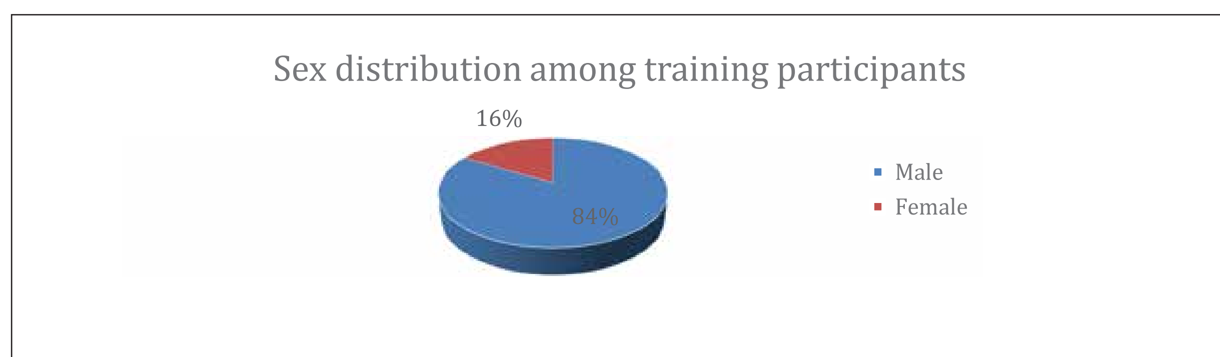
OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-3	Monitoring meetings for OPs	6	6	100%	NIL	
Indicator-4	Number of briefs prepared and disseminated on research conducted	0	0	Not Applicable	NIL	

Training Information



Out of the total expenditure of Tk 1.74 crore, 0.95 crore (54%) was spent on training. Of the total training cost, 0.70 crore (74%) was spent on workshop and rest of the amount, 0.25 crore (26%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	47 (24)	122 (15)	0 (0)	169 (17)
Workshop	147 (76)	703 (85)	0 (0)	850 (83)



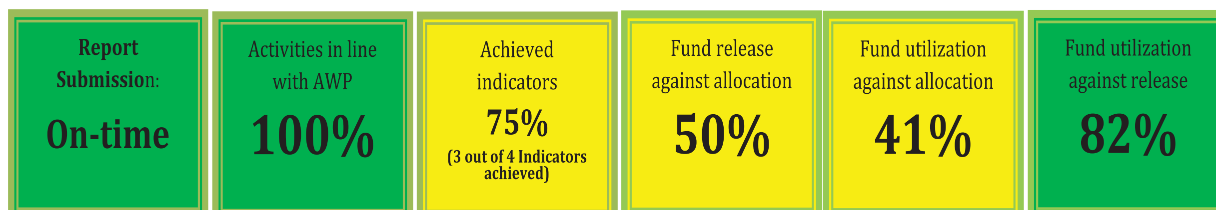
Major Physical Progress

- Organized three orientation workshops for field level managers.
- Completed two orientation workshops for the newly appointed LDs, PMs and DPMs at central level
- Provided support to Upazila managers to prepare a coordinated plan to ensure quality service delivery within their respective jurisdictions.
- Completed situation analysis on DLIs
- Organized training on research methodology for health system and policy research.
- As per the budget, funds allocated for BMRC as a cost centre under this OP.
- Developed 1 monitoring guideline and checklist for field managers and orientation provided.
- Facilitated the collection of data from OPs of DGHS for preparation of PIR/SmPR and AP/MTR processes.
- Arranged orientation training of the LDs, PMs, DPMs including new appointees on monitoring techniques for proper monitoring of the programme.
- Organized six ADP monitoring and 06 development project monitoring meetings.
- Completed four periodic visit of OPs and 10 monitoring activities of projects activity
- Completed three feasibility studies of the proposed projects and digital survey.
- Organized five meetings with different stakeholders to draft, revise and finalize the PIP/OPs/project proposal

Key Challenges

- IBAS ++ software implementation.
- Staffing change within higher authorities.

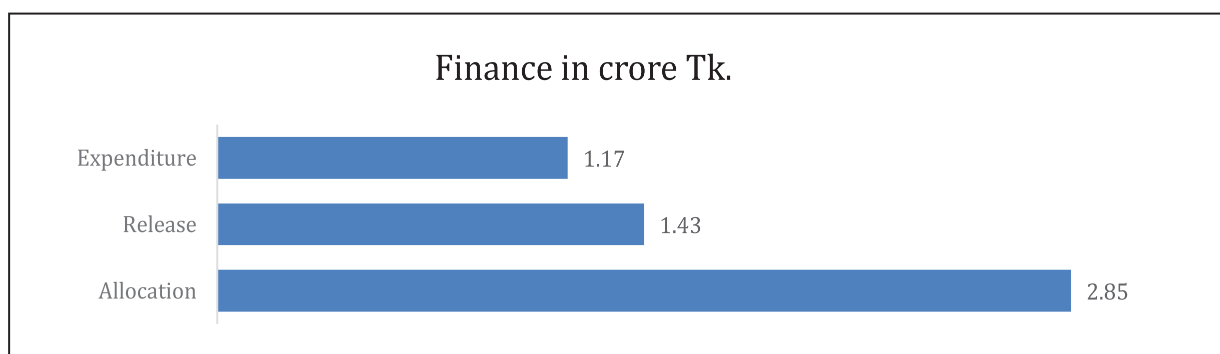
OP-wise Factsheet - 03: Planning, Monitoring and Evaluation (PME)



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



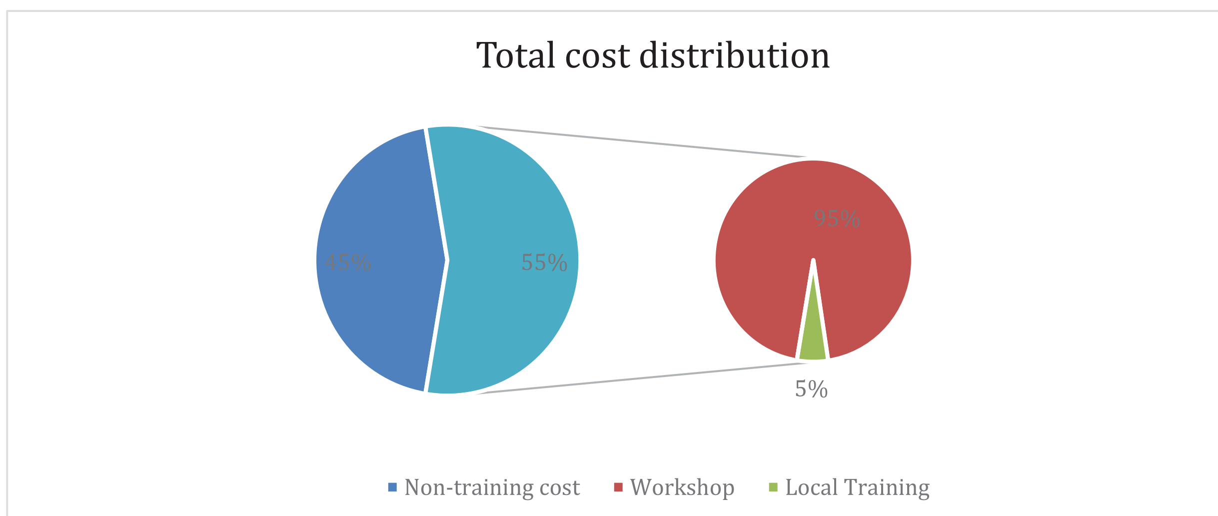
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Field Programme Performance Monitoring Workshop (Central, Division & District Level).	40	30	75%	NIL	
Indicator-2	Number of Annual Work Plan (AWP) with budgets of DGFP Operational	7	7	100%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	Plans submitted to MOHFW by July 2017					
Indicator-3	Monitoring of financial & physical progress of OPs for ADP Review Meetings.	6	6	100%	NIL	
Indicator-4	Co-ordination Workshop with NGOs/ Garments/ Private Organization on FP-MCRAH activities (Central & Divisional Level).	1	1	100%	NIL	

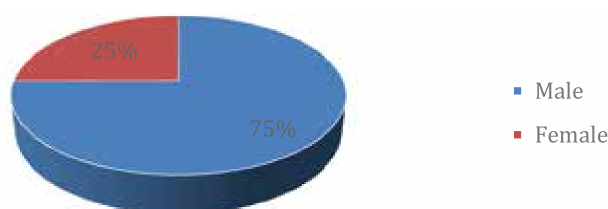
Training Information



Out of the total expenditure of Tk 1.17 crore, 0.65 crore (55%) was spent on training. Of the total training cost, 0.62 crore (95%) was spent on workshop and rest of the amount, 0.03 crore (5%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	23 (16)	0 (0)	0 (0)	23 (2)
Workshop	120 (84)	895 (100)	100 (100)	1115 (98)

Sex distribution among training participants



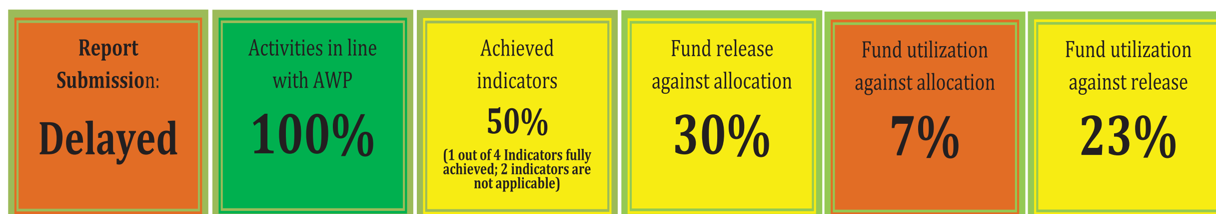
Major Physical Progress

- Prepared seven AWPs with budgets and submitted to the MOHFW
- Arranged six ADP review meetings for monitoring of financial and physical progress
- Organized a coordination workshop with NGOs/ garments/ private organization on FP – MCRAH activities (central and divisional Level).
- 23 MOHFW personnel participated in a short-term local training on leadership and management, good governance and office management.
- 968 MOHFW personnel participated in 30 workshops on field program performance monitoring;
- 76 central level MOHFW personnel participated in a workshop on 4th sector orientation.
- 44 central level MOHFW personnel and 27 NGO personnel participated in the workshop on GO-NGO Collaboration.

Key Challenges

- Challenge with IBAS++ software implementation hindered the withdrawal of money and reconciliation of budgets at the sub-national level.

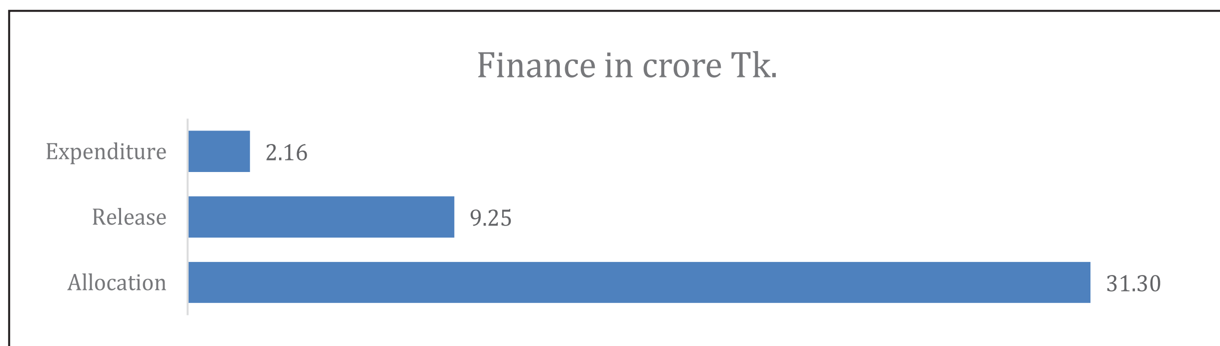
OP-wise Factsheet - 04: Health Economics & Financing (HEF)



Objectives

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

Financial Progress



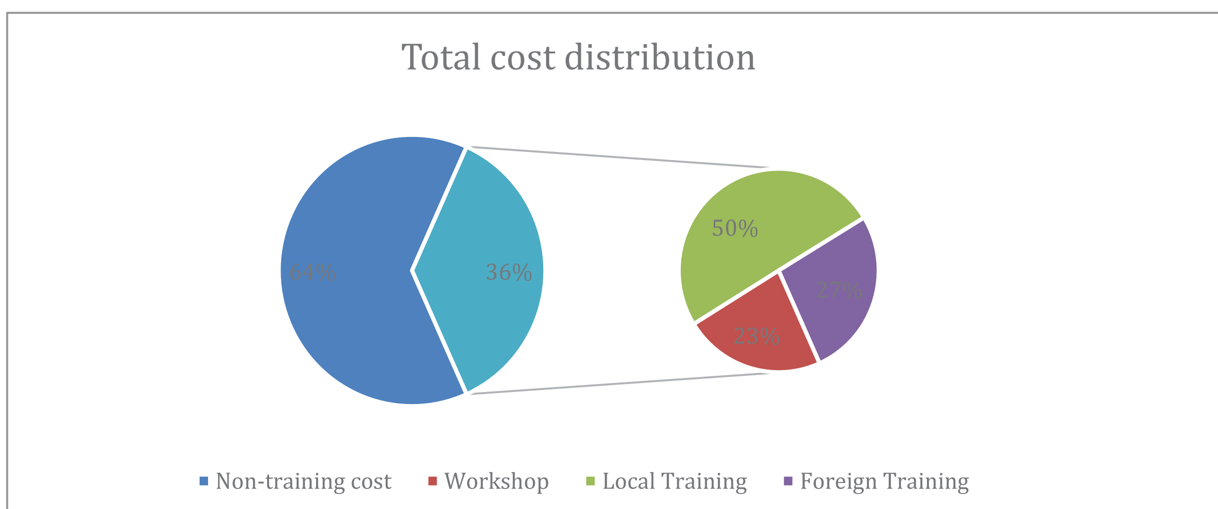
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of BNHA conducted	-	-	Not applicable	NIL	
Indicator-2	Number of PER conducted	-	-	Not applicable	NIL	
Indicator-3	Number of upazilas are in social health protection scheme	3	3	100%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-4	Health facilities piloting health sector response to GBV	Development of protocol on health sector response to GBV	ToT for health care providers on protocol in Mawlavibazar District at 2 upazilas	50%	NIL	

Training Information

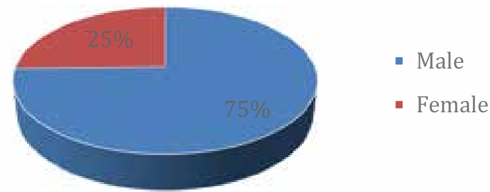


Out of the total expenditure of Tk. 2.16 crore, 0.79 crore (36%) was spent on training. Of the total training cost, Tk. 0.40 crore (50%) was spent on local training, 0.21 crore (27%) spent on foreign training and 0.18 crore (23%) spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	176 (54)	323 (29)	0 (0)	499 (34.6)
Foreign Training	5 (1)	0 (0)	0 (0)	5 (0.3)
Workshop	146 (45)	793 (71)	0 (0)	939 (65.1)

In addition, 172 personnel unclassified into central and field level were trained by the OP.

Sex distribution among training participants



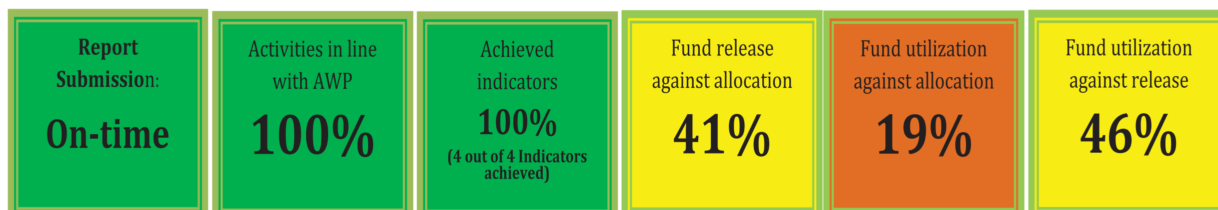
Major Physical Progress

- Three ToT provided to health care providers of two Upazilas under MoulviBazar district on protocol on GBV.
- The OP extended the SSK pilot implementation to another two new upazilas
- Eight consultants engaged to provide support in SSK and Gender issues
- Five MOHFW personnel attended foreign training on capacity development on gender responsive budgeting.
- Arranged 12 short local trainings and 176 MOHFW central level personnel and 323 field level MOHFW personnel attended those trainings.
- 28 personnel attended workshop on Bangladesh National Health Accounts.
- Arranged seven workshops and 118 MOHFW central level personnel and 793 field level MOHFW personnel attended those workshops.

Key Challenges

- No challenge reported during the reporting period (July-December 2017)

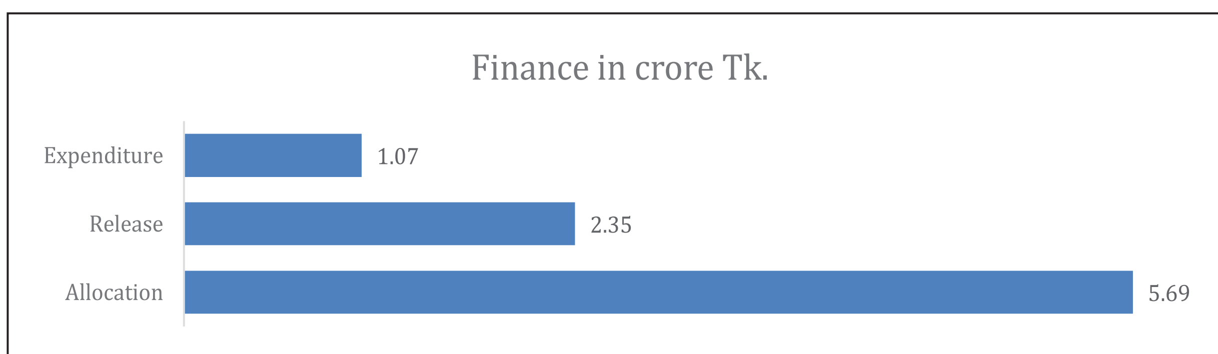
OP-wise Factsheet - 05: Strengthening Drug Administration and Management (SDAM)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of permitted drug tested annually	4.84%	4.59%	95%	NIL	
Indicator-2	Number of Drug Manufacturing Units (DMU) inspected annually	540	602	111%	NIL	
Indicator-3	Percentage of Depot of drugs, retail	24.51%	24.36%	99%	NIL	

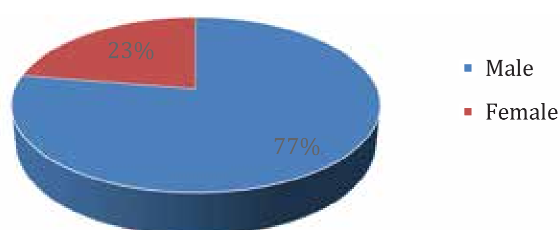
OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	pharmacy shops inspected annually					
Indicator-4	Number of ADR reports collected from both healthcare facilities and pharmaceutical manufacturers	600	525	88%	NIL	

Training Information

During the reporting period, this OP did not have any GoB training cost. However, the DGDA staff participated in trainings/workshop; funded by other OPs or DPs. Total expenditure of the OP was 1.0659 crore taka, which was fully attributable to the non-training cost.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Foreign Training	4 (14)	11 (92)	0 (0)	15 (38)
Local Training	8 (28)	0 (0)	0 (0)	8 (20)
Workshop	16 (58)	1 (8)	0 (0)	17 (42)

Sex distribution among training participants



Major Physical Progress

- 41,343 brands of medicines registered, and 1,899 drug samples tested through National Control Laboratory, Dhaka & Chittagong Drug Testing Laboratory.
- 602 pharmaceutical manufacturing units inspected.
- Out of 1,23,000 licensed retail pharmacies and depots, the DGDA inspectors inspected 29,959 retail drug shops.
- The Adverse Drug Reaction Monitoring Cell (ADRM) collected 525 Adverse Drug Event Reports (ADR Reports) from different hospitals & pharmaceutical industries.
- Eight DGDA personnel attended different local trainings and 2 MOHFW personnel attended foreign training on pharmaceutical safety & regulatory management affairs (South Korea).
- 11 MOHFW personnel participated in different local and foreign workshops.

Key Challenges

No challenge reported during the reporting period (July-December 2017)

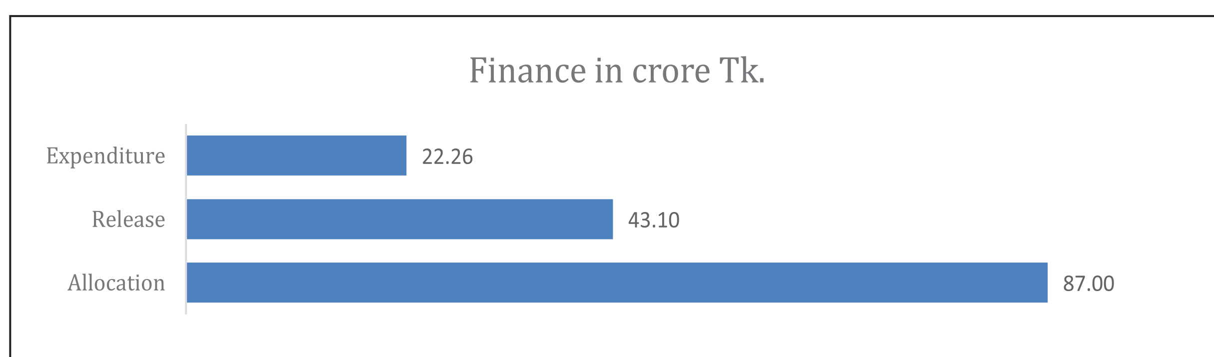
OP-wise Factsheet - 06: Health Information System & e-Health (HIS & e-Health)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	100%	100% (5 out of 5 Indicators achieved)	50%	26%	52%

General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

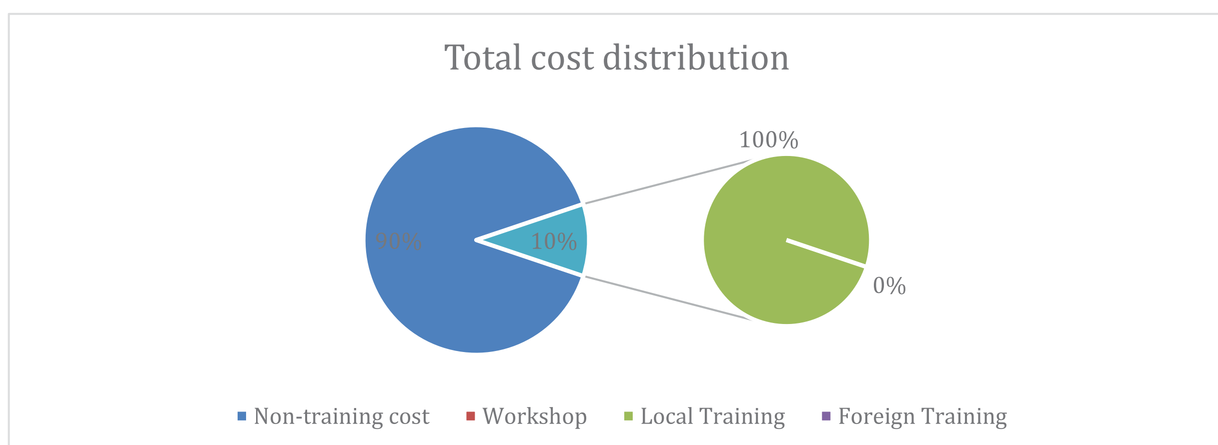
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	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; 91% of community	100% of facilities from upazila level & above; 91% of community	100%	NIL	
Indicator-2	Number of CCs reporting gender disaggregated data using a single	1500	1500	100%	Yes	

HIS & e-Health

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	agreed format in DHIS2					
Indicator-3	GRS is enhanced	10%	10%	100%	Yes	
Indicator-4	MIS reports on health service delivery published and disseminated	1	1	100%	NIL	
Indicator-5	Data presented in online dashboard to be viewed publicly	DHIS2 and HRM data	DHIS2 and HRM data	100%	NIL	

Training Information



Out of total expenditure of Tk 22.26 crore, 2.26 crore (10%) 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	449 (46)	528 (54)	0 (0)	977 (100)

Sex distribution among training participants

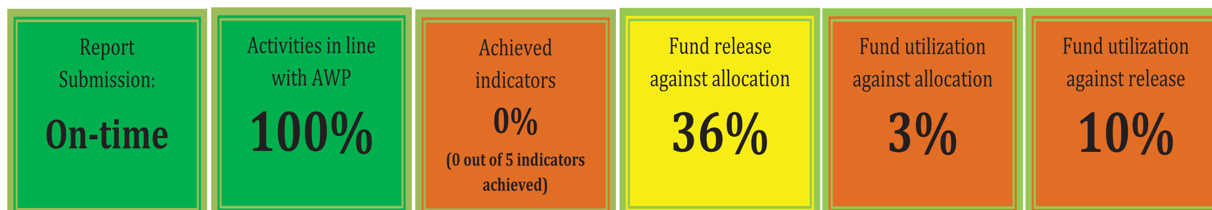
Major Physical Progress

- 1500 CCs reported gender segregated data in DHIS2.
- 100% of facilities (upazila level and above) and 91% of community-level government health facilities submitted routine reports on time
- 100 MOHFW personnel and 1269 non-MOHFW personnel attended different types of local trainings.
- Introduced an open-access data dashboard on DHIS2 platform to present data in real-time.
- HRM data kept open access to be viewed publicly.
- 1 MIS report on health service delivery (Health Bulletin 2017) has been published and disseminated.
- Procured 344 computer accessories, 3800 internet services, and 12 video conferencing systems.
- Procured five consultancies on Call center, HSS, GRS, Telemedicine and CRVS.
- Five advertisements aired through TV Channel.

