4th HEALTH, POPULATION AND NUTRITION SECTOR PROGRAM

January 2017 - June 2022

Annual Program Implementation Report (APIR) 2020

July 2019 – June 2020

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

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The Annual Programme Implementation Report (APIR)-2020, a yearly publication of the Programme Management and Monitoring Unit, Planning Wing under the Health Services Division of the Ministry of Health and Family Welfare is a reflection of overall Programme performance of the 4th HPNSP and includes recommendations for further improvement. I would like to congratulate Additional Secretary (Planning) for his able leadership in publishing the APIR 2020 on time.

In the face of challenges faced by the health system of the country-more so in the context of the COVID-19 pandemic situation-achieving the targets of health-related Sustainable Development Goals (SDGs) by 2030 needs major focus in the coming days. The MOHFW with all its agencies- both at the central and the grassroots levels are working persistently to overcome these challenges and arrange for provision of health services to all citizens of Bangladesh, leaving no one behind.

The 4th HPNSP was initiated in 2017 and after completion of three and half years of its implementations, has come to a point from where progress of performance needs to be accelerated by all stakeholders responsible for its implementation. The Planning Wing and the Planning Branch of the MOHFW have been supporting the implementation efforts and the APIR continues to be a commendable example of documenting their progress. I hope that the findings of this report will contribute to further improvement in the implementation of activities in the coming years.

I would like to extend my special thank the Additional Secretary, (Planning), HSD, Md. Helal Uddin and his team in the Planning Wing, HSD and the Joint Secretary, Planning Branch, MEFWD whose contributions in the monitoring process have received recognition of stakeholders, including that of our development partners.

I am sure that the information contained in the APIR 2020 will be found useful in the process of revision of the OPs which is underway and pave the way for the successful completion of the 4th HPNSP.

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PREFACE

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

The Annual Program Implementation Report – 2020 (APIR-2020) is the third annual implementation progress report of the 4th HPNSP covering the period from July 2019 to June 2020. The APIR 2020 captures some features of program implementation undertaken during FY 2019-20. The Report has used the "OP Fact Sheet" tool for monitoring implementation progress of individual OPs, which covers financial and physical progress along with the status of indicator progress in a nutshell. The APIR – 2020 contains a detailed implementation progress of the health-related SDG indicators covering the period July 2016 – June 2020. It also provides an updated picture of the - Disbursement Linked Indicators (DLIs). Summary recommendations of the Mid-term Review (MTR)-2020 have also been highlighted as issues of importance in the OP factsheets of the report for necessary follow up.

This annual review provides an opportunity for stakeholders to develop a more accurate roadmap to speed up progress of implementation. The policymakers of the MOHFW, the supervisory heads of Agencies/ Directorates, LDs of the OPs and their team members as well as the Development Partners (DPs) may find this report useful for improving overall performance of the 4th HPNSP. I hope that the findings, analysis and suggestions contained in the APIR – 2020 will help the stakeholders in making realistic decisions, improving implementation performance, and also allow them to take up encouraging steps on a priority basis to achieve better results.

The Technical Assistance Support Team (TAST) of the PMMU deserves credit for producing a factual and insightful review of program performance in the APIR - 2020. I congratulate them for this achievement and appreciate their contribution and hard work. Thanks are also due to the Data for Impact (D4I) 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 the data required for the preparation of the APIR - 2020.

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ABBREVIATIONS & ACRONYMS

ADP	Annual Development Program
ADR	Adverse Drug Reaction
ADRM	Adverse Drug Reaction Monitoring
AG	Accountant General
AIDS	Acquired Immune Deficiency Syndrome
AM	Antimicrobial
AMC	Alternative Medical Care
AMS	Asset Management System
AMTSL	Active Management of Third Stage of Labor
ANAB	ANSI National Accreditation Board
ANC	Antenatal Care
ANSI	American National Standards Institute
APA	Annual Performance Agreement
APIR	Annual Program Implementation Report
APR	Annual Program Review
AWP	Annual Work Plan
BAB	Bangladesh Accreditation Board
BAH&WS	Bangladesh Adolescent Health and Well-being Survey
BCC	Behavior Change Communication
BCPS	Bangladesh College of Physicians and Surgeons
BDHS	Bangladesh Demographic and Health Survey
BDS	Bachelor of Dental Surgery
BEmONC	Basic Emergency Obstetric and Newborn Care
BHFS	Bangladesh Health Facility Survey
BMMS	Bangladesh Maternal Mortality and Health Care Survey
BMRC	Bangladesh Medical Research Council
BNHA	Bangladesh National Health Accounts
BNMC	Bangladesh Nursing and Midwifery Council
BRAC	Bangladesh Rural Advancement Committee
BRCR	Birth Registration & Child Right
BSMMU	Bangabandhu Sheikh Mujib Medical University
CBHC	Community Based Health Care
CC	Community Clinic
CCM	Comprehensive Contract Management
CCSDP	Clinical Contraceptive Service Delivery Program
CDC	Communicable Disease Control
CD-VAT	Customs Duty-Value Added Tax
CEmOC	Comprehensive Emergency Obstetric Care
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CES	Coverage Evaluation Survey
CFR	Case Fatality Rate
CH	Child Health
CHCP	Community Health Care Provider
CME	Continuing Medical Education
CMSD	Central Medical Stores Depot
CNC	Comprehensive Newborn Care
CSBA	Community Skilled Birth Attendant
CTM	Continuous Temperature Monitoring
CVC	Community Vision Center
CWH	Central Warehouse
DC	Datacenter
DDO	Drawing and Disbursement Officer
DFID	Department for International Development
DG	Directorate General
DGDA	Directorate General of Drug Administration
DGFP	Directorate general of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DH	District Hospital
DLI	Disbursement Linked Indicator
DLR	Disbursement-Linked Result
DOTS	Directly Observed Treatment, Short-Course
DP	Development Partner
DPA	Direct Project Aid
DPHN	District Public Health Nurse
DPM	Deputy Program Manager
DPP	Development Project Proposal
DQA	Data Quality Assurance
DR	Disaster Recovery
DSA	Diseases Specific Account
DSF	Demand Side Financing
ECD	Early Childhood Development
e-GP	e-Government Procurement
ENC	Essential Newborn Care
EOC/EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ERCP	Endoscopic Retrograde Cholangio-Pancreatography
ESP	Essential Service Package
ETAT	Emergency Triage Assessment and Treatment
FAP	Fiduciary Action Plan
FDMN	Forcefully Displaced Myanmar Nationals
FM	Financial Management
FMAU	Financial Management and Audit Unit
FP	Family Planning
FP-FSD	Family Planning Field Service Delivery
FPP	Field Program Performance
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitors' Training Institute
FY	Fiscal Year
G&S	Governance & Stewardship
G6PD	glucose-6-phosphate dehydrogenase
GATS	Global Adult Tobacco Survey
GBV	Gender-based Violence
GED	General Economics Division
GFF	Global Financing Facility

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

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

UzHC/UHC	Upazila Health Complex
VA	Verbal Autopsy
VAT	Value Added Tax
VDP	Village Defense Party
WB	World Bank
WHO	World Health Organization
WIMS	Warehouse Inventory Management System

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WAY FORWARD: A SUMMARY OF RECOMMENDATIONS

1 IMPROVING UTILIZATION OF FUNDS:

The assessment of performance regarding fund utilization of (a) 4th HPNSP and (b) of the projects suggests that following steps may be taken to improve the fund utilization:

1.1 It is essential to be more vigilant about the implementation performance of the 11 large OPs (sharing 89% of RADP allocation) (7 OPs under HSD: PFD, MNCAH, CBHC, HSM, TBL&ASP, CDC, and NCDC and 4 OPs under ME&FWD: FP-FSD, ME&HMD, CCSDP, and MCRAH). The fund utilization rate fell sharply in FY 2019-20 due to sudden onslaught of COVID-19 and as a result, a large amount of money was left unspent. Necessary steps may be taken for the remaining years of this Sector Program to bridge the existing performance gap through regular monitoring and intense supervision of the performance of the OPs (with particular focus on the 11 large OPs) by the (a) LDs, (b) the heads of the implementing agencies and as well as by (c) the Task Groups.

1.2 Steps may be taken to limit the number of the Projects since their fund utilization rate falling over the last 3 years. It is therefore necessary to arrive at a rational judgement on the essential Projects, and then give attention to complete those within the next two to three years. Only when a project is completed and is backed by adequate HR, it adds to service coverage; otherwise these remain as wasteful burdens.

1.3 The performance of the OPs (14) related to provision of quality health services (in Component-III of the Program) need to be better-supervised and more efficiently led. Much of the unspent funds are concentrated in these OPs.

1.4 Increased attention has to be paid to arrest the slide in performance of the OPs under ME&FWD over the last three FYs.

1.5 COVID-19 has highlighted the urgent need for strengthening and the continuance of essential health services. In addition to increasing allocation and achieving efficiency gains, improving resource utilization through reallocation among the OPs may also be considered as an option. In this respect, the disproportionate share of funds allocated to developing physical facilities in MOHFW's ADP - through the Projects and PFD OP - may need to be revisited.
[NB: the details can be found in section 1.1 FINANCIAL PROGRESS DURING FY 2019-20]

2 PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP LEVEL INDICATORS

The review of achievement of the OP indicators during MTR and APIR 2020 has drawn attention to the inadequacies in the formulation and identification of some of the indicators. The following steps may be taken to address those issues:

2.1 One-fifth of the OP indicators fall within the categories of "Not Applicable" and "Not Available" as assessed. These need to be replaced/dropped during the preparation of Revised OPs.

2.2 A guideline for revising OP indicators during OP revision process may be issued by PW to avoid recurrence of the mentioned problems and to facilitate the planned monitoring of OP performance.

2.3 In the process of revision of the OPs – now at hand - a technical committee consisting of indicator specialists may be formed under the Sector-wide Program Management OP to fine-tune the technical quality of the newly suggested OP indicators e.g. definition, baseline, means of verification, methodology of calculation etc.

[NB: the details can be found in section 1.3 PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP LEVEL INDICATORS]

3 PROGRESS OF DISBURSEMENT LINKED INDICATOR (DLI)

4th HPNSP is the first sector program which is being implemented using DLI modality. In spite of the teething difficulties, MOHFW made reasonable start in progressing through various obstacles in DLI achievement. It is obvious that MOHFW needs to be more vigilant in realizing the DLI targets. Timely achievement of DLRs is essential to reduce the gap between the money spent by MOHFW (as reimbursable project aid-RPA) and the amount of disbursement received from the World Bank during the last 3 years. Following steps have been suggested to overcome the challenges:

3.1 DLI activities would need to be performed more proactively for proper implementation of AMS at district level referral facilities and for strengthening the institutional capacity of CMSD.
3.2 Since DQA determines the implementation progress of DLI at the field level, IMED would have to take necessary steps for timely completion of DQA.
3.3 The field level officials of both HSD and ME&FWD also would have to be informed about the importance of DLIs so that they become more serious in achieving the tasks required by the DLRs.
3.4 Assessment of the strength and weakness of the IPF-DLI modality is also essential to determine how to move forward with the modality in the next Sector Program.
[NB: the details can be found in section 2.2 PROGRESS OF DISBURSEMENT LINKED INDICATOR (DLI)]

4 PROGRESS IN ACHIEVING PRIORITY ACTION PLAN (PAP)

Of the 22 action items in the PAP of APR 2018, 5 actions have been completed, and the rest 17 actions are ongoing. It is obvious that those who were identified as responsible for implementation of the actions and for supervision of each PAP, had mostly fallen short of their tasks.

4.1 Planning Wing of HSD and Planning Branch of ME&FWD may immediately draw attention of the concerned LDs and their supervisors and re-emphasize on making concerted efforts for achieving the targeted actions/results.
4.2 The Task Groups may be activated to monitor progress of implementation of the unachieved PAPs.
4.3 PW, HSD and PB, ME&FWD may raise the issue during the ADP review meetings.
[NB: the details can be found in section 2.4 PROGRESS OF THE PRIORITY ACTION PLAN (PAP)]

5 PROGRESS OF ACHIEVEMNT OF HEALTH-RELATED SDGs

Following challenges continue during the SDG period for Bangladesh: provision of urban health care services, prevention and control of NCDs such as road accidents, drowning, aging and geriatric diseases, health effects of geo-climatic disasters, emerging communicable diseases like dengue, COVID-19, etc. In addition, per capita out-of-pocket expenditure has been rising continuously and pushing the affected lower income and poor people to hardship, thus creating hindrances to achieving UHC by 2030.

5.1 Implementation of various health related programs towards achieving the SDGs is an ongoing process. As part of this process, the MOHFW has identified certain actions in key areas to speed up efforts towards SDG implementation. The identified areas are: (a) increasing the yearly budget allocation for health programs, (b) increasing the capacity of

professionals and improving service quality, (c) gaining efficiency in resource use and reducing wastage, (d) increasing coverage under financial risk protection, (e) increasing the number of health and FP professionals, (f) strengthening health system institutions, and (g) strengthening mechanisms to routinely collect SDG data along with data management capacity building.
[NB: the details can be found in section 2.1 IMPLEMENTATION PROGRESS REPORT ON HEALTH-RELATED SDGs]

6 PROGRESS IN TACKLING COVID-19 BY MOHFW

Some key strategies highlighted by this APIR are:

6.1 Enforcement of compulsory mask-wearing and safe hygiene practices outside home, including within the workplace, school and, public transport.
6.2 Community-based prevention practices, case identification, and quarantine utilizing local community health capacity to tackle the virus.
6.3 Use of digital platform for slowing the spread of the disease and sustaining behavior change following lockdown.
6.4 Maintenance of social distancing regulations based on the latest expert and industry guidance.
6.5 Empowerment of frontline health workers and other essential workers through BCC training to make them agents of change to turn the epidemic around and address their potential COVID-19 related fears and concerns.
6.6 Continuous use of electronic and print media for raising mass awareness relating to hand washing, mask wearing, maintaining social distance, other safe hygiene practices, etc.
[NB: the details can be found in section 2.5 PROGRESS IN TACKLING COVID-19 BY MOHFW]

7 PROGRESS OF HNP SERVICES TO THE FDMNs

The UN Agencies engaged by the Government have been implementing the MOHFW interventions for the FDMNs (financed by the World Bank) in addition to the health facilities of the Government. However, field level challenges in coordination are being experienced as reported by the FDMN Coordinator in Cox's Bazar.

7.1 Central Committee headed by the Secretary, Health Services Division, MOHFW may like to look into the matter so that more effective coordination with the UN Agencies and other implementing field organizations is established to make best use of available resources in service delivery.
7.2 Consideration may be given to setting up of a technical sub-committee under the chairmanship of Division Chief, Planning Wing, HSD to review and facilitate field activities of the project on a quarterly basis.
7.3 A unified reporting arrangement also needs to be developed to improve the record-keeping system.
[NB: the details can be found in section 2.3 PROGRESS OF HNP SERVICES TO THE FDMNs]

8 STATUS OF MANPOWER IN THE OPs:

Concern has been expressed over weak internal financial control of the LDs over OP expenditure. Having failed with appointment of an outsourced Firm during the 3rd sector program, MOHFW arranged for creation of additional posts of Accountants/Account

Officer/ Admin Officer the 4th HPNSP. It is a reflection on the management of the OPs that 68% of the sanctioned posts in accounts/administration for the OPs still remain vacant after more than three years of implementation of 4th HPNSP. The following steps may be considered:

8.1 The DGs of the concerned Directorates may be instructed to periodically review the progress of steps taken by the relevant LDs so that any barriers can be removed, and the vacancies are filled up, without any further delay.

8.2 The DGs may also be asked to keep the Secretary of the Division informed of improvement in the situation on a fixed periodical basis.

8.3 A deadline may be fixed for completing the process urgently. Given the urgency of the situations, a timely completion of this task could go some way in improving performance of the Ops and the sector's image.

[NB: the details can be found in section 2.6 STATUS OF MANPOWER IN THE OPs]

INTRODUCTION

This is the third Annual Program Implementation Report (APIR) of the 4th Health, Population and Nutrition Sector Program (4th HPNSP), covering the implementation period FY 2019-20 (July 2019-June 2020). As part of the program implementation review and as required by the Results Framework, it is essential to produce the APIR by the Program Management and Monitoring Unit (PMMU) of the Planning Wing under the Health Services Division (HSD) of the MOHFW to present the overall program performance and identify areas for improvement. The APIR also captures some features of program activities implemented by the Line Directors (LDs) during the reporting period. This report provides findings that may contribute to improved implementation of activities in future years. This report aims to serve as an informative review based on the program's progress for the MOHFW and for stakeholders and donors.

METHODOLOGY FOR PREPARATION OF THE APIR - 2020

The preparation process of the APIR – 2020 involves data collection from respective Operational Plans (OPs), analysis, presentation, report drafting, sharing with the LDs and stakeholders for feedback and finalization of the report.

Data Collection

The 4th HPNSP has 29 Operational Plans (OPs) wherein each OP document lays out the objectives, strategies, priority activities, and financial and administrative management details specific to that OP. It also specifies the indicators on which the progress of the OP is measured. To collect data for the APIR - 2020 and capture information for FY 2019-20, a structured data-reporting template was designed. The reporting template was customized for each OP and sent to the LDs. ANNEX-A: DATA COLLECTION TEMPLATE includes a blank data collection template used for the APIR - 2020.

The template contains eight major sections i.e. – A) objectives of the OP, B) component/activity-wise physical progress, C) current manpower status (only for OP approved posts) D) progress on the priority action plan, E) update on indicators, F) training data, G) implementation challenges, and H) financial expenditure information. The template was finalized in July 2020 through a consultation meeting with the TAST PMMU, Division Chief as well as with other responsible officials of the Planning Wing and Planning Branch. The financial data was pulled from the MOHFW's monthly ADP Review.

Data Verification and Processing

Each filled-in template was checked for completeness, accuracy, and consistency of information by the technical group from D4I and icddr,b. Clarifications on the completed templates were sought from the LDs and/or respective OP focal persons for certain OPs. After checking the data in the templates, the LDs or their representatives (OP focal persons) were contacted over the phone for further information as necessary, and the information was updated to make the final data set.

Data Analysis

Data analysis for the APIR - 2020 involved analysis of the performance of the OPs measured by (a) their respective indicators, and (b) their rate of fund utilization. For example, the progress of an indicator is calculated based on the target and achievement for the reporting period, classified into five categories as below:

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

The quantitative analysis also included a review of financial progress by calculating the percentage of expenditure related to ADP allocation and release of funds. The qualitative analysis described the achievement of physical activities and identified factors associated with achievement as well as challenges faced by the OPs during July 2019-June 2020. Data were analyzed in Excel and the R statistical programming environment. Graphs were produced using Excel and ggplot2 package of R.

Data Presentation

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

Finalization of APIR- 2020

After an initial drafting, the report was shared with the Planning Wing and Planning Branch of the MOHFW and the LDs for their review and feedback. PMMU officials and the PMMU TAST members also met with the LDs to update and clarify different data points, in addition to email communications and face-to-face meetings. The report was finalized through a zoom call dissemination workshop which was held on ….September 2020 in presence of ...., HSD and ...., ME&FWD, representatives of the Planning Wing, Planning Branch, the LDs, the DPs and other stakeholders.

Limitations of the Report

The findings of the APIR 2020 present the "self-reported" information from the OP management, relating to physical activities undertaken and the Ministry's monthly Revised Annual Development Program (RADP) review reports, relating to financial performance.

Navigating this Report

The APIR-2020 has been presented in three parts: PART-A, PART-B and PART-C.

PART-A contains two chapters:

Chapter 1 presents a progress summary report on financial, Results Framework (RFW) & OP-level indicators, training, major physical progress, and implementation challenges and recommendations.

Chapter 2 includes, i) Implementation progress of the Health-related SDGs, ii) Progress on DLIs, iii) progress on HNP services to the FDMNs, iv) Progress of Priority Action Plan (PAP), and v) Progress in tackling COVID-19 by MOHFW and vi) Status of accounts and finance related manpower in OPs.

PART-B presents 32 factsheets; 1 overall summary factsheet for MOHFW and two factsheets one each for HSD and ME&FWD aggregating the results of the OPs under each Division. Separate factsheets for each of 29 OPs have been presented in a reader-friendly manner which summarizes the performance of each OP on the basis of selected variables. Moreover, the recommendations of the Mid-term Review (MTR) of the 4th HPNSP have also been included in factsheet, as relevant to the OP.

PART-C contains the Annexures (A-J) covering data collection template; OP-wise report submission status, update of intermediate results indicators, components of 4th HPNSP with their respective DLIs, comparison of funding between 4th HPNSP and projects, financial progress of projects during FY 2019-20, financial progress of OPs under each component of 4th HPNSP, cumulative financial progress of 4th HPNSP until June 2020, list of OP indicators with reporting problem, and progress of the Priority Action Plan (PAP) of annual program review 2018 (APR 2018).

PART-A

CHAPTER 1. SUMMARY REPORT

1.1 FINANCIAL PROGRESS DURING FY 2019-20

This section covers the allocation and utilization of the MOHFW's development budget for FY 2019-20 which is spent by **i)** both Divisions - HSD and ME&FWD and **ii)** by the sector program (4th HPNSP) and 36 projects (31 in HSD and 5 in ME&FWD). At the end of this section, steps have been suggested to improve utilization of funds (sub-section 1.1.8 WAY FORWARD).

1.1.1 OVERALL FINANCIAL PROGRESS OF THE MOHFW

Fund Allocation:

The allocation for the Ministry's revised ADP (RADP) was Tk. 9,355.3 crore, out of which Tk. 7,761.9 crore (83%) was allocated for HSD and Tk. 1,593.5 crore (17%) for ME&FWD. [It may be noted that the Ministry's revised ADP (RADP) allocation for FY 2019-20 was 6% lower than that for FY 2018-19]. As for the distribution of the allocation between the 4th HPNSP and the Projects, 83% of the year's RADP was allocated for the 4th HPNSP while only 17% was for the 36 projects, which happen to be outside the purview of the sector program.

The original ADP allocation for the projects for FY 2019-20 was Tk. 2,758.4 crore, which was revised down to Tk. 1,618.6 crore in the RADP (See ANNEX-E: COMPARISON OF FUNDING BETWEEN 4th HPNSP AND THE PROJECTS). Compared to the ADP allocation for the period under review, the RADP allocation for the 4th HPNSP was 9% lower, while that for projects was 41% lower.

Fund Utilization:

The rate of fund utilization by the Ministry was 72% of the RADP allocation during FY 2019-20, as compared to 86% during FY 2018-19. This unusually low rate of utilization can be directly related to the impact of the COVID-19 pandemic, which saw the last quarter of the FY in a virtual lockdown – a time when the expenditure usually reaches a peak. The utilization rate was relatively higher for the sector program- 75%, while the rate was 61% for the 36 projects taken together. The rate of utilization of funds by the projects has been steadily falling over the last three years, while the number of projects has been rising (a separate sub-section on the financial progress of the projects has been included in this APIR at sub-section 1.1.7 SUMMARY OF FINANCIAL PROGRESS OF PROJECTS)

1.1.2 SUMMARY OF FINANCIAL PERFORMANCE OF THE 4th HPNSP DURING FY 2019-20

Allocation of Funds:

The 4th HPNSP's RADP allocation of Tk. 7,736.8 crore was 9% (746.1 crore) lower than the original annual development program (ADP) allocation for FY 2019-20. Out of this RADP allocation, Tk. 4,511.9 crore (58%) was from the GOB and Tk. 3,224.9 crore (42%) was from project aid (PA). Of the total PA allocation during the period, the reimbursable project aid (RPA) allocation was 78% and the direct project aid (DPA) allocation was 22% of the PA.

Compared to FY 2018-19, the RADP allocation for the 4th HPNSP was higher by 2% in FY 2019-20 (from Tk. 7,594.3 crore to Tk. 7,736.8 crore), even though the allocation for the Ministry was lower by 7%. A cumulative financial progress until June 2020 along with comparison with PIP budget is given in ANNEX-H: CUMULATIVE FINANCIAL PROGRESS (JANUARY 2017-JUNE 2020) ALONG WITH COMPARISON WITH PIP BUDGET ESTIMATE.

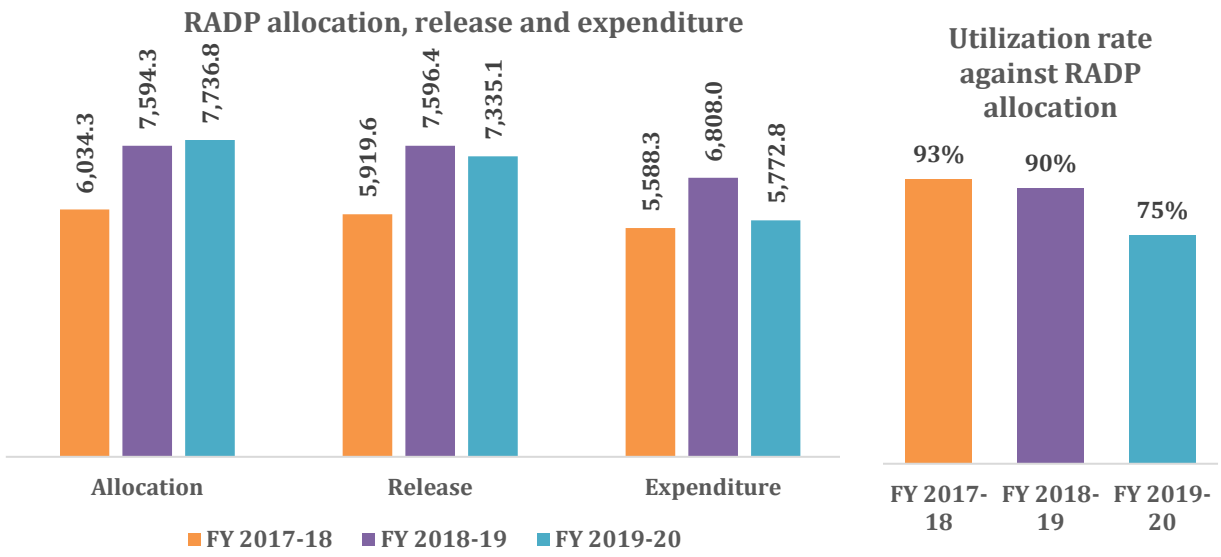
Release of Funds:

During the financial year, 95% of the allocated fund to the 4th HPNSP was released, i.e. a total of Tk. 7,335.1 crore (GOB Tk. 4,386.6 crore and PA Tk. 2,948.5 crore). Out of this PA fund, a total of Tk. 2,288.0 crore was released as RPA fund, which is 78% of the PA fund released and 31% of the total released fund.

Expenditure of Funds:

During the FY, Tk. 5,772.8 crore was spent under the 4th HPNSP, which is 75% of the RADP allocation and 79% of the released fund. The spending rate over released fund was 83% for GOB and that for PA was 72%. RPA expenditure was Tk. 1,475.6 crore, which is 64% of the RPA released fund, and 58% of RPA allocation. Although the amount of fund allocation increased slightly (2%), fund utilization decreased from Tk. 6,808.0 crore in FY 2018-19 to Tk. 5,772.8 crore in FY 2019-20, marking a decrease of 15%. This indicates that compared to FY 2018-19, the expenditure of total released and allocated fund during FY 2019-20 declined by 11 percentage points and 15 percentage points respectively. As a result, Tk. 1,963.9 crore of the released fund remained unspent.

Figure 1: Trend of RADP allocation, release, expenditure and utilization rate: FY 2017-18, FY 2018-19 and FY 2019-20



Due to the COVID-19 pandemic which hindered normal activities, a decline in fund release and expenditure for FY 2019-20 is apparent. In Figure 1 it may be noted that in two consecutive years following FY 2017-18, the allocation of funds increased, while expenditure in FY 2019-20 failed to rise compared to that in FY 2018-19. This led to an increase in unspent fund. [Details of OPs with large unutilized funds may be seen under sub-section on large OPs, below Figure 5.]

Table 1: Year-wise unspent fund

Financial Year	Unspent amount (in crore Tk.)	% of allocated fund unspent
2017-18	446.0	7%
2018-19	786.3	10%
2019-20	1,963.9	25%

Table 1 shows that unspent funds have been rising over the three FYs of the 4th HPNSP, from 7% in FY 2017-18 to 10% in FY 2018-19 and then drastically to 25% in FY 2019-20 (the COVID-19 effect!).

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

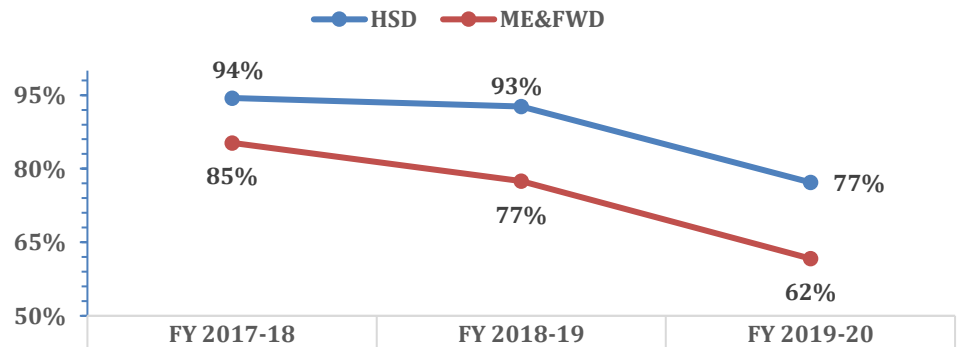
Table 2 shows Division-wise the total RADP utilization position of the 4th HPNSP during the FY 2019-20. It is seen from the table that the utilization rate of the OPs (19) of the HSD was 77% over allocation, while the utilization rate of the OPs (10) under ME&FWD was 62% over allocation. The utilization rate against released fund was 81% for HSD and 66% for ME&FWD.

Table 2: Division-wise RADP Allocation, Release and Utilization during FY 2019-2020 (in crore Tk.)

Division	OP	RADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
MOHFW	All 29 OPs	7,736.8	4,511.9	3,224.9	2,528.1	7,335.1	4,386.6	2,948.5	2,288.0	5,772.8	3,637.4	1,475.6	659.8	79%	75%
HSD	*19 OPs*	6,446.0	3,902.4	2,543.6	1,901.0	6,129.4	3,777.1	2,352.4	1,733.1	4,976.8	3,222.1	1,135.5	619.3	81%	77%
ME&FWD	*10 OPs*	1,290.8	609.6	681.3	627.2	1,205.7	609.6	596.1	555.0	796.0	415.4	340.1	40.5	66%	62%

The following graph (Figure 2) shows that the fund utilization rate of the ME&FWD Division has been lower during the 3 years under this report, thereby adversely affecting the combined utilization rate of the MOHFW.

Figure 2: Fund utilization rate of HSD and ME&FWD Division over the three FYs of 4th HPNSP



	FY 2017-18	FY 2018-19	FY 2019-20
HSD	94%	93%	77%
ME&FWD	85%	77%	62%

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

The 29 OPs of the 4th HPNSP are distributed over 5 OPs under Component-I: Strengthening Governance & Stewardship (SGS), 10 OPs under Component-II: Health System Strengthening (HSS), and 14 OPs under Component-III: Provision of Quality Health Services (PQHS), each with different rates of fund utilization. The utilization rate over allocation during the period under consideration was 80% for the SGS component, 77% for the HSS component and 73% for the PQHS component, as can be seen at Table 3 below. It may be noted that the total unspent money of the allocated fund under the three components was Tk. 1,963.9 crore, of which Tk. 1,246.9 crore (63%) was due to 14 OPs of Component-III, Tk. 699.0 crore (36%) due to ten OPs of Component-II and Tk. 18.0 crore (1%) for five OPs of Component-I. It is apparent that the OPs of component-III performed poorly and accounted for almost 2/3rds of all unspent funds. Financial progress of OPs under each component can be found in ANNEX-G: PROGRESS OF OPs UNDER EACH COMPONENT OF 4th HPNSP.

Table 3: Component-wise RADP Allocation, Release and Utilization during FY 2019-20 (in crore Tk.)

Component	OP	RADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
Total	**29 OPs**	**7,736.8**	**4,511.9**	**3,224.9**	**2,528.1**	**7,335.1**	**4,386.6**	**2,948.5**	**2,288.0**	**5,772.8**	**3,637.4**	**1,475.6**	**659.8**	**79%**	**75%**
SGS	**5 OPs**	**88.2**	**30.6**	**57.5**	**37.6**	**94.0**	**30.6**	**63.4**	**31.8**	**70.2**	**17.5**	**21.0**	**31.6**	**75%**	**80%**
HSS	***10 OPs***	**2,989.7**	**2,689.5**	**300.2**	**271.0**	**2,808.7**	**2,564.2**	**244.5**	**221.4**	**2,290.7**	**2,125.9**	**141.6**	**23.2**	**82%**	**77%**
PQHS	***14 OPs***	**4,658.9**	**1,791.8**	**2,867.1**	**2,219.4**	**4,432.3**	**1,791.8**	**2,640.6**	**2,034.9**	**3,412.0**	**1,494.0**	**1,313.0**	**605.0**	**77%**	**73%**

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

OP-wise total RADP allocation, release and utilization position of the 4th HPNSP covering 29 OPs for the FY 2019-20 is provided in Table 4 below, with the OPs under the two Divisions shown separately. This table shows the OP-wise expenditure in absolute figures and in percentage terms both against allocation and fund release.

Table 4: OP-wise RADP Allocation, Release and Utilization during FY 2019-20 (in crore Tk.)

(in crore Tk.)

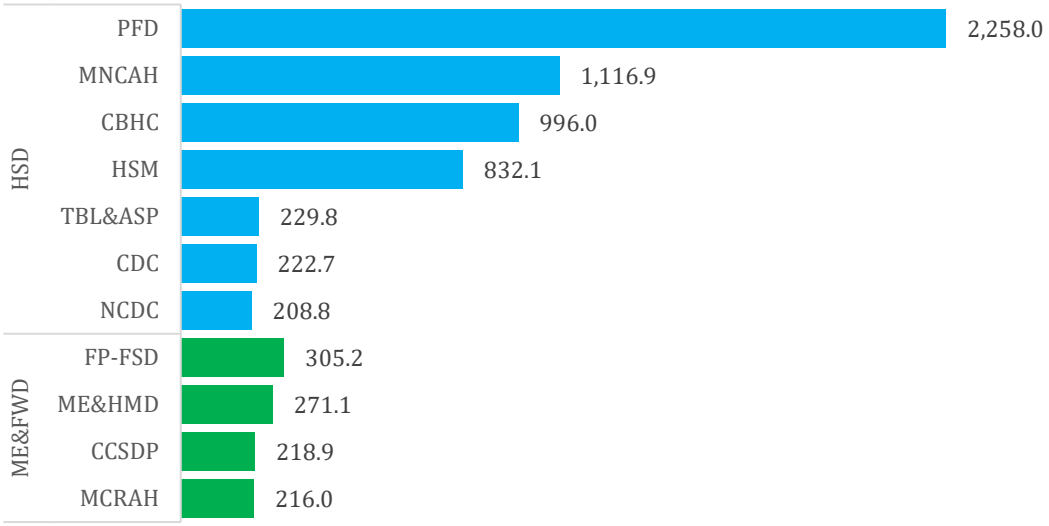
Division	OP	ADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			RPA	DPA		
Health Services Division (HSD)	**Directorate General of Health Services (13 OPs)**														
	MNCAH	1,116.9	151.5	965.3	465.0	1,051.6	151.5	900.0	465.0	966.9	114.8	417.1	435.0	92%	87%
	CBHC	996.0	682.2	313.8	312.8	995.0	682.2	312.8	312.8	850.8	646.0	204.8	-	86%	85%
	HSM	832.1	290.6	541.4	535.4	685.8	290.6	395.2	394.0	353.0	231.0	120.8	1.2	51%	42%
	TBL&ASP	229.8	38.0	191.8	109.9	255.2	38.0	217.2	109.9	228.6	22.8	98.5	107.3	90%	99%
	CDC	222.7	83.5	139.2	120.3	239.3	83.5	155.8	120.3	162.5	63.7	63.3	35.5	68%	73%
	NCDC	208.8	136.8	72.0	68.0	206.5	136.8	69.7	68.0	148.0	95.4	51.0	1.7	72%	71%
	HIS&eH	132.0	101.0	31.0	30.0	124.3	101.0	23.3	22.5	72.2	62.7	8.7	0.8	58%	55%
	PSSM-HS	126.9	114.0	12.9	12.9	126.9	114.0	12.9	12.9	112.7	110.7	2.0	-	89%	89%
	NNS	115.7	6.0	109.7	101.7	112.2	6.0	106.2	101.7	82.7	4.2	74.0	4.5	74%	71%
	AMC	48.8	43.8	5.0	5.0	48.8	43.8	5.0	5.0	38.7	38.1	0.7	-	79%	79%
	L&HEP	44.2	30.3	13.9	12.2	44.2	30.3	13.9	12.2	38.5	26.6	10.2	1.6	87%	87%
	PMR	23.6	13.6	10.0	7.2	19.1	13.6	5.6	5.4	11.2	6.1	4.9	0.2	58%	47%
	NEC	20.6	4.2	16.4	16.4	20.6	4.2	16.4	16.4	11.2	3.1	8.1	-	54%	54%
	Total	**4,117.8**	**1,695.4**	**2,422.4**	**1,796.8**	**3,929.5**	**1,695.4**	**2,234.1**	**1,646.1**	**3,077.1**	**1,425.2**	**1,064.0**	**587.9**	**78%**	**75%**
	Ministry of Health and Family Welfare (5 OPs)														
	PFD	2,258.0	2,188.0	70.0	70.0	2,120.4	2,062.7	57.7	57.7	1,837.6	1,784.5	53.1	-	87%	81%
	HEF	20.2	7.6	12.5	11.0	19.5	7.6	11.9	11.0	11.2	4.8	5.5	0.9	58%	56%
	SWPMM	18.7	1.9	16.8	1.3	33.4	1.9	31.5	1.0	31.7	1.2	-	30.5	95%	170%
	IFM	5.2	1.4	3.8	3.8	4.3	1.4	2.9	2.9	3.3	1.0	2.2	-	77%	63%
	HRD	4.7	1.6	3.1	3.1	4.7	1.6	3.1	3.1	2.0	0.7	1.3	-	42%	42%
	Total	**2,306.7**	**2,200.5**	**106.2**	**89.1**	**2,182.3**	**2,075.2**	**107.0**	**75.7**	**1,885.8**	**1,792.3**	**62.2**	**31.4**	**86%**	**82%**
	Directorate General of Drug Administration (1 OP)														
	SDAM	21.4	6.4	15.0	15.0	17.7	6.4	11.3	11.3	13.9	4.6	9.3	-	79%	65%
	HSD Total	**6,446.0**	**3,902.4**	**2,543.6**	**1,901.0**	**6,129.4**	**3,777.1**	**2,352.4**	**1,733.1**	**4,976.8**	**3,222.1**	**1,135.5**	**619.3**	**81%**	**77%**
Medical Education & Family Welfare Division (ME&FWD)	**Directorate General of Family Planning (7 OPs)**														
	FP-FSD	305.2	65.5	239.7	236.7	305.2	65.5	239.7	236.7	230.3	55.8	172.2	2.3	75%	75%
	CCSDP	218.9	150.0	68.9	66.2	212.3	150.0	62.3	60.6	115.6	107.3	6.7	1.6	54%	53%
	MCRAH	216.0	68.0	148.0	132.0	183.6	68.0	115.6	102.0	130.9	59.8	57.5	13.6	71%	61%
	IEC	83.4	41.4	42.0	37.8	72.2	41.4	30.8	30.2	54.2	25.4	28.2	0.6	75%	65%
	PSSM-FP	36.3	34.1	2.2	2.2	36.3	34.1	2.2	2.2	26.4	26.0	0.4	-	73%	73%
	MIS	31.2	12.6	18.6	18.6	26.5	12.6	14.0	14.0	13.6	8.2	5.3	-	51%	44%
	PME	4.3	1.1	3.2	3.2	4.3	1.1	3.2	3.2	2.1	0.8	1.3	-	49%	49%
	Total	**895.3**	**372.7**	**522.6**	**496.6**	**840.3**	**372.7**	**467.6**	**448.8**	**573.1**	**283.3**	**271.7**	**18.2**	**68%**	**64%**
	Directorate General of Medical Education (1 OP)														
	ME&HMD	271.1	201.1	70.0	70.0	253.6	201.1	52.5	52.5	144.4	110.4	34.1	-	57%	53%
	Directorate General of Nursing and Midwifery (1 OP)														
	NMES	76.1	14.8	61.3	33.1	70.3	14.8	55.5	33.1	50.7	9.7	18.6	22.3	72%	67%
	National Institute of Population Research and Training (1 OP)														
	TRD	48.4	21.0	27.4	27.4	41.5	21.0	20.6	20.6	27.8	12.0	15.8	-	67%	57%
	ME&FWD Total	**1,290.8**	**609.6**	**681.3**	**627.2**	**1,205.7**	**609.6**	**596.1**	**555.0**	**796.0**	**415.4**	**340.1**	**40.5**	**66%**	**62%**
All 29 OPs		**7,736.8**	**4,511.9**	**3,224.9**	**2,528.1**	**7,335.1**	**4,386.6**	**2,948.5**	**2,288.0**	**5,772.8**	**3,637.4**	**1,475.6**	**659.8**	**79%**	**75%**

1.1.6 FEATURES OF 4th HPNSP'S RADP

Special Features of RADP allocation to OPs:

1. There were 11 OPs each with more than Tk. 200 crore allocation: PFD (2,258.0), MNCAH (1,116.9), CBHC (996.0), HSM (832.1), FP-FSD (305.2), ME&HMD (271.1), TBL&ASP (229.8), CDC (222.7), CCSDP (218.9), MCRAH (216.0), and NCDC (208.8) (Figure 3). Taken together these 11 OPs enjoyed 89% of total RADP allocation during FY 2019-20.

Figure 3: OPs with larger RADP allocation (in crore Tk.) during FY 2019-20

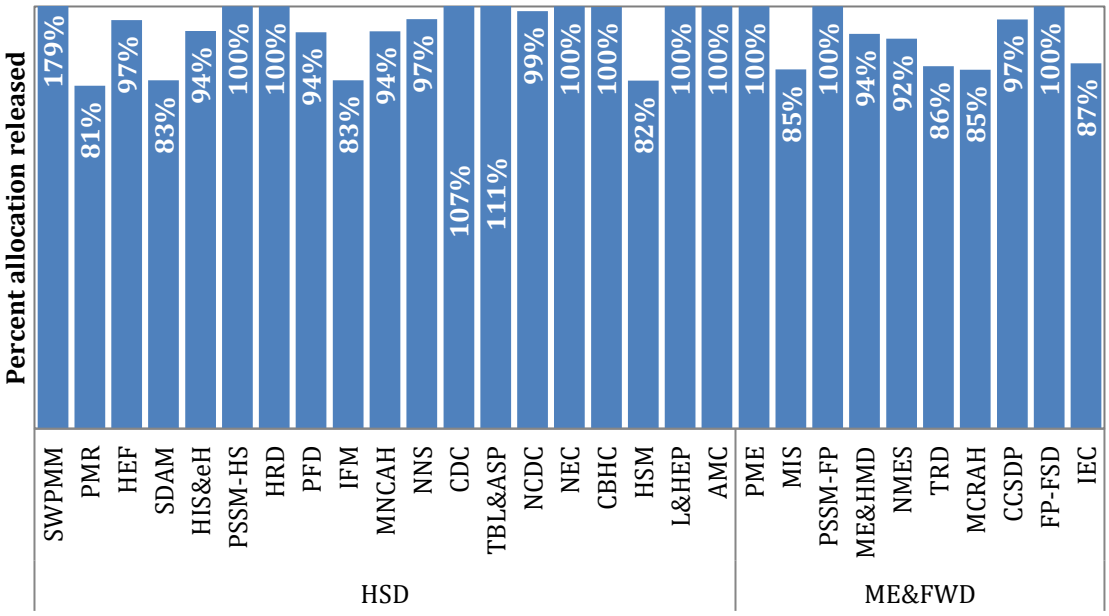


2. PFD alone enjoyed 29% of the total RADP allocation of FY 2019-20 and is the largest OP of the 4th HPNSP.
3. CBHC had the 2nd largest allocation – Tk. 996.0 crore which was larger than the combined allocation for all the OPs (7 OPs) under the DGFP.
4. The total allocation for 13 OPs of DGHS under HSD was Tk. 4,117.8 crore while PFD alone had an allocation of Tk. 2,258.0 crore.
5. There were three OPs each with less than Tk. 10 crore allocation: IFM (5.2), HRD (4.7), and PME (4.3).

Special Features of Fund Release:

Figure 4 shows the distribution of the proportion of released funds of RADP allocation among the 29 OPs: Twelve OPs achieved release of 100 percent or above of the allocated fund. Exceptionally, the released fund was more than the allocated fund for SWPMM OP (179%), CDC OP (107%), and TBL&ASP OP (111%). The reason for more release than allocation for these OPs was the disbursement of direct project aid (DPA) fund to these OPs. The fund release rate ranged between 90 and 99 percent for nine OPs (i.e. HEF, HIS & eHealth, PFD, MNCAH, NNS, NCDC, ME&HMD, NMES and CCSDP). The OP with lowest fund release rate was PMR (81%) and HSM (82%), followed by SDAM (83%).

Figure 4: Proportion of total RADP allocation released



Special Features of Fund Utilization:

a) Utilization against allocation of funds

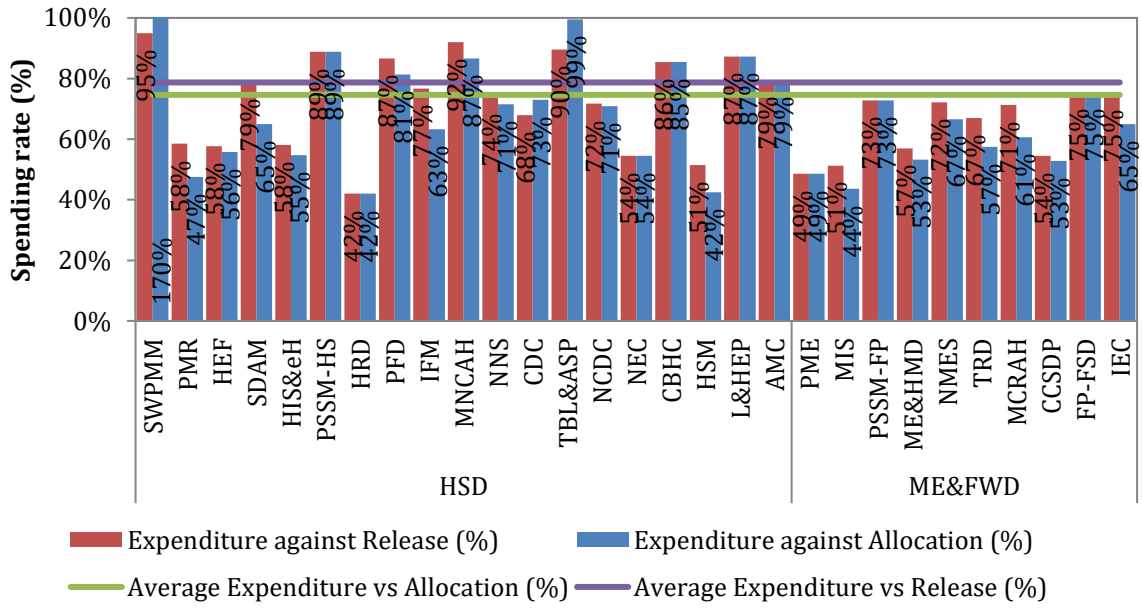
As depicted in Figure 5 below, the spending rate by nine OPs (e.g. SWPMM, PSSM-HS, PFD, MNCAH, TBL&ASP, CBHC, LHEP, AMC, and FP-FSD) was either equal to or above the program's overall spending rate of 75% against allocation, which is demarcated by a solid line in the figure. The OPs with the highest fund utilization rate against allocation were: SWPMM (170%)[1], followed by TBL&ASP (99%), PSSM-HS (89%) and L&HEP (87%). The OPs with lowest utilization rate against allocation were: HRD (42%), followed by HSM (42%), MIS (44%) and PMR (47%).

b) Utilization against release of funds

The spending rate over released fund was equal to or above the overall spending rate (79%) for seven OPs (e.g. SWPMM, PSSM-HS, PFD, MNCAH, TBL&ASP, CBHC, and LEHP). The OPs with the highest spending rate over released fund were: SWPMM (95%), MNCAH (92%), TBL&ASP (90%), PSSM-HS (89%), LHEP (87%), PFD (87%) and CBHC (86%). The lowest spending rate against release was recorded by HRD (42%), followed by PME (49%). For rest of the 20 OPs, the spending rate against released fund ranged between 51% and 79%.

[1] An additional DPA fund was spent by the OP, hence both release and expenditure figures were higher than the allocation.

Figure 5: Spending rate by OPs



Large OPs:

It is worth mentioning that 11 large OPs out of 29 OPs of the 4th HPNSP accounted for 89% share of current year's RADP allocation, with the highest share of 29% going to PFD OP. Other large OPs were: MNCAH (14%), CBHC (13%), HSM (11%), FP-FSD (4%), ME&HMD (4%), TBL&ASP (3%), CDC (3%), CCSDP (3%), MCRAH (3%), and NCDC (3%). For FY 2019-20, a total of Tk. 6,875.3 crore (89%) was allocated for these 11 OPs, and the aggregate expenditure by these OPs was Tk. 5,168.7 crore (75% of allocation), and so 25% of the allocation remained unutilized (Tk. 1,706.6 crore). This was in line with the average unutilized fund of 25% for total RADP. Unutilized fund of these 11 OPs was 87% of the total unutilized fund of Tk. 1,963.9 crore. This indicates that utilization of large OPs influences the overall financial performance of the program. The largest unspent amount lay with HSM (Tk. 479.0 crore) followed by PFD (Tk. 420.4 crore). Other OPs with large unspent amount were: MNCAH (Tk. 150.0 crore), CBHC (Tk. 145.3 crore), ME&HMD (Tk. 126.6 crore), CCSDP (Tk. 103.3 crore), MCRAH (Tk. 85.1 crore), FP-FSD (Tk. 74.8 crore), NCDC (Tk. 60.8 crore), CDC (Tk. 60.1 crore), HIS&eH (Tk. 59.8 crore), NNS (Tk. 33.0 crore), IEC (Tk. 29.2 crore), NMES (Tk. 25.4 crore), TRD (Tk. 20.6 crore), MIS (Tk. 17.6 crore), PSSM-HS (Tk. 14.1 crore), PMR (Tk. 12.4 crore) and AMC (Tk. 10.1 crore).

Large OPs under HSD:

Among the above mentioned 11 large OPs, seven OPs viz. PFD (29%), MNCAH (14%), CBHC (13%), HSM (11%), TBL&ASP (3%), CDC (3%), and NCDC (3%), belong to the HSD Division and accounted for 91% share of RADP allocation for the OPs under HSD. These 7 large OPs together spent 78% (Tk. 4,547.4 crore) of the allocated fund, i.e., 22% of the allocation (Tk. 1,316.8 crore) was unspent which accounted for 67% of the total unspent money allocated for 29 OPs.

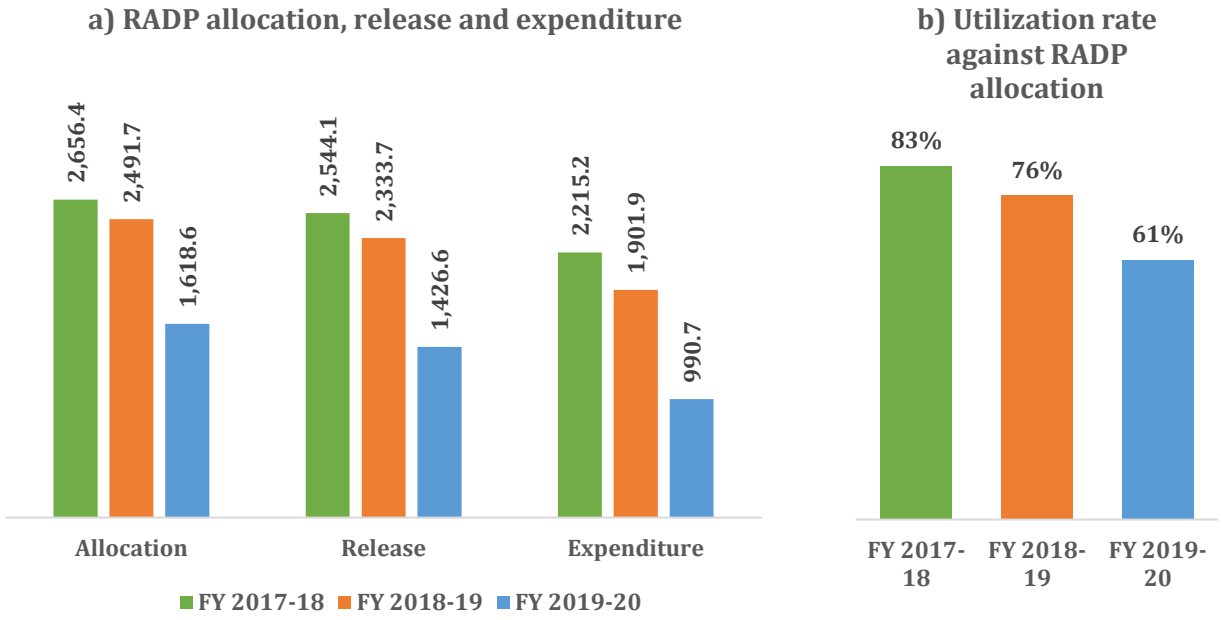
Large OPs under ME&FWD:

Among the 11 large OPs, four OPs belong to the ME&FWD Division, viz., FP-FSD (4%), ME&HMD (4%), CCSDP (3%), and MCRAH (3%) and accounted for 78% share of RADP allocation for the OPs (10) under ME&FWD. These four OPs spent 61% (Tk. 621.3 crore) of the allocated fund, i.e., 39% of the allocation (Tk. 389.8 crore) remained unspent!

1.1.7 SUMMARY OF FINANCIAL PROGRESS OF PROJECTS

Parallel to the sector program (4th HPNSP), 36 projects are under implementation from ADP funds in the two Divisions of the MOHFW (31 by HSD and five by ME&FWD). Although allocation for projects had declined over the three FYs of the 4th HPNSP, the number of projects increased, from 34 in FY 2017-18 and FY 2018-19 to 36 in FY 2019-20. While the number of projects has been rising, the RADP allocation for the projects has been decreasing: from 31% (Tk. 2,656.4 crore) of RADP in FY 2017-18 to 25% (Tk. 2,491.7 crore) in FY 2018-19, and to 17% (Tk. 1,618.6 crore) in FY 2019-20. Unfortunately, the utilization rate of projects has been consistently falling: from 83% in FY 2017-18 to 76% in FY 2018-19 to 61% in FY 2019-20 (Figure 6). This contradictory trend of increasing number of projects in the face of decreasing financing deserves to be seriously examined by the policy-makers and managers of the MOHFW to avoid piling up of the number of unfinished projects. Project wise details of allocation, release and utilization position is shown in ANNEX-F: FINANCIAL PROGRESS (ALLOCATION, RELEASE, EXPENDITURE AND UTILIZATION RATES) OF PROJECTS DURING FY 2019-20.

Figure 6: Trend of allocation, release, expenditure and utilization rate of projects during the FYs (of 4th HPNSP)



1.1.8 WAY FORWARD

The above assessment of fund utilization performance of the 4th HPNSP and the projects suggests that in order to improve fund utilization, the following steps may be taken:

1. It is essential to be more vigilant about the implementation performance of the 11 large OPs mentioned earlier. The fund utilization rate fell sharply in FY 2019-20 due to the unexpected attack of COVID-19. As a result, a large amount of money was left unspent which may have negative implications for the overall performance of the 4th HPNSP. Necessary steps may be taken for the remaining years of this Sector Program to bridge the existing performance gap through regular monitoring and intense supervision of the performance of the OPs (with particular focus on the 11 larger OPs) by the (a) LDs, (b) the heads of the implementing agencies and as well as by (c) the Task Groups.
2. Steps may be taken to limit the number of projects and to arrive at a rational judgement on the essential ones which can be completed within the next two to three years. Only when a project is completed and is backed by adequate HR, can it add to service coverage; otherwise these remain as wasteful burdens.
3. The performance of the OPs related to provision of quality health services (in Component-III of the Program) need to be better-supervised and more efficiently led. Much of the unspent funds were concentrated in these OPs.
4. Increased attention has to be paid to arrest the slide in performance of the OPs under ME&FWD.
5. COVID-19 has exposed the inadequacies of the health facilities and highlighted the urgent need for the strengthening and the continuance of essential health services. Infusion of additional resources through reallocation among the OPs may be considered as an option. In this respect, the disproportionate share of funds allocated to developing physical facilities in MOHFW's ADP - through the projects and PFD OP - may need to be revisited in the broader interest of GOB's commitment to reaching UHC.