Key Challenges

- Delay in fund release
- Challenges with implementation of IBAS++ software
- Lack of coordination among different agencies

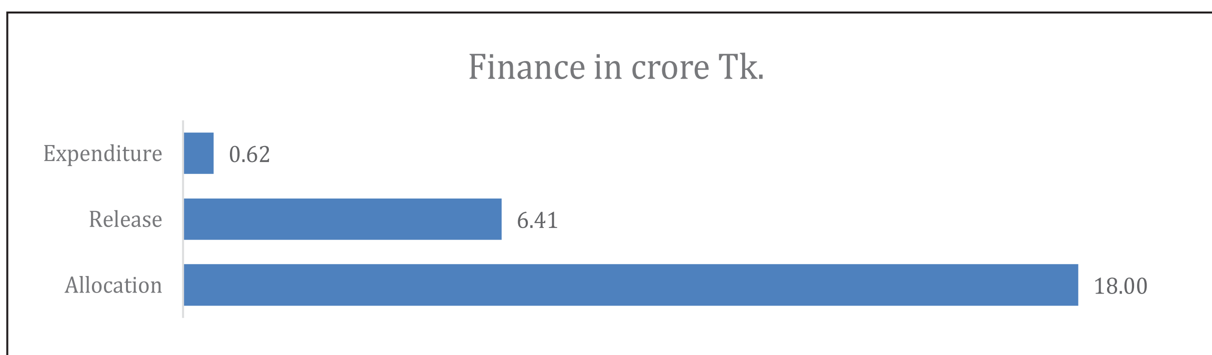
OP-wise Factsheet - 07: Management Information Systems (MIS)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

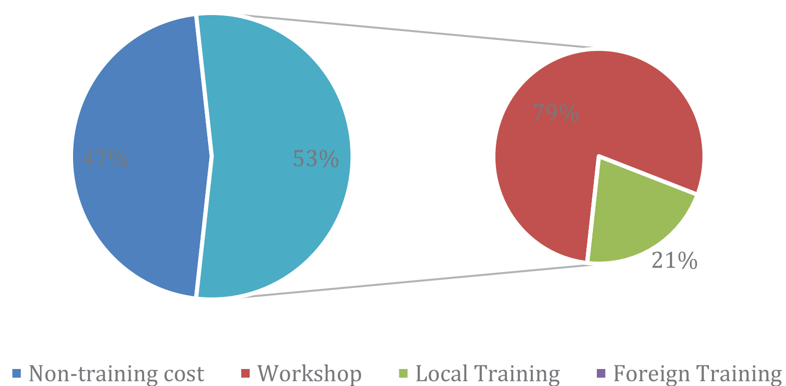
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of institutes scaling up automation for strengthening routine FP information system	-	N/A	Not Available	NIL	
Indicator-2	Number of UHFWCs under e-MIS scale up	-	N/A	Not Available	NIL	

MIS

OP indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-3	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2	-	N/A	Not Available	NIL	
Indicator-4	MIS reports on service delivery published and disseminated annually	-	N/A	Not Available	NIL	
Indicator-5	Number of districts submitting performance monitoring report through DHIS 2	-	N/A	Not Available	NIL	

Training Information



Out of the total expenditure of Tk. 0.62 crore, 0.33 crore (53%) was spent on training. Of the total training cost, Tk. 0.26 crore (79%) was spent on workshop and 0.069 crore (21%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local training	181 (58)	0 (0)	0 (0)	181 (8)
Foreign training	12 (4)	0 (0)	0 (0)	12 (1)
Workshop	119 (38)	1948 (100)	0 (0)	2067 (91)

Sex distribution among training participants

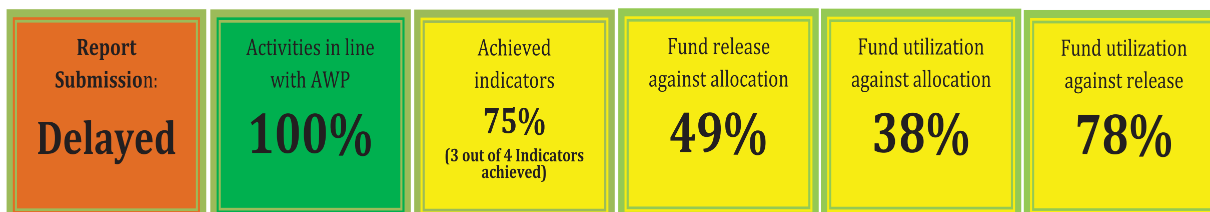
Major Physical Progress

- 1200 copies of monthly reports (LMIS) published and disseminated.
- Completed procurement of LED monitor, photocopy machine, air condition and fridge.
- 20 personnel attended training on SPS and innovation.
- 65 DGFP personnel completed training on HRIS.
- 40 persons attended seminar on service indicators and data validation.

Key Challenges

- Data entry using IBAS++ software led to delay in fund release.
- Delay in procurement of FP commodities.

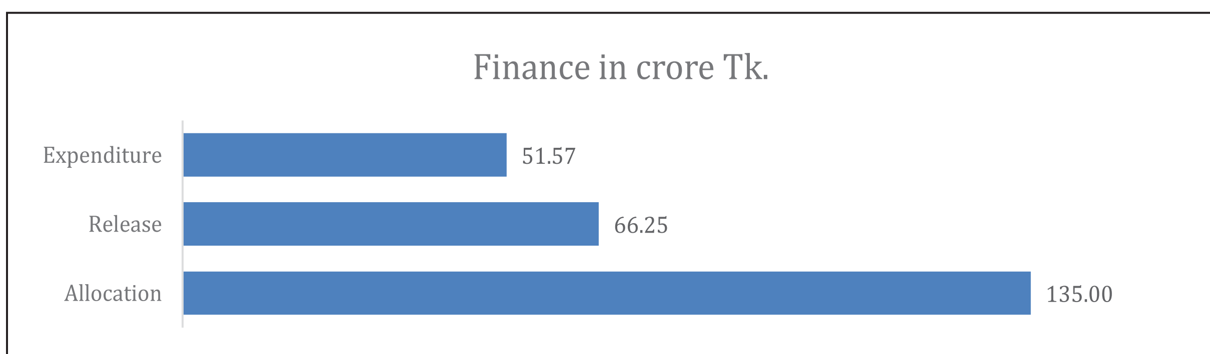
OP-wise Factsheet - 08: Procurement, Storage and Supplies Management-HS (PSSM-HS)



General Objective

Enhancement of procurement capacity and supplies management for health services.

Financial Progress



Progress of OP-level Indicators

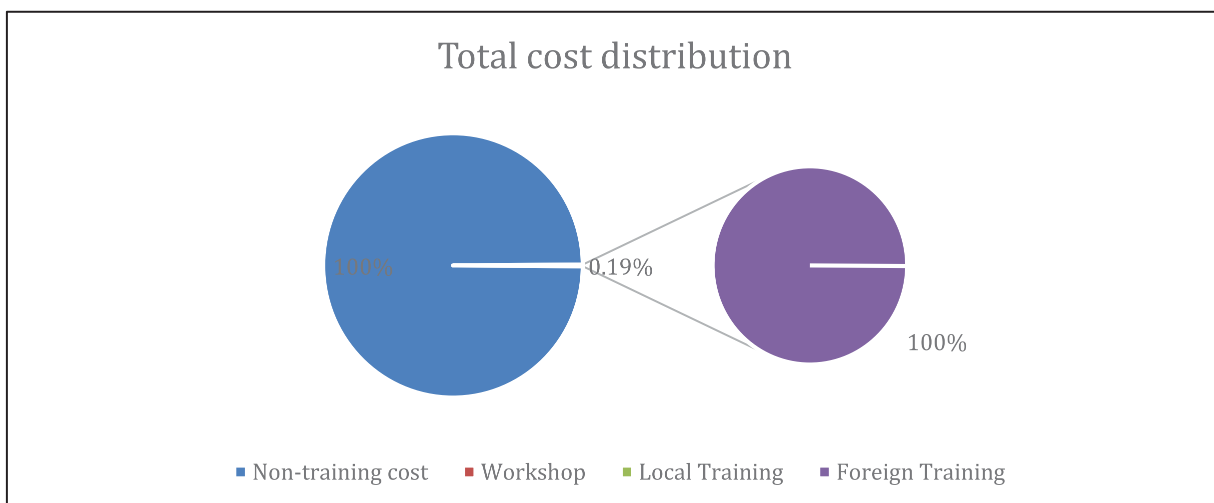
Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Procurement lead time reduced for the packages tracked through SCMP	50	-	0%		
Indicator-2	Introduce e-GP	12%	23%	192%	Yes	
Indicator-3	Add comprehensive maintenance in the tender documents	25% tender documents for	Yes	100%	NIL	

PSSM-HS

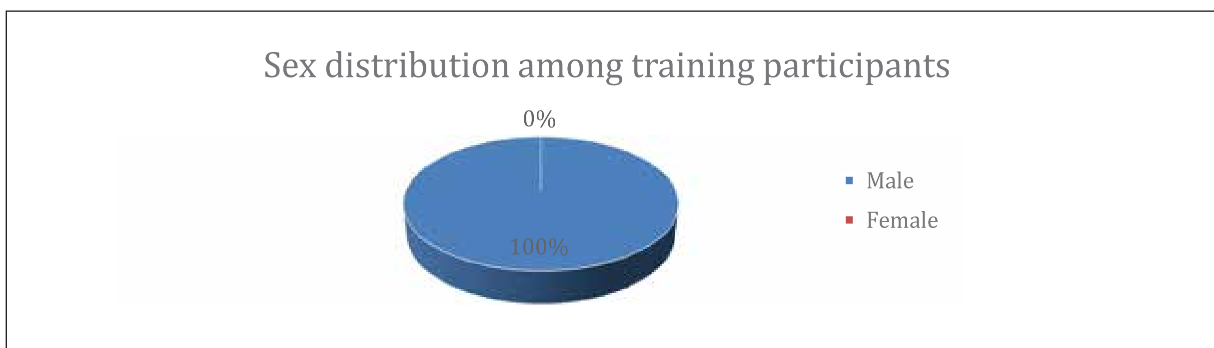
OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	for high-tech equipment	high-tech equipment				
Indicator-4	Restructuring of CMSD	Proposal sent to MOHFW	Proposal sent to MOHFW	100%	Yes	

Training Information



Out of the total expenditure of Tk. 51.57 crore, 0.10 crore (0.19%) was spent on training. Of the total training cost, 100% was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Foreign Training	02 (100)	00 (00)	0 (0)	02 (100)



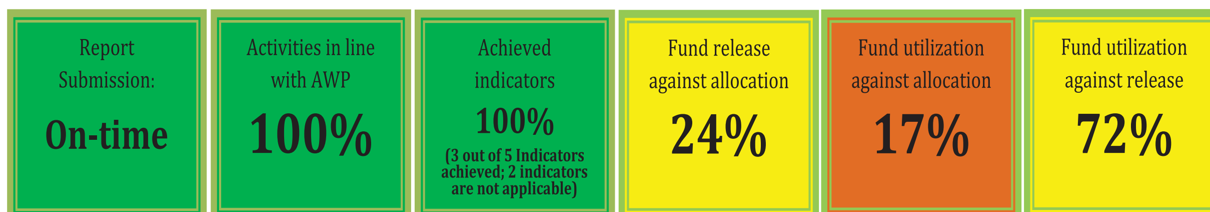
Major Physical Progress

- Two MOHFW central level personnel attended foreign training on advanced contract management.
- Proposal sent to MOHFW for restructuring of CMSD.
- Five NCB package started with e-GP
- Contract signed with 58 outsourcing staffs.

Key Challenges

- Delayed submission of procurement plans from Line Directors further delayed the preparation of a consolidated procurement plan.
- Transition of the LD also hampered smooth procurement operations.

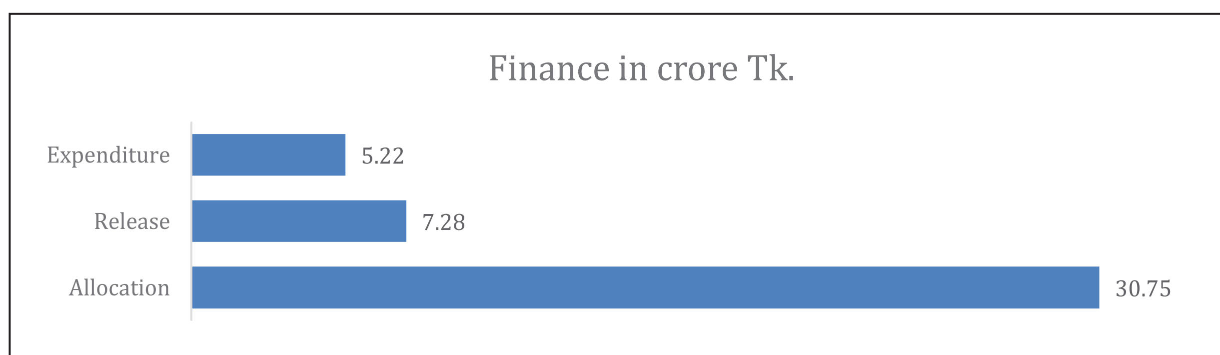
OP-wise Factsheet - 09: Procurement, Storage and Supplies Management-FP (PSSM-FP)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of contracts awarded within initial Tender Validity period	-	-	Not Applicable	NIL	
Indicator-2	Percentage of public health facilities/public	98%	98%	100%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	service delivery points without stock-outs of essential medicines/FP supplies					
Indicator-3	Percentage of (a) WIMS and (b) UIMS functional	a) 100%; b) 100%	a) 99% b) 99%	99%	NIL	
Indicator-4	Percentage of Upazilas having no 'unusable'	25%	25%	100%	NIL	
Indicator-5	Introduce e-GP	-	-	Not Applicable	Yes	

Training Information

No training conducted during Jul-Dec 2017.

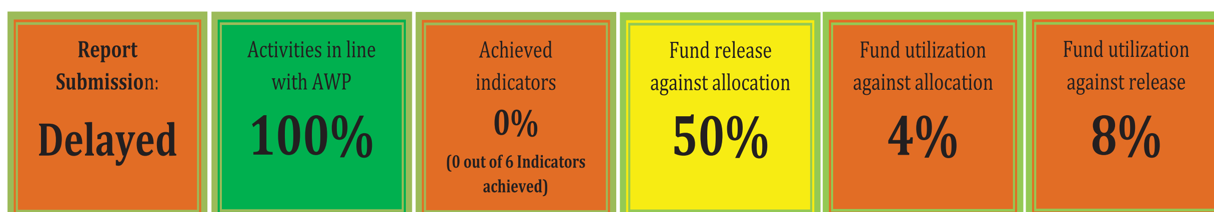
Major Physical Progress

- Supplied commodities to 10 regional warehouses and 251 upazila family planning stores through GOB transport.
- Supplied commodities to 10 regional warehouses and 235 upazila family planning stores through private transport.
- Appointed a clearing and forwarding agent to release commodities from sea/airports.
- Set-up broad band internet system with router for CWH.
- Deployed a pool of Ansar/VDP members in 22 warehouses, DGFP logistics unit and 307 constructed upazila FP stores.
- Paid honorariums and advertisement cost for tender, evaluation committees, tender opening committees etc.

Key Challenges

- No challenges reported during the reporting period (July-December 2017)

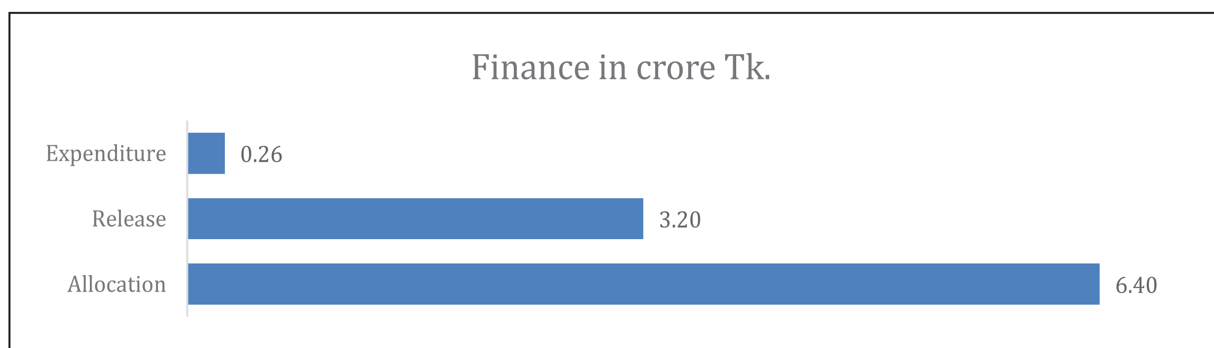
OP-wise Factsheet - 10: Human Resources Development (HRD)



Objectives

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



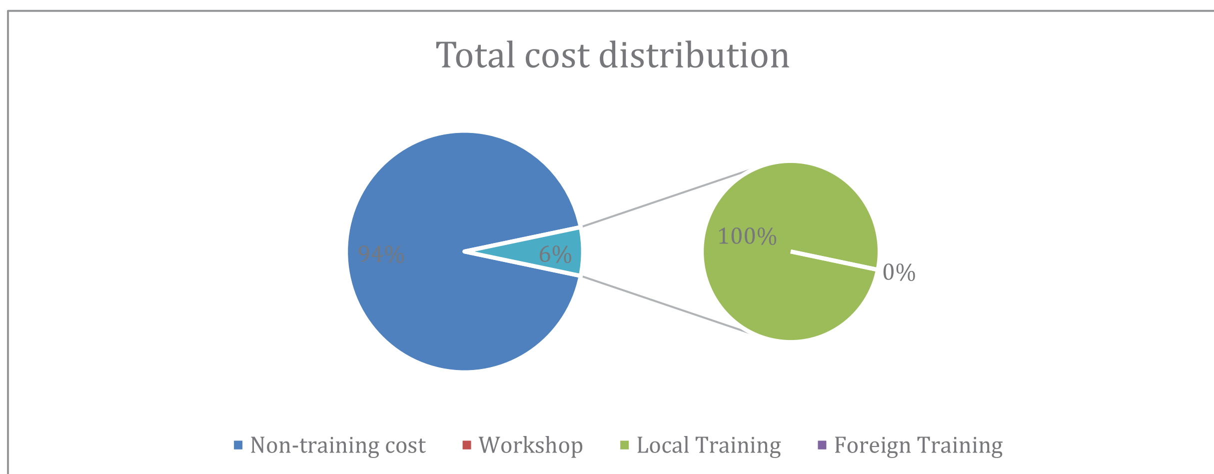
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Review and update TO&E for health facilities and organizations (2019) and implemented (by 2021).	-	-	0%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Utilize Human Resources Information System (HRIS) for evidence-based decision.	-	-	0%	NIL	
Indicator-3	Percentage of public health facilities with at least one staff trained in pregnancy and child birth	-	-	0%	NIL	
Indicator-4	Percentage of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/midwife)	-	-	0%	NIL	
Indicator-5	Develop service level wise comprehensive HR plan and implement	-	-	0%	NIL	
Indicator-6	Updated Job description (JD) of all categories and implemented	-	-	0%	NIL	

Training Information



Out of the total expenditure of Tk. 0.26 crore, 0.02 crore (6%) 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	32 (89)	4 (11)	0 (0)	36 (100)

Major Physical Progress

- Completed repair and maintenance of two vehicles during the reporting period.
- Ensured the supply and services of petrol oil, stationary and others.

Key Challenges

- Lack of funds to accomplish OP- indicator related activities during the reporting period.