1.2 UPDATE OF 4th HPNSP RFW INDICATORS

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

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

Table 5 presents the status of the goal-level RFW indicators using published data. It can be mentioned here, out of 25 Intermediate level indicators, data wasn't found only for two indicators that emanated from routine data sources. An update on Intermediate level indicators is shown in ANNEX-C: RESULTS FRAMEWORK FOR THE 4th HPNSP (2017-2022). In addition, there are OP-level process/output indicators (n=131) covering all the OPs for monitoring OP-wise progress of work on a six-monthly/annual basis as depicted in the respective OP factsheets (PART-B).

Table 5: Status of goal-level RFW Indicators; data as of June 2020

RESULT	INDICATOR[2]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE June 2020	TARGET 2022
Goal: *All citizens of Bangladesh enjoy health and well-being.*	GI 1. Under 5 Mortality Rate (U5MR)	BDHS, every 3 years	46, BDHS 2014	45 (BDHS 2017-18); 28 (SVRS, 2019); 40 (MICS 2019)	34
	GI 2. Neonatal Mortality Rate (NMR)	BDHS, every 3 years	28, BDHS 2014	30 (BDHS 2017-18); 15 (SVRS,2019); 26 (MICS, 2019)	18
	GI 3. Maternal Mortality Ratio (MMR)	BMMS/MPDR/ MMEIG[3], every year	176, WHO 2015[4]	173 (WHO, 2017); 196 (BMMS 2016); 165 (SVRS, 2019)	121
	GI 4. Total Fertility Rate (TFR)	BDHS, every 3 years	2.3, BDHS 2014	2.3 (BDHS 2017-18);	2.0

[2] Indicators in general would be stratified (where applicable) by age, gender, geographic area and wealth quintiles
[3] MMEIG: Maternal Mortality Estimation Inter-agency Group, consisting of WHO, UNICEF, UNFPA, UN Population Division and The World Bank
[4] http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/

RESULT	INDICATOR[2]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE June 2020	TARGET 2022
				2.04 (SVRS 2019); 2.3 (MICS 2019)	
	GI 5. Prevalence of stunting among under-five children	BDHS, every 3 years/UESD, every non-BDHS years	36.1%, BDHS 2014	31% (BDHS 2017-18); 28% (MICS 2019); Urban: 26.3%, Rural: 28.4%	25%
	GI 6. Prevalence[5] of hypertension among adult population	BDHS, every 3 years/NCD-RF, every 2 years	Female 32%, Male 19%, BDHS 2011	Female 28.7% Male 21.5% (NCD-RF 2018); Female 45%, Male 34% among age group 35+ (BDHS 2017-18)	Female 32%, Male 19%
	GI 7. % of public facilities with key service readiness[6] as per approved Essential Service Package (ESP)	BHFS, every 2 years	FP: 38.2; ANC 7.8%; CH 6.7%, BHFS 2014	FP: 20.6%; ANC 12.6 %; CH 5.1% (BHFS 2017)	FP: 70%; ANC: 50%; CH 50%
	GI 8. % of total health expenditure (THE) financed from public sector[7]	BNHA, every 3 years	23.1%, BNHA 2012	23%, BNHA 2015	26.2%

[5] Estimated as elevated blood pressure among women and men aged 35 years or older
[6] Defined as facilities (excl. CCs) having a) for FP: guidelines, trained staff, BP machine, OCP and condom; b) for ANC: guidelines, trained staff, BP machine, hemoglobin and urine protein testing capacity, Fe/folic acid tablets; c) for CH: IMCI guideline and trained staff, child scale, thermometer, growth chart, ORS, zinc, Amoxicillin, Paracetamol, Anthelmintics
[7] Government schemes and compulsory health care financing schemes

1.3 PROGRAMMATIC ACHIEVEMENTS MEASURED BY OP LEVEL INDICATORS

This section reviews progress as measured by the achievement of 131 OP-level indicators over the past three financial years: FY 2017-18; FY 2018-19; and FY 2019-20. The results are presented in OP-specific factsheets (PART-B).

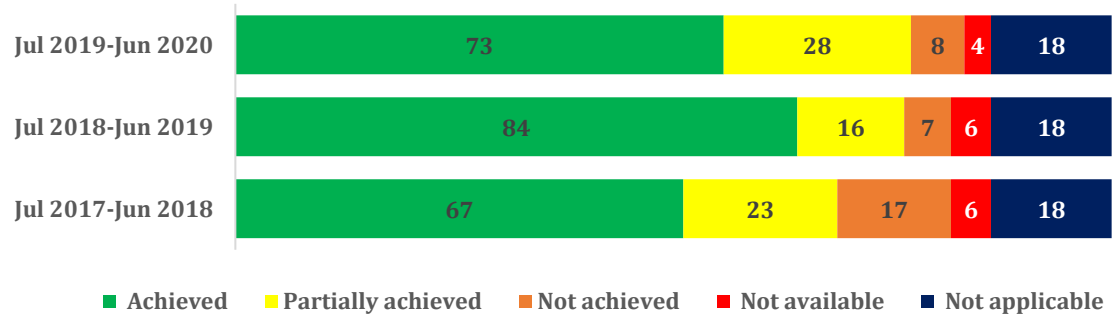
Methodology: Indicators are classified into five categories based on their achievements against the targets, according to the following criteria:

1. **Achieved:** when an indicator's achievement is between 80% and 100% of the target.
2. **Partially achieved:** when an indicator's achievement ranges from more than 20% to less than 80% of the target.
3. **Not achieved:** if an indicator's achievement is less than or equal to 20%
4. **Not available:** Data was not provided by the OP
5. **Not applicable:** Inapplicable for this reporting period

The progress in achieving indicator targets has slightly improved over the years. During FY 2017-18, 67 indicators (59%) were achieved and 23 indicators (20%) were partially achieved. Five OPs (HIS & e-Health, NEC, PSSM-HS, L&HEP and HEF) were able to achieve all their OP-level indicator targets (>=80%) during that reporting period. Whereas three OPs (FP-FSD, MIS and IFM), did not achieve any of their OP-level indicators (<=20% of the target).

During FY 2018-19 (July 2018-June 2019), the APIR 2019 report found 84 indicators (74%) were achieved and 15 indicators (13%) as partially achieved. Eight OPs (HIS & e-Health, NNS, NEC, PSSM-HS, PMR, HEF, MNCAH and NCDC) of HSD division and four OPs (NMES, PSSM-FP, IEC and MCRAH) from ME&FWD division were able to achieve all their OP-level indicators targets (>=80%). Whereas two OPs (FP-FSD and CCSDP), did not achieve any of their OP-level indicators (<=20% of the target) during the reporting period (Figure 7).

Figure 7: OP-level indicators' achievement over the period



For the reporting year i.e. FY 2019-20, the progress of OP-level indicators slightly fell as the last quarter (April-June) of the financial year faced lockdown due to COVID-19 situation. The number of achieved OP level indicators was reduced to 73 (65%), while the number of partially achieved indicators increased to 28 (25%). Four OPs (NNS, HIS & eHealth, CDC and L&HEP) of HSD and three OPs (PSSM-FP, NMES, MCRAH) from ME&FWD were able to achieve all their OP-level

indicators targets (>=80% of the target). FP-FSD failed to achieve any of its OP-level indicators (<=20% of the target) during the reporting period.

It may be noted from the above graph that the number of indicators termed as "Not Applicable" and "Not Available" was same in three consecutive FYs of the 4th HPNSP, which resulted from some specific problematic indicators that could not be reported by OPs. Some indicators rely on survey data that are collected periodically (e.g. through the BDHS, BHFS, etc.). A list of indicators which were persistently reported as "Not Applicable" and "Not Available" are given separately in ANNEX-I: LIST OF OP INDICATORS WITH REPORTING PROBLEM. Besides the reporting difficulty of OP-level indicators, some other problems like lack of clarity in the indicator definition and unit of measurement, unavailability of baseline data and issues related to calculation methodology were found in the OP-level indicators.

Several OPs (e.g., FP-FSD, MNCAH, MCRAH, HEF, HRD, MIS-FP, ME&HMD, HSM) have been facing similar challenges in reporting their indicators since the beginning of 4th HPNSP. To address these challenges, the PMMU team had visited 19 OPs to discuss and clarify indicator definitions, targets, data sources or means of verification (MOV), calculation methodology, and other issues, so that the OPs can realign/revise their indicators with their respective priority activities. A template was prepared and disseminated to guide them to revise their OP-indicators. Four OPs (PME, CDC, L&HEP and HEF) submitted the filled-in template of revised OPs to PMMU as per the template. All 7 OPs under DGFP proposed revised indicators in a workshop held at DGFP. These revised indicators need to be reviewed for final approval in the revised OP. This will help LDs eliminate OP-indicators which are outside their scope of implementation and where data for annual reporting is not available. In particular, OPs that rely on periodic surveys for indicator data need to identify other/additional indicators that can be collected more frequently to measure progress, and which can be used for effective decision-making.

Way Forward

1. One-fifth of the OP indicators fall within the categories of "Not Applicable" and "Not Available" as assessed. These need to be replaced/dropped during the preparation of Revised OPs.
2. A guideline for revising OP indicators during OP revision process may be issued by PW to avoid recurrence of the mentioned problems and to facilitate the planned monitoring of OP performance.
3. In the process of revision of the OPs – now at hand - a technical committee consisting of indicator specialists may be formed under the Sector-wide Program Management OP to fine-tune the technical quality of the newly suggested OP indicators e.g. definition, baseline, means of verification, methodology of calculation etc.

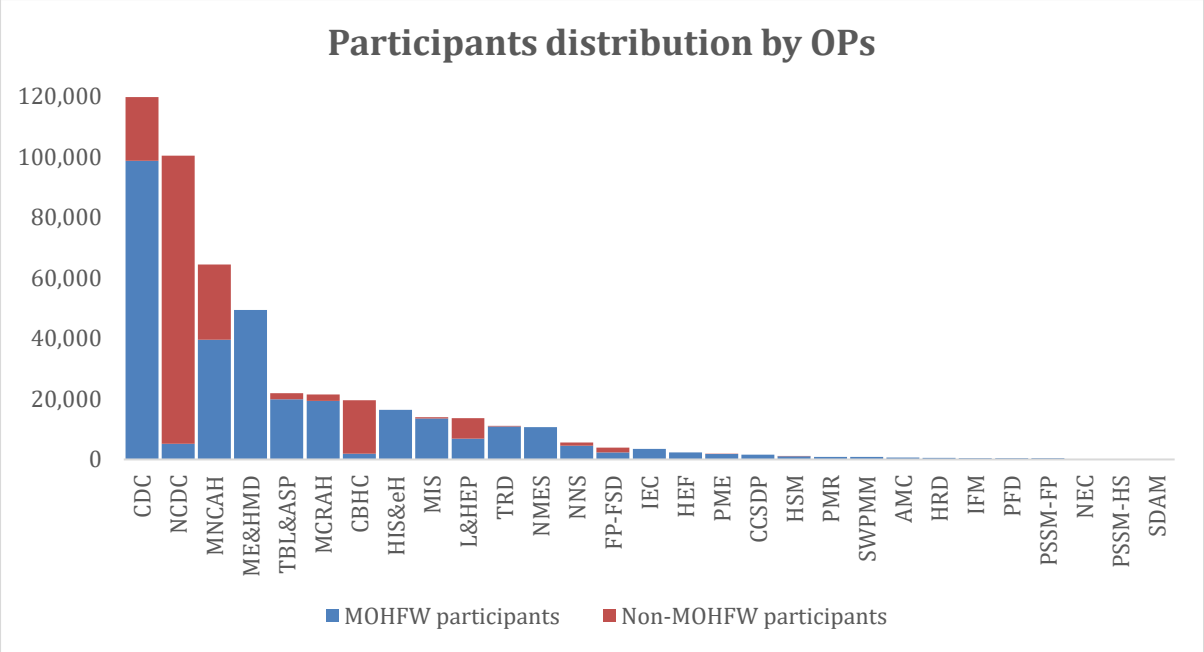
1.4 PROGRESS IN TRAINING

Distribution of training participants:
During the FY 2019-20, a total of 486,839 persons (including personnel from outside MOHFW) took part in different capacity building programs. Of those total participants, 23,899 (5% of the total participants) were from MOHFW central level, 290,174 (60% of the total participants) were from MOHFW field level and 172,766 (35% of the total participants) were Non-MOHFW participants. A total of 201,134 participants (41% of the total participants) attended local trainings, 285,535 participants (59% of the total participants) attended different workshops, seminars and advocacy, and only 170 participants (<1% of the total participants) received foreign training during the reporting period.

Duration of training:
Out of the total participants, 482,405 participants (99% of the total participants) received short term (1-28 days) training, 1,425 participants (<1% of the total participants) received medium term (29 days – 6 months) training and 3,009 participants (<1% of the total participants) received long term (more than 6 months) training. As most of the trainings are short term, it has been further categorized into 1-day, 2-day and 3-28 days' trainings. Among the 466,771 short term training participants, 62% participants attended 1-day long training/workshops, 13% participants attended 2-day long training/workshop and 35% participants attended 3-28 days long training/workshop. Mentionable, the training/workshop duration for rest 15,634 participants could not be categorized as 1-day, 2-day and 3-28 days' because a few trainings' duration was either not reported or reported as "1-2" days, "2-3" days, "2-5" days etc.

A total of 119,685 persons (almost 25% of total participants) took part in trainings/workshops conducted by CDC OP. CDC, NCDC, MNCAH and ME&HMD together provided trainings/workshops to 333,797 persons, which was 69% of the total participants. OP-wise number of training/workshop participants is shown in Figure 8.

Figure 8: Participants distribution by OPs



Overall training cost:

The 4th HPNSP devotes considerable effort to improving HR capacity through trainings (local and foreign) and workshops/seminars/orientations. Out of the total Program expenditure of Tk. 5,772.8 crore for FY 2019-20, Tk. 293.7 crore (5%) was spent on capacity building activities. Of the total training cost, Tk. 189.5 crore (65%) was spent on local training, Tk. 99.0 crore (34%) was spent on workshops[8] related activities and Tk. 5.2 crore (2%) was spent on foreign training. The OP with highest training cost was CDC (Tk. 60.7 crore) followed by NMES (Tk. 40.3 crore), ME&HMD (Tk. 31.6 crore), NCDC (Tk. 31.4 crore), MCRAH (Tk. 21.2 crore), MNCAH (Tk. 19.6 crore), TRD (Tk. 15.3 crore) and NNS (Tk. 11.0 crore). The highest percentage of total expenditure went to training cost for NMES (80%) followed by MIS (62%), TRD (55%) and HRD (50%).

Training cost of HSD Division:

The 19 OPs under HSD Division spent a total of Tk. 162.5 crore on training, which is 3% of the total expenditure of Tk. 4,976.8 crore for the Division. Of the total training cost, Tk. 74.2 crore (46%) was spent on local training, Tk. 83.3 crore (51%) was spent on workshops related activities and Tk. 5.0 crore (3%) was spent on foreign training. The OP with highest training cost was CDC (Tk. 60.7 crore) followed by NCDC (Tk. 31.4 crore), MNCAH (Tk 19.6 crore) and NNS (Tk. 11.0 crore). The highest percentage of total expenditure went to training cost for HRD (50%) followed by CDC (37%) and NCDC (21%).

Training cost of ME&FWD Division:

The 10 OPs under ME&FWD Division spent a total of Tk. 131.2 crore, which is 16% of the total expenditure of Tk. 796.0 crore for the Division. Of the total training cost, Tk. 115.3 crore (88%) was spent on local training, Tk. 15.7 crore (12%) was spent on workshops related activities and Tk. 0.2 crore (<1%) was spent on foreign training. The OPs with highest training cost was NMES (Tk. 40.3 crore) followed by ME&HMD (Tk. 31.6 crore), MCRAH (Tk. 21.2 crore) and TRD (Tk. 15.3 crore). The highest percentage of total expenditure went to training cost for NMES (80%) followed by MIS (62%) and TRD (55%).

Cost of training as per duration:

Almost 93% of the total training cost was spent on short term trainings/workshops. Among the short-term trainings, approximately Tk. 149.5 crore (51% of the total training cost) was spent on 3-28 days' long trainings, whereas Tk. 93.1 crore (32% of the total training cost) was spent on 1-day trainings/workshops and Tk. 25.2 crore (9% of the total training cost) was spent on 2-day trainings/workshops.

[8] Workshops also include orientations and advocacies

1.5 PROGRESS IN IMPROVING SERVICES AND STRENGTHENING SYSTEMS

Some of the key activities undertaken during July 2019-June 2020 were:

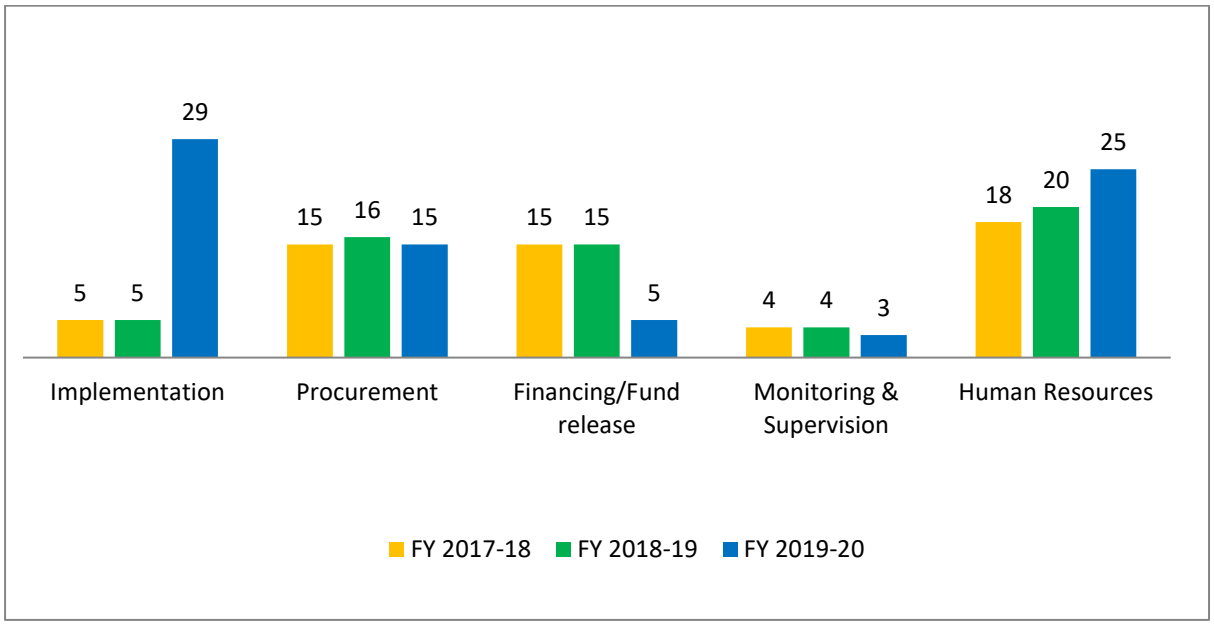
- 2,000 Doctors and 5,054 nurses recruited- in response to need for managing COVID-19 pandemic.
- Produced 942 registered midwives and 2,627 newly recruited nurses and midwives received orientation training.
- A full-fledged Directorate –general of Medical Education was set up under MEFWD.
- DGHS achieved 85.8 % of its annual target for children immunized for measles and rubella in four districts in Sylhet division and 82.2 % of its annual target for the same in 11 districts in Chattogram division.
- 1,49,776 normal deliveries took place in the public facilities of Sylhet and Chittagong divisions under DGFP (n=63,137) and DGHS (n=86,639) [compared to 1,31,015 normal deliveries in 2018-19].
- Provided Maternal Health Voucher Fund to 81,621 mothers. In addition, provided travel expenses and cash incentive to procure nutritious food to 55,450 mothers.
- Notified 2,48,439 all forms of new TB cases (drug sensitive). Enrolled 1,154 Multi Drug Resistant (MDR) TB cases. [Figures for those in 2018-19 were 2,80,637 and 1,119 respectively.
- Performed 75,918 tubal ligation and 29404No-scalpel vasectomies (NSV), inserted 157,898 Intrauterine devices (IUDs) and 3,52,065 implants. [2018-19 figures were: 1,27,509 of tubal ligation & no-scalpel vasectomies (NSVs); 1,79,413 intrauterine devices (IUDs); and 3,35,450 implants.
- Conducted the Mid-term Program Review (MTR) of 4th HPNSP for Priority Action Plan (PAP) for taking follow up action.
- The number of functional community clinics increased to 13,817 and the Community Clinic Trust Act 2018 has been enacted.
- Established medical waste management authorities at divisional, district and facility levels to oversee waste management activities.
- e-MIS scaled up in 1,286 UH&FWCs.
- DGFP DHIS2 scaled up in 32 districts and built interoperability with eMIS and Service Statistics Software.
- Developed digital attendance and security system for DGFP.
- Updated the online registration process for private hospitals, clinics, diagnostic centers and blood banks was launched and included provision for renewing license in the system.
- Formed monitoring teams at DGHS, division and district level and visited 37 private hospitals to ensure quality management of COVID-19 patients. Also developed QI monitoring tools and framework and AI based respiratory management system.
- Established model emergency service unit in DMCH and established emergency Triage System in MCHs and District Hospitals.
- 3,600 CCs continue to report on gender disaggregated data in DHIS2. 100% of facilities (upazila level and above) and 94% of community-level government health facilities submitted routine reports on time.
- The CMSD restructuring proposal sent to MOHFW and MOPA.
- More than 99% of DGFP managed public health facilities/public service delivery points reported without stock outs of essential medicines/FP supplies, and 100% of (a) WIMS and (b) UIMS were functional.
- Incorporated provision of comprehensive maintenance contract in 50% tender documents for high-tech equipment. 89% of contracts awarded within initial tender validity period.

- The Adverse Drug Reaction Monitoring (ADRM) Cell collected 709 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.
- Ensured inter-agency coordination through 14 workshops (workshop on Development of District Health Plan (DDHP)-1; APIR 2019 dissemination-1; TA harmonization workshop-1; consultation workshop on UHS-1; national stakeholder workshop on progress of health-related SDGs-1; consultation workshop on MPIR-2020-1, ADP implementation monitoring workshop -1, MTR launching workshop-1 and other five workshops.
- Ensured GOB-DP coordination through 53 meetings (e.g. LCG-Health-1; Task Group (TG) 24; Technical Assistance Committee (TAC)-2; DLI Monitoring Committee-3, APR- Steering Committee (SC) Meeting-4; UHCC-1, UHWG-1; Others-18).
- Arranged two cataract screening and surgical camps, provided OPD services to 5,606 persons. 2,100 adult cataract patients underwent surgery of which 552 cataract patients received demand side financing (DSF)/cash voucher.
- CDC/DGHS completed four packages of researches and surveys in coordination with MIS.
- Completed data collection, data entry and data analysis for the Bangladesh Adolescent Health and Well-being Survey (BAH&WS) 2019.
- Completed roll-out of the Asset Management System in 12 district hospitals.
- Prepared and published: APIR 2019 (July 2018-June 2019); Health Bulletin 2018; DGFP LMIS reports etc.
- Finalized/Developed: MPIR 2020 (January 2017-December 2019); EBP guidelines; guidelines of Infection Prevention in Laboratories; structured referral guidelines; guidelines for Patient Safety; National Child Health Strategy Bangladesh 2017-2022; National Strategy of Maternal Health and Maternal Health Standard Operating Procedures (Vol: 1&2); Draft Accreditation of Health Care Institutions Act; Referral strategy from CC to USC/UzHC; National Guidelines for Clinical Management of Dengue Syndrome and Chikungunya Fever; National Policy and Guidelines on Geriatric Care Multi-sectoral Action Plan for Prevention and Control of NCDs (MAP); NCD management model on diabetes and hypertension at the community clinics with referral to UzHCs ;Asset Management Guideline;
- Observed- Health Week, National Breastfeeding Week, World Rabies Day, World AIDS Day, World Population Day and World Mental Health Day, Vitamin A Plus Campaign, etc.

1.6 IMPLEMENTATION CHALLENGES AND RECOMMENDATIONS

In response to queries through the reporting template, the LDs provided information on the implementation progress of the OPs also collected information on the major implementation challenges faced during July 2019-June 2020 of 4th HPNSP implementation. At the same time, the LDs also provided a list of recommendations to overcome the challenges.

Figure 9: Trends in area-wise number of challenges reported by the LDs, July 2017-June 2020



The Figure 9 shows the trend in challenges faced, as reported by the LDs during the last three financial years: FY 2017-18; FY 2018-19 and FY 2019-20 of the current 4th HPNSP. The number of challenges reported decreased in the FY 2017-18 and FY 2018-19 compared to the earlier five years of 3rd HPNSDP in all areas. However, in FY 2019-20, the number of challenges faced increased. All the 19 OPs from HSD and ten OPs from ME&FWD mentioned having faced challenges. The largest number of reported challenges was in the areas of implementation, human resources and procurement, followed by fund release and monitoring & supervision. This highlights the need for focused attention by the senior management of the MOHFW and its agencies so that these challenges are addressed. These challenges are consistent with the challenges reported in the last two APIR reports (APIR 2018 and APIR 2019). During the last quarter of FY 2019 -20, the LDs faced greater than ever challenges in the areas of implementation mainly due to the COVID-19 pandemic situation. In addition, HR challenges have further been increased FY 2019-20. Very few OPs reported challenges in the area of monitoring & supervision. However, there is a declining trend of challenges reported in the area of fund release.

Implementation Challenges

COVID-19 pandemic had an adverse effect on program implementation and all the 29 OPs reported challenges in this area. Recent lockdown hampered implementation of last quarter plan. Accordingly, the HEF OP reported that enrollment of patient in three SSK piloting hospitals decreased dramatically, thereby fund utilization by the hospitals also dropped from March to June 2020. The HRD OP could not hire consultants for this preparation of the comprehensive HR plan remained unfinished. In the case of IEC OP, activities related to workshop, training and advocacy could not be implemented due to COVID-19 situation, eventually; the IEC OP could not achieve

the indicators # 1 and #2. Some other OPs (e.g. TRD, AMC) could not complete local training as per Annual Training Plan (ATP). The TRD OP stopped training on 24 March 2020 and could not organize several courses as per plan. Moreover, data collection of ongoing surveys, dissemination seminar of research/survey results and field related research/survey activities had to be stopped by the TRD OP from the end of March 2020.

The pandemic situation further hampered the countrywide scaling up of e-MIS system. DGHS had shortage of contraceptive supplies for PPFP which hampered the implementation of PPFP services in DGHS and private sector health facilities.

Procurement Challenges

Delayed or lengthy procurement process still remains a concern; six OPs (MNCAH, HSM, CDC, L&HEP MEHMD and MIS) reported challenges in this area. However, all of them mentioned COVID-19 situation as one of the major causes of delayed procurement during FY 2019-20. Four OPs (CBHC, NCDC, HIS & e-health, HEF) raised issues regarding the late initiation of procurement by CMSD. The PSSM-HS/CMSD OP found difficulties in finalizing tender documents due to existence of different prices quoted by different OPs for similar goods. It also highlighted that changes in the list of procurement were made after approval of consolidated procurement plans, which further delayed the procurement process. A further challenge for CMSD was that they did not receive requirements of goods from all OPs at the same time.

Fund Release Challenges

Long lasting challenges in fund release are no longer there in FY 2019-20, only two LDs (PMR and MNCAH) reported delayed receipt of funds, which subsequently hindered timely implementation of planned activities. However, six LDs reported delayed receipt of funds in the FY 2018-19. During FY 2019-20, the MNCAH OP raised the issue of advance fund mobilization as a challenge. The CBHC OP reported delays in receiving the Statement of Expenditure (SOE) from a substantial number of cost centers and for which advance funds for country wide training was not available.

Human Resources Challenges

Shortage of manpower due to either vacancy against sanctioned positions or delayed recruitment of new staff coupled with frequent turn-over of the OP-level key positions posed challenges for implementation of planned activities. Retaining trained manpower in remote/hard-to reach areas still remains a challenge. Consistently both during FY 2018-19 and FY 2019-20, the CBHC OP reported that it was difficult to measure the OP Indicator-1 (Number of CCs functioning at Upazila Health Complexes) without deploying CHCP at UzHC-based CCs. Moreover, four OPs (MNCAH, HSM, MIS and LHEP) mentioned existence of field level vacancy during FY 2019-20. In addition, in FY 2019-20 posts of Line Directors, Program Managers and Deputy Program Managers remained vacant for about two months under PMR OP. The vacancy of Line Director position affected both physical and financial progress. Five OPs (HIS &e-Health, MIS, PSSM-HS, HSM, and CCSDP) reported requirement of technical manpower (e.g. Biomedical Engineer, M&E Specialist, MIS/IT expert and Procurement Specialist etc.).

Other Challenges

Only three LDs (HSM, LHEP and IFM) reported about challenges in implementing iBAS++ software during this reporting period compared to eight LDs in the APIR 2019. It is noteworthy that the MOHFW organized trainings on iBAS++ to mitigate this challenge.

The IFM OP consistently reported to include the name of the Drawing and Disbursement Officer (DDO) (Senior Health Education Officer in the iBAS++ system, but failed, which created problems to implement awareness program.

The MNCAH and CCSDP OPs mentioned challenges regarding implementation of imprest fund mechanism at the Directorates' service centers. The CCSDP OP also pointed out the difficulty to operationalize the National PPFP Action Plan, which has remained limited to date. The TBL&ASP OP mentioned about lack of field monitoring visit due to the withdrawal of fuel cost and driver from Global Fund (since January 2018).

The NCDC OP reported both in the FY 2018-19 and FY 2019-20 (July-December 2019) that they did not achieve the targets of their OP indicators due to a lack of clarity and understanding on the indicator definition, and the unavailability of baseline data. During FY 2019-20, the MNCAH, CDC, AMC, HSM OPs also mentioned the need to revise their OP indicators and activities. These were also flagged by other OPs in earlier reports (SmPR 2017, APIR 2018 and SmPR 2018).

Recommendations made by LDs:

The responses from the LDs on how to address the challenges were analyzed using content analysis and classified into five broad areas: 1) Human Resources; 2) Implementation, coordination and capacity building; 3) Procurement; 4) Fund release; and 5) Monitoring and Supervision.

Most of the recommendations (n=14) related to ***human resources*** were:

1. Increase procurement-related skilled manpower for ensuring quality procurement (recommendation by CMSD OP).
2. Ensure Line Director positions do not remain vacant for long periods. Moreover, fill up other vacant posts immediately.
3. Approve 430 CHCPs posts in the revised OP.
4. Deploy separate manpower for Revenue and Development activities (recommended by PMR OP).

The recommendations related to ***implementation, coordination and capacity building*** (n=11) were:

5. Foster effective collaboration and coordination.
6. Promote using video conferencing system for training purpose.
7. Organize more refresher trainings for managers and users of PPR and iBAS++.
8. Increase mobile outreach services (LARC & PM) in hard to reach areas by Roving Team.
9. Organize periodic LARC & PM client fair.
10. Arrange regular clinical supervision/monitoring and onsite training/coaching by FPCS-QIT.
11. Strengthen IEC activities on PPFP through electronic and print media.
12. Recruit Counselor in DGHS facilities (Medical College Hospital and District Hospital)
13. Ensure the supply of family planning kit in the labor rooms of DGHS facilities (Medical College Hospitals and District Hospitals)

Procurement related recommendations were:

14. Maintain uniformity in prices of similar items while making OP provisions by different LDs and encouraging all the LDs to submit their procurement requirements at the beginning of the financial year and avoid frequent changing of requirements. Finally, there must be a time-bound procurement roadmap including budget placement and submission of requirements by the LDs.
15. Ensure intense coordination among the procuring entities and the LDs for avoiding overlapping and duplication.

16. Mention names of the user or beneficiary entities while submitting procurement proposals or requisition to the CMSD, so that CMSD can supply and dispose the purchased goods quickly after procurement.
17. Post skilled procurement personnel in procurement units for timely procurement.
18. Take initiative to develop the technical capacity of the MIS unit.
19. Ensure most of the procurement through e-GP.
20. Accomplish need assessment of all types of items by the concerned LDs before sending demand for procurement.

Fund release related recommendations were:

21. Improve the provision of imprest fund.
22. Simplify the process of advance fund mobilization.

Monitoring and supervision related recommendations were:

23. Strengthen linkage between field level findings and central level program design and plan.
24. Review, refine/revise OP indicators and/or reset targets, as appropriate, in consultation with the relevant OP personnel and the SWPMM. This recommendation is already being acted upon and work is underway with 19 OPs to revise their indicators.

CHAPTER 2. PROGRESS UPDATE

2.1 IMPLEMENTATION PROGRESS REPORT ON HEALTH-RELATED SDGs

Introduction

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

MOHFW submitted Voluntary National Review, 2020 on SDGs to Prime Minister's Office. As a part of Voluntary National Review (VNR) 2020, a Health SDGs Progress Review Workshop, was organized by Planning Wing, HSD, MOHFW on 17 February 2020 at the InterContinental Hotel, Dhaka. In that workshop, progress of health-related SDGs along with the challenges was shared among the major actors in health sector in achieving the goals. The workshop participants were all concerned stakeholders (policy makers, implementers, co-lead and associate Ministries/Divisions, Development Partners, NGOs, etc.).

Implementation Progress of Health-related SDGs

SDG indicators are mainly outcome level indicators and in the National M & E framework on SDGs, GOB has set the milestones for the period of 2020, 2025 and 2030. For this, it is difficult to measure yearly progress regarding SDGs due to unavailability of survey and routine data for some indicators i.e. prevalence of stunting and wasting, mortality rate attributed to (between 30 and 70 years of age) cardiovascular disease, cancer, diabetes or chronic respiratory, mortality rate attributed to unintentional poisoning, prevalence of current tobacco use, health workers density and distribution etc.

In this APIR report, area wise progress against each target and indicator of the health-related SDGs is described covering the period from January 2016 to June 2020.

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

Indicator 3.1.1 Maternal Mortality Ratio (per 100,000 of population) and Indicator 3.1.2 Proportion of births attended by skilled health personnel.

The Maternal Mortality Ratio (MMR) decreased from 181 per 100,000 live births in 2015 to 165 in 2019 (SVRS, 2019). This figure needs to be decreased to 100 by 2025 further to 70 by 2030. The reduction in maternal mortality is attributed to multiple factors, including increased access and utilization of health facilities, improvements in female education and per capita income. Fertility reductions have also contributed substantially to the lowering of MMR by lowering the number of high risk, high parity births. The number of births attended by skilled health personnel was 43.5% in 2013 (MICS, 2012-2013), which increased to 59% in 2019 (MICS, 2019). However, this figure needs to be increased to 72% by 2025 further to 80% by 2030.

With a view to speeding up the reduction of MMR, MOHFW has been pursuing to increase availability and utilization of quality maternal health services at different levels, including implementation of different strategies in alignment with the standard Essential Services Packages (ESP) of 4th HPNSP. These essential services include ANC, PNC, and counselling; 24/7 delivery

services at the UH&FWCs, UHCs and MCWCs; comprehensive referral system from community to different facilities; 24/7 BEmONC and CEmONC services; deliveries by the CSBAs; capacity building of service providers; and advocacy with NGOs, local government institutions to mobilize resources and collaborative MNCH activities at remote areas.

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

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

Under-five mortality rate has persistently declined from 36 per 1,000 live births in 2015 to 28 in 2019 (SVRS, 2019). On the other hand, the neo-natal mortality rate (NMR) decreased to 15/1,000 live births in 2018 from 20 in 2015 (SVRS,2019). Both are on track to achieve the target of 2025. Several programs/activities like essential service package, expanded program on immunization, establishment of Special Care Newborn Unit (SCANU) at public hospitals, incremental provision of antenatal care services for pregnant women, control of diarrheal diseases, kangaroo mother care practice, practicing IMCI protocol, etc. are playing key role in decreasing U5 MR and NMR.

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

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

Prevalence of HIV/AIDS (all ages) has been very low in Bangladesh {<0.01 (all ages) and 0.015 (adults 15-49 years) per 1,000 uninfected population, UNAIDS, 2018}. However, it remains vulnerable to an HIV epidemic because of its high prevalence in neighboring countries and the high mobility of Bangladeshis within and beyond the country. For this reason, the Government has continuously been monitoring the incidence and detection rates and addressing AIDS patients with adequate importance. Currently free medicines and other services to HIV patients are being provided from seven government hospitals and HIV detection activities have also been continuing through 23 hospitals.

Indicator 3.3.2 Tuberculosis incidence per 100,000 populations.

The incidence rate of tuberculosis (TB) has been reduced to 221 in 2019 from 225 per 1,00,000 in 2015 and TB treatment coverage rate has improved from 57% in 2016 to 67% in 2018 (Global Tuberculosis Report, WHO, 2019). The National TB Program (NTP) of Bangladesh along with its partners has been maintaining basic TB control services with reasonable case detection and excellent treatment outcomes. The National TB Program of MOHFW has set a target of reducing TB incidence rate to 112 and achieving treatment success rate of 95% by 2025.

Indicator 3.3.3 Malaria incidence per 1,000 populations.

Malaria incidence per 1000 population was 2.99 in 2015 (National Malaria Elimination Programme-NMEP, 2015), which has also been declining. The incidence rate decreased to 0.92 in 2018 (NMEP, 2018). The government interventions in collaboration with the Development Partners and NGOs for malaria eradication resulted in a decline in incidence nationally.

Indicator 3.3.3 Hepatitis B incidence per 100,000 population.

Hepatitis B incidence (per 100,000 population) among under five children was 1.38 in 2015 (GHO, WHO). GoB has set the target reduce to 0.7 by 2025 and 0 (zero) by 2030. WHO announced

in July 2019 that Bangladesh is among the first four countries (Bangladesh, Bhutan, Nepal and Thailand) in the WHO South-East Asia region to achieve Hepatitis B control, with the disease dropping to less than 1% among five-year-old children. Government interventions including establishment of a multi-sectoral approach for activities related to prevention and control; introduction of vaccine to high risk group and establishment of surveillance system for Hepatitis virus infected cases are continuing.

Indicator 3.3.5 Number of people requiring interventions against neglected tropical diseases.

There is a huge burden of the Neglected Tropical diseases (NTDs) in Bangladesh, particularly for Kala-azar; Lymphatic Filariasis; and Dengue; etc. The progress regarding the indicator, "number of people requiring interventions against NTD" has been increased from about 50 million (WHO, 2016) to about 56.33 million (World Health Statistics, WHO, 2020). By 2030 it needs to be reduced to 35.0 million and efforts are on through various interventions such as integrated vector management; promotion of clinical management; and active engagement of the communities; etc. for reducing NTDs.

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

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

Non-communicable diseases (NCDs) have now formed major share of the overall disease burden and mortality. Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease was 21.6 in 2016 (World Health Statistics, WHO, 2020) and the situation is unchanged since then. Awareness programs on helpful behavioral patterns, changing dietary habits, lifestyle change, etc. activities are being implemented for preventing NCDs. Facility readiness including training of doctors are going on for better treatment of NCD patients. As a matter of policy direction, more emphasis has been given to prevention and lifestyle change in the national health program – the 4th Health, Population and Nutrition Sector Program (4th HPNSP) - of MOHFW. The 4th HPNSP has taken up a new operational plan (OP) titled "Non-communicable Disease Control (NCDC)" with an estimated budget of USD 140.0 million approximately to strengthen evidence-based measures for controlling risk factors and to identify health service delivery options for early detection and management, with a view to reducing mortality and morbidity from NCDs.

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

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

The proportion of women of reproductive age who have their need for family planning satisfied with modern methods is targeted to reach 80% by 2025 and 100% by 2030 against the baseline of 72.6% in 2014 (BDHS,2014). Progress of this indicator is slow and according to BDHS 2017-2018, the proportion is now 70.3%. However, according to MICS 2019, the proportion is 77.4%. The Government has been pursuing to progress through certain activities for overall improvement of the reproductive health status of women, awareness about access to contraceptive methods, antenatal care, promotion of safe delivery practices, post-natal care, etc.

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

The SVRS, 2019 shows that adolescent birth rate (aged 15-19 years) per 1,000 women in that age group is 74 against the base line of 75 (SVRS, 2015). It needs to be reduced to 60 by 2025 and 50 by 2030. MOHFW has been strengthening family planning (FP) services through expanding mother, child, reproductive and adolescent health care services in the city corporations. Various programs focusing on safe sexual behavior, health risks, proper nutrition and hygiene of the adolescents and puberty are under implementation through the adolescent friendly service centers. Drugs are given to the adolescents for prevention of anemia and pain during menstruation. During the 4th HPSNP period, till now total 810 adolescent friendly service centers have been established in order to reduce adolescent birth rates.

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

Indicator 3.8.1 Coverage of Essential Health Services and Indicator 3.8.2 Proportion of Population with large household's expenditures on health as a share of total household expenditure or income.

MOHFW has been implementing different activities including the Essential Service Package (ESP) through the 4th HPNSP, which represents GOB's commitment to ensure the right to health and access to the most essential health services for the entire population. The Service Coverage Index of WB-WHO (2019) assessed that Bangladesh achieved a score of 54% on a UHC index of essential Health Services from the score of 52% in 2016.

The grass root level Community Clinic (CC) based PHC service provision by the Government has created increased access of the poor, particularly women and children, and the CCs have taken off as the first-contact facility serving as a platform of community participation for achieving UHC and for ensuring equity and social justice. Besides, the social health protection scheme in the name of "Shasthyo Shuroksha Karmasuchi (SSK) is providing free hospital services to the poor-below poverty level card holders. The Maternal Health Voucher Scheme (MHVS), in operation in 55 upazilas, is another health protection scheme for ensuring safe delivery of poor pregnant mothers. Various indicators as evident from the BDHS 2017-18 indicate a sharp reduction in health inequity in Bangladesh e.g., the proportion of births in health facilities by wealth quintile from 1:5 in 2014 to 1:3 in 2018 (BDHS 2017-18).

In case of catastrophic expenditure on health, 24.7% of people spent more than 10% of their household's total expenditure on health care (HIES, 2016). For the sustenance of health financing, the Government has been providing incremental budget to MOHFW every year at an average rate of about 15%. Besides, many good examples exist of community participation in Bangladesh, e.g., the Community Clinic Model. Considering that only about 23% of people in Bangladesh seek care from the public health care providers, public private partnership (PPP) models are now being pursued by the Government, which would help improve coverage and access as well as improve quality of services.

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

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

Deaths from unintentional poisoning give an indication of the lack of proper management of hazardous chemicals and pollution in the country. In an ideal health system, these deaths can be prevented with adequate management. The mortality rate attributed to unintentional poisoning

per 100,000 populations was estimated at 0.3 in 2016 and the situation is unchanged since then (World Health Statistics, 2020). MOHFW has been implementing various activities through the NCDC OP for reducing mortality rate to 0.25 by 2025 and 0.15 by 2030 from the baseline of 2015. These activities include creation of community awareness about health hazards of air, water, soil, etc. pollution; enforcement of law for prevention of pollution; supporting role in the implementation of relevant policies by other Ministries; coordination with non-health interventions of other Ministries; educating family members and school students on risk of poisonous substances; and decreasing access to poisonous substances through restriction on selling and storage of deadly chemicals.

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

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

The Global Adult Tobacco Survey (GATS) 2017 found that prevalence of tobacco uses among persons aged 15 years and older decreased from 43.3% in 2009 to 35.3% in 2017, among whom 46.0% are men and 25.2% are women. MOHFW is implementing anti-tobacco program based on WHO- FCTC and Tobacco Control Law of Bangladesh. Besides, awareness raising activities among common people on potential harm of tobacco, anti-tobacco campaign among high school children, mass media campaign against smoking in public etc. are going on under the NCDC OP.

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

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

Proportion of target population (≤12-month-old children) covered by all vaccines increased from 82.3% in 2014 to 83.9% in 2019 (EPI-CES, 2019). It needs to be increased to 98% by 2025 and further to 100% by 2030. Bangladesh has been implementing an effective national immunization program entitled "Expanded Program on Immunization (EPI)" from 1979. Strengthening the EPI activities with special focus on hard to reach and low performing areas, conducting sero - survey for all antigen specially OPV Vaccine, maintaining Maternal and Neonatal Tetanus Elimination validation status, ensuring Effective Vaccine Management (EVM), and monitoring and supportive supervision at all levels are being pursued routinely for achieving immunization target.

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

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

The Government has continuously been trying to address the issue of HR shortage in the health sector of Bangladesh. There has been considerable recruitment of doctors, nurses, midwives, field level health and family planning workers with gradual decline in vacancies. Health worker density was 7.4 per 10,000 populations and the distribution of physician: nurse: health technologist was 1:0.5:0.2 in Bangladesh (HRH Data sheet, 2014, MOHFW). The density has now increased to 9.9 per 10,000 populations (Health SDG Profile, Bangladesh, WHO, 2020) and the

distribution is 1:0.6:0.3 (HRH Data Sheet, 2019, MOHFW), which needs to be raised to 44.5 and 1:3:5 respectively by 2030.

A new cadre of midwifery services along with post of 3,000 midwives was created for improving health service delivery. The midwives, after completion of required training have already been posted at the upazilas. In addition to increasing number of health and family planning professionals/workers, MOHFW has been concentrating on improving quality of public and private pre-service health workforce education system; capacity development to ensure better management at all levels of service delivery; review and updating of the Health Workforce Strategy addressing private and informal sector; operationalization of the Human Resources Information System (HRIS) for evidence-based decision; and strengthening quality assurance of medical education at both private and public sector institutions through licensing and accreditation.

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

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

Bangladesh has made considerable progress in national health regulations capacity building based on the gaps identified through Joint External Evaluation (JEE). The country reached to global average score (67%) on National IHR capacity as assessed by the 'State Party Self-Assessment Annual Reporting Tool' and the values of the indicator stood at 67 per cent in 2019 (World Health Statistics, WHO, 2020). However, Bangladesh wants to have all core requirements to be in place by 2030.

The communicable disease surveillance mechanism of Bangladesh has addressed major outbreaks in the country with the national and sub-national level rapid response teams (RRTs). Recently Bangladesh has also developed National Action Plan for Cholera Control for implementation, which aims to reduce cholera morbidity and deaths by 90%, and CFR to <1% by 2030. Development of National Action Plan for Health Security (NAPHS) is currently ongoing for monitoring and evaluation of IHR core capacities.

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

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

Malnutrition has been reducing over the past decade and stunting is now below the WHO 'critical' threshold of 40%. Stunting (height-for-age) of children decreased from 36.1% in 2014 to 30.8% in 2017, while during the same period, wasting also decreased from 14.3% to 8.4% (BDHS,2017-18). However, according to MICS 2019, the prevalence of stunting is 28% and wasting is 9.8%. Bangladesh is now facing with the over-weight related nutritional problems which, increased from 1.6% in 2012-13 to 2.4% in 2019 (MICS, 2019). The Government has already recognized that overweight is an issue of importance, particularly in urban life, and efforts are on to raise awareness against obesity and to promote healthy lifestyle change.

However, MOHFW's nutritional interventions are being pursued through the National Nutrition Services (NNS) OP with an estimated cost of USD 93.48 million to be spent by 2022. Nutrition specific activities include promotion, protection and support to Infant and Young Child Feeding (IYCF) practices, promotion of maternal and adolescent nutrition, control of micronutrient

deficiencies, vitamin A, D and calcium supplementation, iron folic acid and zinc supplementation, multiple micronutrient powder supplementation for targeted children, management of moderate and severe acute malnutrition, preventive and curative nutrition services for the elderly population,, prevention of overweight and obesity, social behavior change communication (SBCC), good hygiene practices, food fortification, nutrition services in hard to reach areas and urban slums, etc.

Program planning/policy formulation/strategy development/reforms undertaken by MOHFW for facilitating implementation of the health-related SDGs:

- 4th Health, Population and Nutrition Sector Program (4th HPNSP) 2017-2022.
- Bangladesh Health Workforce Strategy 2016–2021.
- Bangladesh Nursing and Midwifery Council Act, 2016.
- National Drug Policy, 2016
- National Strategy for Adolescent Health (2017- 30).
- The Communicable Diseases Prevention, Control and Eradication Act, 2018.
- Mental Health Act, 2018.
- Community Clinic Trust Act, 2018.
- Bangladesh College of Physicians and Surgeons Act, 2018.
- Transplantation of Human Organ Act, 2018.
- The Operational Guidelines for Multipurpose Health Volunteers (MHV) finalized and the Referral Strategy from CC to USC/UzHC developed.
- The National Strategy of Maternal Health and Maternal Health Standard Operating Procedures (Vol: 1&2) finalized.
- Institutional Antimicrobial (AMs) Guideline (for different medical colleges/ national institutes) developed.
- Accreditation of Health Care Institutions Act (2019) developed.
- National Child Health Strategy Bangladesh, 2017- 22 developed.

Challenges

Provision of urban health care services, prevention and control of NCDs such as road accidents, drowning, aging and geriatric diseases, health effects of geo-climatic disasters, emerging of communicable diseases like dengue, COVID-19, etc. continue to remain as challenge during the SDGs period. In addition, per capita out-of-pocket expenditure has been rising continuously and pushing the affected lower income and poor people to hardship, thus creating hindrances to achieving UHC by 2030.

Other notable challenges are improving quality of care, management of medical waste, operationalization of health insurance and health protection schemes, budget utilization in full, availability of yearly data to report on output/outcome level indicators, etc., broadband indicators requiring multi-sectoral approach, coordination and collaboration with other Ministries/Agencies, NGOs, CSOs, Private Sector and Communities, in fulfilling this ambitious agenda. MOHFW's role as sector steward also needs to be strengthened.

Way Forward

MOHFW has been implementing various health related programs/projects/activities to overcome the challenges. In this respect, the 4th HPNSP serves as the first, and the foundation stone, of three subsequent programs for realizing the SDG targets including the overarching goal of achieving UHC by 2030. Implementation of various health related programs towards achieving the SDGs is an ongoing process. As part of this process, MOHFW has identified certain actions in key areas to speed up efforts towards SDG implementation. The identified areas are: (a) increasing yearly budget allocation for health programs, (b) increasing capacity of professionals and improving service quality, (c) gaining efficiency in resource use and reducing wastage, (d)

increasing coverage under financial risk protection, (e) increasing number of health and FP professionals, (f) strengthening health system institutions, and (g) strengthening mechanism to routinely collect SDG data along with data management capacity building.

2.2 PROGRESS OF DISBURSEMENT LINKED INDICATOR (DLI)

Introduction:

The Ministry of Health Family Welfare (MOHFW) has been implementing the 4th Health Population and Nutrition Sector Program (4th HPNSP) since January 2017 with the support from the Health Sector Support Project (HSSP) of the World Bank. The HSSP is utilizing the results-based financing modality, known as Investment Project Financing (IPF) with Disbursement-Linked Indicators (DLIs) for disbursement of funds for the 4th HPNSP. There are 16 DLIs and 48 specifically defined results to achieve called Disbursement Linked Results (DLRs). Some of those DLRs again have different milestones for different financial years and achievement of those triggers the disbursement of funding after verification by the Implementation Monitoring and Evaluation Division (IMED), the Independent Verification Agency (IVA). A DLI Monitoring Committee was constituted by the MOHFW in 2017 for monitoring progress towards achievement of DLIs and for supporting the LDs. Until July 2020, the Committee met nine times.

The DLIs are spread over the three components of 4th HPNSP as follows: Component 1: Governance and Stewardship (2 DLIs), Component 2: HNP Systems Strengthening (6 DLIs), Component 3: Provision of Quality HNP Services (8 DLIs). Of the eight DLIs under component 3, seven DLIs are specifically focused on improving HNP status of the lagging-behind regions of the country- Sylhet and Chattogram Divisions (ANNEX-D: COMPONENTS OF 4th HPNSP WITH THEIR RESPECTIVE DLIs). These DLI indicators are contained in OP-level indicators and the progress of the indicators can be found in OP-wise separate factsheet also.

Financing Source and Available Funds:

Under the IPF-DLI financing modality, the World Bank has pledged to provide US$ 500 million to the 4th HPNSP as International Development Association (IDA) credit. The Financing agreement has been revised where a few essential revisions for some DLRs has been made after the request from Economic Relations Division (ERD) regarding project restructuring.

The Global Financing Facility (GFF) grant agreement is to finance US$ 15 million is spread over all the DLIs and administered by the World Bank.

Following the amended grant agreement signed between the Government of Bangladesh (GOB) and the World Bank for Multi Donor Trust Fund (MDTF) in June 2020, US$ 73.4 million is currently available for disbursement from MDTF partners (DFID, GAC, EKN, Sida, and GAVI) for the achievement DLRs of FY 2017-18 and 2018-19. Thus, as of June 2020, the total fund available from IDA, GFF and MDTF sources in IPF-DLI modality is US$ 588.4 (=IDA 500+ GFF 15+ MDTF 73.4) million.

Implementation and financial progress:

Until July 2020, a total 49 DLRs/milestones out of 68 have been reported achieved by Line Directors (LDs) of various Operational Plans (OPs) and among them achievement of 28 DLRs have been verified by IVA. The total fund disbursed during the first four financial years (FY 2016-17 to FY 2019-20) in IPF-DLI modality for achievement of DLRs is US$ 224.97 million, which is 56.37% of the allocated money.

Table 6 shows that, out of the 14 DLRs to achieve in FY 2016-17, 12 (86%) were achieved. Achievement progress of FY 2017-18 DLRs was 11 out of 19 (58%). Achievement progress of FY 2018-19 DLRs was much lower than the previous two years, i.e., only 5 out of 19 (26%) DLRs. In the FY2019-20 only 4 out of 16 DLRs have been reported by various OPs. It appears that DLR achievement is taking much more time than it was anticipated. In FY 2019-20, due to the COVID-19 pandemic in Bangladesh the reporting and achievement process of DLRs have been delayed.

Until July 2020, 19 DLRs were pending with IMED for verification, of which one was submitted in September 2018, four in March 2019, one in August 2019, one in November 2019, five in January 2020, and the rest seven in July 2020. Verification of DLRs requiring Data Quality Audit (DQA) are time consuming as out of 19 pending DLRs, 13 require DQA.

Table 6: Summary of the DLRs achievement (number) and fund disbursement status (US$)

FY	Number of DLRs to achieve	Submitted to IMED	Achieved	Under Verification Process (by IMED)	Not achieved	Data not available	Yet to be Reported by LDs	Allocated amount in US$ (IDA+GFF+MDTF)	Disbursed Amount in US$ (IDA+GFF+MDTF)
2016-17	14	13	12	0	1	1	0	103.16 (=88.35+3.44+11.37)	99.77 (=85.2+3.20+11.37)
2017-18	19	16	11	4	1	1	2	110.035 (=64.35+4.48+41.2)	86.8 (=51.4+3.17+32.23)
2018-19	19	16	5	11	0	0	3	109.36 (=81.45+7.08+20.83)	38.4 (=24.66+1.97+11.78)
2019-20	16	4	0	4	0	0	12	76.56 (76.56+0+0)	0.0
Total	**68**	**49**	**28**	**19**	**2**	**2**	**17**	**399.1 (=310.71+15.0+73.4)**	**224.97 (=161.25+8.34+55.38)**

Implementation Challenges and Suggestions to overcome:

⇒ One of the major implementation challenges is late achievement report submission of DLRs by the LDs. 2 DLRs of FY 2017-18 and 3 DLRs of 2018-19 are yet to be reported and only 4 DLRs have been reported by relevant line directors in FY2019-20. The LDs must give utmost priority to achieving DLRs within the stipulated time with comprehensive report.

⇒ The slow verification procedure of DLRs is another major challenge. It is evident that, most of the DLRs pending with IMED require DQA. IMED may conduct frequent field visits for data quality assessment. A realistic timeframe may be agreed for completing field visits, as

necessary. Support for capacity enhancement of IMED officials is also necessary to overcome this difficulty.

⇒ Until July 2020, only nine meetings of DLI Monitoring Committee were held so far. Three meetings were held during July 2019 to June 2020 which was supposed to held on monthly basis. Therefore, the DLI Monitoring Committee needs to meet regularly.

⇒ After introduction of the IPF-DLI modality, only 2 workshops were held on DLI/DLRs for LDs, PMs and DPMs, the last one was held in November 2018. Due to frequent turnover of LDs along with their associated staff, workshops on DLI/DLRs need to be held at regular intervals, i.e. one each year.

⇒ The representative of the Comptroller General of Accounts (CGA), MOHFW may be invited on DLI Monitoring Committee meeting. As the DLR 2.2 is dependent on the data from CGA office, their participation would help to speed up the achievement process.