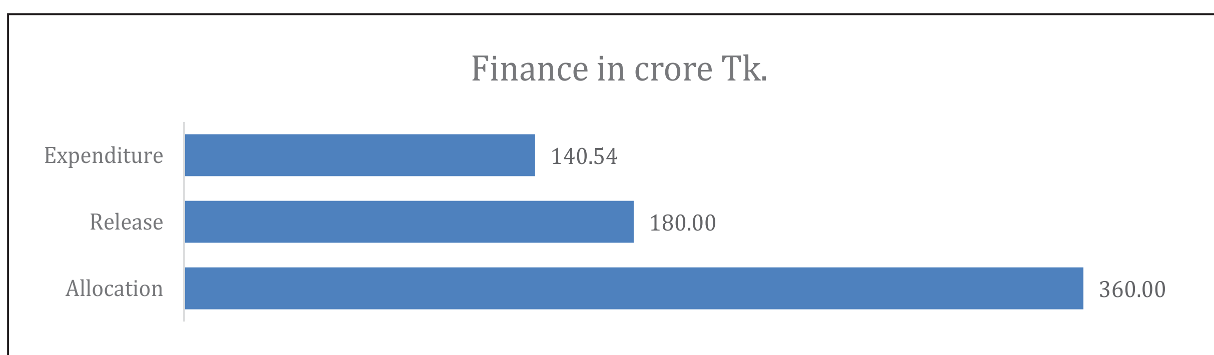
OP-wise Factsheet - 11: Medical Education and Health Manpower Development (ME&HMD)

Report Submission: On-time	Activities in line with AWP 100%	Achieved indicators 25% (1 out of 4 Indicators achieved)	Fund release against allocation 50%	Fund utilization against allocation 39%	Fund utilization against release 78%

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



Progress of OP-level Indicators

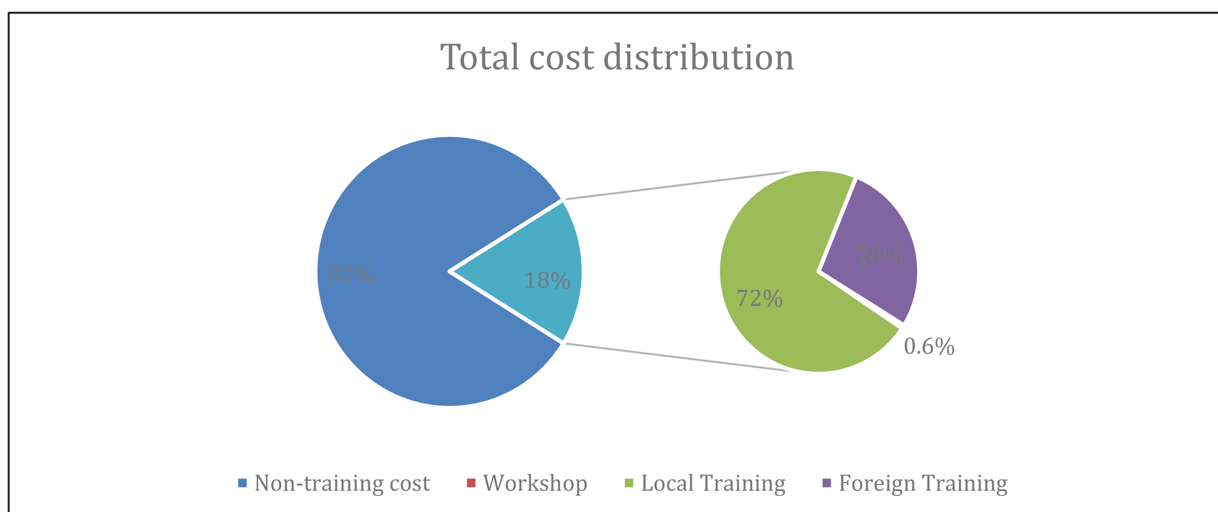
Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Improvement of undergraduate medical (MBBS, BDS) education according to agreed	5%	5%	100%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	minimum criteria of national guideline					
Indicator-2	Re-structured Director, ME&HMD	Review completed with report	Review completed and sent for approval	50%	NIL	
Indicator-3	New law for technologists	Draft new law available	Draft completed	50%	NIL	
Indicator-4	Development of TMIS	TMIS capturing current training	-	0%	NIL	

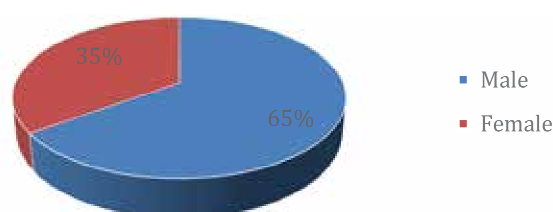
Training Information



Out of the total expenditure of Tk. 140.54 crore, 24.82 crore (18%) was spent on training. Of the total training cost, Tk. 17.80 crore (72%) was spent on local training, 6.87 crore (28%) was spent on foreign training and 0.14 crore (0.6%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	758 (71)	16959 (100)	0 (0)	17717 (98)
Foreign Training	134 (12)	0 (0)	0 (0)	134 (1)
Workshop	180 (17)	0 (0)	0 (0)	180 (1)

Sex distribution among training participants



Major Physical Progress

- Reviewed and developed seven curriculums.
- 20 newly recruited doctors attended 15 days training on Basic Service Management.
- 444 personnel attended 5 days training on awareness building of the roles and responsibilities of field service providers.
- 60 personnel attended 5 days training on awareness building of the roles and responsibilities of doctors at upazila and district levels.
- Eight personnel attended two days orientation event on the new priorities (equity, efficiency, quality, stewardship, governance, functional integration) of the sector program
- Eight doctors at upazila and district level attended training on medico-legal services.
- 145 health personnel attended Non-Clinical management training in the area of office management, financial management, store management, hospital management, patient management and bio-medical equipment management.
- Six personnel attained different clinical specialties.
- 40 personnel attained different management and public health specialties.

Key Challenges

- No challenges reported for the reporting period (July-December 2017)

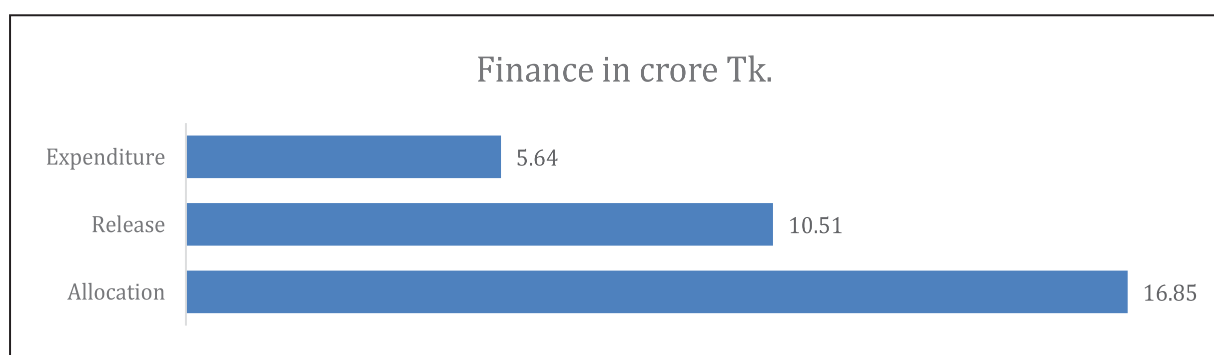
OP-wise Factsheet - 12: Nursing and Midwifery Education Services (NMES)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	100%	100% (2 out of 5 Indicators achieved; 3 indicators are not applicable)	62%	33%	54%

General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

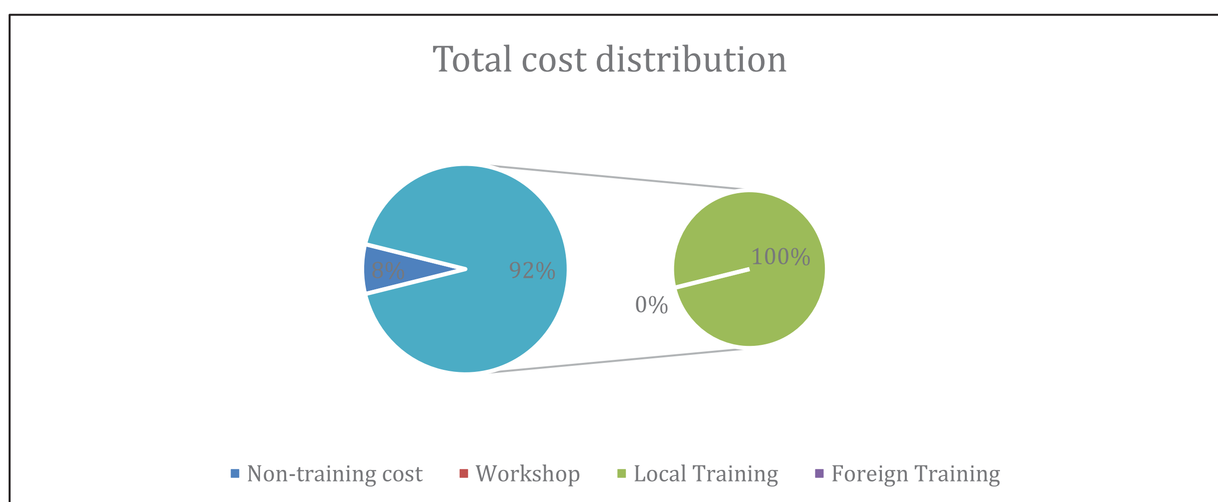
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of newly recruited nurses and midwives received orientation training			Not Applicable	NIL	
Indicator-2	Number of nurses received specialized			Not Applicable	NIL	

NMES

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	education and training.					
Indicator-3	Number of newsletter/HR report published (2/Year)			Not Applicable	NIL	
Indicator-4	Number of training manual developed and updated	2	2	100%	NIL	
Indicator-5	Number of Midwives produced.	975	975	100%	Yes	

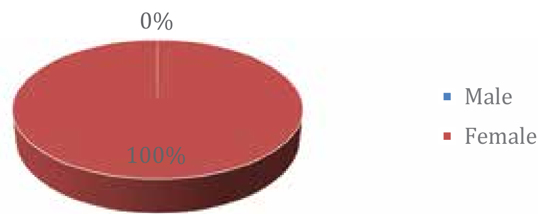
Training Information



Out of the total expenditure of Tk. 5.64 crore, 5.21 crore (92%) 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	1,005 (100)	0 (0)	0 (0)	1,005 (100)

Sex distribution among training participants



Major Physical Progress

- Produced 975 registered midwives.
- Ensured support of postal, WASA, telephone, gas, electricity, internet connection, fuel, bedding, cookeries, stationeries, management of labour, cleaner, security guard, printing, honorarium for tender and advertisement to 38 institutions.
- Completed repair and maintenance of vehicles, furniture and equipment of 38 institutions.
- 30 MOHFW personnel (managers and midwives) attended orientation training for midwifery faculty.
- 975 midwives received stipend for training.

Key Challenges

- Challenges with implementation of IBAS++ software.

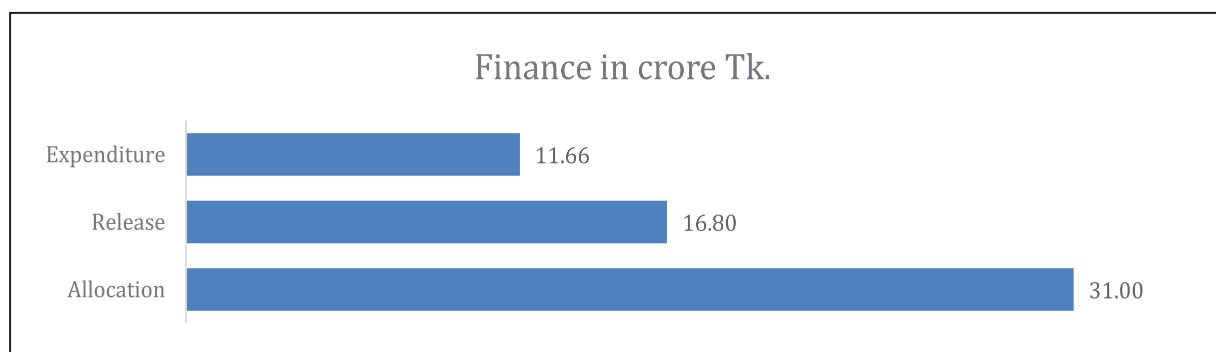
OP-wise Factsheet - 13: Training, Research and Development (TRD)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	100%	67% (2 out of 4 Indicators achieved; 1 indicator is not applicable)	54%	38%	69%

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



Progress of OP-level Indicators

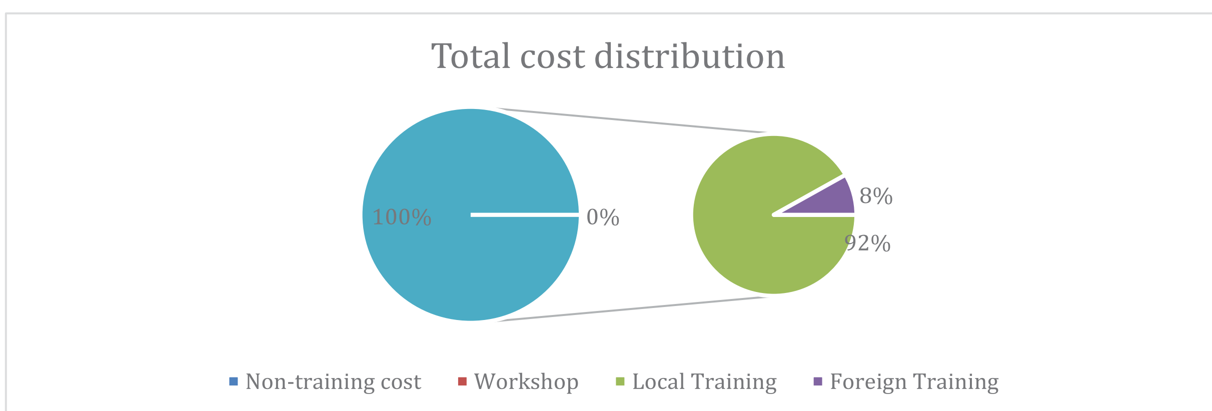
Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	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	439	439	100%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	(Health), BCS (FP), MOMCH & SACMO)					
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.	740	739	100%	NIL	
Indicator-3	Conduct national surveys (including BDHS, BMMS, UESD surveys, Facility survey, Urban Health Survey, etc.)	1	BHFS data collection completed and BDHS data collection ongoing	50%	NIL	
Indicator-4	Number of Programme focused and policy research studies/ conducted	0 (preparatory activities)	ongoing	Not Applicable	NIL	

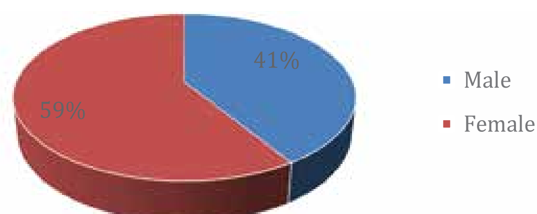
Training Information



Out of the total expenditure of Tk. 12.73 crore, a total of 12.73 crore (100%) was spent on training. Of the total training cost, Tk. 11.68 crore (92%) was spent on local training and 1.05 crore (8%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	222 (93)	1930 (100)	0 (0)	2152 (99)
Foreign Training	16 (7)	2 (0)	0 (0)	18 (1)

Sex distribution among training participants



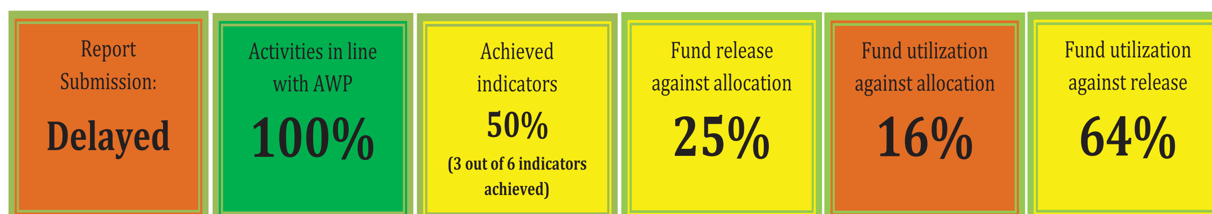
Major Physical Progress

- 439 FWVs attended basic training.
- Completed development of 1 curriculum.
- 10 personnel completed capacity building training.
- 550 staff completed BCC training.
- 324 staff completed training on office management.
- 99 officers completed financial management training.
- 239 doctors and paramedics completed ENC training.
- 500 FWA, FPI and HA completed team training.
- Completed dissemination of 5 research/survey results.
- 11 personnel completed research methodology training and research survey data analysis/report writing workshop.
- Completed data collection for BHFS 2017.
- Data collection of BDHS is ongoing.
- 8 MOHFW personnel completed foreign training on health sector program impact assessment and indicator measurements.
- 8 MOHFW central level and 2 MOHFW field level personnel completed foreign training on improving training quality through interactive learning technologies.

Key Challenges

- No challenge reported during the reporting period (July-December 2017)

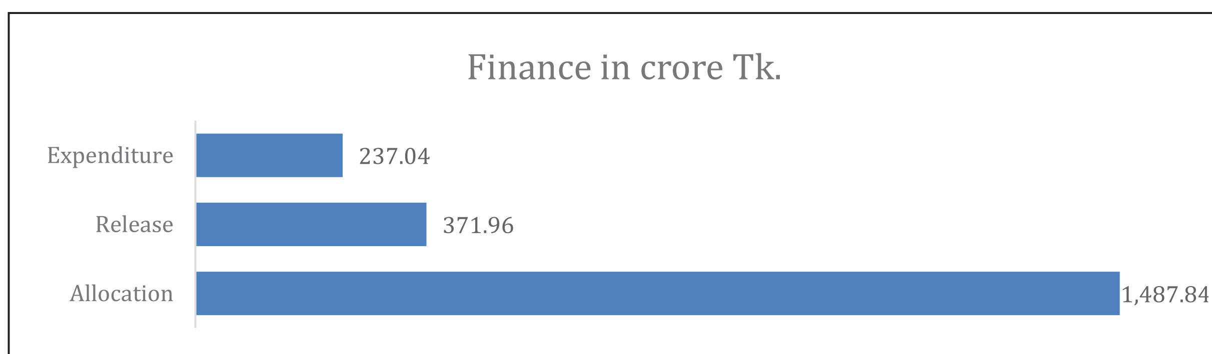
OP-wise Factsheet - 14: Physical Facilities Development (PFD)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

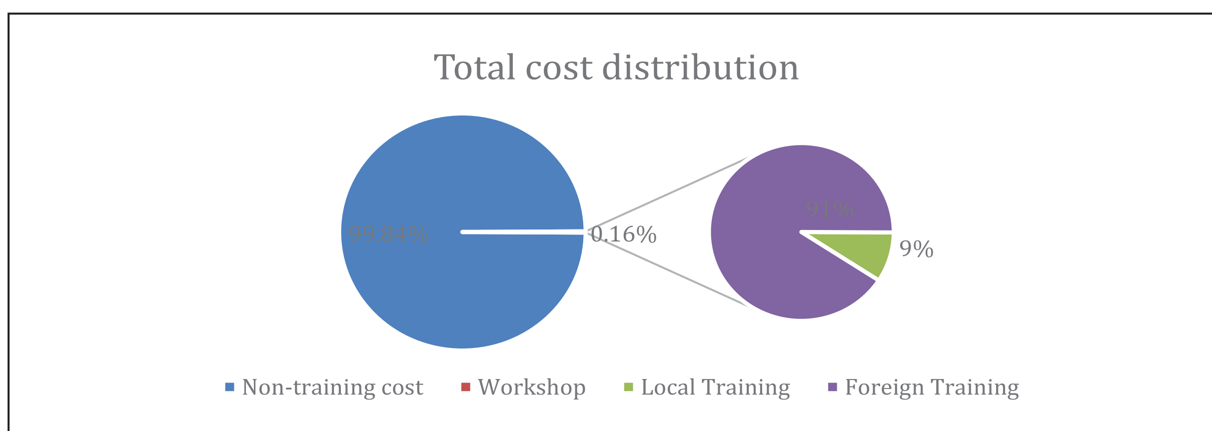
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Introduce e-GP	100%	100%	100%	Yes	
Indicator-2	Percentage of Contracts awarded within initial Tender validity period.	100%	100%	100%	NIL	
Indicator-3	Preparation of a comprehensive plan for (a)	Yes	Yes	100%	Yes	

PFD

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	construction of facilities (b) repair and maintenance					
Indicator-4	Percentage of annual non-development expenditure for repair and maintenance at the levels of Upazila and below	0.2	0.1	50%	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).	-	-	Not Available	NIL	
Indicator-6	Asset management system is implemented	-	-	Not Available	Yes	

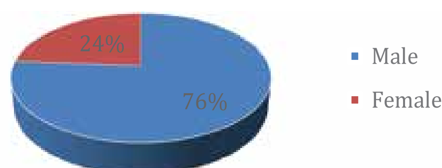
Training Information



Out of the total expenditure of Tk. 237.04 crore, 0.39 crore (0.16%) was spent on training. Of the total training cost, 0.035 crore (9%) was spent on local training and 0.35 crore (91%) spent on foreign training.

Training Type	MOHFW participants N (%)	Non-MOHFW participants N (%)	Total participants N (%)
Local Training	0 (0%)	40 (95%)	40 (85%)
Foreign Training	5 (100%)	2 (5%)	7 (15%)

Sex distribution among training participants



Major Physical Progress

HED (Health Engineering Department)

- Completed up gradation of eight Upazila Health Complex (UHC) from 20/31 to 50 bed; three Upazila Health Complex (UHC) from 20/50 to 100 bed and 26 UH&FWC.
- Completed reconstruction of 10 Union Health & Family Welfare Centres (UH&FWCs).
- Completed extension of HED Circle Office and Divisional Office and vertical extension of OPD Bhaban, Mitford Hospital.
- Completed remodelling and reconstruction of 24 different Health and Family Planning Infrastructure.
- Completed repair and renovation of 1646 Health & Family Planning Infrastructures
- Completed construction of one Union Health & Family Welfare Centre (UH&FWC); boundary wall of 171 existing Union Health & Family Welfare Centre (UH&FWC); 31 bed hospital for new upazila; 32 Upazila Family Planning office cum Store at UHC premises; 10 (10 Bed) Mother and Child Welfare Centre; one (100 Bed) Child Hospital; one FWVTI; one Medical Assistant Training School (MATS); five Deputy Director (FP) Office; one Nursing College; one (20 Bed) Hospital.
- As part of remaining works from HPNSDP, the OP completed 100% works of Sir Salimullah Medical College Mitford Hospital, Dhaka; remodelling and renovation of 12 existing Family Planning Stores; construction of ladies hostel at Dental Collage, Dhaka; physical facilities development of Unani, Ayurvedic Medical College and Hospital; construction of Health Bhaban at Mohakhali, Dhaka; HED Inspection Bunglow; Health Bhaban, Mohakhali, Dhaka (1st Phase) and 14 Community Clinics.

- 40 non MOHFW personnel completed training on e-GP, e-Filing, APA and innovation.
- Five MOHFW personnel and two non MOHFW personnel completed training on strategy of facilities upgrade.

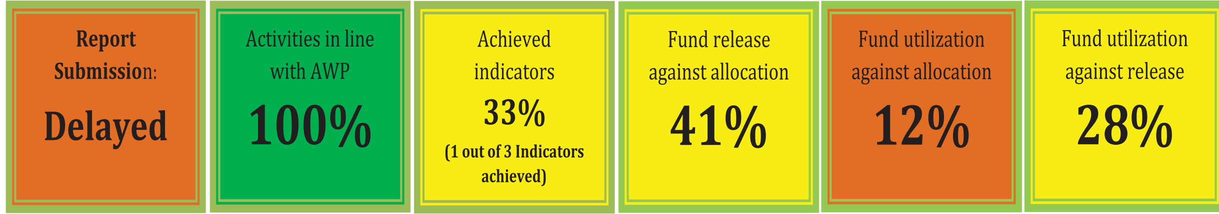
PWD (Public Works Department)

- Above 80% progress has been made for remaining works of construction of 500 Beds Hospital at Khilgaon, Dhaka; up gradation of five District Hospitals from 50/100/200 bed to 250 bed (JICA); construction of auditorium building at Khulna Medical college and construction of Trauma Centre at Munshigonj.

Key Challenges

- Selection of site including land acquisition.
- Transportation of construction materials.
- Delay in procurement system.
- Delay in fund release.
- Lack of monitoring and supervision due to natural climatic problem such as heavy rainfall, flood etc.
- Insufficient manpower in HED.
- Lack of skilled staff.
- Lack of training.
- New recruitment.