⇒ The LD-HSM claimed to achieve DLR 4.2 on Asset Management System (AMS) in four district-level referral facilities previously, however, failed to pass IMED verification. To ensure proper implementation of the AMS, the coordinated approach among health facility, CMSD and NEMEMW is necessary. HSD including DGHS may take necessary steps to ensure the coordination among those.

⇒ The means of verification of DLR 12.2 is Coverage Evaluation Survey (CES) of 2019 is yet to be finalized. The LD-MNCAH should take necessary steps for timely completion of CES in the upcoming years.

Conclusion:

In spite of progress towards the DLIs achievement, MOHFW needs to be more vigilant in realizing the DLI targets. Timely achievement of DLRs is essential to reduce the gap with RPA. After the introduction of DLI modality, an increasing trend appeared in the number of normal vaginal deliveries, repair and maintenance expenditure at the level of Upazila and below, expansion of maternal nutrition services, infant-child nutrition services, and immunization coverage in Sylhet and Chattogram Divisions. DLI activities would need to be performed more proactively for proper implementation of AMS at district level referral facilities and strengthening the institutional capacity of CMSD. Since DQA determines the implementation progress of DLI in the field level, IMED would have to take necessary steps for timely completion of DQA. The field level officials of both HSD and ME&FWD also would have to be informed about the importance of DLIs so that they become more serious in achieving the relevant tasks for as the DLRs. Assessment of the strengths and weakness of the IPF-DLI modality is also essential to determine how to move forward with the modality in the next Sector Program.

2.3 PROGRESS OF HNP SERVICES TO THE FDMNs

Background

Rohingya refugees numbering 8,60,356 (UNHCR report of June 2020) officially known as the Forcibly Displaced Myanmar Nationals (FDMNs) have taken shelter in Ukhia and Teknaf upazilas of Cox's Bazar district, Bangladesh. The vast majority of the FDMNs are women and children, and more than 40 percent of them are under 12 years of age. Since the influx of the FDMNs in Bangladesh, the Ministry of Health and Family Welfare (MOHFW) has been in the front line to deliver emergency health care services through establishing a community health worker Network, ensuring availability of essential medicines and other supplies; maintaining a strong disease surveillance system; delivering vaccination campaigns and strengthening routine immunizations; improving reporting on morbidity/mortality from health facilities and from the community; strengthening laboratory diagnostic capacity; monitoring and improving water quality in health facilities; capacity building of medical personnel; and preparing for disease outbreaks.

In cooperation with the existing public service providers of the Government, four UN agencies (WHO, UNICEF, UNFPA and IOM) have been deployed by MOHFW in the Cox's Bazar district to ensure necessary medical services. MOHFW has established a "Coordination Center" in Cox's Bazar to strengthen local health systems and to expedite quality health service provision. The Coordination Center is supporting the Civil Surgeon, Deputy Director Family Planning of Cox's Bazar and UH&FPOs of Ukhia and Teknaf on different health and family planning issues. There is also a Coordination Center set by the MOHFW in Dhaka to collaborate, monitor, supervise and guide different stakeholders at the field level and to strengthen coordination among Government, UN agencies and national & international NGOs.

45 health facilities of Cox's Bazar district inclusive of 11 Primary Health Centers, 13 Health Posts, 10 Community Clinics, 5 Union Health & Family Welfare Centers, 4 Union Sub-centers and 2 Upazila Health Complexes are dedicated to provide services to the FDMNs. A team of medical doctors, health assistants, nurses, midwives, pharmacy assistant, medical/laboratory technologists, etc. have been deployed in these facilities. This Section of APIR 2020 has attempted to reflect the health, nutrition and population services (HNP) services rendered to the FDMNs by MOHFW interventions only, and other service sources are not included in this report.

Service coverage and data source

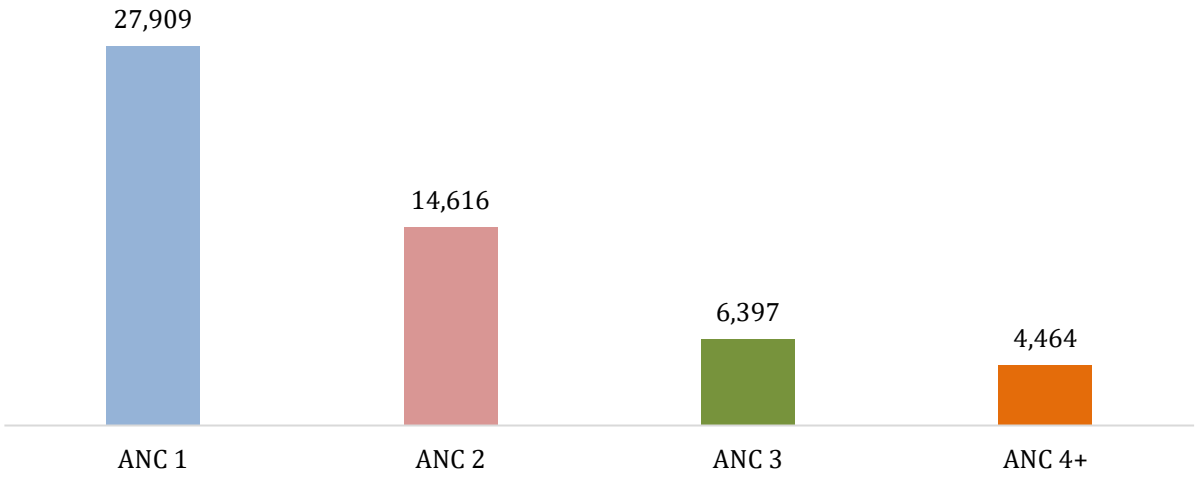
This report covers the progress of services performed during the period from July 2019 to June 2020 in the areas of maternal, neonatal and children's health; family planning; nutrition; non-communicable diseases; mental health; etc. Data used in this report have been collected by the FDMN Coordinator from 45 facilities, DHIS-2 and the FDMN data base.

FP & MNHC Services to the FDMNs

There are approximately 180,000 pregnant or lactating FDMN women, all at a risk due to pregnancy related emergencies. Family Planning (FP) and Sexual and Reproductive Health (SRH) services are rendered from all the assigned health facilities (inside and outside of camp). Short acting and long acting reversible contraceptive (LARC) methods were provided by these facilities. Currently the two most popular modern methods used by the FDMN married women are OCP (53%) and injectables (37%).

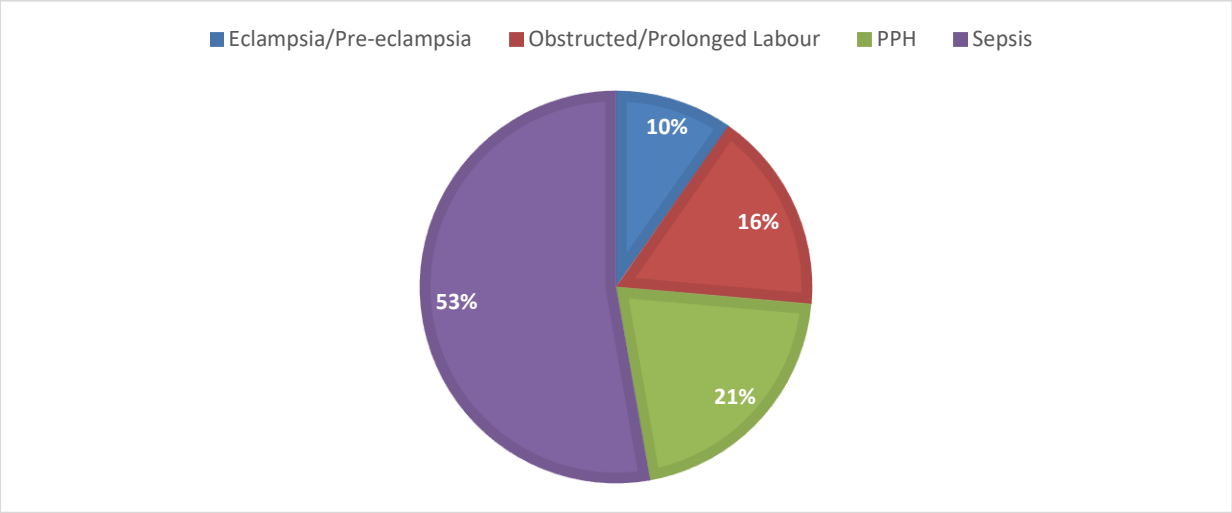
All the 45 public facilities provide ANC, Delivery, PNC, an appropriate mix of different FP methods including MR and PAC services and transport facilities to the FDMN population. During July 2019 - June 2020, a total of 53,386 ANC consultations were done and more than 50% (27,909) being ANC 1. Figure 10 shows different types of ANC services provided to the FDMN women. After the emergence of COVID-19 pandemic in March, the ANC coverage reduced to a considerable extent and the situation is yet to be reversed.

Figure 10: Provision of ANC Services (July 2019 - June 2020)



During the period under report, a total of 2,771 deliveries were conducted in the public facilities, of which majority were normal deliveries (2,603). There had been 1,041 emergency cases, which were duly managed by the midwives. Among four most common complications during and after childbirth, puerperal sepsis happened to be most prevalent (53%). A total of 62 complications were managed from July 2019 to June 2020. Figure 11 below shows the types of complications managed by the facilities.

Figure 11: Status of maternal complications in assigned health facilities, July 2019-June 2010



Newborn Care

Essential newborn care is not practiced by the FDMN families, bringing risk of hypothermia and infection to these fragile babies. Specialized care services for the 'sick and low birth-weight babies' are available only in Cox's Bazar District Hospital. Therefore, MOHFW integrated the Kangaroo Mother Care (KMC) services with the services of the Newborn Stabilization Units (NSUs) in the Ukhia and Teknaf Upazila Health Complexes in early 2019. Trained doctors and nurses of the Ukhia and Teknaf Upazila Health Complexes provided newborn care to the sick newborns including KMC services as part of their routine care.

Immunization

Prior to arrival in Bangladesh, the FDMN populations had not received adequate vaccination, which leads to risk of communicable disease outbreaks. Therefore, MOHFW established Early Warning and Response System (EWARS) in all health facilities to enable timely detection and response to disease outbreaks. MOHFW has also taken initiative to vaccinate the FDMNs including campaign of MR Vaccine, Oral Polio Vaccine (OPV), Vit A, Oral Cholera Vaccine (OCV), Td and Pentavalent. Vaccination is ongoing at Rohingya camps through special immunization activities along with routine immunization. During the period under report, a total of 2,92,394 MR Vaccines, 1,57,956 VIT A and 1,62, 871 OCVs were given.

Nutrition Services

Good nutrition in the first 1,000 days of life is critical to enabling children to develop their mental and physical capacity that leads to healthier and more productive lives. To address malnutrition among the children of the FDMNs, Infant and Young Child Feeding (IYCF) services through deployed IYCF counselors in 24 assigned health facilities were provided by MOHFW and existing health staff of all the 45 health facilities had been trained. IYCF counselors, provide counseling to the pregnant and lactating mothers, mothers and caregivers of under-two children on IYCF practices, mostly focusing on early initiation of breastfeeding and exclusive breastfeeding practice. A second round of nutrition action week was conducted in the health facilities in December 2019.

Non-Communicable Disease (NCD) Services

After completion of assessment of all health facilities, MOHFW ensured availability of services for Non-communicable diseases (NCDs) in all health facilities especially for hypertension and diabetes. Supply of NCD diagnostic kits along with provision of training to the health staff was ensured. Service has been provided for six major non-communicable diseases: Asthma, Cardiovascular disease, COPD, diabetes mellitus, hypertension and musculoskeletal problem among the FDMN community. Among the listed diseases, fifty percent patients received services for musculoskeletal problems, 20 percent for hypertension and the rest for other NCD services during the reporting period.

Mental Health and Psychosocial Support (MHPS) Service

Rohingya people were exposed to war related traumatic events, including the destruction of property, loss of family members, witnessing extreme violence and injury or loss of property. These events have led the FDMNs to suffer from different psychological distress. MHPS services including Gender Based Violence (GBV) related health services have been provided in the facilities and also inside and outside the camps. A team of professional Psychiatrist and Clinical Psychologist has been deployed in the upazilla health complexes. Women friendly spaces (WFS), delivering SRHR and GBV life-saving interventions for women and girls have also been established. So far, 12,604 rohingya women received psychosocial services from the WFSs.

Health Management Information System (HMIS)

DHIS2 is the platform for routine data reporting by the Directorate General of Health Services (DGHS). MOHFW through the DGHS created a separate FDMN portal in the real-time DHIS2 where FDMN related health facilities are regularly reported. Data entry completeness eventually reached 100%. EWARS continues to remain as the system for epidemiological alerts and response mechanisms.

Community Engagement

Courtyard meetings have been one of the most important community engagement interventions. Adolescent Radio Listeners' Clubs were also engaged as a part of courtyard meetings focusing particularly on engaging adolescents on the key behaviours on health and nutrition. Flip charts were developed in English, Burmese and Bengali, and distributed among the community mobilization volunteers. Two Meena cartoon animation series focusing on health and nutrition were translated in Rohingya language, and the same has been airing twice a week. Two audio-visual presentations on health and nutrition services had also been developed and ten such radio programs were aired.

COVID-19 Response

The first positive case of COVID-19 in Bangladesh was found on 8 March'20, first positive case among the Cox's Bazar host community was detected on 25 March and on 14 May'20 first positive case was diagnosed in the FDMN camps. To scale up diagnostic confirmation of COVID-19 cases in Cox's Bazar, testing facilities have been made available for the FDMN populations. More than 250 health personnel have been employed in Cox's Bazar district on clinical case management of COVID-19, following the recommended treatment protocol. MOHFW also set up isolation and treatment center (ITC) and arranged isolation beds in the health facilities. Besides, 10 ICU beds and 8 High Dependency Unit (HDU) beds are functioning in the Sadar Upazilla of Cox's Bazar.

Challenges

Major Challenges faced during July 2019-June 2020:

- High turnover and poor retention of staff, overlapping of services, weak referral mechanism and complex health information system
- Maintaining and continuing the operational health facilities to deliver essential health services
- Inconsistency of data uploaded on the website and over-reporting
- Interruption of services particularly due to COVID-19 pandemic situation and restriction of staff movement inside and outside the camps during lockdown periods
- Difficulty of staff transportation in reaching the camp health facilities, since additional vehicles support are required to maintain social distancing and due to restrictions faced at security checkpoints.

Recommendations

The UN Agencies engaged by the Government have been implementing the MOHFW interventions for the FDMNs (financed by the World Bank) in addition to the health facilities of the Government. However, field level challenges in coordination are being experienced as reported by the FDMN Coordinator. The central Committee headed by the Secretary, Health Services Division, MOHFW may like to look into the matter so that more effective coordination with the UN Agencies and other implementing field organizations is established to maximize available resources in service delivery. Consideration may be given in setting up a technical sub-committee under the chairmanship of Division Chief of Planning Wing, HSD to review and facilitate field activities of the project on a quarterly basis. A unified reporting arrangement also needs to be developed to improve the record-keeping system.

2.4 PROGRESS OF THE PRIORITY ACTION PLAN (PAP)

The Annual Program Review (APR) 2018 was the first annual review of the 4th HPNSP conducted by an Independent Review Team comprising national and international consultants. Following the APR 2018, 22 priority actions under three components (governance and stewardship, health systems strengthening, quality health services) of the 4th HPNSP were identified by the DP members through a process of consultation based on the IRT recommendations. This list is referred to as the APR 2018 Priority Action Plan (PAP). Of the 22 action items in the PAP, 6 actions have been completed, and the rest 16 actions are ongoing.

The detailed implementation status of all PAP items, as of June 2020, is provided in ANNEX-J: PROGRESS OF THE PRIORITY ACTION PLAN (PAP). However, it is to be noted that the PAP progress status remains more or less the same as that was provided in the MPIR 2020. There is hardly any progress made by the LDs on the PAP 2018 due to the COVID-19 pandemic attack in Bangladesh since 8 March 2020.

Assessment of progress:

The overall achievement in completing the PAPs of 2018 is dismal. COVID-19 has only added to difficulties in achieving the actions identified as of "priority" following APR 2018. In the meanwhile, an additional set of 17 PAPs has been adopted following MTR 2020.

It is obvious that those who were identified as responsible for implementation of the actions and for supervision of each PAP, had mostly fallen short of their tasks.

Way Forward:

1. Planning Wing of HSD and Planning Branch of ME&FWD may immediately draw attention of the concerned LDs and their supervisors and re-emphasize on making concerted efforts for achieving the targeted actions/results.
2. The Task Groups may be activated to monitor progress of implementation of the unachieved PAPs.
3. The issue may also be raised during the ADP review meetings.

2.5 PROGRESS IN TACKLING COVID-19 BY MOHFW

The corona virus disease (COVID-19) is a human crisis evident in every country of the world, which is unprecedented. It has affected the health sector of Bangladesh first, which has now expanded to every stratum of the society and the economy. The first case of death was detected on 18th March 2020 in Bangladesh and from 26th March to 30th May, the country was put on 'general holidays".

The Ministry of Health and Family Welfare (MOHFW) authorities started preparation to control and contain the pandemic in the country since January 2020 based on a living document titled "Bangladesh Preparation and Response Plan (BPRP) for COVID-19. The National Guidelines on Clinical Management of Corona virus Disease 2019 (COVID-19) was prepared based on latest evidence and the WHO guidelines to be followed by every clinician/hospital, for treating COVID-19 'confirmed', 'probable', or 'suspect' cases.

The Hon'ble Prime Minister has been overseeing the national response and through videoconferencing, she has been taking feedback from the grassroots represented by government officials and political leaders and different stakeholders. Since physicians, nurses, and other health workers are treating coronavirus-infected patients from the front row, ignoring resource constraints and physical risks, the Hon'ble Prime Minister thanked and congratulated them on behalf of the fellow citizens. The MOHFW, under guidance of Honorable Prime Minister, has taken all-out efforts to prevent and control spread of COVID-19 as well as to provide health care services to the infected people. Since the beginning of the pandemic Bangladesh adapted "**All-Government-Approach**" to ensure interactive process among all Ministries and to achieve the best results though openness, sharing of information and cooperation amongst all concerned.

A National Committee headed by the Minister of Health and Family Welfare was constituted to take necessary steps for the prevention and control of coronavirus. Besides, committees had been formed at city corporation, municipality, district, Upazila, and union levels.

Nationwide a total of 34 hospitals (both public and private) have been prepared to provide specialized services for corona virus patients and more hospitals are being prepared. In addition to government hospitals, several private sector hospitals are involved in testing and treatment of corona virus.

The country has been implementing the response activities with the multi-sectoral involvement representing the relevant ministries, the United Nations agencies, national and international organizations and development partners through a pillar-based multi-sectoral coordination mechanism. The plan includes mechanisms for developing surge capacity to manage the patients, to sustain essential services and to reduce social impact.

Other actions taken are as follows:

1. Actions were taken to implement a strategy starting with the national holiday beginning 26 March, so that the viral transmission rates slow down. The combined social distancing impact of school, business, and public transport closure nationally, resulted in the COVID-19 reproductive rate (spread rate) being at its lowest level since introduction to Bangladesh in order to buy time to prepare the healthcare system and build surveillance capacity.

2. All available real-time diagnostic testing facilities were rapidly assessed for capability to undertake COVID-19 testing. Testing capacity has been expanded, which not only enables better intelligence of the disease situation nationally, but also more precision for identifying those individuals and families who need to remain in home quarantine. Besides, some measures have been taken for public health management at designated Points of Entry such

as screening at Points of Entry, screening of passengers before arriving, screening of passengers after arrival at the Point of Entry, etc.

3. A novel Community Support Team (CST) intervention was piloted so that individuals with symptoms could be evaluated and those who meet the clinical criteria are isolated at home with their families with the full support of rapid response. The CSTs are comprised of MOHFW Community Clinic, BRAC community health, available medical students, intern doctors, staff and volunteers. The CST has also been facilitating access to hospital care for those who develop a severe disease.

4. Procurements were launched immediately for healthcare workers. PPE, hospital equipment and supplies required to expand care of critically ill and severe patients were also in the procurement list. Due to global supply chain shortages, locally manufactured solutions were also explored for sustained national production.

5. Responding to this crisis, MOHFW recruited additional 5000 nurses, 2000 medical doctors and expanded the diagnostic capacity to 91 laboratories (Coordination Cell, DGHS). Among them 38 in Government hospitals, 11 in research institutes and universities, 21 in private hospitals and 17 in private diagnostic centers. Besides, 3000 technical support staff (1200 medical technologist, 1650 medical technicians, cardiographer 150) have been posted. Healthcare worker training programs were initiated for improving infection prevention control and case management. Recently graduated intern doctors were also mobilized to support triage at hospitals with highest case burdens. Existing health workforce of Bangladesh is periodically trained in responding to emerging and reemerging diseases by Communicable Disease Control Unit and the Institute of Epidemiological Disease Control and Research (IEDCR) of the Directorate General of Health Services (DGHS). This trained workforce participates in surveillance and outbreak response at the national, district and upazila levels.

6. IEDCR has always been updating the information of COVID 19 in their website. A COVID-19 dashboard[9] has also been developed by MIS, DGHS and is updated daily. This portal displays the data from the laboratory, number of people in quarantine and isolation as well displays the number of health facilities where COVID-19 patients can be managed. This dashboard also provides an overview of the stock availability at the health facilities.

   In response to COVID19, Government has increased capacity of mhealth services "Shastho Batayon 16263". Shastho Batayon 16263 is an online application where general people are able to get 24/7 health services. Additionally, general people can also get ambulance service information by using the number 16263. The Supply Chain Management data is managed through a separate system, e-LMIS and has been made interoperable with the corona virus data dashboard.

7. In response to the COVID-19 pandemic, DGHS together with a2i Programme and other stakeholders (Government institutions, telecom companies, development partners, NGOs, Academia, etc.) has developed data intelligence platform (https://www.corona.gov.bd) to minimize the fatalities based on data-driven decision-making. The analytics help to identify hotspots and high-risk cases, analyze and predict requirements for additional patient management and guide resource allocation (health workers, testing facilities, hospitals, isolation units, ICT, etc.).

[9] Corona dashboard: http://103.247.238.81/webportal/pages/covid19.php.

8. Focus was given on risk communication and community engagement with a view to encouraging the spirit of solidarity, empowering individuals and communities to stop the spread of COVID-19 through behavioral change, informed individual decisions and collective community action.

9. Concerted efforts have been made for communication and advocacy nationally and locally using all media and means of risk communication and community engagement. In case of quarantine, especially during community-based quarantine, measures have been taken to ensure that the basic needs of the people are met, and the security of people's property is ensured through an active involvement of the law enforcing agency.

10. National social distancing measures have been continued until enough testing capacity is established to assess the rate of spread. When the rate of spread has sufficiently decreased, and hospitals are better prepared, distancing restrictions are being reassessed and adapted accordingly.

11. Bangladesh has decided to impose a zone-coded lockdown across the country amid a rise in cases of the novel corona virus and has been implementing accordingly. According to the guidelines, red zones will be high-risk areas and the authorities will provide all necessary support, including food, safety and medical care, as no one will be allowed outside of their homes. Yellow zones will be a moderate risk, and green, low risk[10].The first zone-based lockdown was done by Dhaka North City Corporation (DNCC) and the area was East Rajabazar, subsequently other areas of Dhaka city were brought under lockdown.

12. The MOHFW has also taken initiatives and working hard with all material support to prevent and control spread of COVID-19 in the camps of forcibly displaced Myanmar nationals located at Cox's Bazar district.

Response strategy for tackling the COVID-19

Some key policy and strategy related materials prepared/directives given by the MOHFW are as follows:

- Eight Technical Guidelines on prevention and control of COVID-19, twenty-six General Guidelines on health and eleven Public Awareness Materials.
- Laboratory Expansion Policy 2020 for COVID-19
- Formation of Task Force to deal with COVID-19
- Formulation of Health Regulations to prevent the widespread outbreak of COVID-19
- Approved Service Delivery Guidelines for COVID-19 by the private sector hospitals
- Directives on how to use of masks
- Directives related to health regulations to be followed in various garment and industrial factories
- Strategy for the Implementation of COVID-19 Infection Risk based Containment System
- Guidelines for resumption of sports and training activities during the period of COVID-19.

The Government of Bangladesh through the MOHFW and in collaboration with other relevant Ministries has been continuing to take measures that are likely to limit spread of corona virus and to reduce pressure on the national health systems. The living document titled "Bangladesh

[10] https://www.dhakatribune.com/health/coronavirus/2020/06/13/govt-finalizes-zone-based-lockdown-strategy

Preparedness and Response Plan (BPRP) for COVID-19" was updated in July 2020 and is being implemented in order to manage the pandemic. Details of strategies and activities to be undertaken for tackling the COVID-19 are illustrated in the BPRP. Based on experience and research findings the strategies and the activities are subject to change. Some key strategies are highlighted as follows:

- Enforcement of compulsory mask-wearing and safe hygiene practices outside the home, including within the workplace, school and, public transport.
- Zoning approach to containment of the spread of corona virus is being followed.
- Community-based prevention practices, case identification, and quarantining utilizing local community health capacity are being followed to tackle the virus.
- Use of digital platform for slowing spread of disease and sustaining behavior change following lockdown.
- Maintenance of social distancing regulations based on latest expert and industry guidance as developed by MOHFW and to be enforced by higher-level committees.
- Empowerment of frontline health workers and other essential workers through BCC training to make them agents of change to turn the epidemic around and address their potential COVID-19 related fears and concerns.
  Continuous use of electronic and print media for raising awareness of mass people in hand washing, mask wearing, maintaining social distance, other safe hygiene practices, etc.

Financing the COVID-19 Pandemic

GOB has been providing necessary funds to tackle the COVID pandemic. In addition to providing increased budgetary allocation for the current financial year, a block amount of Tk. 10,000 crore (approximately USD 1176.5 million) has been earmarked in the FY 2020-21 budget to address the issues related to corona virus pandemic.

The Development Partners (DPs) associated with MOHFW have also come forward to finance managing the COVID-19 pandemic Knowing that GOB's source alone may not be enough to tackle this situation. As of today, agreements have been signed and projects are being implemented with financing from the World Bank (USD 100 m) and ADB (USD 100 m). Financing from AIIB (USD 100 m) has been negotiated and in the final stage of signing. Some bilateral DPs like DFID, USAID, WHO, UNICEF, EDCF, Sida, have also provided funds directly/through UN agencies for procurement of PPE, logistics and other equipment for managing the COVID-19 pandemic (some DPs provided funds and others have committed to finance). However, based on the BPRP 2020 additional funds will be required for development of a sustainable system in Bangladesh for addressing the issues related to COVID-19.

2.6 STATUS OF MANPOWER IN THE OPs

Scope:

This section presents the HR status in the OPs as approved in the PIP of the 4th HPNSP (Vol. II) in two parts. An overview of the number of sanctioned and filled-up posts in the OPs is presented along with their vacancies is at Part-I. Part II provides information particularly about the status of the posts of Accounts Officer, Accountant and Administrative Officer who play critical role in the financial management of each Operational Plan (OP). Moreover, these positions are vital to complete different reporting formats that need to be submitted to different authorities of the government (e.g., MOHFW, IMED, PMMU, etc.). They have responsibility for keeping track of allocation, release and expenditure of funds as per the approved budget line and as per the Annual Work Plan (AWP), Annual Training Plan (ATP) and Annual Procurement Plan (APP).

The PMMU issued an amended template to collect information from the LDs/OPs for preparing the APIR, 2020 which, -for the first time, included a section on the HR status of the OPs. The purpose of this addition was to assess how far the LDs/OPs had utilized the opportunity given by M/O Finance to MOHFW's 4th HPNSP to strengthen the LDs support system. This section describes the current HR status, as of July/August 2020.

It is relevant to keep in mind that health workforce deployment and redeployment are ongoing processes: attrition, due to different reasons, transfer, and replacements, etc., occur constantly. Therefore, the status of a particular category of HR as shown here may not remain the same after a period of time.

Part-I

Current status:

Error! Reference source not found. Table 7 provides the current position- Division wise- of the sanctioned and filled up posts along with the existing vacancies, as of July/August 2020.