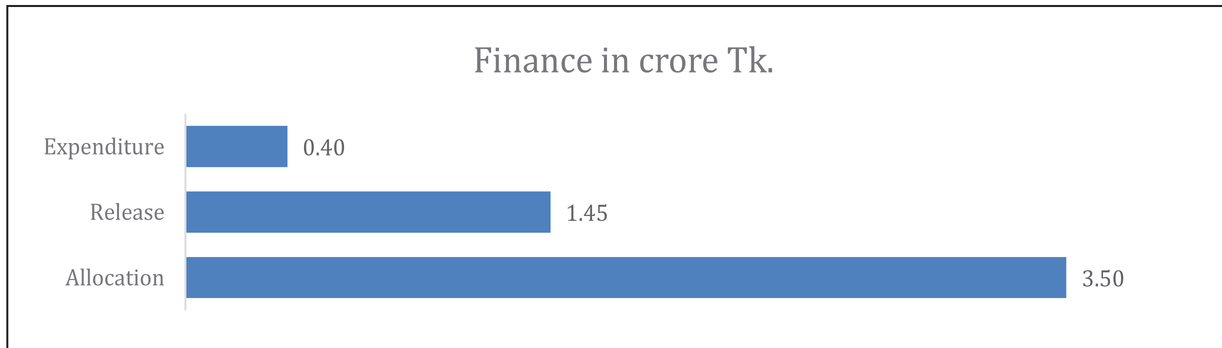
OP-wise Factsheet - 15: Improved Financial Management (IFM)



General Objective

To improve governance in financial management and audit system.

Financial Progress



Progress of OP-level Indicators

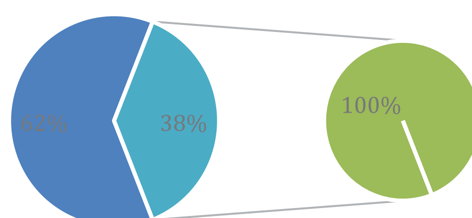
Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Financial management system is strengthened	-	-	Not Available	Yes	
Indicator-2	Software to be developed and all LDs to use Computerized Accounting System	-	-	Not Available	NIL	
Indicator-3	Number of FM personnel trained at all levels	100	143	143%	NIL	

IFM

Training Information

Total cost distribution



Out of the total expenditure of Tk. 0.40 crore, 0.15 crore (38%) 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	97 (68)	46 (32)	0 (0)	143(100)

Major Physical Progress

- Completed training on financial management for DDO's at all LDs, PMs, DPMs and others and 97 MOHFW central level personnel and 46 MOHFW field level personnel attended the training.
- 4 batches of participants completed training on institutionalizing of the IFM

Key Challenges

- No challenge reported during the reporting period (July-December 2017)

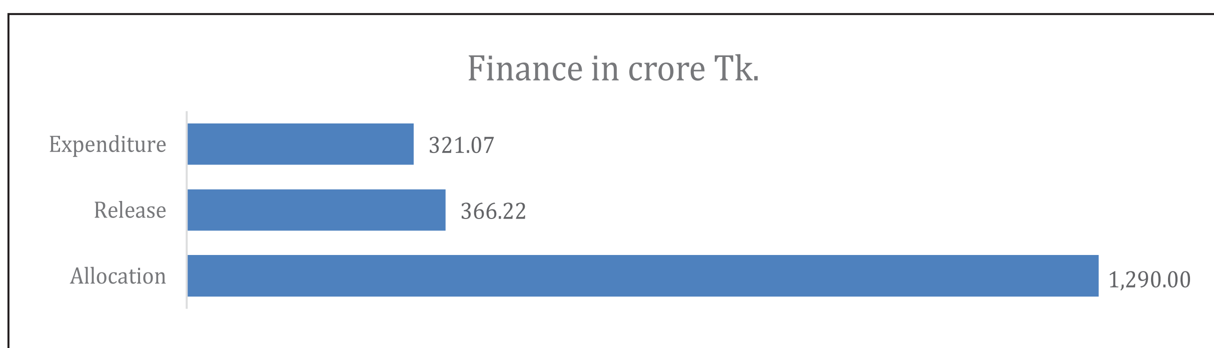
OP-wise Factsheet - 16: Maternal, Neonatal, Child and Adolescent Health (MNCAH)

Report Submission:	Activities in line with AWP	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	100%	100% (6 out of 7 Indicators achieved; 1 indicator is not applicable)	28%	25%	88%

General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

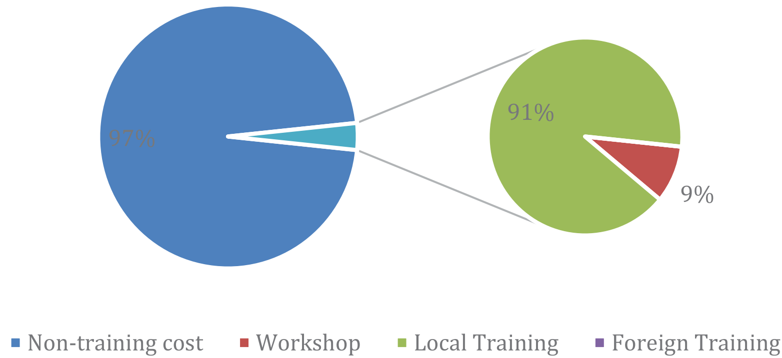
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Utilization of Maternal health care service is increased in Sylhet and Chittagong division	21,250	35,221	166%	Yes	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Immunization coverage and equity both are enhanced in Sylhet and Chittagong (children immunized for measles and rubella)	35.5% of annual target in 4 districts in Sylhet 40.5% of annual target in 11 districts in Chittagong	51% of annual target in 4 districts in Sylhet 52% of annual target in 11 districts in Chittagong	136%	Yes	
Indicator-3	School based adolescent health and nutrition services are developed in Sylhet and Chittagong	Development and printing of training module. Selection of Public secondary school.	Development and printing of training module completed. Selection of Public secondary school completed	100%	Yes	
Indicator-4	Percentage of new born received essential new born care (ENC)	7%	7.30%	100%	NIL	
Indicator-5	ANC coverage (at least 4 visits)	18%	22%	126%	NIL	
Indicator-6	Percentage of delivery by skilled birth attendant (SBA)	23%	40%	178%	NIL	
Indicator-7	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	-	-	Not Applicable	NIL	

Training Information

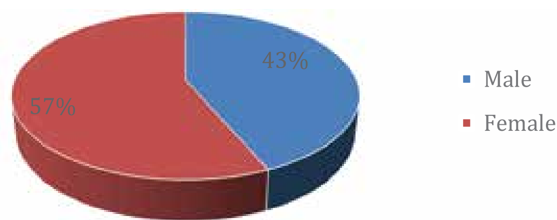
Total cost distribution



Out of the total expenditure of Tk. 321.07 crore, 10.58 crore (3%) was spent on training. Of the total training cost, Tk. 9.58 crore (91%) was spent on local training and 0.99 crore (9%) was spent on workshop/orientation.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	37 (14)	78,136 (95)	6,884 (79)	85,057 (93)
Workshop	221 (86)	4,549 (5)	1,853 (21)	6,623 (7)

Sex distribution among training participants



Major Physical Progress

Maternal Health (MH)

- 35,221 normal deliveries performed in public facilities of DGHS in Sylhet and Chittagong divisions during the reporting period.
- Expanded DSF program in two upazilas and distributed 37,934 vouchers among poor pregnant women in 53 upazilas under DSF activities.
- Finalized the National Strategy of Maternal Health and Maternal Health Standard Operating Procedure (Vol: 1&2).

Expanded Programme on Immunization (EPI)

- Achieved 51% of annual target (children immunized for measles and rubella) in 4 districts in Sylhet division and 52% of annual target for the same in 11 districts in Chittagong division.
- 90 concern personnel attended training on 'Online EPI reporting (DHIS2) & MLM.
- 84,050 person attended training on IPV vaccination on routine EPI at all levels.
- Ensured expansion of capacity of both cold and dry stores at district level by constructing 6 EPI stores in six districts and ensured human resources and equipment.
- Completed timely procurement and distribution of EPI vaccines in 64 districts and 11 CCs.
- Organized three consultative workshops on finalization of effective vaccine management (EVM) action plan.
- Strengthened VPD surveillance, AEFI surveillance and environmental surveillance by ensuring specific surveillance manpower and operational cost in 64 districts and 11 CCs.
- Completed special campaign for Forcefully Displaced Myanmer Nationals (FDMN) in Teknaf and Ukhia upazila in Cox's Bazar and Naikhangchari upazila in Bandarban. (MR Campaign, OPV vaccination, OCV Campaign, TT Vaccination for pregnant woman, Td Vaccination and routine vaccination)
- Ensured monitoring and supportive supervision at all levels of 64 districts, 483 upazilas, 111 municipalities and 11 CCs.
- Successfully maintained Maternal and Neonatal Tetanus elimination validation status in 64 districts & 11 CCs
- Ensured support to the field for ensuring quality vaccination sessions in 64 districts, 483 upazilas, 111 municipalities and 11 CCs.
- Introduced fIPV in routine immunization in 64 districts, 483 upazilas, 111 municipalities and 11 CCs.
- Organized 2nd dose of 2nd phase HPV demonstration at four Upazila and one zone of CC in Gazipur district

NNHP & IMCI

- 352 doctors and nurses attended KMC training to manage pre-term low birth weight babies at upazila and higher-level facilities
- 418 doctors and nurses attended ETAT and sick newborn care training for management of sick newborn at SCANU/NSU.
- Ensured 1,000 functional newborn resuscitation device (Bag & Mask) in all facilities.
- Developed National Child Health Strategy Bangladesh 2017-2022 and sent to ministry for endorsement
- Initiated SBCC campaign on newborn health Television and radio commercial, social media, mhealth platforms and other media promotion on birth preparedness, essential newborn care, newborn danger sign and care seeking
- Launched National Newborn Health Campaign, arranged round table dialogues and distributed communication materials (Bill board, Wall writing) and telecast on air 'Docu Drama'

Adolescent Health Program

- 147 district and upazila level managers attended TOT on Adolescent Health Education.

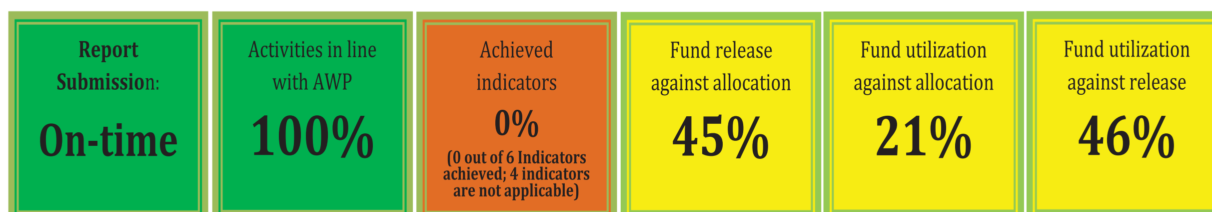
School Health Program

- Completed the development and printing of training module and selection of public secondary schools to ensure school based adolescent health and nutrition services in Sylhet and Chittagong

Key Challenges

- Insufficient time to release the whole ADP fund for vaccine procurement that ultimately hindered on-time completion of procurement and supply. After releasing the fund, advance approval from MOF and draw from AGB also took more time.
- Carry over of 13.51 crore tk. from 3rd sector program to 4th sector program for DSF (Mother Cash Incentive and Transport Expense) activities needed formal approval which is a lengthy process. A similar experience for this OP was with EOC training (Anesthesia and Gyn&Obs).

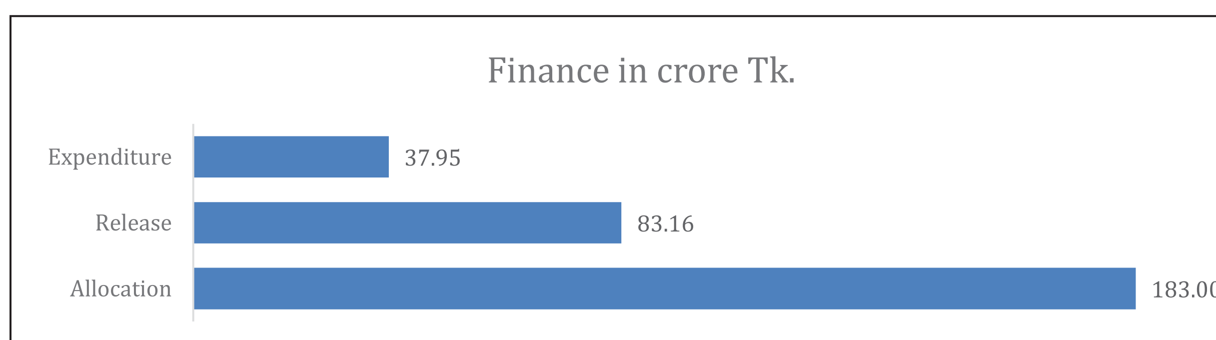
OP-wise Factsheet - 17: Maternal, Child, Reproductive and Adolescent Health (MCRAH)



General Objective

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

Financial Progress



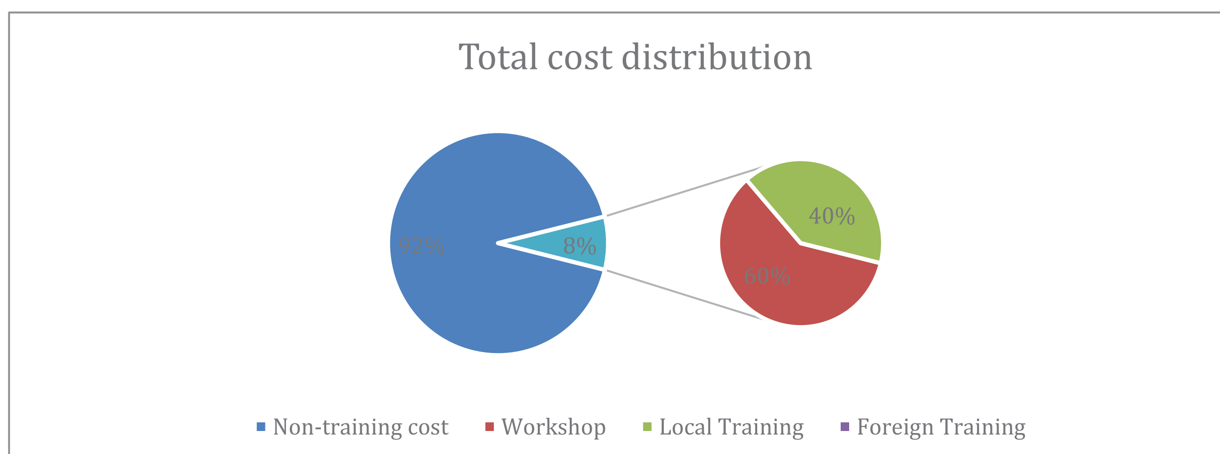
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Utilization of Maternal health care service is increased in Sylhet and Chittagong divisions	35,922	26,936	75%	Yes	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Percentage of new born received essential new born care	-	-	Not applicable	NIL	
Indicator-3	ANC coverage (at least 4 visits)	-	2,33,691 (MIS, DGFP)	Not applicable	NIL	
Indicator-4	Percentage of delivery by skilled birth attendant (SBA)	-	445,472 (MIS, DGFP)	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	-	2,49,841 No such MIS data (Home delivery with skilled personnel is considered)	Not applicable	NIL	
Indicator-6	Number of health facilities (MCWC/UH &FWC) made functional adolescent friendly health services	100	20	20%	NIL	

Training Information



Out of the total expenditure of Tk. 37.95 crore, 2.91 crore (8%) was spent on training. Of the total training cost, Tk. 1.17 crore (40%) was spent on local training and 1.74 crore (60%) was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	34 (10)	492 (9)	0	526 (8)
Workshop	321 (90)	4696 (91)	733 (100)	5750 (92)

Sex distribution among training participants

Major Physical Progress

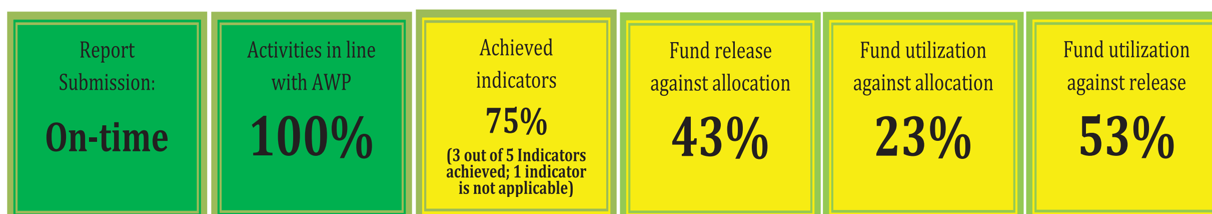
- 26,936 normal deliveries performed in public facilities of Sylhet and Chittagong divisions under DGFP during the reporting period.
- 233,691 pregnant mothers got at least 4 ANC from the public facilities under DGFP.
- The public facilities under DGFP ensured 445,472 deliveries by skilled birth attendant (SBA).
- Ensured the functional status of 20 health facilities (MCWC/UH &FWC) as providing adolescent friendly health services.
- Issued NOA for 650 DDS kit (GOB) and procured 143.62 million MCH drugs (RPA) to provide quality MCH-Services.
- Completed 27 upazilla orientation workshops to involve union parishad chairmen, female UP members, all field level service providers of MOHFW to ensure 24/7 delivery at UH&FWCs and 4917 persons attended workshops.
- 80 FWVs received training on midwifery to develop skilled service provider to ensure safe delivery at UH & FWCs and to fill up the vacant posts.
- 154 doctor completed TOT to develop skills of district and upazila level doctor on Comprehensive Newborn Care Package (CNCP).
- 200 field level service providers attended basic training on Adolescent Friendly Health Services (AFHS) and 34 participated in training on MIS reporting for nutrition services.
- Allocated two quarter budgets for machineries and hospital equipment for MCWC, MCHTI, and MFSTC.
- Completed existing manpower payment (462 Man month)
- 254 outsourcing staff recruited and posted.
- Completed recruitment of security guards- Ansar VDP (840 Man Month) for facility management
- Allocated budget for two quarters for repairs and maintenance of motor vehicles, computers, sanitation, office equipment and machinery and other equipment.

- Submitted two quarters budget allocations to the centres for procurement of other necessary medicine, MSR & Beds and linen for service centers (MCWC, UH&FWC, MCHTI, MFSTC) at local level.
- 40, 000 pieces of mother's bank has been completed to Sylhet and Chittagong division.

Key Challenges

- Center does not have access to the new process of IBAS ++ software.
- Fund disbursement has been hampered seriously. Though budget has been disbursed with IBAS ++, the upzilla accounts have not been permitted to draw the budget in advance.
- Programmes have started late, so targets were not achieved accordingly.

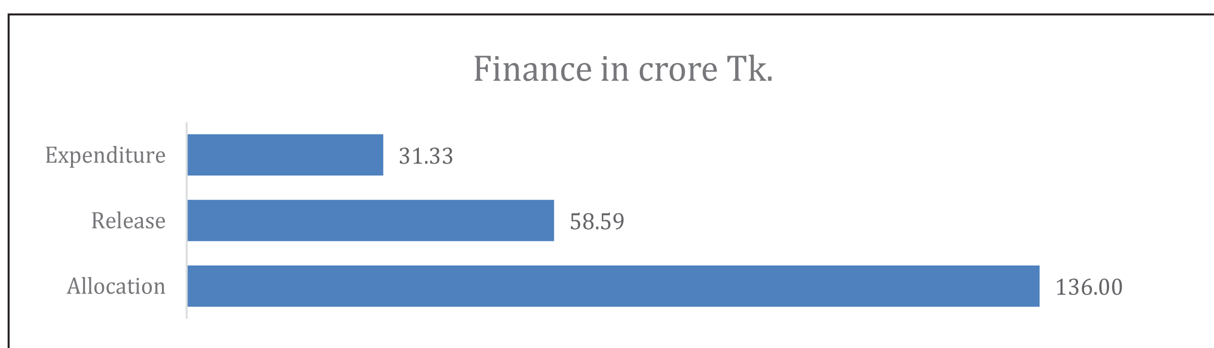
OP-wise Factsheet - 18: National Nutrition Services (NNS)



General Objective

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

Financial Progress



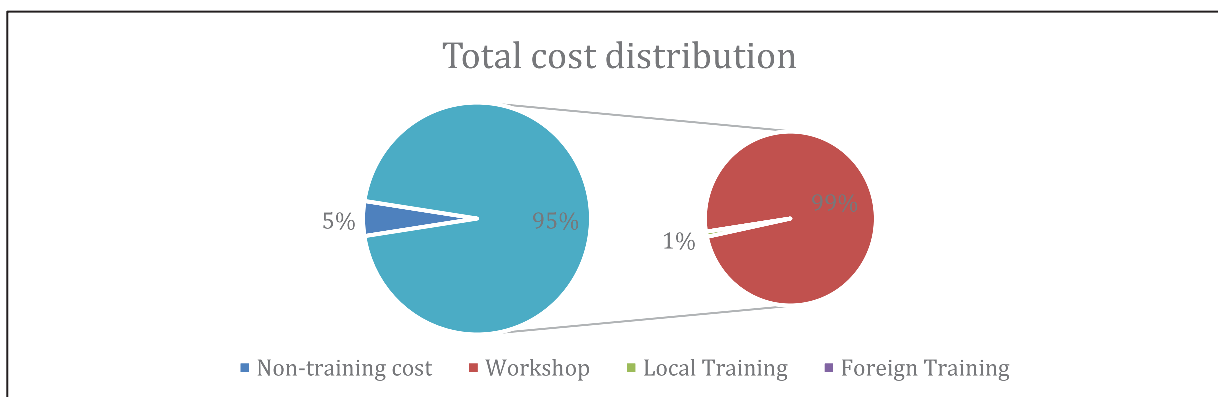
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of field level workers trained in Comprehensive Competency Training on Nutrition (CCTN)	Review and finalize CCTN module	SOP prepared	0%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Number of SAM unit functional (UHC, District hospital & govt. medical college)	25	25	100%	NIL	
Indicator-3	CCs and UH&FWCs delivering maternal nutrition services during ANCs in Sylhet and Chittagong division	5	5	100%	Yes	
Indicator-4	CCs and UH&FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong division	5	5	100%	Yes	
Indicator-5	Infants 6-23 months are fed with minimum acceptable diet	Not Applicable	Data not available	Not Applicable	NIL	

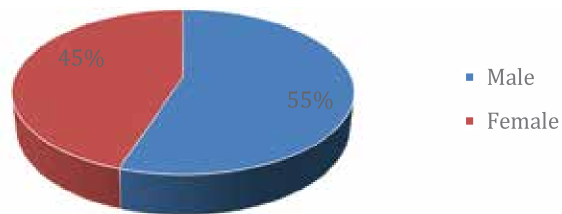
Training Information



Out of the total expenditure of Tk. 31.33 crore, 29.81 crore (95%) was spent on training. Of the total training cost, Tk. 0.28 crore (1%) was spent on local training and 29.53 crore (99%) was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0(0)	81 (100)	734 (0)	815 (0)
Workshop	0(0)	0 (0)	235,153 (100)	235,153 (100)

Sex distribution among training participants



Major Physical Progress

- Observance of National Vitamin-A plus Campaign day.

Food Safety Program

- Completed procurement of laboratory chemical, reagents and other consumables
- Completed procurement of laboratory instruments, equipment and other non-consumables
- 100% work completed for repairing and maintenance of laboratory equipment and instruments.
- Arranged hands-on training of 10 laboratory personnel of PHL&NFSL, IPH.
- 15 personnel attended workshop on development, review and update of laboratory guidance documents, SOPs.
- Printing version of developed documents on risk-based inspection ready.
- 78 Tabs distributed to sanitary inspectors and 12 tabs distributed to health officers for inspection planning and implementation
- Strengthened and expansion of 10 sentinel sites across the country.
- 200 physicians, nurse, lab technicians and support staffs attended training on food-borne diseases.
- Support system ready for food safety emergency response /outbreak investigation.
- IEC/BCC materials on food safety and food safety emergencies (leaflet, poster, booklet etc.) ready for printing
- TVC and TV spots broadcasted in different channels.
- Completed Quarterly newsletters on food safety.

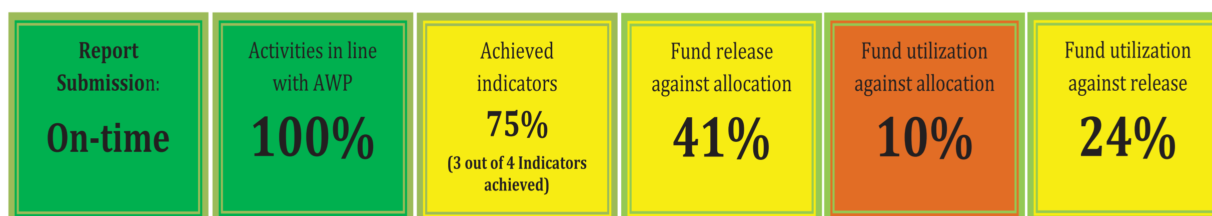
Good Hygienic Practices (GHP) including WASH at all level

- 30 personnel attended workshop on development of GHP and GMP communication materials.
- Completed observation of National /International Hand washing day, food safety day, sanitation day.
- Monitoring of GHP among street food vendors and for revitalization
- Disseminated 5,000 pieces of Bangla and English versions of NPAN-2 document

Key Challenges

- Delay in fund release.
- Time-consuming procurement process.
- Frequent transfer of PM and DPM.
- Inadequate human resources at upazila/field levels.

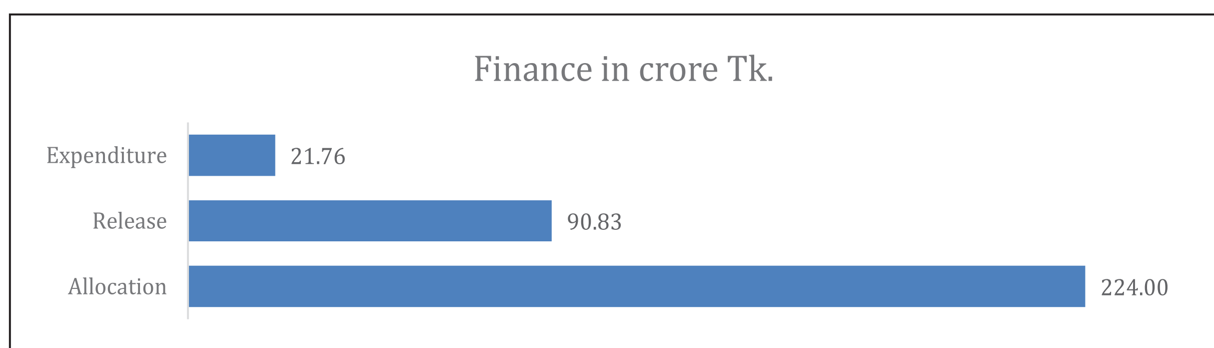
OP-wise Factsheet -19: Communicable Disease Control (CDC)



General Objective

To control/eliminate specific communicable diseases from Bangladesh.

Financial Progress



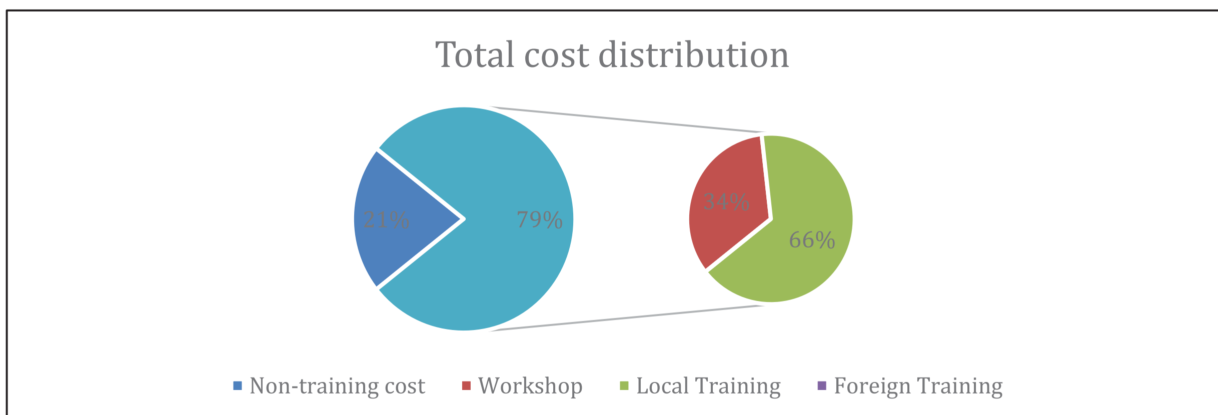
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Malaria incidence per 1000 population in endemic area	1.4	1.4	100%	NIL	
Indicator-2	Hepatisis B incidence	500	N/A	Not Available	NIL	
Indicator-3	Prevalence of STH among children < 16 years	8	8	100%	NIL	

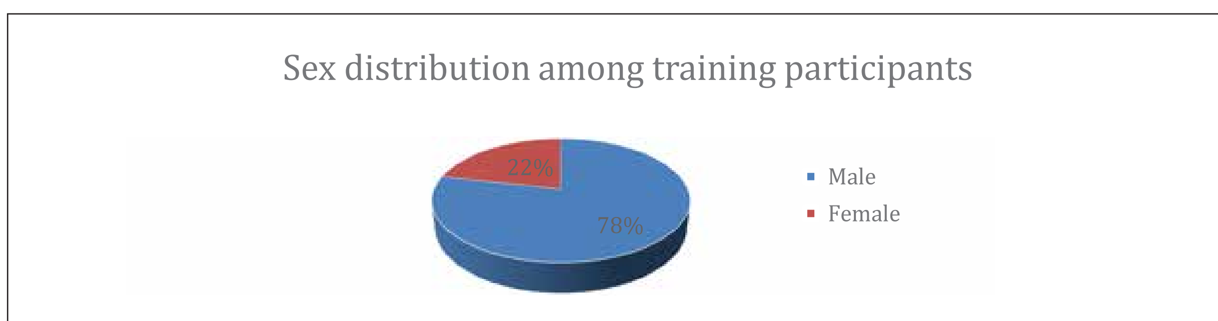
OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-4	Human rabies death	200	38	526%	NIL	

Training Information



Out of the total expenditure of Tk. 21.76 crore, 17.12 crore (79%) was spent on training. Of the total training cost, Tk. 11.32 crore (66%) was spent on local training and 5.80 crore (34%) was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,382 (71)	3,890 (20)	1,546 (7)	7,818 (17)
Workshop	987 (29)	15,958 (80)	21,035 (93)	37,980 (83)



Major Physical Progress

Program for Malaria, Dengue, Chikgunya, Zika

- Completed different research and surveys: one Drug Resistance Monitoring; six Vector Bionomics; four Bio-assay on LLIN; two Molecular Epidemiological study with sequencing; two Vector incrimination study; one G6PD deficiency survey in coordination with MIS
- Completed procurement of one lot medicine, MSR, insecticide.
- Completed expenditures for one package of Integrated Vector Management.
- Completed procurement of three lots for repair and maintenance services.
- 500 MOHFW field level staffs and 100 non-MOHFW personnel attended training on EDPT.
- 60 MOHFW central level and 250 field level staffs attended training on severe malaria management for doctors for non-endemic area.
- 240 SACMOs attended training on severe malaria Management for SACMO.
- 220 Community Health Care Providers attended training of on malaria.
- 200 MOHFW personnel and 50 non-MOHFW personnel attended training on Dengue, Zika, Chikungunya.
- 12 MOHFW field level personnel attended training on ICA for MT Lab and 24 MOHFW field level personnel attended training on MT lab for QA/QC.
- 50 MOHFW field level personnel and 50 non-MOHFW personnel attended advocacy meeting on malaria.
- Arranged orientation for private practitioners on malaria and orientation meeting for community volunteers.

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

- Completed one round MDA for de-worming.
- 760 MOHFW personnel, 854 MOHFW field level personnel and 981 non-MOHFW personnel attended training of Trainers on little doctor and de-worming week; TC and supervisor meeting on little doctor and de-worming week.
- Completed procurement of two lots medicine, MSR, insecticides.
- Completed development/printing and publication of two lots of educational materials (IEC) for LF, STH & Little doctor initiatives
- Arranged supervision of health checkup activity, district advocacy, orientation with doctors, HA, AHI and advocacy with school teachers on STH.

Program for IHR, Migration Health & Emerging Re-emerging Diseases

- The OP completed procurement of 1250 vials influenza vaccines.
- 10 doctors and paramedics attended seasonal and pandemic influenza and preparedness, workshop, seminar and advocacy meetings on update and preparedness of Influenza.
- Completed central level training on IHR and IHR related diseases.

Program for Zoonotic Diseases

- Completed one National Rabies Survey and Research
- Completed consultative workshop for reviewing and updating national strategy, action plan, and national guideline for zoonotic diseases.
- Arranged meeting with 26 program personnel and relevant stakeholders on planning of Mass Dog Vaccination (MDV).
- Arranged advocacy/orientation meeting for 200 personnel on prevention of rabies and MDV at GCC and advocacy/orientation meeting for 110 personnel on prevention of rabies and MDV at two upzillas.
- Observed World Rabies Day at national and district level.
- Arranged micro planning, hands on training on animal vaccination and dog catching, vaccination campaign in four districts.
- Arranged hands on training on animal bite management, training on documentation and reporting of animal bite cases, training on documentation and reporting of animal bite cases.

Program Anti-Microbial Resistance Containment, Viral Hepatitis & Diarrhoea

- Developed institutional antimicrobial (AMs) guideline (for different medical colleges/ national institutes), monitoring & evaluation for ensuring adherence to AMs guideline; national AM policy, and updated national strategy and NAP.
- Arranged training of doctors on rational use of AMs based on guideline, 12 hands on training for doctors (microbiologist), technologist on Antimicrobial Susceptibility Testing, AMR surveillance, networking; Training, seminar, workshop on ARC, IPC, VH, diarrrhoea etc.
- Completed one research and survey.
- Procured 51,300 medicines (HBV vaccine for high risk group eg. HCPs; drugs for HCV infected individuals, reagents for AST, cholera vaccine etc)
- Completed infection prevention and control at healthcare facilities (SOP development, training of HCP, ensure adherence) and community level.
- Observed World Hepatitis Day 2017 and Antibiotic Awareness Week 2017.
- Arranged meeting on Core Committee for the prevention and control of water and food borne diseases, workshop on development of Antimicrobial guideline and implementation of ARC & IPC Action Plan at National Level, workshop on infection prevention and control of guide line and tool kit, workshop on increase weight age of Antibiotic Resistance in under graduate curriculum, workshop on development of Antimicrobial usage guideline, sub-committee for development of National Strategy for prevention and control of Water & Food borne diseases in Bangladesh, workshop on infection control policy and prevention
- Conducted one-day orientation on viral- Hepatitis

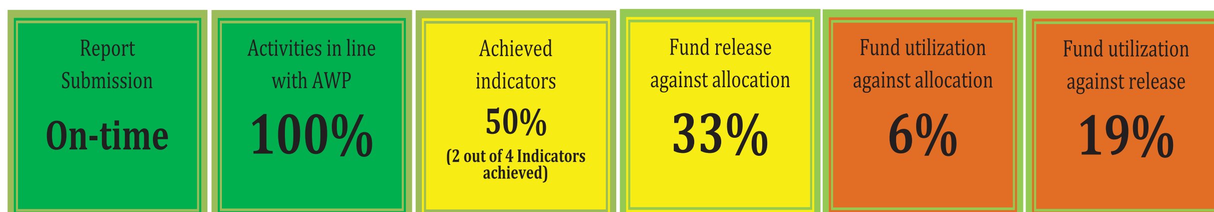
Disease Burden due to Climate Change

- 185 MOHFW personnel attended training on MERS Corona Virus.
- 17 MOHFW personnel attended workshop on Entomological Surveillance
- Completed procurement of five lots for emergency preparedness and response.
- Completed procurement of one lot for medicine and MSR
- Completed procurement of one lot for printing, publication and others for awareness building.

Key Challenges

- On-time receipt of fund/required advance money
- Long procurement procedures
- Unavailability of logistics (FTS card, Kato katz kit)
- Lack of human resources

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

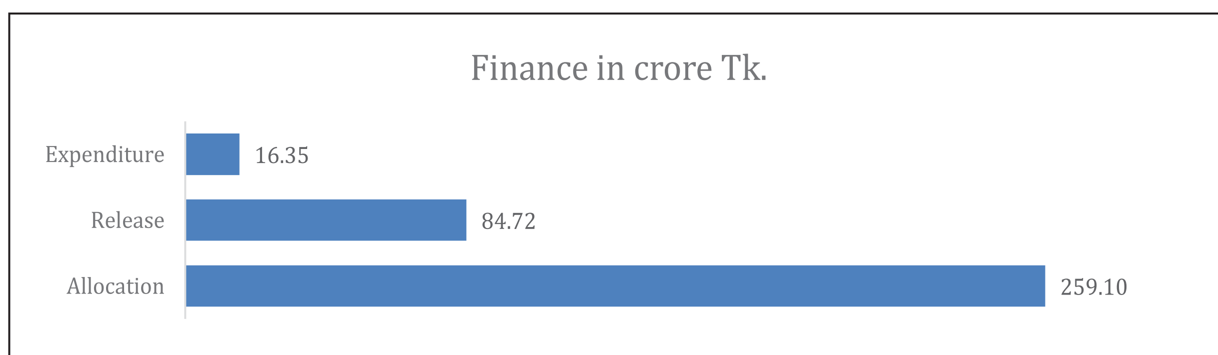


TBL & ASP

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



Progress of OP-level Indicators

Status Legend:

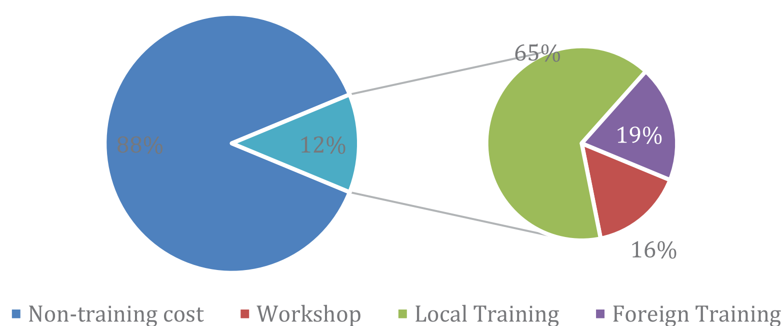
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Notification of New TB case	114000	127742	112%	NIL	
Indicator-2	Enrolment of MDR patients for treatment	700	504	72%	NIL	
Indicator-3	Registered Prevalence of Leprosy	0.215	0.106	49%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-4	PLHIV receiving comprehensive care and support	55%	51.00%	93%	NIL	

Training Information

Total cost distribution

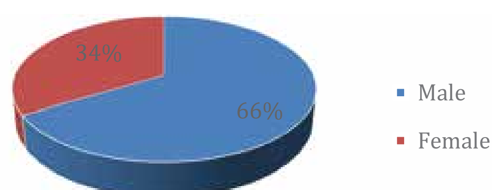


Non-training cost · Workshop · Local Training · Foreign Training

Out of the total expenditure of 2.01 crore (12%) was spent on training. Of the total training cost, 1.31 crore (65%) was spent on local training, 0.32 crore (16%) was spent on workshop and rest of the amount, 0.39 crore (19%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	228 (39)	724 (49)	7 (2)	959 (40)
Foreign Training	33 (5)	2 (0)	0 (0)	35 (2)
Workshop	329 (56)	742 (51)	321 (98)	1392 (58)

Sex distribution among training participants



Male
Female

Major Physical Progress

TB

- 1,27,742 all forms of new TB cases (drug sensitive) were notified.
- Enrolled 504 Multi Drug Resistant (MDR) TB cases.
- Procured 45 Gene Xpert machines.
- Procured 200 LED microscopes of which 50 LED microscopes already distributed.
- Ensured sufficient Gene Xpert cartridges, reagents, X ray film and other supportive kits.

Leprosy

- Prevalence rate of leprosy has been reported: 0.106 per 10000 populations.
- Detected 69 early leprosy cases.
- Procured drugs for community-based morbidity management.
- Completed six TOT on introduction of leprosy report in DHIS2.
- Nine community awareness and social mobilization program completed.

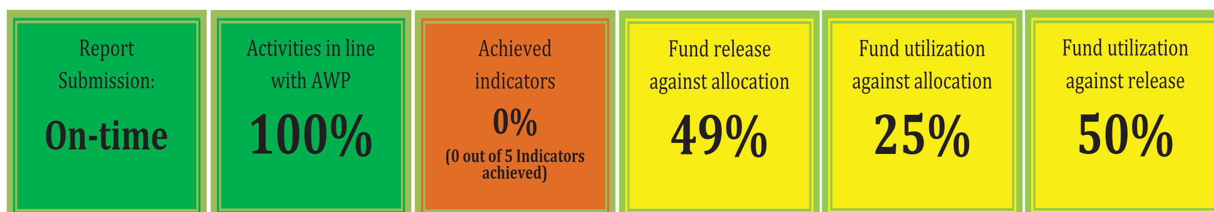
HIV

- 2,600 people living with HIV/ AIDS (PLHIV) received comprehensive care and support.

Key Challenges

- Scale-up of Gene Xpert machine.
- Development of human resources.
- Procurement of 1st line drug.
- Delayed start of program activities.
- Delayed approval of DFC activities and fund release by WHO.
- Redistribution of RPA fund and slow release of GoB fund made delay to undertake leprosy activities.

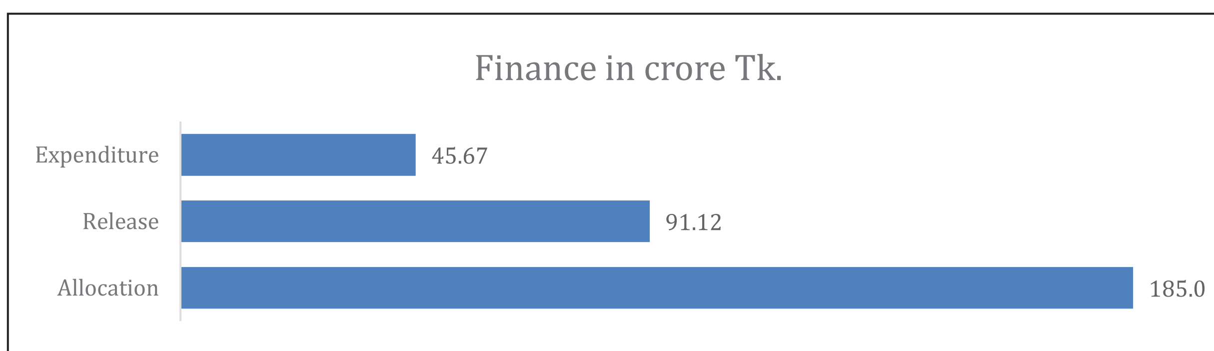
OP-wise Factsheet - 21: Non-Communicable Disease Control (NCDC)



General Objective

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

Financial Progress



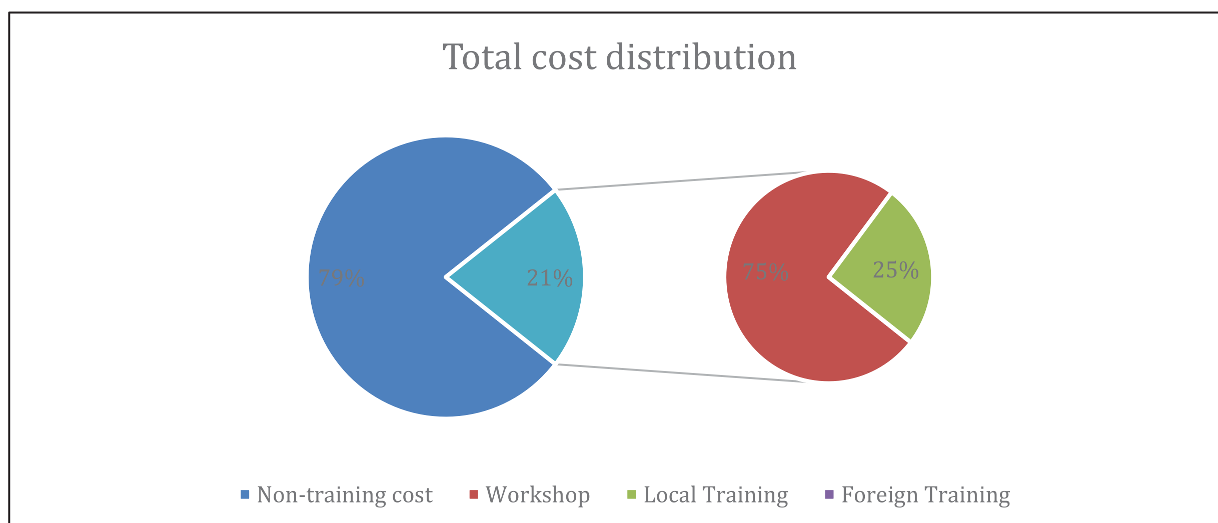
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Proportion of adults with high blood pressure	17%	On-going Process	0%	NIL	
Indicator-2	Autism diagnosis and management at DHs	25	On-going Process	0%	NIL	
Indicator-3	Number of Upazilas covered by	200	5	3%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	awareness campaigns on road traffic injuries and childhood drowning)					
Indicator-4	Development and implementation of NCD management model (diabetes and hypertension) at community clinics with referrals to Upazila Health Complexes	20 UHC 200 CC	09 Upazilla 27 CC	16%	Yes	
Indicator-5	Setting up cancer registries in Medical College hospitals	10	03 Advocacy Meeting done	0%	NIL	

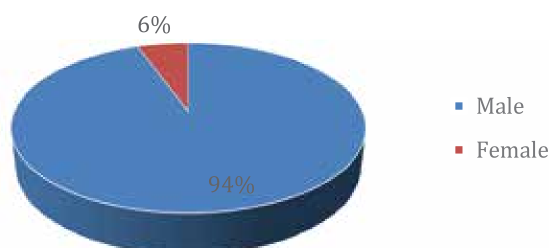
Training Information



Out of the total expenditure of Tk. 45.67 crore, 9.64 crore (21%) was spent on training. Of the total training cost, Tk. 2.43 crore (25%) was spent on local training and 7.21 crore (75%) was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	2,040 (7)	0 (0)	2,040 (7)
Workshop	213 (100)	27,287 (93)	0 (0)	27,500 (93)

Sex distribution among training participants



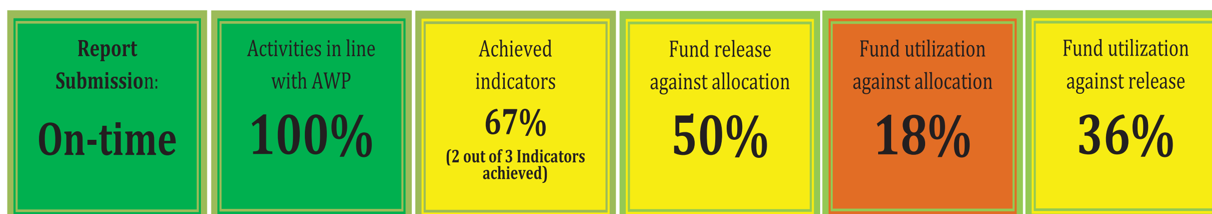
Major Physical Progress

- 62 items of medicines procured.
- 41 CS Office personnel, 500 UHC personnel and 9 central personnel attended seminars on different components of NCD
- 2,040 MOHFW field level personnel attended three days training on major NCD.
- 213 MOHFW central personnel attended workshop on major NCD/Mental Health/Disability
- 27,287 MOHFW field level personnel participated in major NCD/EPR/Injury related illness.