Table 7: Number of sanctioned, filled-up and vacant posts in OPs under HSD and ME&FWD (in July – August 2020)

Division (1)	Sanctioned (2)	Filled-up (3)	Vacant post (4)	Vacancy rate (%) (5)
Excluding CBHC OP[11]				
HSD	2,950	1,549	1,401	47%
ME&FWD	1,857	1,515	342	18%
MOHFW	**4,807**	**3,064**	**1,743**	**36%**
Including CBHC OP				
HSD	18,378	15,747	2,631	14%
ME&FWD	1,857	1,515	342	18%
MOHFW	**20,235**	**17,262**	**2,973**	**15%**

[11] Data include all but CBHC OP as the total number of 15,428 sanctioned posts of this OP is an outlier. Therefore, to avoid distortion we analyzed data both including and excluding CBHC OP.

The OP wise distributions of the above data are shown below (Table 8**Error! Reference source not found.**):

Table 8: No. of sanctioned, filled-up and vacant posts under 29 Operational Plans in July-August 2020

Sl. No.	Name of OP	No. of sanctioned, filled-up and vacant posts under 29 Operational Plans in July-August 2020			
		Sanctioned	**Filled-up**	**Vacant post**	**Vacancy rate %**
	HSD				
01	SWPMM	43	39	4	9%
02	PMR	33	20	13	39%
03	AMC	1,218	668	550	45%
04	HEF	45	36	9	20%
05	SDAM	69	16	53	77%
06	HIS	9	9	0	0%
07	HSM	443	167	276	62%
08	PSSM-HS	89	66	23	26%
09	TB&ASP	449	361	88	20%
10	HRD	19	14	5	26%
11	NNS	76	26	50	66%
12	CDC	189	24	165	87%
13	CBHC	15,428	14,198	1,230	8%
14	PFD	41	11	30	73%
15	IFM	44	4	40	91%
16	MNCAH	60	41	19	32%
17	NCDC	48	18	30	63%
18	NEC	20	20	0	0%
19	L&HEP	55	9	46	84%
	ME&FWD				
20	PME	17	14	3	18%
21	ME&HMD	828	612	216	26%
22	NMES	41	16	25	61%
23	PSSM-FP	96	92	4	4%
24	MCRAH	428	426	2	0%
25	TRD	13	7	6	46%
26	CCSDP	210	209	1	0%
27	FP-FSD	20	20	0	0%
28	IEC	158	95	63	40%
29	MIS	46	24	22	48%

Highlights:

Some of the key findings are highlighted below:

- As per Table 7, 2,631 sanctioned posts (1,401 excluding the CBHC OP) remained vacant under HSD in July-August 2020, which constituted 14% (47% excluding the CBHC OP) of the total sanctioned posts for the Division. 342 sanctioned posts remained vacant under ME&FWD, which constituted 18% of the total sanctioned posts for the Division. Overall,

out of 20,235 sanctioned posts (4,807 excluding the CBHC OP) under the HSD and ME&FWD, 15% (36% excluding the CBHC OP) are still vacant.

- Over 60% posts remained vacant for CDC, L&HEP, SDAM, PFD, NNS NCDC, IFM and HSM OP under HSD and 40% and above were vacant for MIS, TRD, NMES and IEC OP under ME&HMD. Moreover, TBL-ASP and AMC OPs under HSD have substantial number of vacant posts.

Part-II

Background:

The MOHFW has been facing serious challenges due to an absence of a robust system of fiduciary management since integrating 100+ Projects into one Sector-wide Programme (1998). During the third Sector Programme, HPNSDP (2011-16), a consolidated fiduciary plan was adopted to address weaknesses in the system of fiduciary management, with regular monitoring of its implementation by periodic World Bank missions throughout the Programme period. For the 4th HPNSP, the World Bank adopted a different financing modality by shifting from input-based financing to results-based (DLI) financing. Still then it is continuing with the earlier efforts for improving fiduciary management in the MOHFW through a new fiduciary Action Plan, which runs parallel to the implementation of the 4th HPNSP. Audit objections continue to remain outstanding even for the earlier Sector Programs. Part of the problem can be traced to weak, or an absence of, system for internal financial control in the office of the LD, who quite often lack adequate manpower for accounting and financial management, in particular.

The third Sector Programme-HPNSDP (2011-16) attempted to address the inadequacy of financial manpower in the LD's office by engaging a specialist Firm which deployed trained accountants to assist LDs with fund management issues. The outsourcing experiment failed to get positive results. The current 4th HPNSP identified the existing gaps in the Accounts branch of the office of LDs and successfully moved the M/O Finance for sanctioning additional manpower to strengthen their operation. The existing and the newly sanctioned positions for the OPs are in the Vol. II of the PIP of the 4th HPNSP.

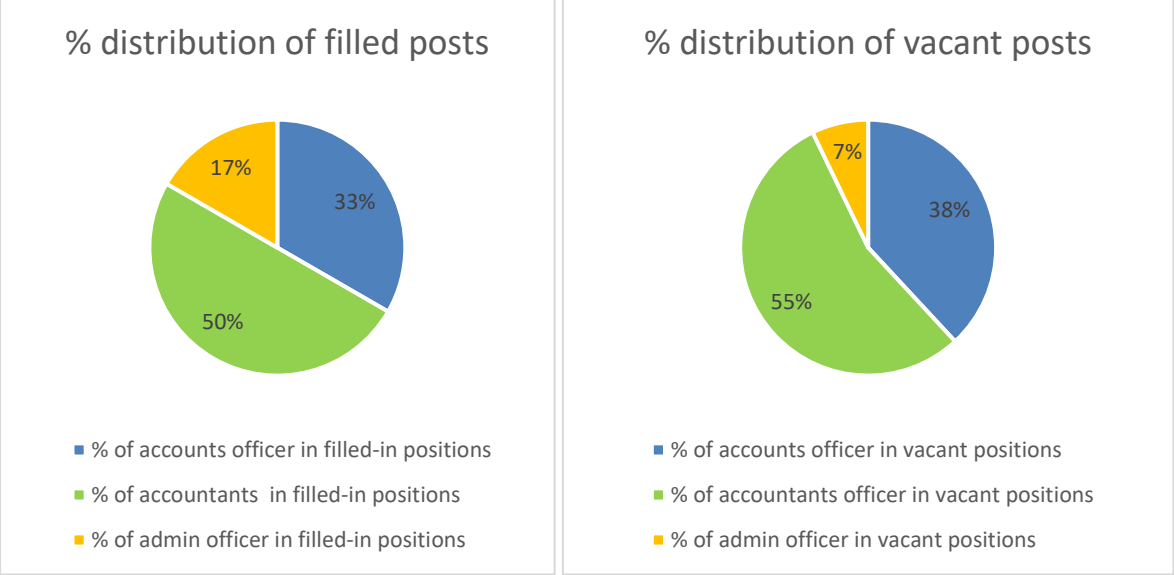
Table 9 provides the current position- Division wise- of the sanctioned and filled up posts for Accounts Officer, Accountant and Administrative Officer, along with the existing vacancies, as of July/August 2020.

Table 9: Number of sanctioned, filled-up and vacant posts of Accounts Officer/Accountant/Admin. Officer in OPs under HSD and ME&FWD in (July-August 2020)

Division	Sanctioned	Filled-up	Vacant post	Vacancy rate (%)
HSD	43	11	32	74%
ME&FWD	17	8	9	53%
MOHFW	60	19	41	**68%**

Figure 12 below shows percentage of filled and vacant posts in each category the Accounts Officer, Accountant and Administrative Officer as of July/August 2020.

Figure 12: Percentage of filled and vacant posts in each category the Accounts Officer, Accountant and Administrative Officer as of July/August 2020.



The OP wise distributions of the above data are shown below (Table 10):

Table 10: No. of sanctioned, filled-up and vacant posts of accounts officer/accountant/admin. officer positions under 29 Operational Plans in July-August 2020

Sl. No.	Name of OP	No. of sanctioned, filled-up and vacant posts of accounts officer/accountant/admin. officer positions under 29 Operational Plans in July-August 2020										
		Name of post	Sanctioned			Filled-up			Vacant post			Vacancy rate %
			Through Direct Recruitment	Through Deputation/ Additional responsibility	Total	Through Direct Recruitment	Through Deputation/ Additional responsibility	Total	Through Direct Recruitment	Through Deputation/ Additional responsibility	Total	
		Accounts Officer/ Accountant/ Admin. Officer										
	HSD											
01	SWPMM		4	0	4	0	0	0	4	0	4	100%
02	PMR		1	0	1	1	0	1	0	0	0	0%
03	AMC		2	0	2	0	0	0	2	0	2	100%
04	HEF		3	0	3	3	0	3	0	0	0	0%
05	SDAM		2	0	2	0	0	0	2	0	2	100%
06	HIS		0	1	1	0	1	1	0	0	0	0%
07	HSM		3	0	3	0	0	0	3	0	3	100%
08	PSSM-HS		2	0	2	0	0	0	2	0	2	100%

09	TB&ASP		1	1	2	0	0	0	1	1	2	100%
10	HRD		5	0	5	0	0	0	5	0	5	100%
11	NNS		1	0	1	1	0	1	0	0	0	0%
12	CDC		2	0	2	0	0	0	2	0	2	100%
13	CBHC		2	0	2	1	0	1	1	0	1	50%
14	PFD		0	3	3	0	3	3	0	0	0	0%
15	IFM		5	0	5	0	0	0	5	0	5	100%
16	MNCAH		2	0	2	0	0	0	2	0	2	100%
17	NCDC		1	0	1	0	0	0	1	0	1	100%
18	NEC		1	0	1	1	0	1	0	0	0	0%
19	L&HEP		1	0	1	0	0	0	1	0	1	100%
	ME&FWD											
20	PME		0	1	1	0	1	1	0	0	0	0%
21	ME&HMD		0	3	3	0	2	2	0	1	1	33%
22	NMES		1	0	1	0	0	0	1	0	1	100%
23	PSSM-FP		0	1	1	0	1	1	0	0	0	0%
24	MCRAH		2	0	2	1	0	1	1	0	1	50%
25	TRD		2	0	2	0	0	0	2	0	2	100%
26	CCSDP		0	1	1	0	1	1	0	0	0	0%
27	FP-FSD		2	0	2	0	0	0	2	0	2	100%
28	IEC		2	0	2	0	0	0	2	0	2	100%
29	MIS		2	0	2	2	0	2	0	0	0	0%

Highlights:

Some of the key findings are highlighted below:

- Out of 60 sanctioned posts under the HSD and ME&FWD, more than half of these (32 out of 60) are for Accountants. Accounts Officers (22 posts) comprise 36%, and Admin Officers comprise 10% of the total sanctioned posts (6 posts).
- The current vacancy rate is 55% (22 posts) for Accountants, 38% (16 posts) for Accounts Officers and 7% (3 posts) for Admin officers.
- Out of 60 sanctioned posts of Accounts Officer/Accountant/Admin. Officer under the HSD and ME&FWD, 68% are still vacant.
- Out of the total 49 positions sanctioned to be filled up through direct recruitment, only 29 positions have so far been filled. 41% still remain vacant.
- 65% of the newly sanctioned positions under the ME&FWD are to be filled through direct recruitment but, in the case of HSD, 88% of the newly sanctioned posts (38) in HSD are to be filled by direct recruitment.
- 17 OPs (out of 29) did not fill up any of their vacancies (SWPMM, PME, SDAM, PSSM-HS, HRD, NMES, TRD, IFM, MNCAH, TBL&ASP, CDC, NCDC, HSM, FPFSD, L&HEP, IEC, AMC). Only nine OPs filled up all vacancies (PMR, HEF, HIS, MIS, PSSM-FP, PFD, NNS, NEC, CCSDP).

Way forward - what needs to be done:

It is a sad reflection on the management of the OPs that considerable number of posts still remains vacant after more than three years of implementation of 4th HPNSP. The following steps may be considered:

1. The DGs of the concerned Directorates may be instructed to periodically review the progress of steps taken by the relevant LDs so that any barriers can be removed, and the vacancies are filled up, without any further delay.
2. The DGs may also be asked to keep the Secretary of the Division informed of improvement in the situation on a fixed periodical basis.

3. A deadline may be fixed for completing the process urgently. Given the urgency of the situations, a timely completion of this task could go some way in improving performance of the Ops and the sector's image.

PART-B: SUMMARY AND OP-WISE FACTSHEET

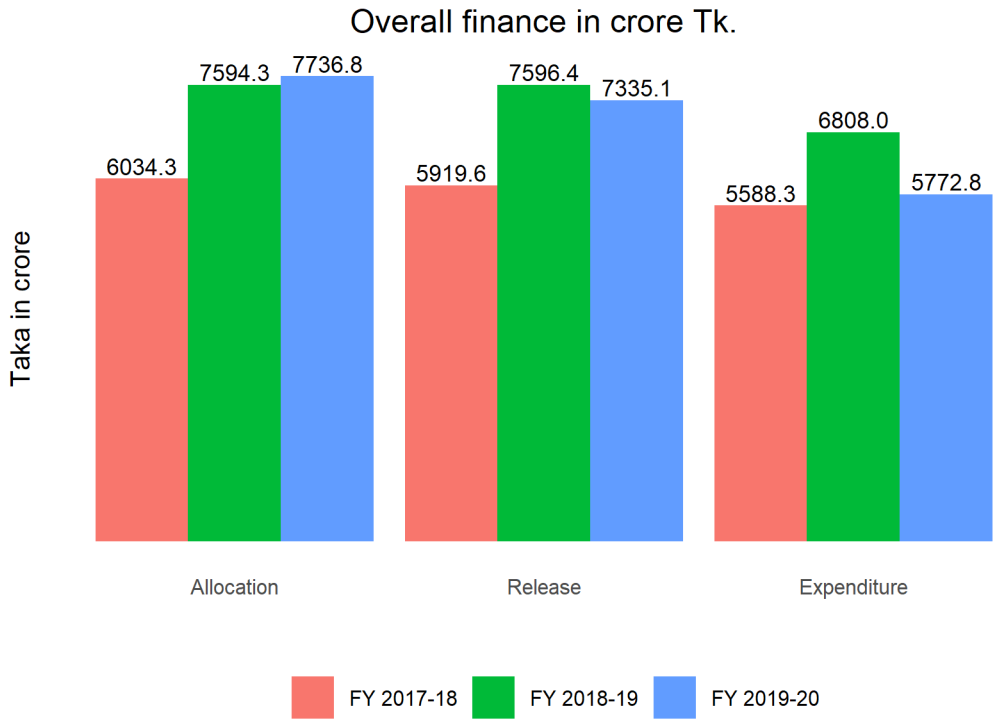
4th HPNSP OVERALL PERFORMANCE – SUMMARY FACTSHEET (29 OPs)

16 out of 29 OPs submitted report timely	Achieved indicators **65%** **(73 out of 131 indicators achieved; 18 indicators are not applicable)**	Fund release against allocation **95%**	Fund utilization against allocation **75%**	Fund utilization against release **79%**

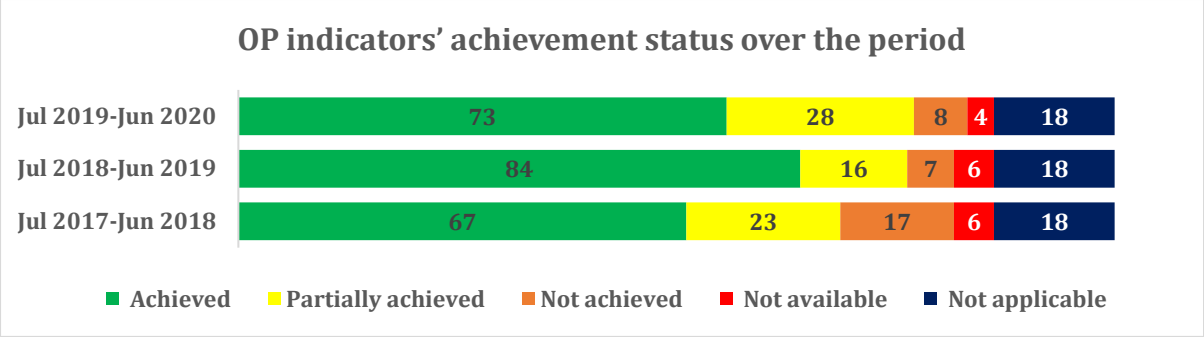
General Objective

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

Financial Progress (in crore Tk.)



Progress of OP-level Indicators

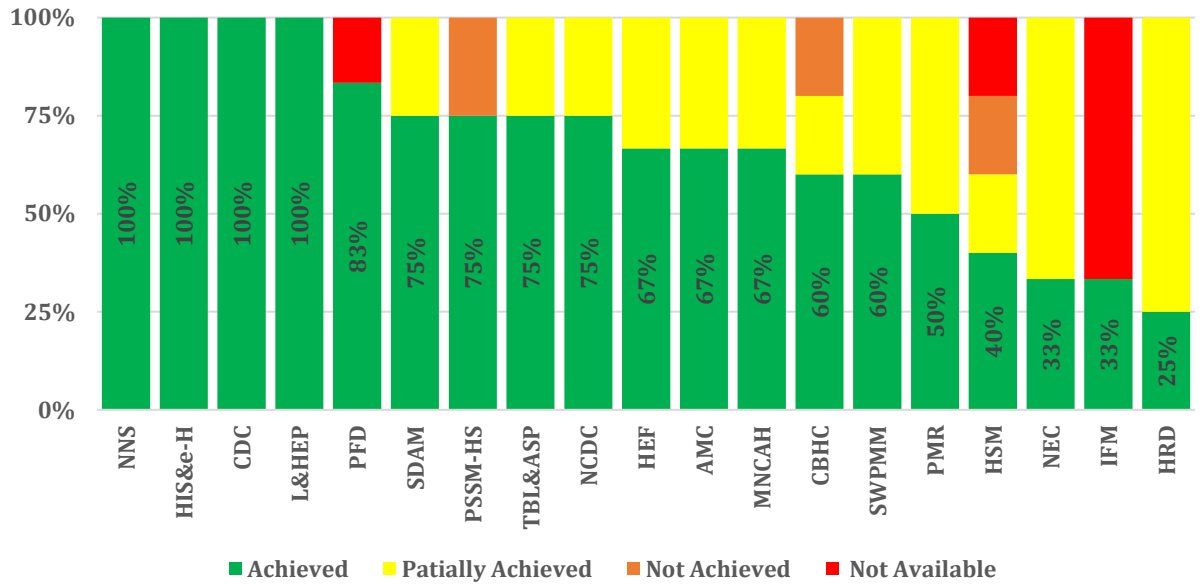


Overall achievement measured by OP-level indicators during FY 2019-20:

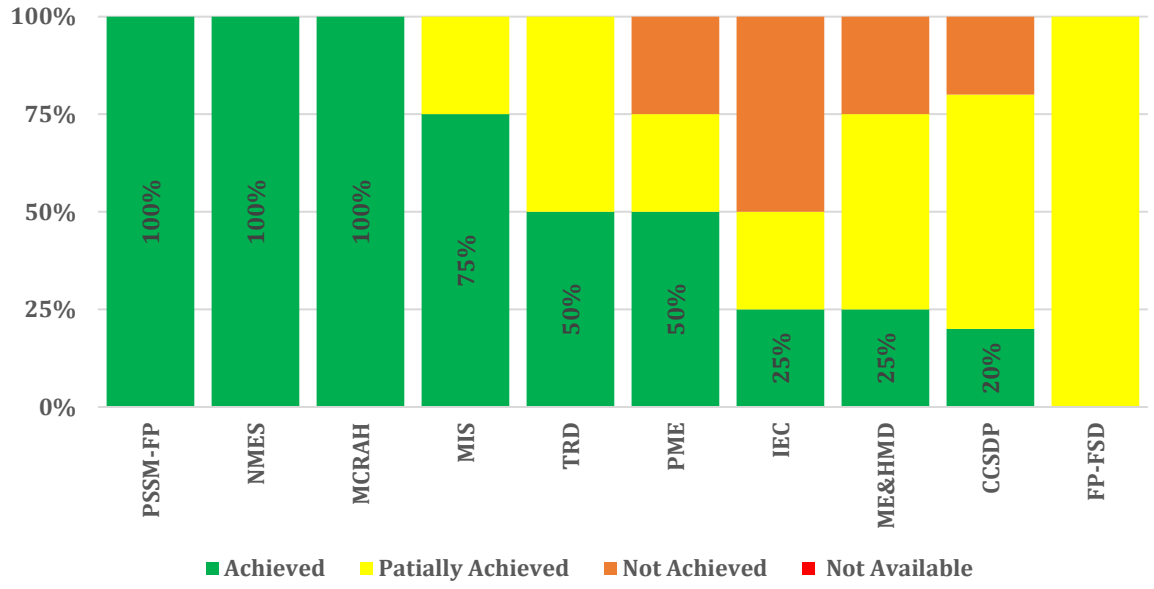
Type of Progress	SGS	HSS	PQHS	All OPs
Number of indicators	20	44	49	113
Achieved	12 (60%)	31 (70%)	30 (61%)	73 (65%)
Partially achieved	7 (35%)	8 (18%)	13 (27%)	28 (25%)
Not achieved	1 (5%)	2 (5%)	5 (10%)	8 (7%)
Not available	0 (0%)	3 (7%)	1 (2%)	4 (4%)

** 1 indicator from SGS, 3 indicators from HSS and 14 indicators from PQHS component were not applicable.

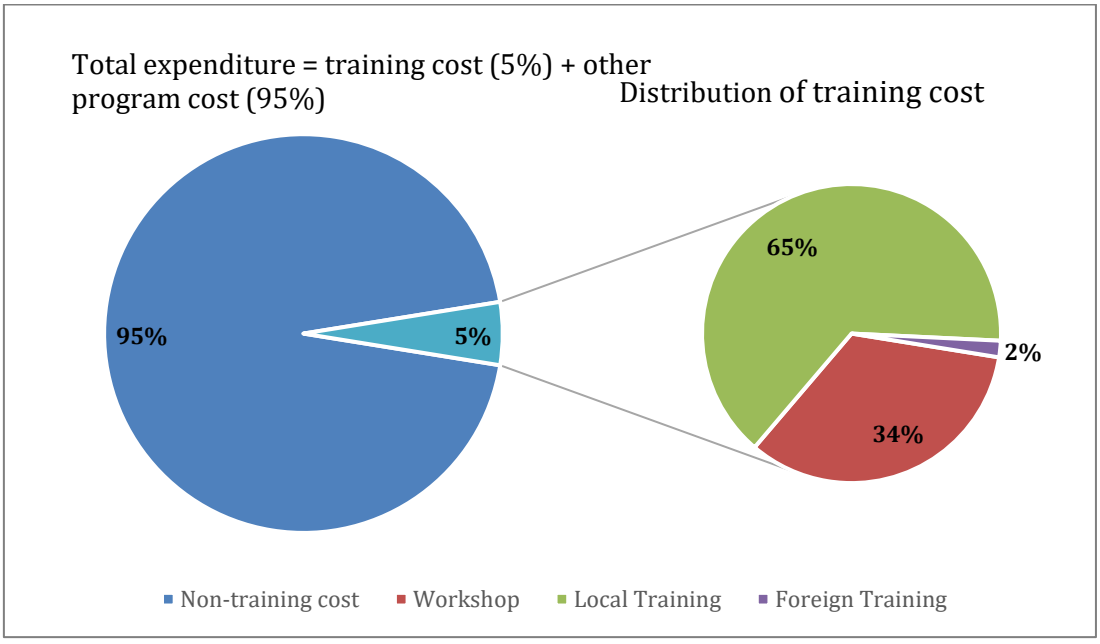
Progress measured by OP indicators of HSD (n=19) during FY 2019-20:



Progress measured by OP indicators of ME&FWD (n=10) during FY 2019-20:



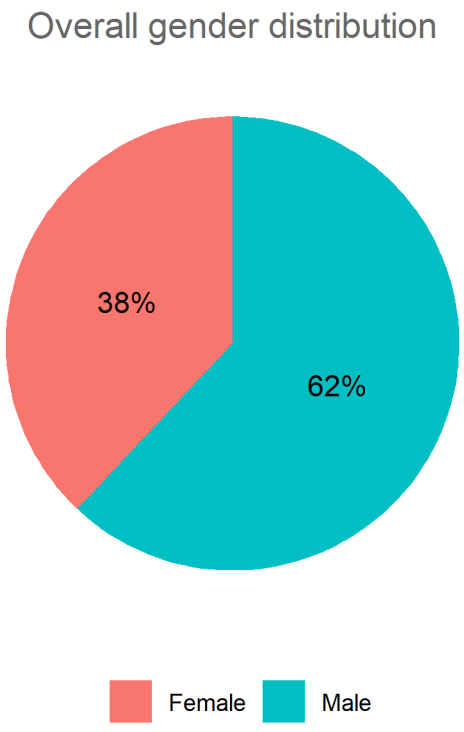
Training Information



Out of the total expenditure of Tk. 5,772.84 crore, Tk. 293.73 crore (5%) was spent on training. Of the total training cost, Tk. 189.55 crore (65%) was spent on local training, Tk. 98.96 crore (34%) was spent on workshop and Tk. 5.23 crore (2%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	10,062 (42)	164,212 (57)	26,860 (16)	201,134 (41)
Foreign Training	126 (1)	44 (<1)	-	170 (<1)
Workshop	13,711 (57)	125,918 (43)	145,906 (84)	285,535 (59)

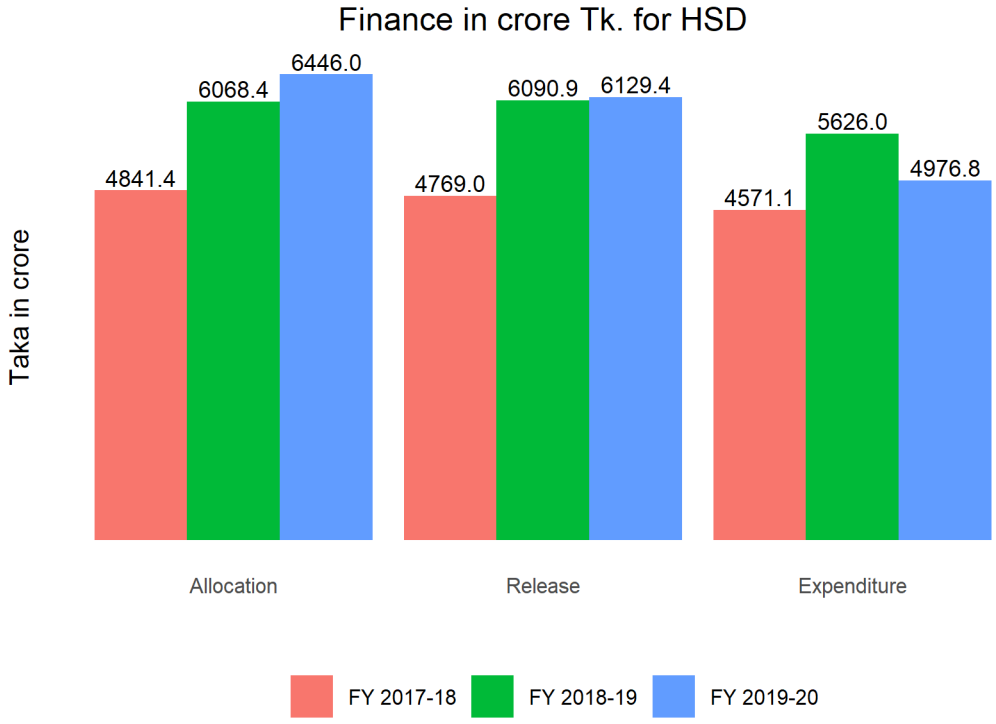
Training duration	Training participants		Cost of training (Taka in crore)	
	Number	%	Amount	%
Short term (1-28 days)	482,405	99.09%	272.68	92.83%
Medium term (29 days – 6 months)	1,425	0.29%	3.02	1.03%
Long term (6+ months)	3,009	0.62%	18.03	6.14%
Total	486,839	100.00%	293.73	100.00%



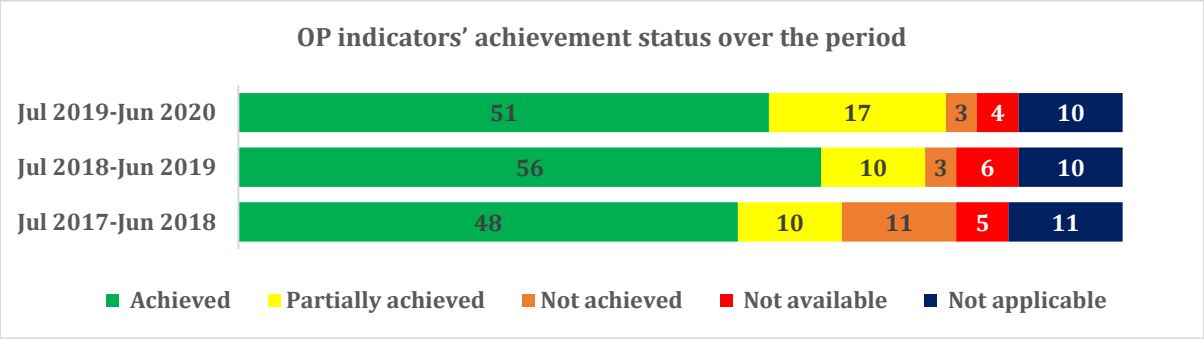
HEALTH SERVICES DIVISION (HSD) – SUMMARY FACTSHEET (19 OPs)

9 out of 19 OPs submitted report timely	Achieved indicators **68%** **(51 out of 85 indicators achieved; 10 indicators are not applicable)**	Fund release against allocation **95%**	Fund utilization against allocation **77%**	Fund utilization against release **81%**

Financial Progress (in crore Tk.)



Progress of OP-level Indicators

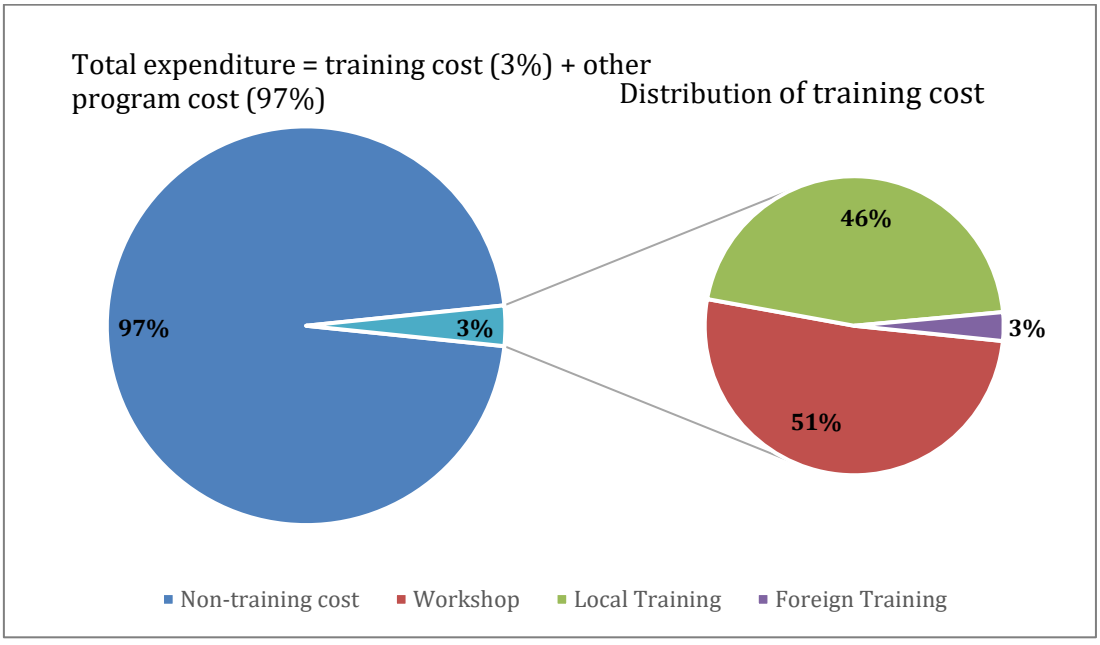


Overall achievement measured by OP-level indicators for the FY 2019-20:

Type of Progress	SGS	HSS	PQHS	All OPs
Number of indicators	16	22	37	75
Achieved	10 (63%)	15 (68%)	26 (70%)	51 (68%)
Partially achieved	6 (38%)	3 (14%)	8 (22%)	17 (23%)
Not achieved	0 (0%)	1 (5%)	2 (5%)	3 (4%)
Not available	0 (0%)	3 (14%)	1 (3%)	4 (5%)

** 1 indicator from SGS, 2 indicators from HSS and 7 indicators from PQHS component were not applicable.

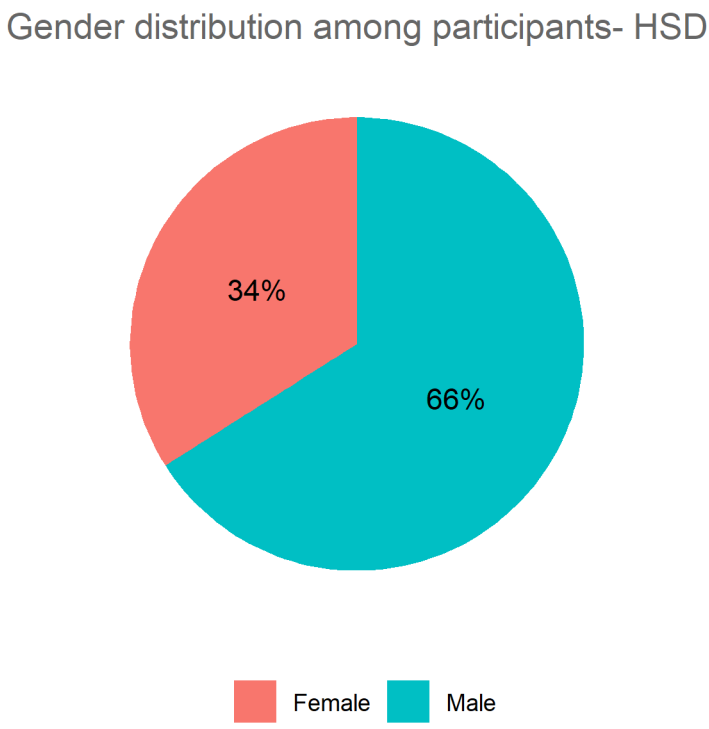
Training Information



Out of the total expenditure of Tk. 4,976.84 crore, Tk. 162.52 crore (3%) was spent on training. Of the total training cost, Tk. 74.24 crore (46%) was spent on local training, Tk. 83.25 crore (51%) was spent on workshop and Tk. 5.02 crore (3%) was spent on foreign training.

Training and workshop participants by OPs

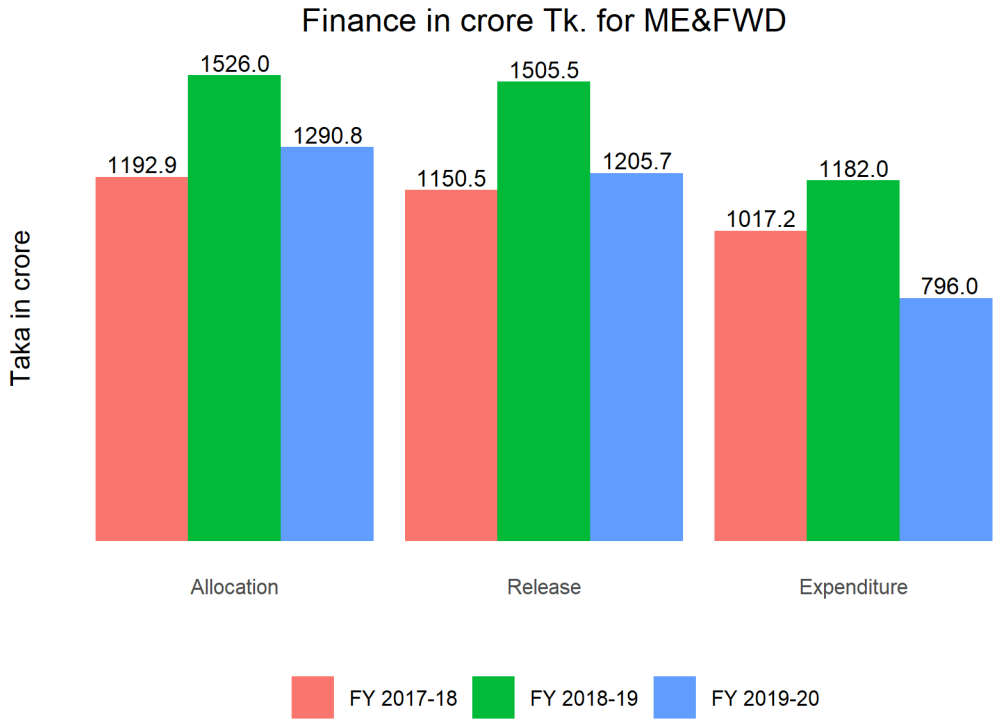
Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	7,250 (40)	80,055 (44)	26,460 (16)	113,765 (31)
Foreign Training	122 (1)	44 (<1)	-	166 (<1)
Workshop	10,790 (59)	102,321 (56)	141,923 (84)	255,034 (69)



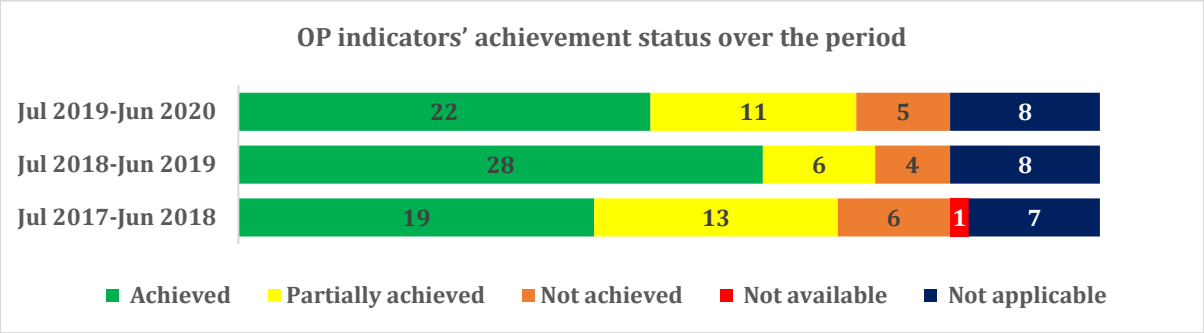
MEDICAL EDUCATION AND FAMILY WELFARE DIVISION (ME&FWD) – SUMMARY FACTSHEET (10 OPs)

7 out of 10 OPs submitted report timely	Achieved indicators **58%** **(22 out of 46 indicators achieved; 8 indicators are not applicable)**	Fund release against allocation **93%**	Fund utilization against allocation **62%**	Fund utilization against release **66%**

Financial Progress (in crore Tk.)



Progress of OP-level Indicators

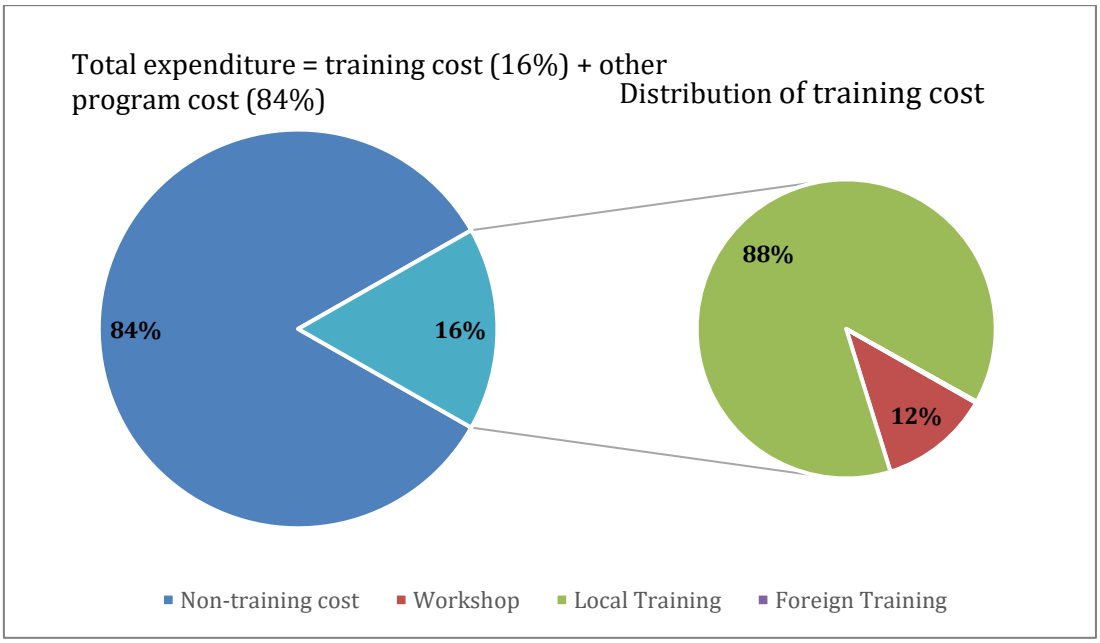


Overall achievement measured by OP-level indicators during FY 2019-20:

Type of Progress	SGS	SHS	IHS	All OPs
Number of indicators	4	22	12	38
Achieved	2 (50%)	16 (73%)	4 (33%)	22 (58%)
Partially achieved	1 (25%)	5 (23%)	5 (42%)	11 (29%)
Not achieved	1 (25%)	1 (5%)	3 (25%)	5 (13%)
Not available	0 (0%)	0 (0%)	0 (0%)	0 (0%)

** 1 indicator from HSS and 7 indicators from PQHS component were not applicable.

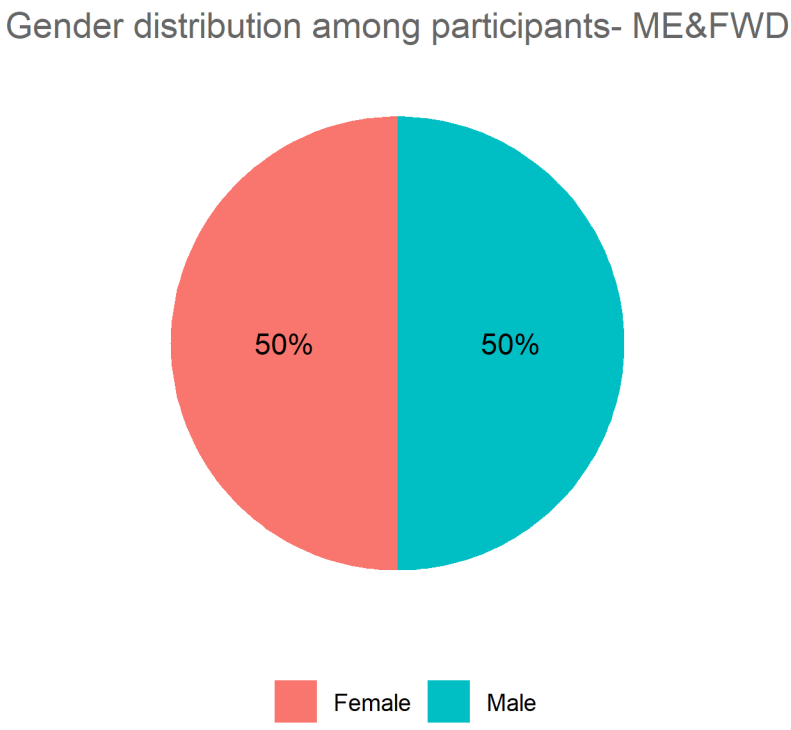
Training Information



Out of the total expenditure of Tk. 796.01 crore, Tk. 131.22 crore (16%) was spent on training. Of the total training cost, Tk. 115.31 crore (88%) was spent on local training and Tk. 15.71 crore (12%) was spent on workshop.

Training and workshop participants by OPs

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	2,812 (49)	84,157 (78)	400 (9)	87,369 (74)
Foreign Training	4 (<1)	-	-	4 (<1)
Workshop	2,921 (51)	23,597 (22)	3,983 (91)	30,501 (26)



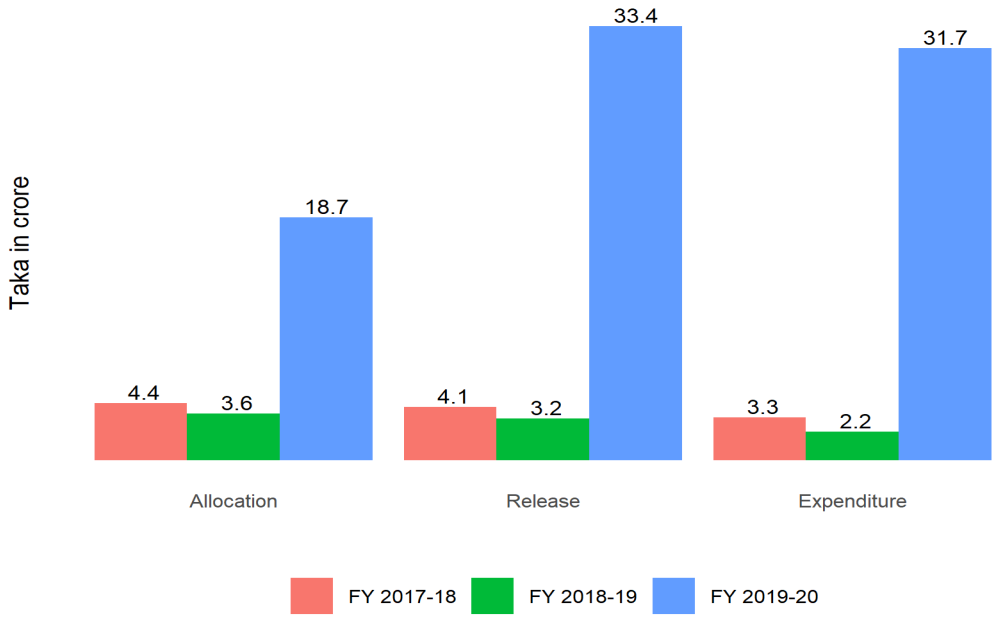
OP-01: SECTOR-WIDE PROGRAM MANAGEMENT & MONITORING (SWPMM)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**60%** (3 out of 5 indicators achieved)	**179%**[12]	**170%**[12]	**95%**

General Objective

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

Financial Progress (in crore Tk.)



[12] An additional DPA fund of Tk. 15.0 crore was spent by the OP, hence both release and expenditure figures were higher than the allocation.

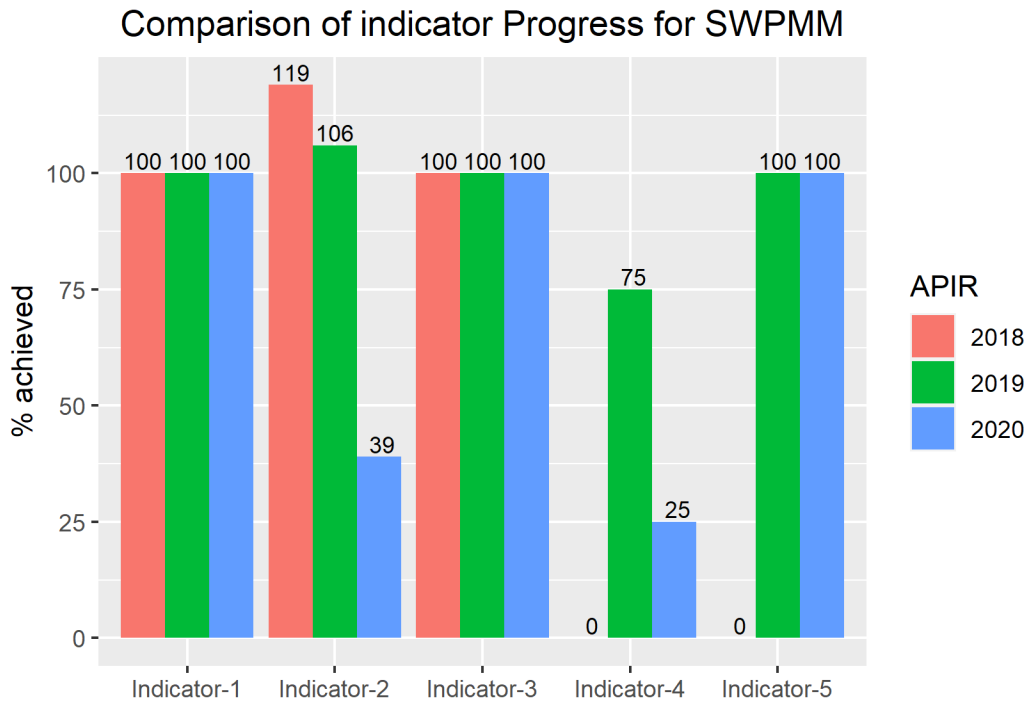
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Percentage of OPs submitting Annual Work Plan (AWP) with budget by August	100% (APIR 2016)	100%	100 %	100%	100%	100%	100%	100%
2	Increase in the number of OPs with annual budget execution over 80%	13, (APIR 2015)	18	16	19	16	17	18	7
3	Prepare annual Program implementation reports (APIR)	1 report/year	3	1	1	1	1	3	3
4	LCG health meetings organized quarterly and decisions followed up	2 Nos. (July-Dec. 2016)	14	4	0	4	3	4	1
5	Improved coordination mechanism focusing on PHC in urban areas (linked to DLI 16 /DLR 16.1)	NA		0	Nine TGs including one on Urban Health is awaiting issuance of a notification	2 meetings	2 meetings	Draft agreed action plan prepared	A report including recommendations on delineation of roles and responsibilities of MOHFW, LGD&LGIs has been drafted by the LGD, which needs to be finalized.

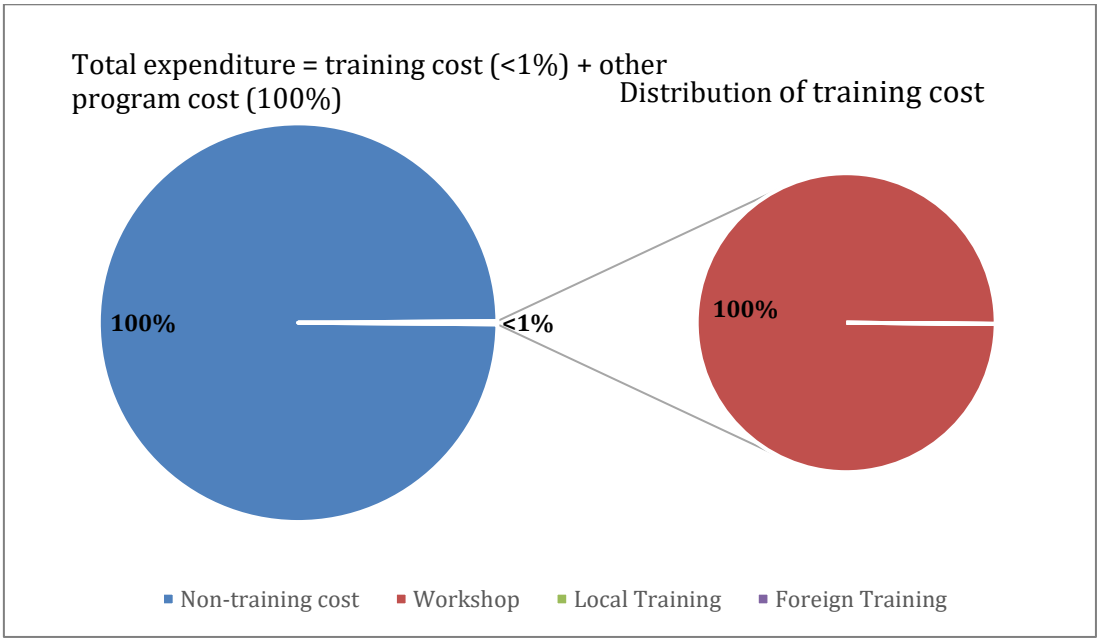
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

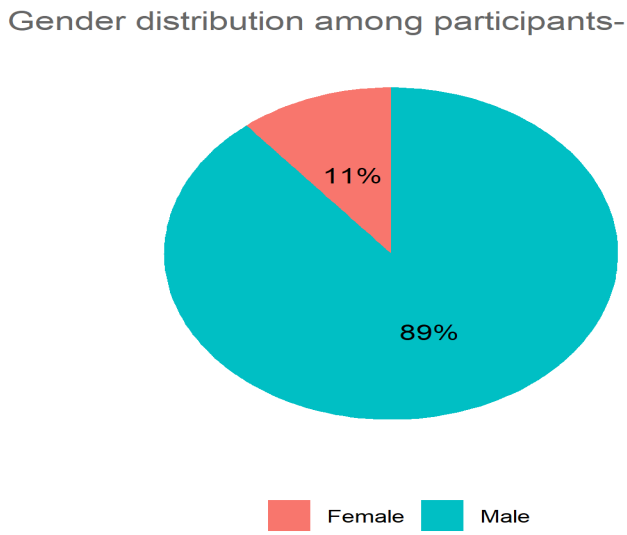


Training Information



Out of the total expenditure of Tk. 31.72 crore, Tk. 0.08 crore (<1%) was spent on training. Of the total training cost, Tk. 0.08 crore (100%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	-	-	-
Foreign Training	-	-	-	-
Workshop	830 (100)	-	-	830 (100)



Major Physical Progress

Program Review, Monitoring and Evaluation

- Arranged four ADP meetings (HSD and ME&FWD) within 12 months as part of monthly progress review meetings.
- Prepared Mid-term Program Implementation Report (MPIR) 2020.
- Hired international and national consultants and conducted Mid-term Review (MTR) 2020 of the 4th HPNSP. Also arranged a policy dialogue during MTR 2020.
- Arranged two DLI monitoring committee meetings.
- Arranged workshop on implementation progress of 4th HPNSP and SDG localization in Barishal Division and reported SDG implementation progress to the Prime Minister's Office.

Sector Coordination

- Ensured GOB-DP coordination through 53 meetings (e.g. LCG-H-1; TG 24; TAC-2; DLI Monitoring Committee-3, APR-SC Meeting-4; UHCC-1, UHWG-1; Others-18).
- 18 OPIC meetings held during FY 2019-120 to ensure Inter-ministerial Coordination.
- Ensured inter-agency coordination through 14 workshops (workshop on DDHP-1; APIR 2019 dissemination-1; TA harmonization workshop-1; consultation workshop on UHS-1; national stakeholder workshop on progress of health-related SDGs-1; consultation

workshop on MPIR-2020-1, ADP implementation monitoring workshop -1, MTR launching workshop-1 with more five workshops.
- Published 200 copies of APIR 2019.

Strengthening of Program Management & Monitoring Unit (PMMU)

- Arranged 31- meetings/seminars/workshops/orientations at PMMU.
- Continued Technical Assistance Support (under DP execution) to PMMU through TAST/ USAID funded MEASURE Evaluation/Data for Impact (D4I) Projects.
- Engaged two national consultants --one consultant and one coordinator funded by the World Bank for DLI monitoring and FDMN activities respectively; and another consultant funded by WHO for SDG monitoring.

Stewardship and Governance

- Recruited one national consultant as 'Governance and Stewardship Specialist' with the support from USAID to support the MOHFW in facilitating these tasks.
- Drafted Bangladesh Unani and Ayurvedic medicine Act, Bangladesh Homoeopathic Medicine Act, Accreditation of Healthcare Institution Act, Action Plan on Strengthening Stewardship Functions of the Regulatory Bodies under MOHFW and submitted to concerned agencies/ministries.

TA support

- Reviewed and updated MESAP for finalisation and shared with TWG members for their feedback.

COVID-19 related activities

- Held a series of meeting for COVID-19 Early Response and Pandemic Preparedness in the Context of Planning Wing, HSD.
- MOHFW processed two projects of COVID-19 (the first one is co-financed by WB and the second one by ADB.

Key Challenges

- Could not arrange of ADP meetings as per the target of AWP due to COVID-19 situation.

Recommendations from Mid-term Review 2020

1. Revision of all OPs completed following thorough review of activities, budgets, indicators, milestones (including relevant cross-cutting issues such as, gender, equity and inclusion) as well as where needed the implementation structures based on MTR findings.
2. Revised TOR and guideline for TGs completed and circulated by July 2020.
3. Urban health strategy/action plan and strategy for effective engagement of private sector approved by December 2020.

4. Update the Governance and Stewardship Action Plan (GSAP) including steps for creating Institutional arrangements**.**
5. Preparation and approval of a revised Governance Steward Action Plan (GSAP) and start of Implementation.
6. Approve and enact Accreditation of Health Care institution Act.
7. Establishment of a Health Systems Innovation and Incubation Unit (HSIIU) under MOHFW to perform research, innovation, incubation and validation on improving health system, service delivery, better patient care and address emerging health issues.