Key Challenges

- Delay in fund release.
- Shortage of manpower.

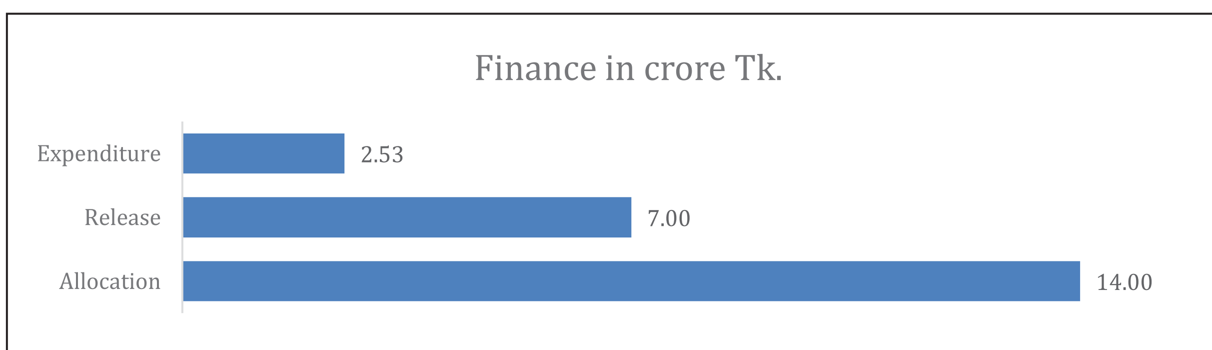
OP-wise Factsheet - 22: National Eye Care (NEC)



General Objective

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

Financial Progress

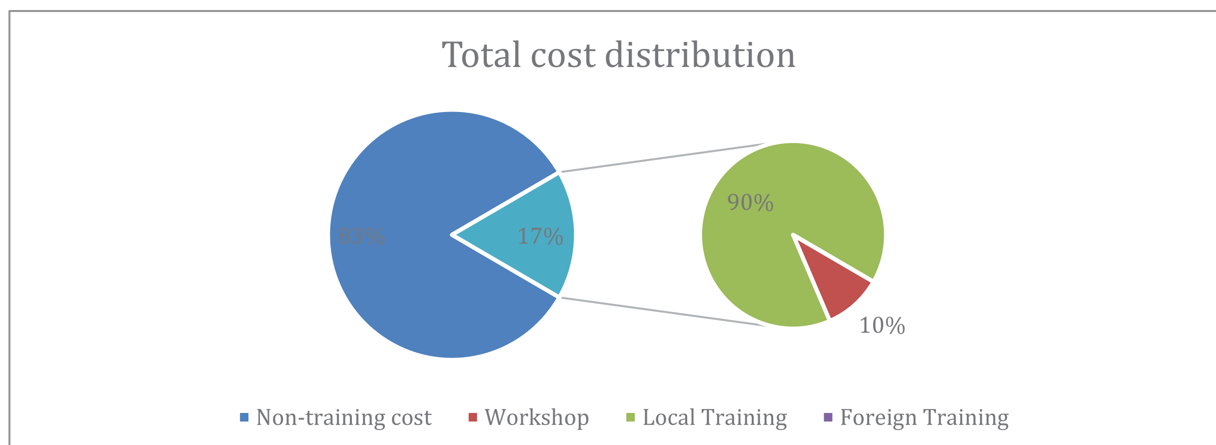


Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of adult cataract patients undergone surgery	1955	1953	100%	NIL	
Indicator-2	Number of cataract patients received DSF/ cash voucher	1000	630	63%	NIL	
Indicator-3	Number of hospitals following standard protocols.	10	8	80%	NIL	

Training Information



Out of the total expenditure of Tk. 2.53 crore, 0.42 crore (17%) was spent on training. Of the total training cost, Tk. 0.38 crore (90%) was spent on local training and 0.04 crore (10%) was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants participants N (%)	Non-MOHFW participants N (%)	Total participants N (%)
Local Training	168 (48)	0 (0)	168 (48)
Workshop	180 (52)	0 (0)	180 (52)

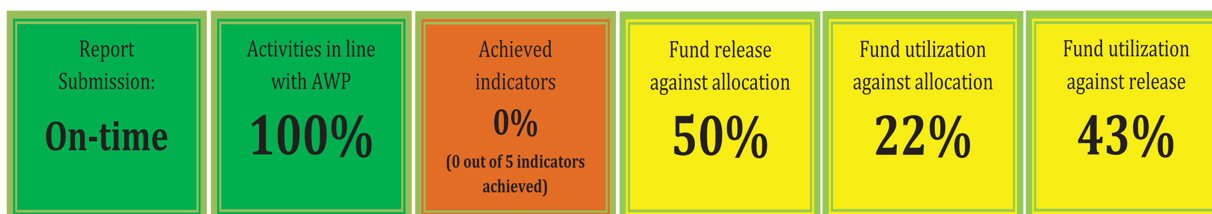
Major Physical Progress

- 1953 adult cataract patients underwent surgery of which 630 patients received DSF/ cash voucher.
- Eight hospitals followed standard protocols.
- Trained 27 nurses on Eye OT and ward management.
- Trained 10 ophthalmologists through short term fellowship training on glaucoma, retina and paediatric ophthalmology.
- Trained 120 health assistants on Primary Eye Care.
- Treated 231 school children and delivered 59 pairs of glasses for refractive error patients.
- Observed World Sight Day celebration program across the country and distributed 4,000 posters.
- Supplied Medicine and MSR to districts hospital across the country.
- Supported repair and maintenance of the equipment at 17 district hospitals.
- Conducted consultative meetings with civil surgeon, superintendent, consultant (Eye), medical officer, nurses, Upazila Family Planning Officer and Upazila Health & Family planning Officer (180 Members) for establishment of Vision Center. Selected 20 Upazila Health complex inspection room and nurses for the establishment of Vision Center.

Key Challenges

- No challenge reported during the reporting period (July-December 2017)

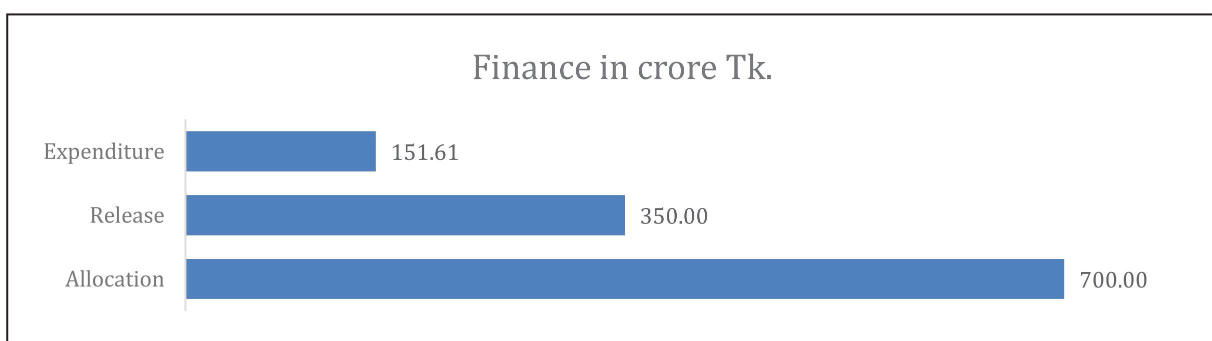
OP-wise Factsheet - 23: Community Based Health Care (CBHC)



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

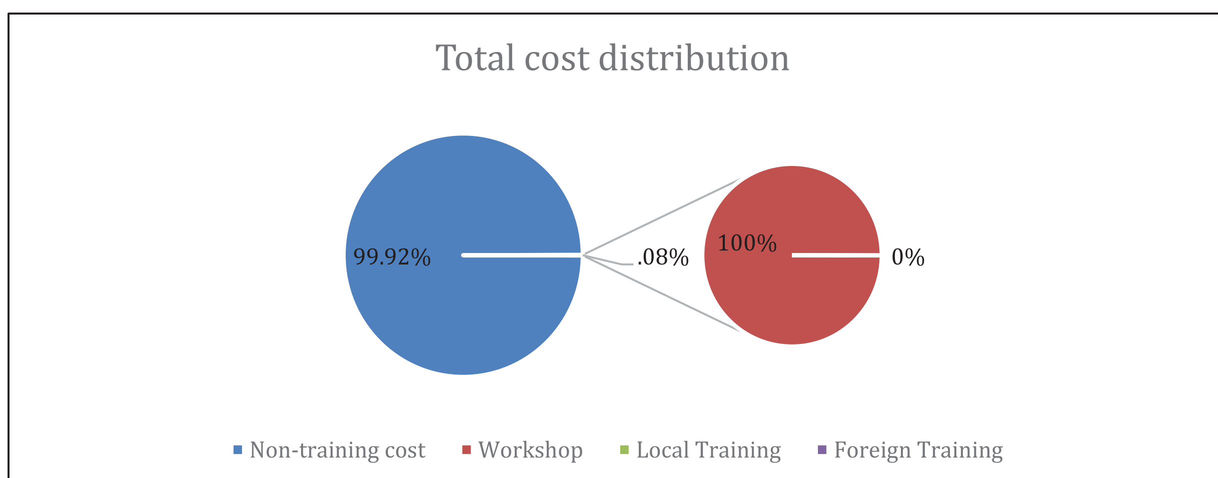
Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of CCs functioning at Upazila Health Complexes	32	5	16%	NIL	
Indicator-2	Number of CCs having population-based data	500	-	0%	NIL	
Indicator-3	Functional referral system	-	-	Not achieved	NIL	

CBHC

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-4	Medical waste management operating at all levels of Upazila health system	-	-	Not achieved	NIL	
Indicator-5	Institutional mechanisms developed in 3 CHT districts and respective plain land upazilas for delivering tribal health services	-	-	Not achieved	NIL	

Training Information



Out of the total expenditure of Tk. 151.61 crore, 0.12 crore (.08%) was spent on training. Of the total training cost, 100% was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central participants N (%)	Field participants N (%)		
Workshop	190 (69)	51 (19)	34 (12)	275 (100)

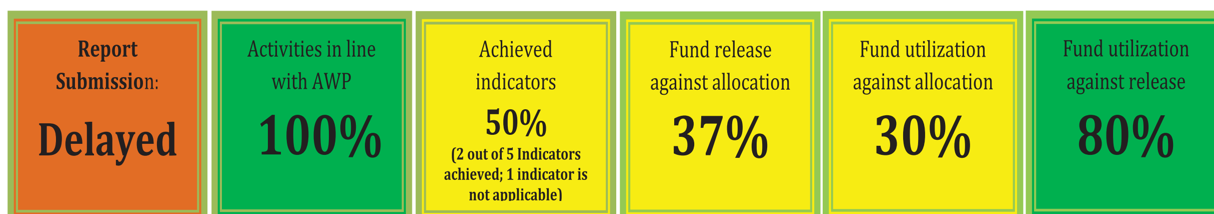
Major Physical Progress

- Organized one planning meeting to develop the format for collection of House Hold population data for measuring health outcomes.
- CHCPs placed in respective CCs to mitigate any source of inconvenience for the service provider.
- Supervision and monitoring from different levels is ongoing
- 16 workshops held to orient sub-national level managers on quality improvement.
- Basic training of the CHCPs (those recruited in 2015 who did not have the training), master trainer's orientation and TOT of districts and upazilla level managers conducted.
- Updated the local Govt. representatives training related manuals and guideline
- Finalized the Multipurpose Health Volunteers (MHV) operational guideline
- Developed two TV Spots on CBHC.
- Printed wall calendar with health messages
- Developed the strategy on referral from CC to USC/UHC
- Orientation of division, districts and upazila managers to establish CC at 64 UHCs of 64 districts.
- Conducted two workshops for strengthening Urban Primary Health Care.
- Mobile Medical Teams for delivering primary health care to the tribal community of three hill and other plain districts formed.

Key Challenges

- PMs and DPMs of all components have not yet been posted.
- Frequent turnover of PMs and DPMs.
- Time consuming procurement process.
- Delay in reception of advance for training and workshop.
- Still prevailing short fall in monitoring and supervision.

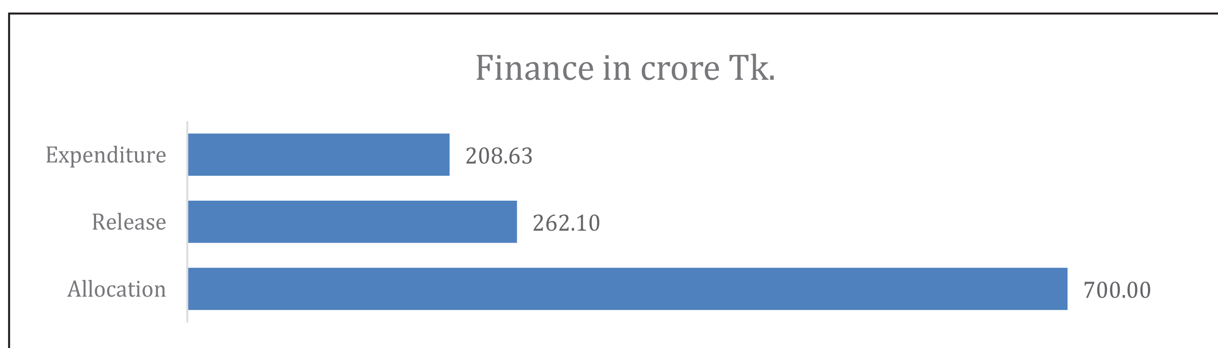
OP-wise Factsheet - 24: Hospital Services Management (HSM)



General Objective

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

Financial Progress



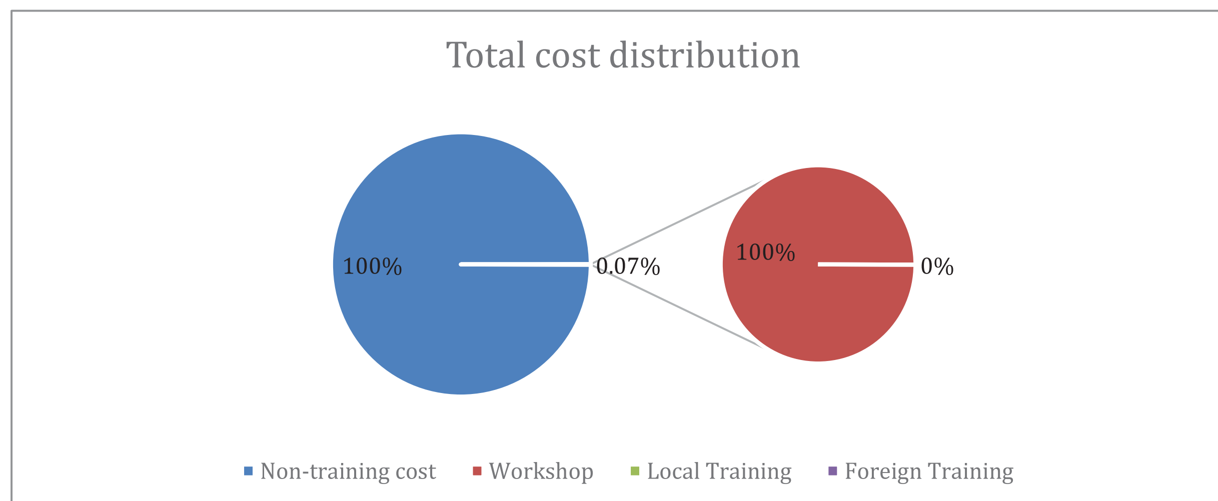
Progress of OP-level Indicators

Status Legend:

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of Hospitals (DH & above) introduced standard in-house medical waste management	Total: 24 Hospitals MCH- 06 Spl. H - 12 DH - 06	Total: 22 Hospitals MCH- 06 Spl. H - 11 DH - 05	92%	NIL	
Indicator-2	Number of public and non-public facilities accredited	0	0	Not applicable	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-3	Number of district hospitals connected to structured Referral System	3	2	67%	NIL	
Indicator-4	Number of districts with a public hospital having five essential specialists (medicine, surgery, pediatrics, obs. and gynae, anesthologist)	-	-	Not available	NIL	
Indicator-5	Number of DHs providing CEmONC services in Sylhet and Chittagong divisions	5	5	100%	Yes	

Training Information



Out of the total expenditure of Tk. 208.63 crore, 0.15 crore (0.07%) was spent on training. Of the total training cost, 100% was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Workshop	232 (28)	552 (67)	35 (4)	819 (100)

Major Physical Progress

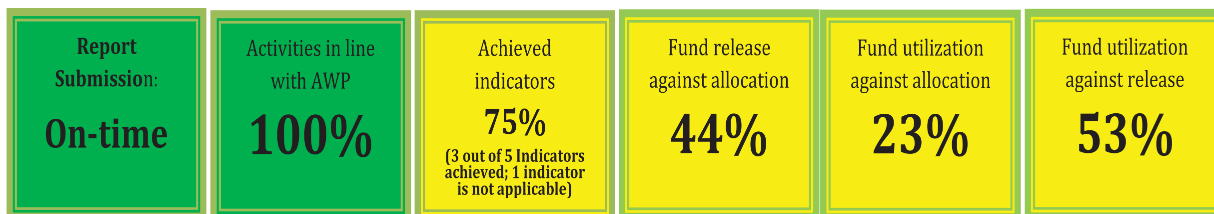
- Distributed funds to the public-sector hospitals for diet, medicine and MSR.
- Conducted training of service providers on mental health services and 45 personnel from eight districts participated in NIMH, Dhaka.
- Organized a workshop on developing accreditation standards.
- Provided financial and technical support to the implementing partners in four district hospitals (Bandarban, Rangamati, Tangail and Netrokona) in order to ensure baby, women and adolescent friendly hospital environment.
- Carried out monitoring visit in Mymensingh, Netrokona and Sherpur district hospitals to compare the status between accredited facility and implementing facility.
- Prepared the Annual Work Plan for 2018.
- Supported 15 Shishu Bikash Kendras with pay and allowance, training, supplies and maintenance.
- Conducted monitoring visit in eight Shishu Bikash Kendras.
- Conducted preparatory workshop to prepare the CEmONC facility assessment toolkits which was later approved by the DG.
- Conducted facility assessment in Ranagmati, Bandarban, Chittagong, Moulvibazar and Habiganj district hospitals.
- Conducted workshop on Violence Against Women and gender issue
- Provided logistic support to Rangpur MCH, NITOR, Comilla MCH for clubfoot management.
- Completed formation of National Steering Committee and National Technical Working Group for clubfoot care.
- First meeting of National Steering Committee has been held for clubfoot, cleft palate and reconstructive surgery.
- Developed and successfully tested a software platform for digitization of private clinics and diagnostic centres license and renewal process
- Conducted two workshops on preparation of action plan for implementing quality improvement initiative in hospitals of the country.
- Participated in the international conference on quality improvement in Tanzania.
- Conducted 5 coordination meetings with implementing and development partners: (UNICEF, QIS, USAID, Save the Children, JICA) on quality issues.
- Ensured supply of blood bags, grouping and cross-matching reagents, screening devices to eight hospital blood banks.
- Collected and compiled the demands from different blood banks.
- Prepared procurement plan for blood bank equipment and supplies. CMSD initiated the procurement process for safe blood transfusion.

- Conducted training for service providers on standard in-house medical waste management system in Mugda Medical College Hospital and National ENT Institute, Tejgaon, Dhaka.
- Provided service charge for out-house medical waste management to 18 hospitals.
- Conducted coordination meeting with SIAPS/MSH for taking over the Asset Management System (AMS) in Moulvibazar district hospital. As part of roll-out, this OP organized an orientation session on the AMS for the selected users of Sirajganj, Jhenaidaha and Manikganj District Hospital.
- Performed monitoring visit in Moulvibazar district hospital to assess the maintenance of AMS.
- Completed preparatory workshop for drafting hospital dietary guideline.

Key Challenges

- Delayed procurement process of CMSD hampers on-time service delivery to the providers.
- Delayed release of 1st quarter funds.
- Unavailability of funds.
- Scarcity of support staffs including office assistant, accountant, driver and MLSS.
- Vacant position of store keeper in the department.

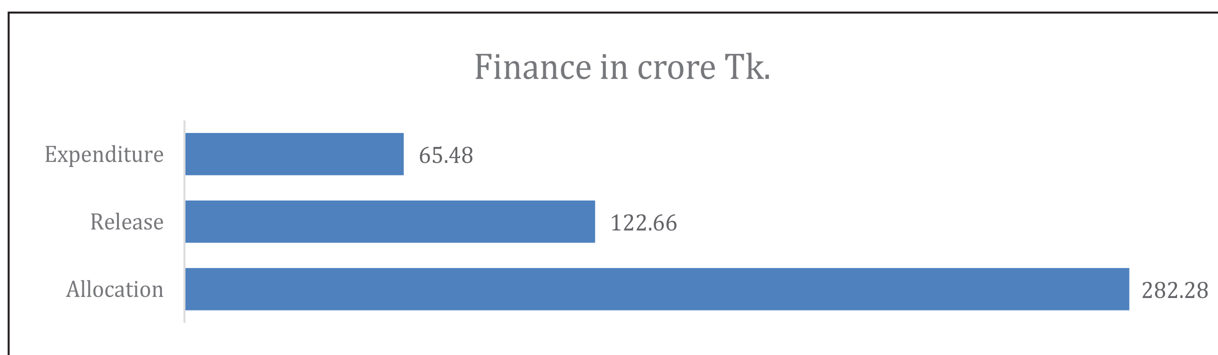
OP-wise Factsheet - 25: Clinical Contraception Services Delivery Program (CCSDP)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

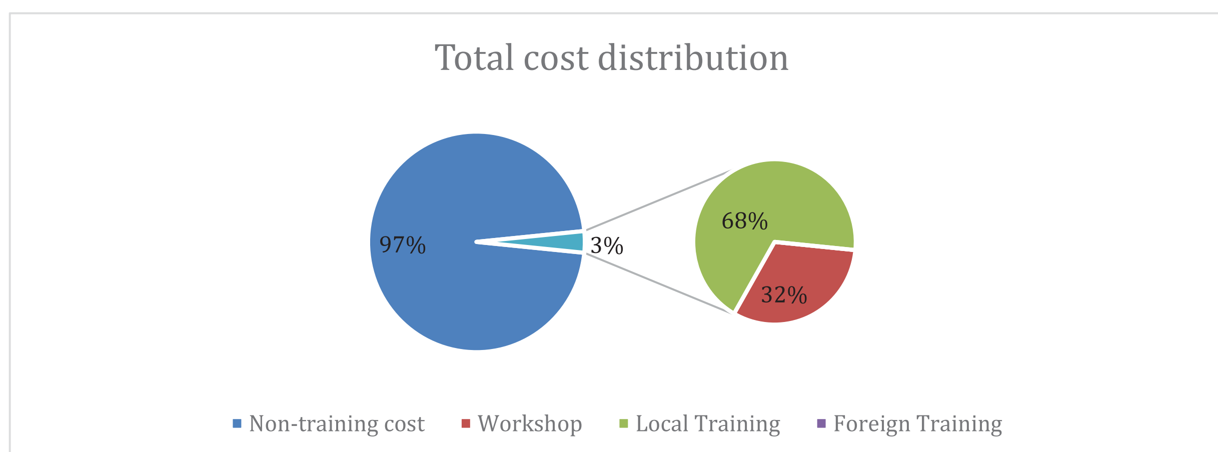
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Percentage of targeted public health facilities meeting readiness criteria for delivery of PPFP services in Sylhet and Chittagong divisions	-	-	Not Applicable	Yes	

CCSDP

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Number of BLTL & NSV performed	100000	80399	80%	NIL	
Indicator-3	Number of IUDs insertion	132000	113065	86%	NIL	
Indicator-4	Number of Implants insertion	220000	223515	102%	NIL	
Indicator-5	Percentage of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Service	-	-	Not Available	NIL	

Training Information



Out of the total expenditure of Tk 65.48 crore, Tk. 2.06 crore (03%) was spent on training. Of the total training cost, Tk. 1.41 crore (68%) was spent on local training and rest of the amount, Tk. 0.65 crore (32%) was spent on workshop.

Type of training	MOHFW participants N (%)	Non-MOHFW participants N (%)	Total participants N (%)
Local Training	130 (6)	0(0)	130 (6)
Workshop	2050 (94)	12 (100)	2062 (94)

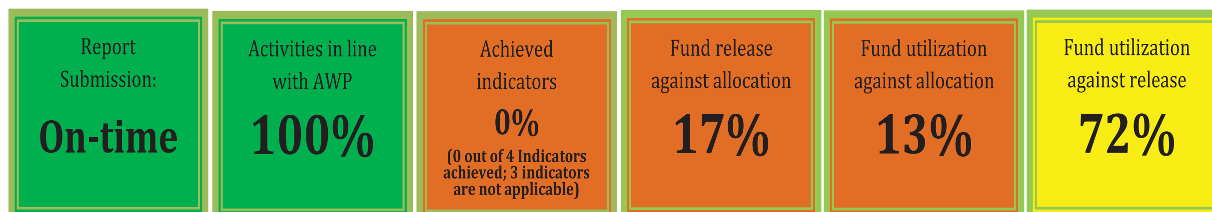
Major Physical Progress

- 51,182 tubectomies; 29,217 no-scalpel vasectomies (NSVs); 113,065 intrauterine devices (IUDs); and 223,515 implants inserted.
- Mobilized DPA fund to provide services on permanent method, implant and IUD for hard-to-reach and low performing areas.
- Ensured presence of 930 in-service paid volunteers in 14 upazila.
- Arranged 16 seminars on motivation, counselling, peer (paid volunteer), and client segmentation for grass root level workers and also for satisfied LAPM acceptors (tubectomy, NSV, IUD, implant).
- Organized basic training for 130 doctors to develop practical skills necessary for conducting the LARC/PM methods.
- 318 officials attended workshops on revitalization of Model FP clinic.
- 1,009 FP service providers and related staff participated in orientation on PPFP
- Appointed regional and district Family Planning Clinical Supervision Quality Improvement Team (FPCS-QIT) consultants for ensuring the quality of LARC/PM Services.
- 124 officials attended regional FPCS-QIT monitoring and follow up workshop.
- Developed training guidelines and curriculum to identify the characteristics of facility readiness for PPFP.

Key Challenges

- IBAS++ software implementation.
- Execution of timely procurement including vehicle procurement
- Recruitment of human resource.

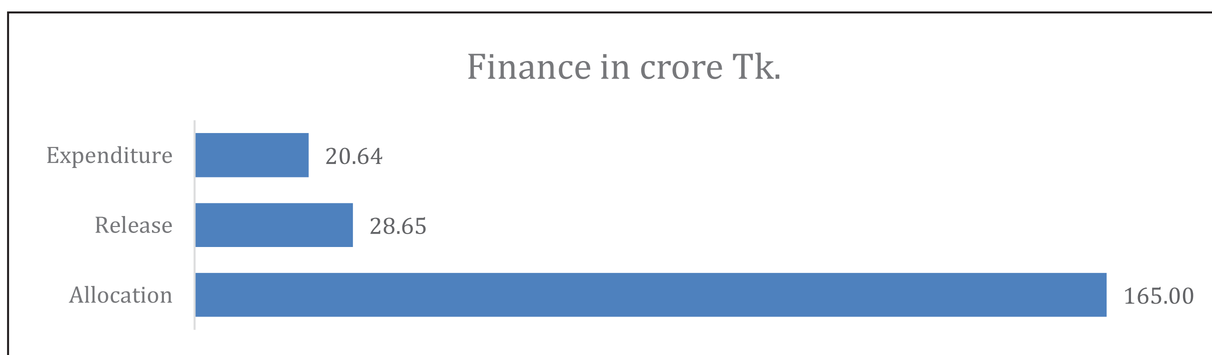
OP-wise Factsheet - 26: Family Planning Field Services Delivery (FP-FSD)



General Objective

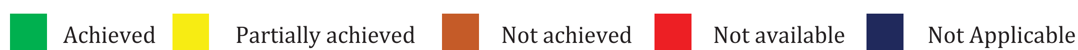
Contribute to achieve Total Fertility Rate (TFR) 2 by 2022 by improving family planning service delivery.

Financial Progress



Progress of OP-level Indicators

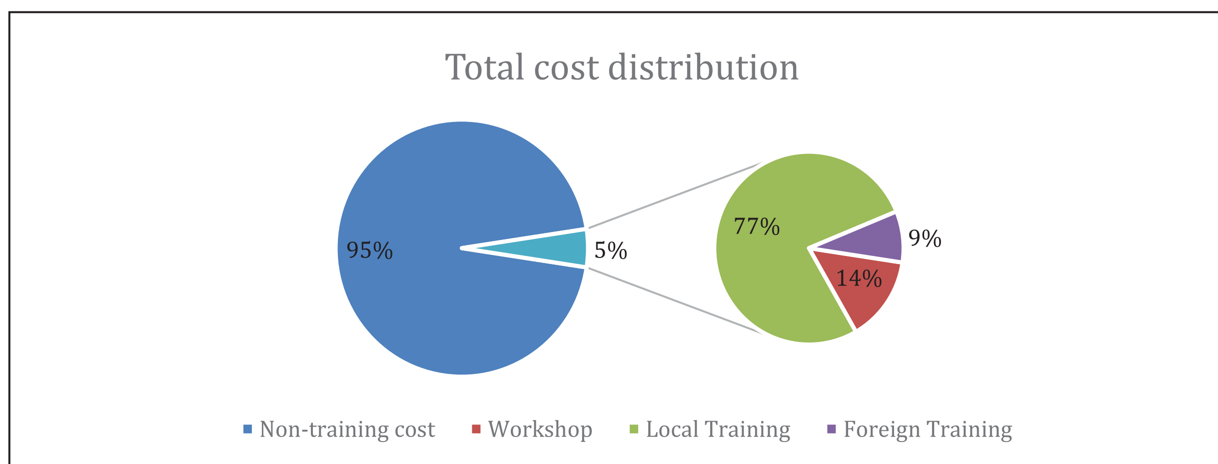
Status Legend:



OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	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		Data not available	Not Applicable	NIL	

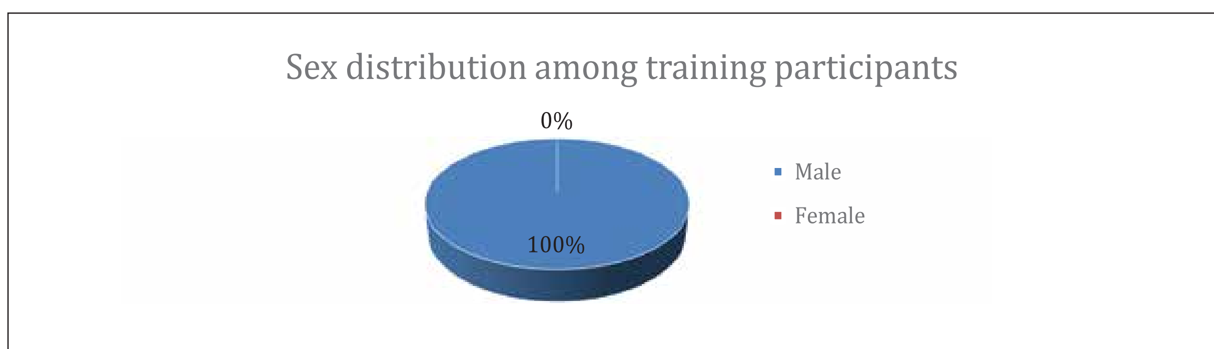
OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-2	Adolescent birth rate (age 10-14 years: aged 15-19 years) per 1,000 women in that age group		Data not available	Not Applicable	NIL	
Indicator-3	CPR (modern methods) in lagging regions		Data not available	Not Applicable	NIL	
Indicator-4	Number of Upazillas covered for orientation of DGHS service providers on FP-MCH issues	45	27	60%	NIL	

Training Information



Out of the total expenditure of Jul-Dec 2017, Tk. 20.64 crore, 0.99 crore (5%) was spent on training. Of the total training cost, 0.76 crore (77%) was spent on local training, 0.14 crore (14%) spent on workshop/orientation/advocacy and 0.09 crore (9%) was spent on foreign training.

Training Type	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	15 (47)	2160 (87)	3 (100)	2178 (87)
Foreign Training	5 (16)	0 (0)	0 (0)	5 (0)
Workshops	12 (37)	316 (13)	0 (0)	328 (13)



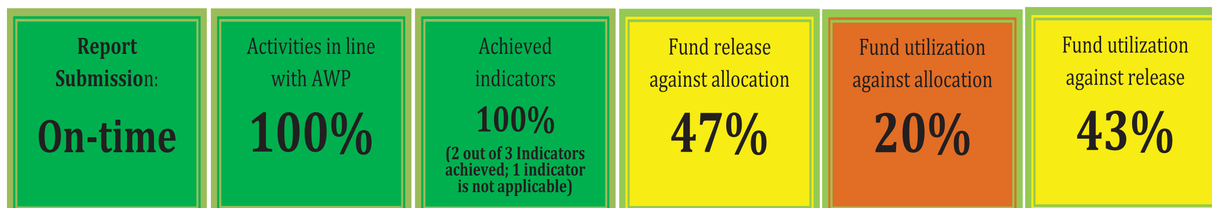
Major Physical Progress

- Recruited 108 volunteers and trained 120 volunteers in eight upazilas.
- Performed 160,000 satellite clinics.
- Reached 68 upazilas for mobile based monitoring.
- Orientated 635 field level service providers of DGFP and DGHS on injectables.
- Conducted training on demographic analysis for 15 MOHFW central level personnel and 14 MOHFW field level personnel.
- Arranged workshop on financial management software in 12 districts and 78 MOHFW field level personnel attended the workshop.
- Completed an orientation program for 109 family planning service providers in 56 garment factories.
- Arranged orientation program for the marriage registrars in seven upzilas.

Key Challenges

- Lack of coordination among the OPs of DGFP sometimes result in overlapping events.
- Delayed fund disbursement.

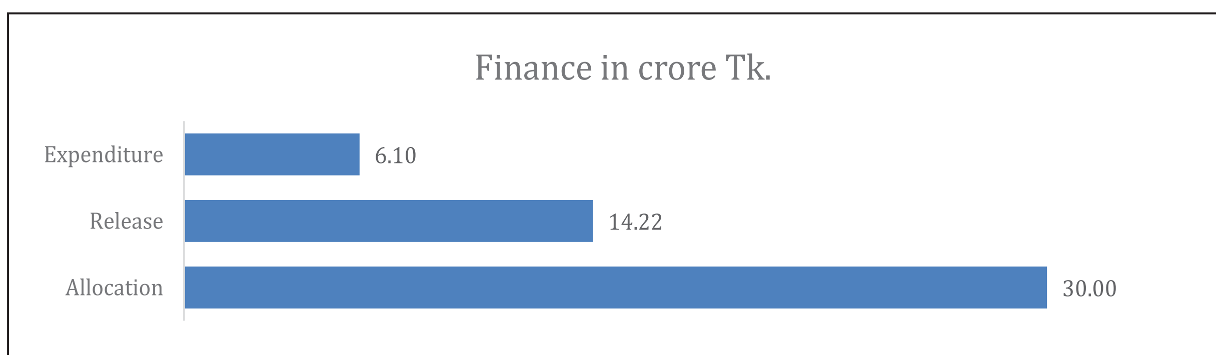
OP-wise Factsheet - 27: Lifestyle, and Health Education & Promotion (L&HEP)



General Objective

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

Financial Progress



Progress of OP-level Indicators

Status Legend:

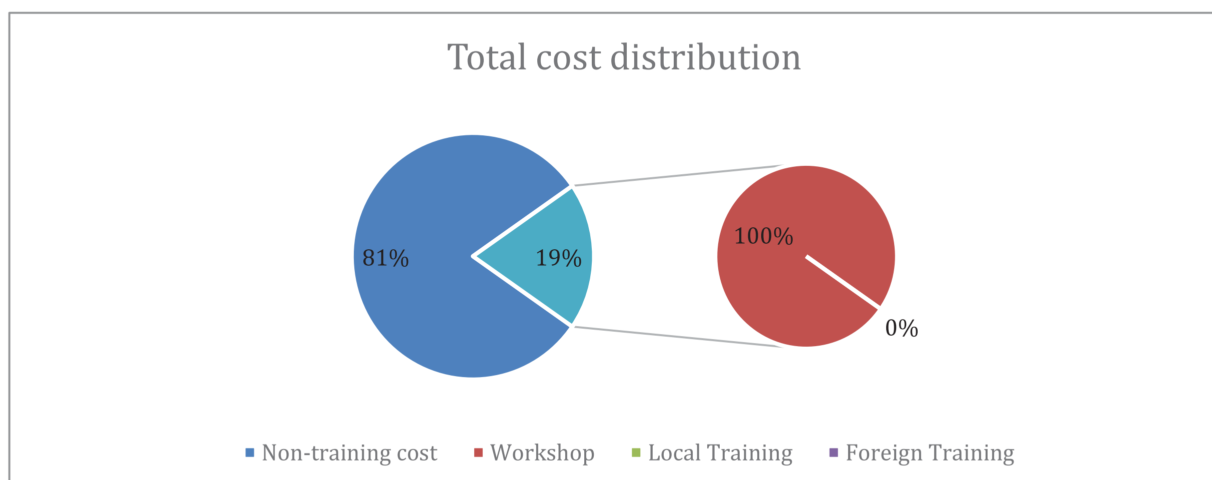
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Implementation of comprehensive SBCC strategy	7.50%	7.50%	100%	NIL	
Indicator-2	Number of SBCC materials produced and distributed.	85087	85087	100%	NIL	

L&HEP

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-3	Number of survey/research on L& HEP conducted	-	MoU signed with NIPSOM to conduct research and necessary funds already placed to Director NIPSOM	Not Applicable	NIL	

Training Information



Out of total expenditure of Tk. 6.10 crore, Tk. 1.18 crore (19%) was spent on training. Of the total training cost, 100% was spent on workshop/orientation/advocacy.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Workshop	18 (1)	1,751 (53)	1,564 (46)	3,333 (100)

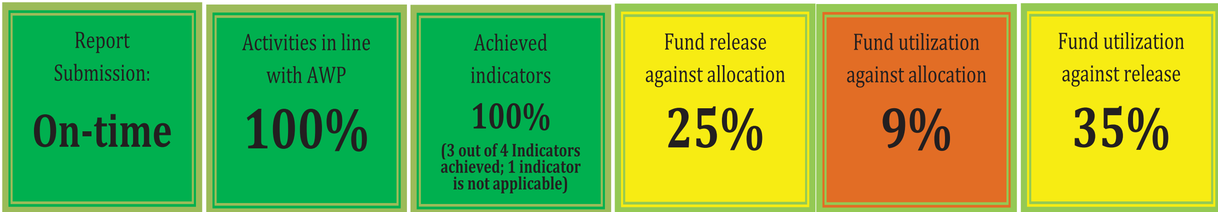
Major Physical Progress

- Conducted HPN co-ordination meeting and BCC working group meeting.
- Conducted eight advocacy workshops at the district level on hazards of excess dietary salt intake. 620 MOHFW personnel and 460 non-MOHFW officials attended the workshops.
- Conducted 10 advocacy workshops at the district level for awareness building to stop tobacco consumption. 96 MOHFW, MOLGRD, MOE representatives and 324 journalists and other non-MOHFW officials attended the workshops.
- Organized 32 awareness campaigns on healthy lifestyle at the upazila level of different districts.
- Eight workshops held at different Upazila Health Complexes to promote safe and healthy lifestyle and environments.
- Seven seminars organized at different upazilas for awareness building about drowning and Injury. 260 MOHFW field level personnel and 160 non- MOHFW officials attended the seminars.
- Produced and broadcasted two TV spots to focus on chikungunya and flood.
- Observed two national days i.e. World AIDS Day and World Mental Health Day.
- Conducted two workshops at field level for creating awareness to promote healthy lifestyle for non-communicable disease control.
- Organized three Advocacy events at district level to campaign on prevention of tobacco use and cancer and other non-curable diseases. 400 MOHFW representatives and 370 local leaders and journalists attended the workshops. seven workshops organized at the district level for awareness on prevention for Malaria control and Dengue
- Published advertisement in newspaper on daily basis on different health issues; such as chikungunya, flood, heart attack, diabetes, nipah etc.
- Conducted 100 sessions at the union level with the involvement of community people from different professions to promote compassion for elderly health care.
- Held six workshops at the district level to counsel on tobacco and drug abuse among adolescents. Participants were secondary and higher secondary level students from different schools.
- Conducted 192 sessions in different primary schools to promote personal hygiene practices among school children at the community level.
- Continued regular maintenance of the BHE website in collaboration with the MIS unit of DGHS and regular updates the digital archive of BHE.
- Enrolled officers and staffs of Sylhet, Moulvibazar, Sunamgonj and Feni on the eLearning courses.
- Printed 400,000 posters, leaflets etc. on flood, diarrhoea, nipah Virus, bissaw estema, chikungunya and on dengue issues.
- Completed maintenance of BHE printing press. Recently, a number of SBCC print materials

Key Challenges

- Shortage of man power at the field level.

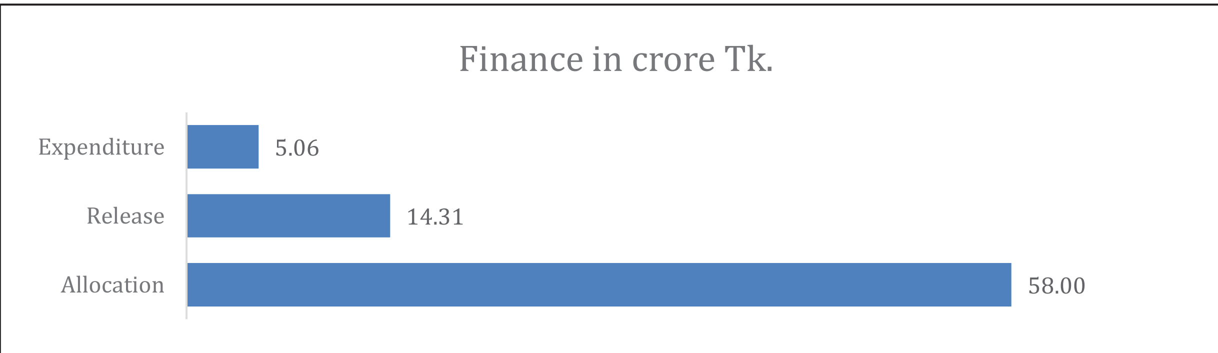
OP-wise Factsheet - 28: Information, Education & Communication (IEC)



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



Progress of OP-level Indicators

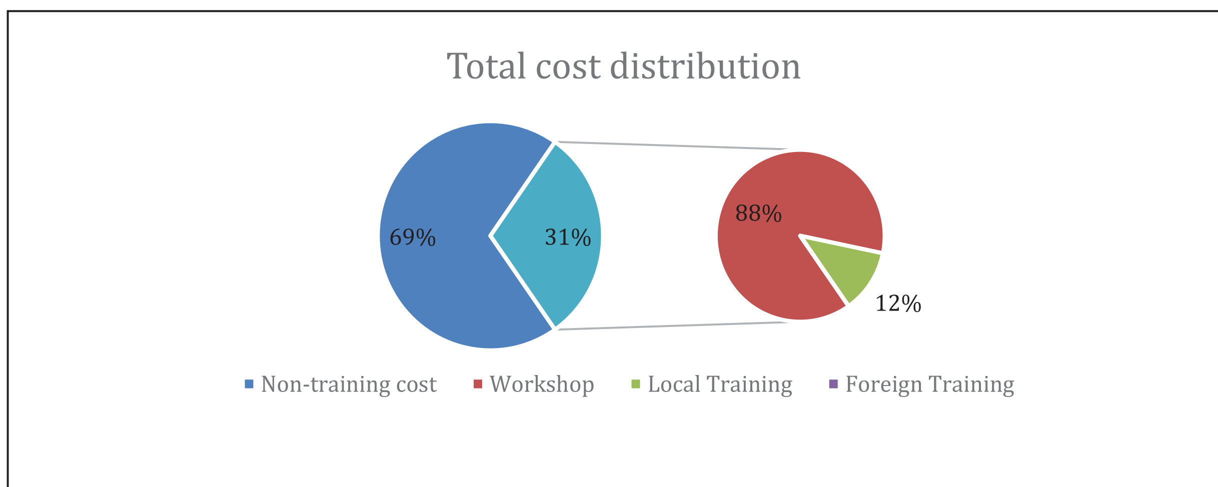
Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	Number of FP, MCH and Nutrition campaign organized	50	47	94%	NIL	
Indicator-2	Number of workshop organized for	200	168	84%	NIL	

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
	awareness building of community leaders, professional and religious leaders on FP, MCH and Nutrition at upazila level					
Indicator-3	Number of IEC materials (audio and video) produced and broadcasted in mass media	Video Produced: 0 Video Telecast: 160 Audio Broadcasted: 2050	Video Produced: 0 Video Telecast: 130 Audio Broadcasted: 2100	101%	NIL	
Indicator-4	Number of survey/research conducted and best practices documented	-	-	Not Applicable	NIL	

Training Information



Out of the total expenditure of Tk. 5.06 crore, 1.55 crore (31%) was spent on training. Of the total training cost, 0.19 crore (12%) was spent on local training and 1.36 crore (88%) spent on workshop.

Training Type	MOHFW participants N (%)	Non-MOHFW participants N (%)	Total participants N (%)
Local Training	148 (100)	0 (0)	148 (4)
Workshops	0 (0)	3430 (100)	3430 (96)

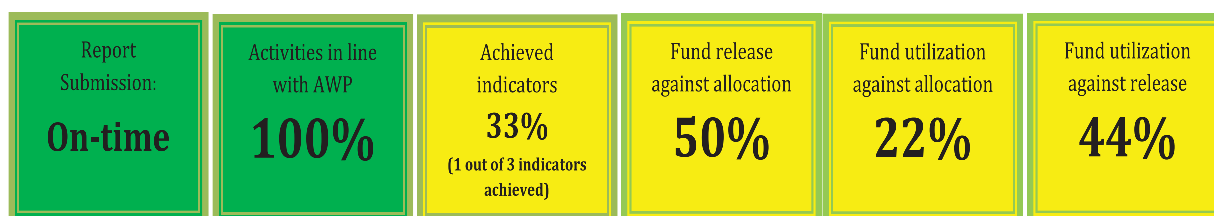
Major Physical Progress

- Conducted 27 awareness building campaigns on early marriage prevention, women empowerment, birth spacing, mother and newborn care and family planning in Islam at upazila level across the country.
- Organized 26 community sensitization workshops with different community groups to promote and facilitate community engagement from planning to implementation of community intervention.
- Conducted 25 orientation programs for newly married and low-parity couples to sensitize them on spacing and limiting births.
- Conducted sixteen awareness building campaigns on early marriage prevention, adolescent care, nutrition at adolescent age, personal hygiene in hard to reach and low performing Sylhet and Chittagong divisions.
- Conducted 19 orientation programs on family planning, maternal and child health, and gender issue to increase male participation of stakeholders (elected representatives, different occupational groups and local elites from upazila and union)
- Observed the FP campaign and service week.
- Displayed 2704 film shows by audio-visual van giving special focus on hard-to-reach areas.
- Organized a one-day orientation program for a total of 34 program managers and planners on the use of e-Resources (PM eToolkit, eLearning course).
- Conducted a training program for 50 batches of IEM and DGFP officials on capacity development (communication skill on SBCC).
- Published two Parikroma (Bangla newsletter) quarterly.
- Broadcasted 2100 radio programs and 130 TV programs through population cell of Bangladesh Betar and Bangladesh Television respectively.

Key Challenges

- Frequent changes of the Line Directors.
- Increased rate of honorarium & other logistics.

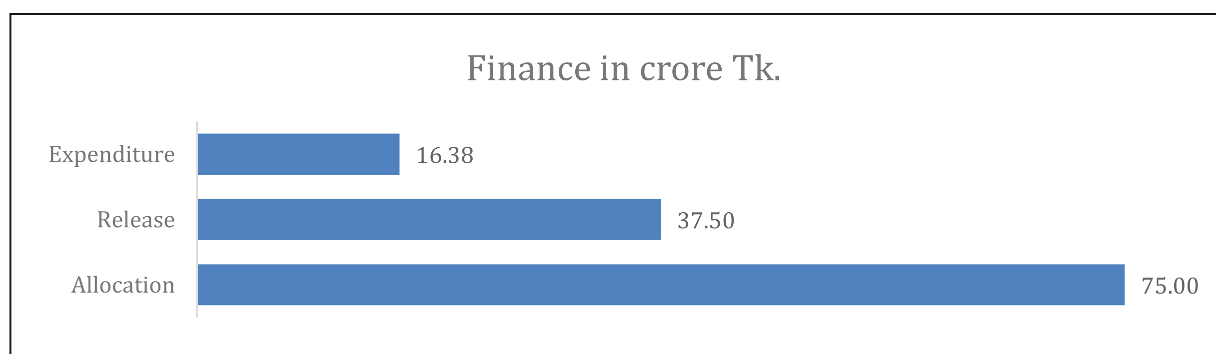
OP-wise Factsheet - 29: Alternate Medical Care (AMC)



General Objective

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

Financial Progress



Progress of OP-level Indicators

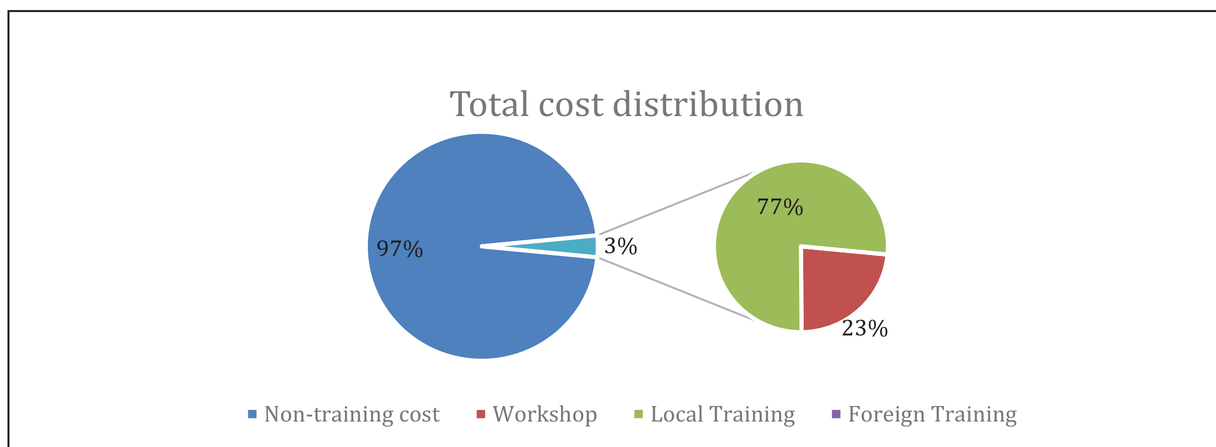
Status Legend:

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

OP Indicator Number	OP Indicator	Target for Jul-Dec 2017	Actual achievement Jul-Dec 2017	Percent achieved	Link with DLI	Status
Indicator-1	No. of facilities introduced AMC	-	-	Not available	NIL	
Indicator-2	No. of AMC Pharmacopoeia & Formularies	-	-	Not available	NIL	
Indicator-3	No. of medicinal Herbal Garden/ prepared herbal garden	5	4	80%	NIL	

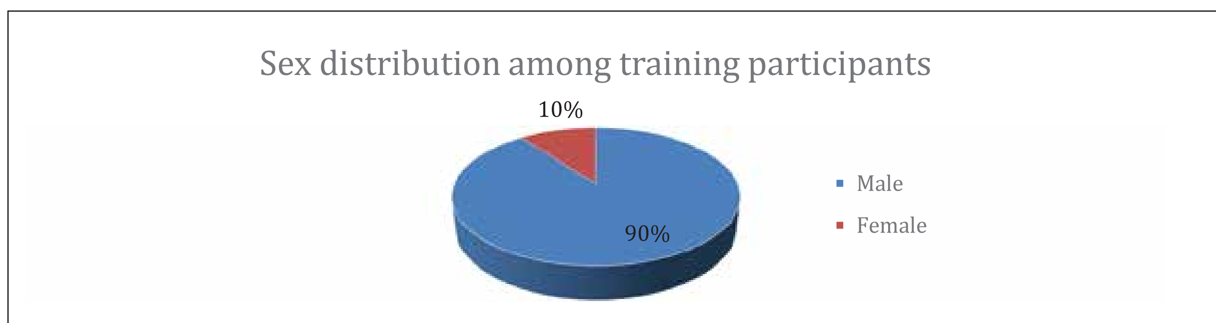
AMC

Training Information



Out of the total expenditure of Tk 16.38 crore, 0.5004 crore (3%) was spent on training. Of the total training cost, 0.3836 crore (77%) was spent on local training and 0.1168 crore (23%) spent on workshop.

Training Type	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	0 (0)	254 (65)	0 (0)	254 (65)
Workshops	0 (0)	134 (35)	0 (0)	134 (35)



Major Physical Progress

- Continued unani, ayurvedic and homeopathic medicinal services in 764 MCHs, DHs, and UHCs by providing adequate human resources, medicine and equipment.
- 77 field level MOHFW personnel received five-day training on management of AMC services and unani/ayurvedic/homeopathic medicines.
- CS, UH&FPO, RMO participated in an orientation on AMC services.
- 177 MOHFW (district, upazila, union level) personnel attended workshop on management of herbal garden and use of herbs.
- Established four new herbal gardens in different MCH and UHC.
- Set-up 27 billboards in different health centres and produced three advertisements for electronic and press media.

Key Challenges

- Recruitment of human resources

PART-C

Annex-A: DATA COLLECTION TEMPLATE for Reporting Implementation Progress of 4th HPNSP by OPs (Period covers July-December 2017)

Name of the OP:

A. OBJECTIVE(S) OF THE OP

General objective:

Specific objectives:

B. COMPONENT/ACTIVITY-WISE PHYSICAL PROGRESS

Please describe the OP's component-wise activities (in col. 1) with physical targets (in col. 2) and their actual progress (in col. 3). If there was shortfall associated with the progress of any activity, please specify the reasons (in col. 4) and mention whether this activity is part of the Annual Work Plan (AWP) (in col. 5). While reporting on physical progress, also give description of important activities performed in addition to using numerical figures (where applicable).

Sl. #	**Component-wise activities undertaken** (during July-December 2017)	**Physical target**	**Progress made**[1]	**Reasons for shortfall**	**Is it AWP activity? (Yes/No)**
	(1)	(2)	(3)	(4)	(5)

C. PROGRESS OF OP-LEVEL INDICATORS AS OF DECEMBER 31, 2017

Information on OP-level Indicators, Unit of Measurement and Means of Verification; and Baseline Values are already filled up in the following table in Column 1, Column 2 and Column 3 respectively. Please provide yearly target (FY 2017-18) in column 4 and six-monthly target (July-Dec 2017) in column 5 set by the LD. Mention six-monthly progress/achievement in column 6 and also it needs to be mentioned in column 7 why the six-monthly target wasn't achieved, if applicable.

Sl #	OP Indicators	Unit of Measurement and Means of Verification	Baseline	Yearly Target, FY 2017-18	Six-monthly Target (July-December 2017)	Six-monthly Achievements (July-December 2017)	Remarks (if any) *
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1							
2							
3							
4							
5							

D. TRAINING/ORIENTATION/WORKSHOP/SEMINAR/ADVOCACY

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

Category	Topic /subj ect/ar ea	Duratio n	Number of participants						Cost of training (Taka in Lac)	Remark s
			MOHFW personnel[+]				Non-MOHFW personnel[++]			
			Central level (Division, Directorates and Ministry)		Field level (District, Upazila, Union and Ward)					
			[1]M	[1]F	[1]M	[1]F	[1]M	[1]F		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Worksho p										
Seminar										
Advocacy										
Subtotal (d)										
Grand Total (a+b+c+d)										

*[*]Less than a month (up-to 28 days) training refers to short-term; **29 days-6 months training refers to medium-term; *** 6+ months training refers to long-term;*
[+] participants from MOHFW and its all directorates/departments/institutions
*[++] participants **NOT** included from column 4 through column 7 (e.g., other ministry/organization participants, students, teachers, garment workers/other private participants, community representatives/members of the local government, etc.)*
[1]M denotes Male
[1]F denotes Female

E. CHALLENGES FACED

1. What are the challenges faced in implementing the OP activities during July-December 2017?

2. Was it possible to overcome the challenges; if yes, how?

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

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

Signature of LD with date

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

Annex-B: List of 16 DLIs

(in million US$)

DLIs	Allocated IDA Credit	Allocated GFF Grant	Total Allocated Fund (IDA+GFF)	Responsible OP
Component 1. Governance and Stewardship				
DLI 1. Citizen feedback system is strengthened	25.00	--	25.00	HIS & e-Health
DLI 2. Budget planning and allocation are improved	56.00	--	56.00	SWPMM, PFD
Sub-total (Component 1)	81.00	--	81.00	
Component 2. HNP Systems Strengthening				
DLI 3. Financial management system is strengthened	51.00	--	51.00	IFM
DLI 4. Asset management is improved	18.20	--	18.20	PFD, HSM
DLI 5. Procurement process is improved using information technology	19.80	--	19.80	PSSM-HS, PSSM-FP, PFD
DLI 6. Institutional capacity is developed for procurement and supply management	16.00	--	16.00	PSSM-HS
DLI 7. Availability of midwives for maternal care is increased	45.50	--	45.50	NMES
DLI 8. Information system is strengthened, including gender- disaggregated data	20.00	--	20.00	HIS & eHealth
Sub-total (Component 2)	170.50	--	170.50	
Component 3. Provision of Quality HNP Services				
DLI 9. Post-partum family planning services are improved	32.725	4.50	37.225	CCSDP
DLI 10. Utilization of maternal health care services is increased	20.575	--		MNCAH, MCRAH
DLI 11. Emergency obstetric care services are improved	39.20	--		HSM
DLI 12. Immunization coverage and equity are enhanced	50.00	--		MNCAH
DLI 13. Maternal nutrition services are expanded	28.00	--		NNS
DLI 14. Infant and child nutrition services are expanded	28.00	5.00	33.00	NNS
DLI 15. School-based adolescent HNP program is developed and implemented	25.00	5.50	30.50	MNCAH
DLI 16. Emerging challenges are addressed	25.00	--	25.00	NCDC, SWPMM
Sub-total (Component 3)	248.50	15.00	263.50	
Grand Total	**500.00**	**15.00**	**515.00**	

Annex-C: List of prior result-DLRs

Sl#	DLR	Description	Unit price		Indicative Target
			IDA credit	GFF	
1.	2.1	OPs approved including activities and budgets for achiev ement of DLIs	US$2 million per OP		13 OPs
2.	3.1	MOHFW submits FMAU recruitment rules to MOPA	US$3 million		Yes
3.	4.1	Assessment and plan are approved for AMS scale-up	US$4.7 million		Yes
4.	4.2	Number of District Hospitals in which AMS is implement ed	US$0.3 million per DH		1 DH
5.	7.1	At least 2,500 midwife posts are created by MOHFW and recruitment of midwives is underway	US$20 million		Yes
6.	9.1	Facility readiness criteria and assessment instrument fo r PPFP services are approved	US$5 million		Yes
7.	10.1	Number of normal deliveries in Public Health Facilities i n Sylhet and Chittagong Divisions	US$0.25 million per 10,000 deliv eries		130,000
8.	11.1	Facility assessment instrument for CEmONC is approved	US$ 3 million		Yes
9.	11.3	Number of District Hospitals with capacity to provide CEmONC services in Sylhet and Chittagong Divisions, reported for the previous CY	US$0.7 million p er DH		5 DH
10.	12.1	Immunization micro-plans for CY17 are approved for each district in Sylhet and Chittagong Divisions	US$ 5 million		Yes
11.	12.2	Number of districts reaching at least 85% coverage of m easles-rubella vaccination among children ages 0-12 months in Sylhet and Chittagong Divisions, reported for the previous CY	US$0.5 million per district		15 districts
12.	13.1	Technical standards for maternal nutrition services are approved	US$3 million		Yes
13.	14.1	Technical standards for infant and child nutrition services are approved	US$3 million		Yes
14.	14.4	Percentage of registered infants and children aged und er 2 years receiving specified nutrition services in Sylhet and Chittagong Divisions, reported for the previous calendar year	US$0.11 million per 1% of regist ered infants and children aged under 2 years	US$0.05 million per 1% registered infants and children aged under 2 years	10%

Annex-D: Summary of the key challenges faced by the LDs during Jul-Dec 2017

Areas	Areas of Key Challenges	Number of LDs reporting	Reporting OP
Implementation	Time constraints (delay in start program)	2	MCRAH, TBL&ASP
	Increased rate of honorarium and other logistics	1	IEC
	Scale up of the logistics (specifically Gene expert Machines)	1	TBL&ASP
	Unavailability of logistics	1	CDC
Procurement	Delayed procurement process	8	CCSDP, FP-FSD, HSM, MIS, MNCAH, PSSM-HS, SWPMM, PFD
	Long/time consuming procurement process	3	CBHC, CDC, NNS
	Vehicle Procurement	1	CCSDP
	Procurement of 1st line Drugs	1	TBL&ASP
Fund release	Delayed fund release/disbursement	12	CDC, HIS, HSM, MCRAH, MIS, MNCAH, NCDC, NNS, PME, SWPMM, TBL&ASP, PFD
	IBAS++ software implementation.	7	CCSDP, HIS, MCRAH, MIS, NMES, PME, PMR
	Constraint to get advance money	4	CBHC, CDC, MCRAH, MNCAH
	Insufficient funds	1	HRD
	Unavailability of funds	1	HSM
Monitoring and Supervision	No/weak system of monitoring & supervision in place	1	CBHC
Human resources	Shortage of manpower	6	CDC, LHEP, NCDC, NNS, SWPMM, PFD
	Frequent changes of the Line Directors, PMs, DPMs	5	CBHC, IEC, NNS, PMR, PSSM-HS
	Recruitment of manpower	4	AMC, CCSDP, TBL&ASP, PFD
	Vacancy in sanctioned position	1	HSM
	Insufficient skilled manpower	2	HSM, PFD
	Lack of training	1	PFD
Other	Inadequate coordination	2	FP-FSD, HIS
	Natural calamity (heavy rainfall and flood), transportation problems of construction materials, Land acquisition etc.	1	PFD

Annex-E: DPA-TA to 4th HPNSP: Key Information

I. On-going DPA-TA

Development Partners	TA project name/ title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks
1. DFID	1. Strengthening National Midwifery programme	UNFPA	NME&S	October 2016 to September 2021	GBP 5m	
	2. Strengthening urban health system	Options Ltd.	SWMM	2017- May 2018	GBP 1m	
	3. FP in Bangladesh: Improving Quality and Access	Ipas	CCSDP, MCRAH, MNCAH	November 2016 to September '21	GBP 5m	
2. Global Affairs Canada (GAC)	1. Human Resources for Health	COWATER	DGNM, BNMC	February 2018 to June 2019.	CAN $1,990,000	
	2. Improving Maternal, Sexual and Reproductive Health and Rights	UNICEF-UNFPA	DGHS, DGFP, DGNM, DGHEU	April 2017 to June 2022	CAN $35 M	
3. USAID	Mayer Hashi Family Planning Project in Bangladesh (MH-II)	Engender Health	PME, HEF, MIS, PSSM-FP, TRD, MNCAH, MCRAH, CCSDP, FP-FSD, IEC	October 2013 to September 2018	USD $20m	
	MaMoni Health Systems Strengthening (MaMoni HSS)	JHPIEGO & Save the children	SWPMM, PME, HEF, HIS & e-H, MIS, HRD, TRD, MNCAH, MCRAH, NNS, CBHC,	October 2013 to September 2018	USD $50m	Includes support to PMMU and capacity building

Development Partners	TA project name/ title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks
			HSM, CCSDP, FP-FSD, LHEP			support to NIPORT.
	Ujjiban - Social and Behavioral Change Communication (SBCC) Activity	Johns Hopkins University	MNCAH, MCRAH, NNS, TBL&ASP, CCSDP, FP-FSD	March 2017 to March 2022	USD $15m	
	Research for Decision Makers (RDM)	ICDDR,B	SWPMM, PMR, PME, TRD, MIS, MNCAH, MCRAH, NNS, TBL&ASP, NCDC	May 2017 to May 2022	USD $15m	
	Improving Nutrition using Community-Based Approaches (INCA)	Caritas Bangladesh	MNCAH, MCRAH, NNS	May 2017 to May 2020	USD $4.5m	
	Multi-Sectoral Nutrition	Family Health International (FHI) 360	MNCAH, MCRAH, NNS	May 2017 to May 2022	USD $21m	
	Fistula Care Plus Project	Engender Health	HIS & e-H, TRD, HEF, MNCAH, FP-FSD	December 2013 to December 2018	USD $3m	
	Health and Emergency Response Support, (WHO – Immunization and Vaccine Support)	World Health Organization (WHO)	MNCAH, MCRAH, CDC, CBHC	October 2012 to September 2022	USD $10.73m	
	Measure Evaluation Phase IV	University of North Carolina at Chapel Hill	SWPMM, PMR, PME, TRD, MIS	July 2014 to June 2019	USD $12.5m	Includes TA Support Team for PMMU

Development Partners	TA project name/ title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks
	Demographic and Health Surveys (DHS) 7	ICF International	SWPMM, PMR, PME, TRD, MIS	September 2013 to September 2018	USD $3.2m	TA to NIPORT on research and surveys
	Systems for Improved Access to Pharmaceuticals and Services (SIAPS)	Management Sciences for Health (MSH)	SDAM, HIS & e-H, MIS, PSSM-HS, PSSM-FP, PFD, MNCAH, MCRAH, TBL&ASP, CBHC, HSM	September 2011 to September 2018	USD $22m	
	Health Finance and Governance Project	Abt Associates	HEF	September 2012 to September 2017	USD $3.9m	
	Promoting the Quality of Medicines (PQM)	US Pharmacopeial Convention (USP)	SDAM	September 2009 to September 2019	USD $6m	
	Challenge TB: Tuberculosis Control Activity	Management Health Sciences (MSH)	TBL&ASP	September 2014 to September 2019	USD $30m	
	Tuberculosis Drug Resistance Survey in Bangladesh	World Health Organization (WHO)	TBL&ASP	June 2017 to May 2018	USD $200,000	
	Improving Community Health Workers Program Performance through Harmonization & Community Engagement to Sustain Effective Coverage	Save the Children	HRD, MNCAH, MCRAH, CBHC, FP-FSD, LHEP	March 2016 to March 2020	USD $250,000	
	PREDICT 2	University of California at Davis EcoHealth Alliance	CDC	October 2014 to September 2019	(Centrally funded)	

Development Partners	TA project name/ title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks
	EPT2: Preparedness & Response (P&R)	Development Alternative Incorporated (DAI)	CDC	October 2014 to September 2019	(Centrally funded)	
	Improvement of Food Security and Public Health through Strengthening Veterinary Services throughout Bangladesh	Food and Agriculture Organization of the United Nations (FAO)	NNS	October 2015 to April 2019	(Centrally funded)	
4. GFATM	TA to the National TB Program for PSM	TBD; MSH may continue current support by SIAPS to NTP for one year. Thereafter other TA providers may be selected.	TB-Leprosy	1 January 2018 to 31 December 2020	US$ 1.62 million	
		WHO for MDR and other TA support			US$ 750,000	
GFATM	TA to the National Malaria Elimination Program: for reporting and elimination communication strategy development –	provider to be determined.	CDC	1 January 2018 to 31 December 2020	US$ 200,000	
	For TA on Malaria elimination.	WHO			US$ 250,000	

Development Partners	TA project name/ title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks

II. Planned DPA-TA

Development Partners	TA project name/ Title	Implementing Partner	Relevant OP/ PIP	Start and End dates	Total Budget & On/ off budget	Remarks
1. DFID	Better Health in Bangladesh (MDTF, TA)	UN, NGO, UK institutions, Supplier	All OPs	January 2018- November 2022	GBP 88m	
2. USAID	Strengthening Public Sector Maternal and Newborn Care (SPSMNC)	TBD	SWPMM, PME, HEF, HIS & e-H, MIS, HRD, TRD, MNCAH, MCRAH, CBHC, HSM	TBD	TBD	
	TB project to support government's Urban TB initiative, "Zero TB Cities"	TBD	TBL&ASP	TBD	TBD	
	Accelerating Universal Access to Family Planning	TBD	PME, HEF, PSSM-FP, MCRAH, CCSDP, FP-FSD, LHEP	TBD	TBD	