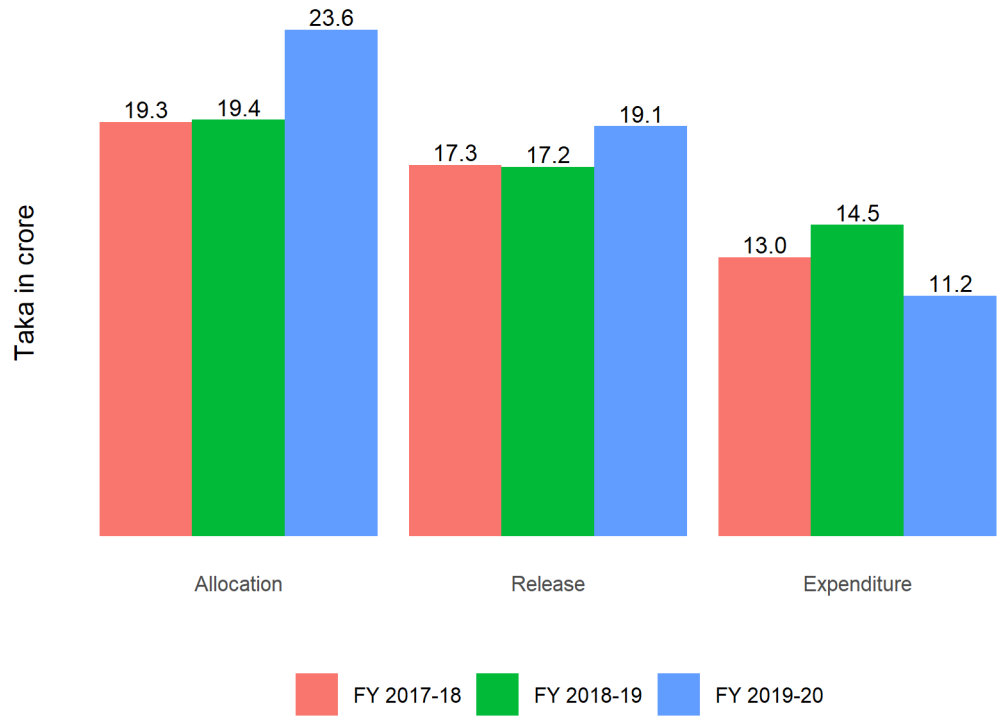
OP-02: PLANNING, MONITORING AND RESEARCH (PMR)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**50%** (2 out of 4 indicators achieved)	**81%**	**47%**	**58%**

General Objective

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

Financial Progress (in crore Tk.)



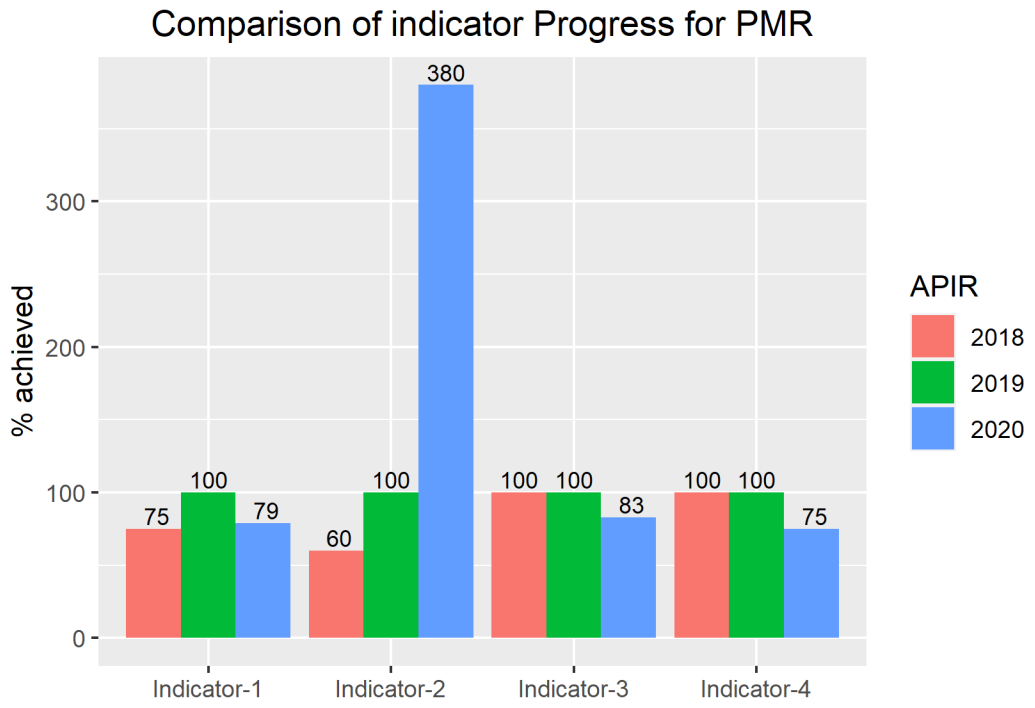
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Orientation trainings conducted on priorities of the Sector Program	0	300	400	300	14	14	150	119
2	Prepare plan for improved service delivery to supporting managers at different levels	0	200	500	300	19	19	10	38
3	Monitoring meetings for OPs	12/year	42	12	12	12	12	6	5
4	Number of brief prepared and disseminated on research conducted	0	25	8	8	8	8	4	3

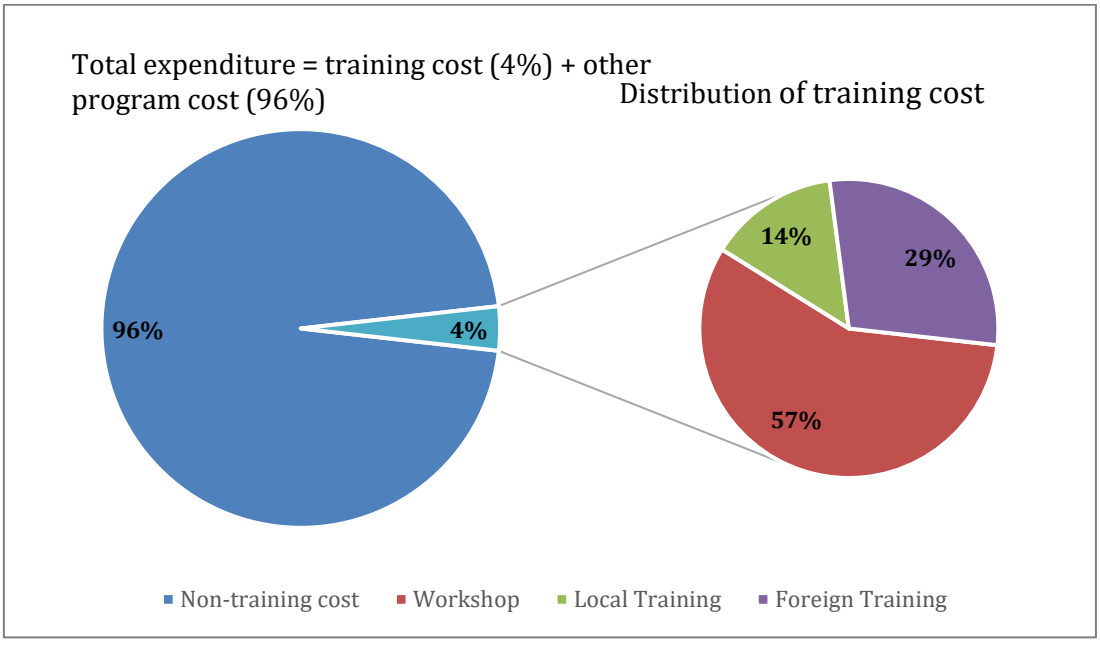
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

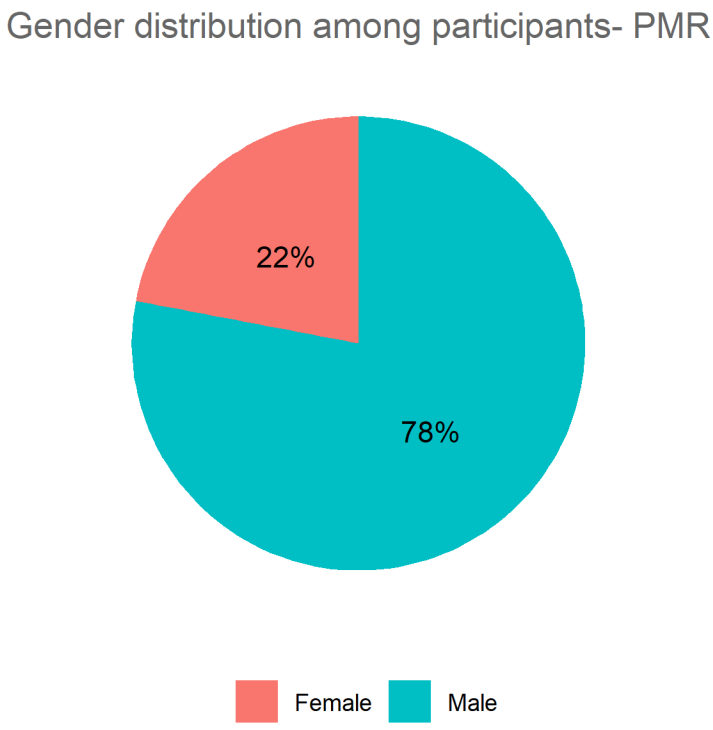


Training Information



Out of the total expenditure of Tk. 11.19 crore, 0.40 crore (4%) was spent on training. Of the total training cost, Tk. 0.23 crore (57%) was spent on workshop, Tk. 0.12 crore (29%) was spent on foreign training and Tk. 0.06 crore (14%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	50 (16)	-	-	50 (6)
Foreign Training	39 (12)	-	-	39 (4)
Workshop	225 (72)	565 (100)	-	790 (90)



Major Physical Progress

- Organized five monitoring meetings for OPs.
- Trained 38 supporting managers at different levels for preparation of plan for improved service delivery.
- Three briefs were prepared on researches conducted by the Planning Unit of the DGHS.
- Organized one orientation workshop for the newly appointed LDs, PMs and DPMs at central level.
- Organized 10 workshops on health system operationally assessment at different levels.
- Completed formulation of three District Health Planning and Implementation Teams.
- Arranged three workshops to support the Upazila Managers via district managers.
- Completed one workshop on coordination with respective LDs and situation analysis relating to DLIs.
- Competed one workshop on assessment of DLI activity in field and feed back to LDs.
- Organized two meetings with different stakeholders/Subject experts to identify the cross-cutting issues/opinions.
- Organized eight meetings with different stakeholders to finalize the draft project proposal.
- Prepared 10 final project proposals.

- Organized five ADP monitoring meetings and five DPA activity monitoring meetings.
- Completed three Monitoring at field level.
- Completed eight yearly meeting with community people on health issues to find solution.
- Completed one workshop on monitoring and supervision to create a monitoring team.
- BMRC as a cost center under this OP will receive allocation for 20 researches to build research capacities and conduct research.
- Completed one training on research Methodology for researcher
- Completed five clinical, basic, applied, heath system, and epidemiological research.
- Completed two mid and long-term fellowships Program on planning, monitoring and research in collaboration with national and international institutes.
- Completed five short term training on planning, monitoring and research in collaboration with national and international level.
- Completed four exchange of views and ideas among health professional and health diplomats by organizing and attending national and international conferences and seminars and Linkage with Global forum.

Key Challenges

- COVI-19 pandemic had a big impact on program implementation.
- Line Director, Program Manager and Deputy Program Manager Posts were vacant for certain period of FY 2019-20.
- Scheduled activities couldn't be performed due to shortage of Manpower.
- Delayed fund release which further deferred implementation of the planned activities as per work plan.

Suggestions/recommendations:

- Line Director Position should not remain vacant for long period.
- Human resources with Public Health background may be deployed.
- Separate Manpower may be deployed to perform the Revenue and Development activities.
- Initiation of plan to address COVID-19 pandemic situation.

Recommendations from Mid-term Review 2020

- The IRT team describes in their MTR report that PIP Strategic Objective SO1 '*Strengthen Governance and Stewardship (G&S)*' is included in PMR and PME OPs but there is no significant activities in these two OPs to support G&S. SO2 'Institutional Development (ID)' relevant for three OPs (SWPMM, PMR and PME) but all is deficient with appropriate ID activities. This is further compounded by poorly developed indicators and targets that make it difficult to track progress.

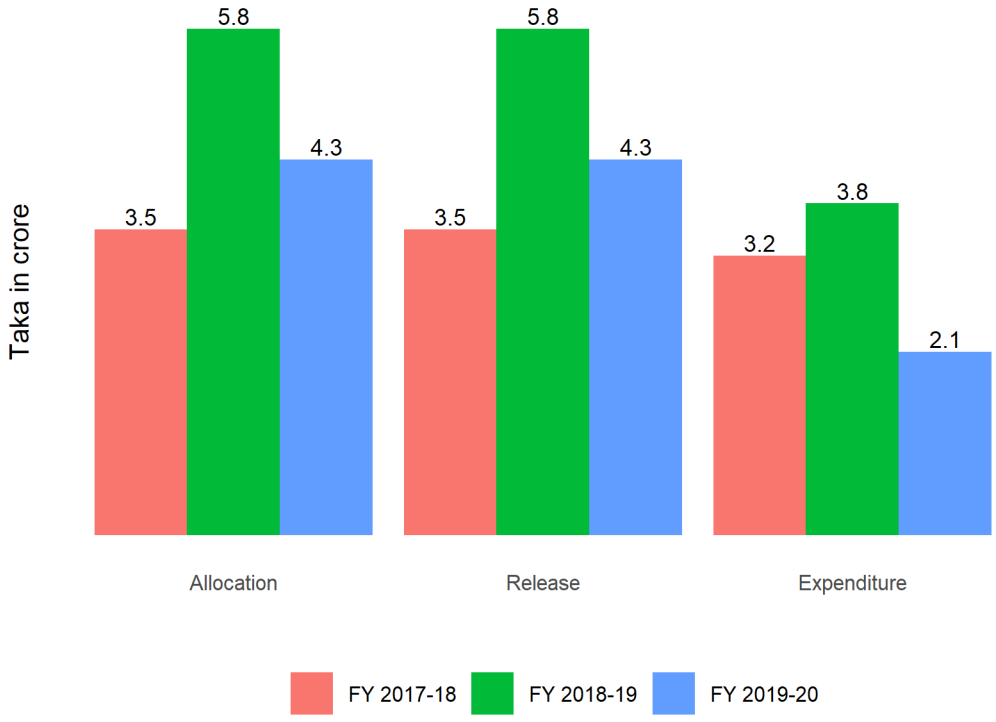
OP-03: PLANNING, MONITORING AND EVALUATION (PME)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**50%** (2 out of 4 indicators achieved)	**100%**	**49%**	**49%**

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 (in crore Tk.)



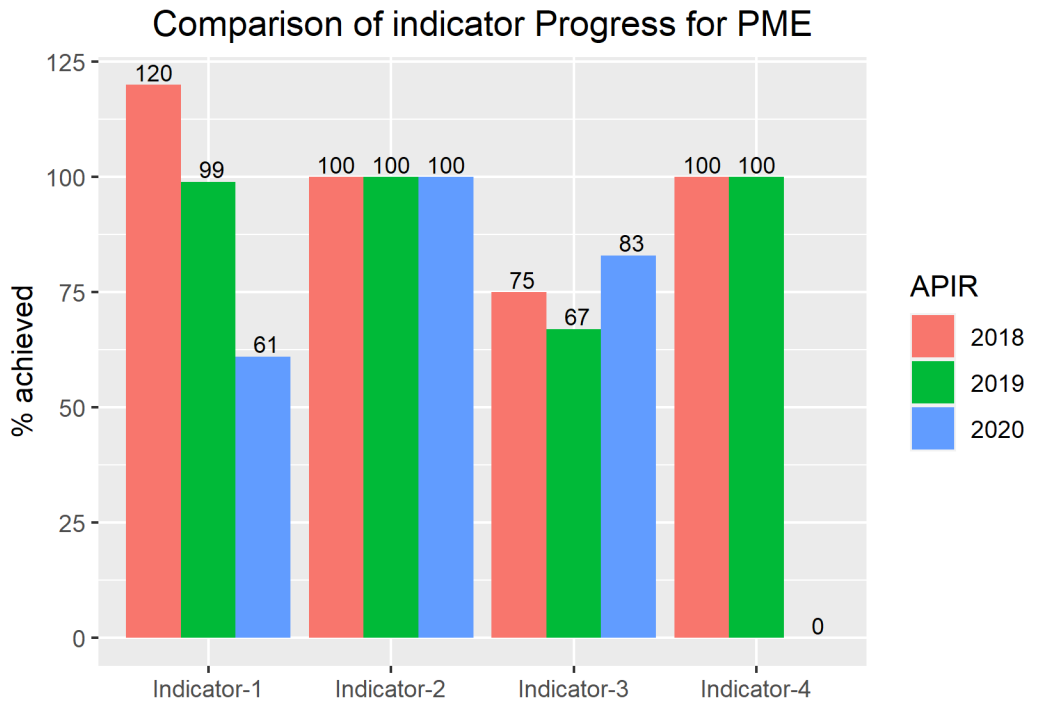
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Field Program Performance Monitoring Workshop (Central, Division & District Level).	104 (Official/ Admin Reports)	444	75	90	144	143	82	50
2	Number of Annual Work Plan (AWP) with budgets of DGFP Operational Plans submitted to MOHFW by July 2017	07 OPs (Official Reports)	Total Number of OPs/Year	7	7	7	7	7	7
3	Monitoring of financial & physical progress of OPs for ADP Review Meetings.	05 Meetings (Official Reports)	12 Meetings/Year	12	9	12	8	12	10
4	Co-ordination Workshop with NGOs/ Garments/ Private Organization on FP-MCRAH activities (Central & Divisional Level).	N/A	N/A	1	1	2	2	2	0

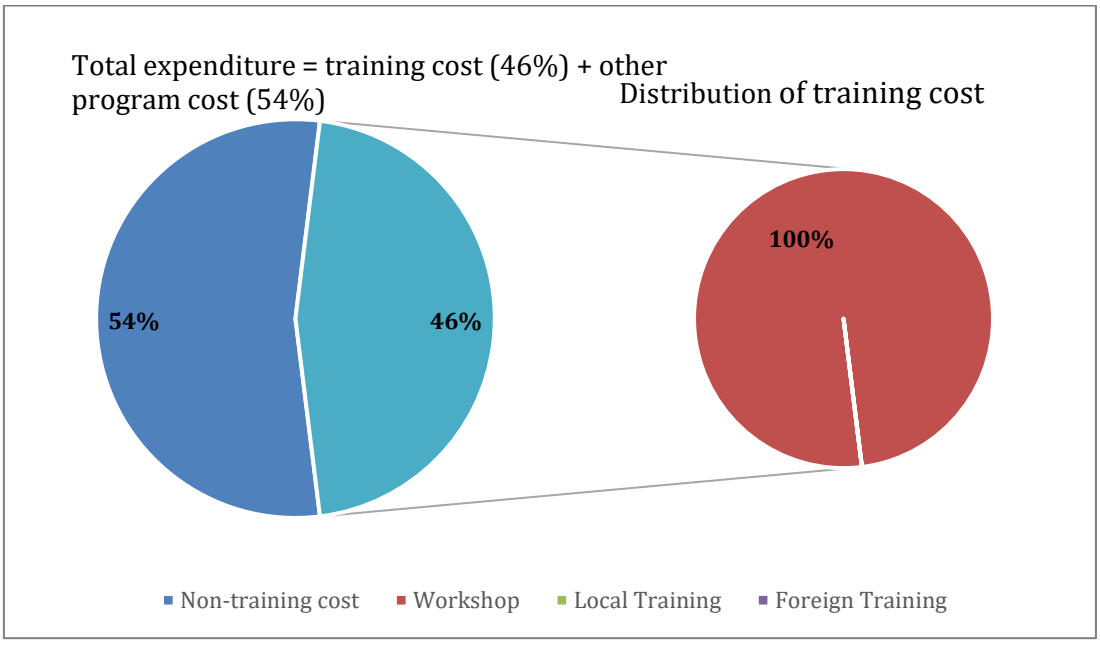
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

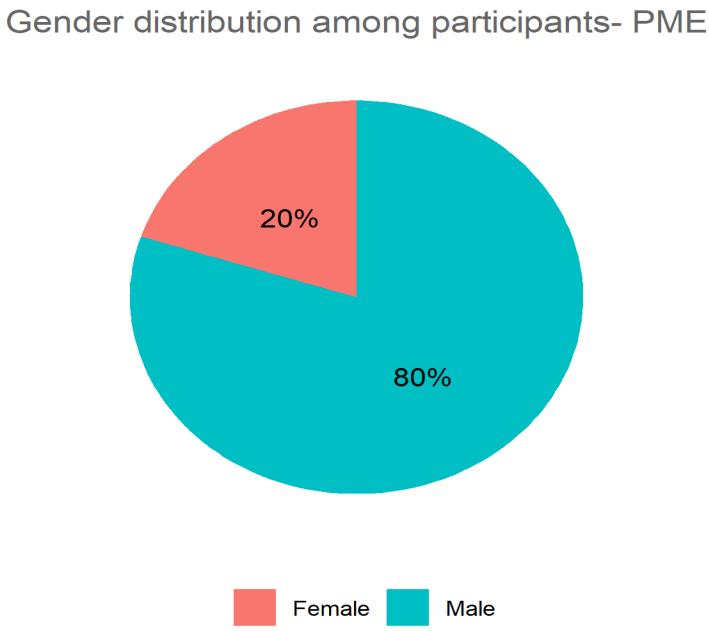


Training Information



During this reporting period, out of the total expenditure of Tk. 2.10 crore, Tk. 0.97 crore (46%) was spent on training. Of the total training cost, 100% was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	-	-	-
Foreign Training	-	-	-	-
Workshop	235 (100)	1,523 (100)	78 (100)	1,836 (100)



Major Physical Progress

- Completed 48 field performance monitoring workshops (Division and District level).
- The OP prepared seven AWPs with budgets and submitted to the MOHFW on time.
- Arranged ten ADP review meetings for monitoring financial and physical progress.
- Arranged a workshop on co-ordination and preparation of OPs/ ROPs /financing.
- Organized three coordination workshops with NGOs/garments/private organization on FP MCRAH activities (at central and divisional levels).
- Arranged one meeting for OP Implementation Committee (OPIC)/Steering Committee.

Key Challenges

- Vacant position of accountant.
- Problem in implementation due to COVID-19 pandemic situation.

Suggestions/recommendations:

- Accelerate implementation through virtual initiatives to cover the COVID-19 situation.

Recommendations from Mid-term Review 2020

- The IRT team describes in their MTR report that PIP Strategic Objective SO1 '*Strengthen Governance and Stewardship (G&S)*' is included in PMR and PME OPs but there is no significant activities in these two OPs to support G&S. SO2 'Institutional Development (ID)' relevant for three OPs (SWPMM, PMR and PME) but all is deficient with appropriate ID activities. This is further compounded by poorly developed indicators and targets that make it difficult to track progress.

- Regarding expenditure against allocations, performance of this OP was found low; only 60.6%. Almost one fourth (79%) of the PME OP expenditure were for training and of this 90% was used only for workshops.

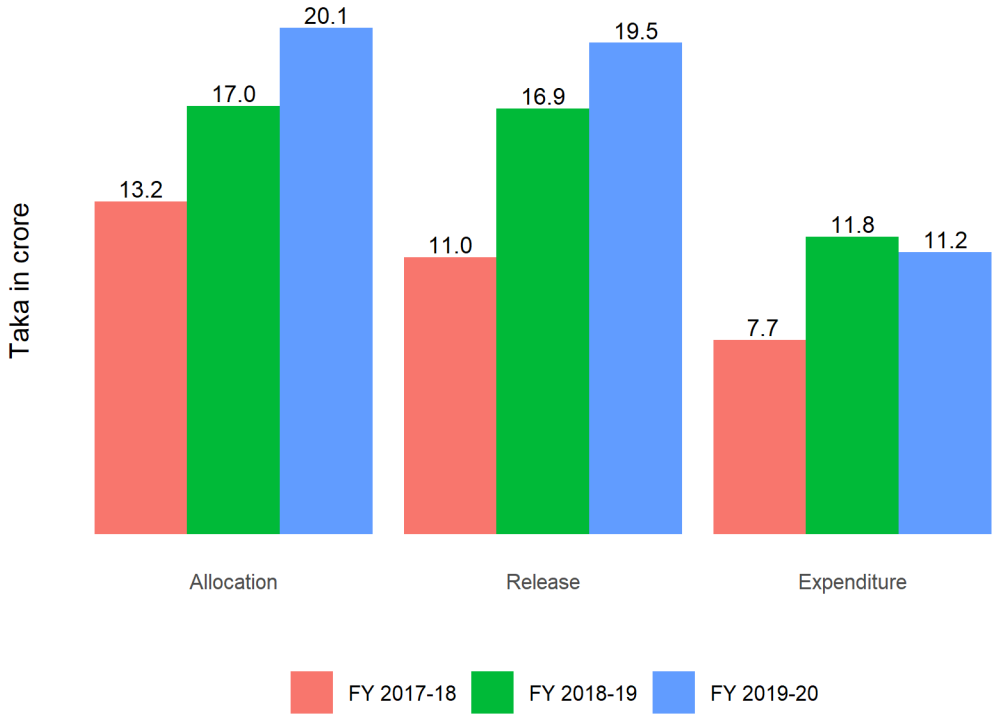
OP-04: HEALTH ECONOMICS & FINANCING (HEF)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**67%** (2 out of 4 indicators achieved; 1 indicator is not applicable)	**97%**	**56%**	**58%**

General Objective

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

Financial Progress (in crore Tk.)



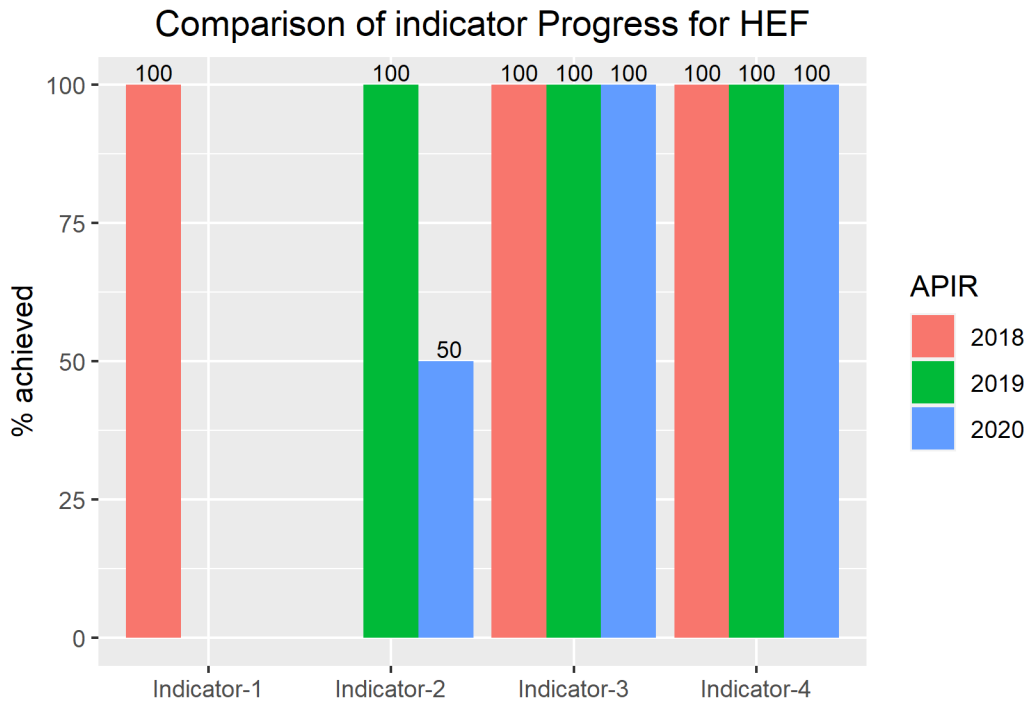
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of BNHA conducted	BNHA 4 (1997-2012)	1	1	BNHA-V (1997-2015) has been published	-	Not Applicable	-	Not Applicable
2	Number of PER conducted	PER 11 (1997-2014)	1	-	Not Applicable	1	1	1	PER 11 has not been possible to fully finalized yet
3	Number of upazilas are in social health protection scheme	1 upazila	3	3	3	3	3	3	Expansion program to eight (08) more upazilas are under process.
4	Health facilities piloting health sector response to GBV	N/A	1 upazila of 1 district	Initiation of piloting in 1 facility	Initiated in Moulvibazar District (1 in No.)	15	15	-	13 Upazilas of two (2) districts where health sector response to GBV has been introduced.

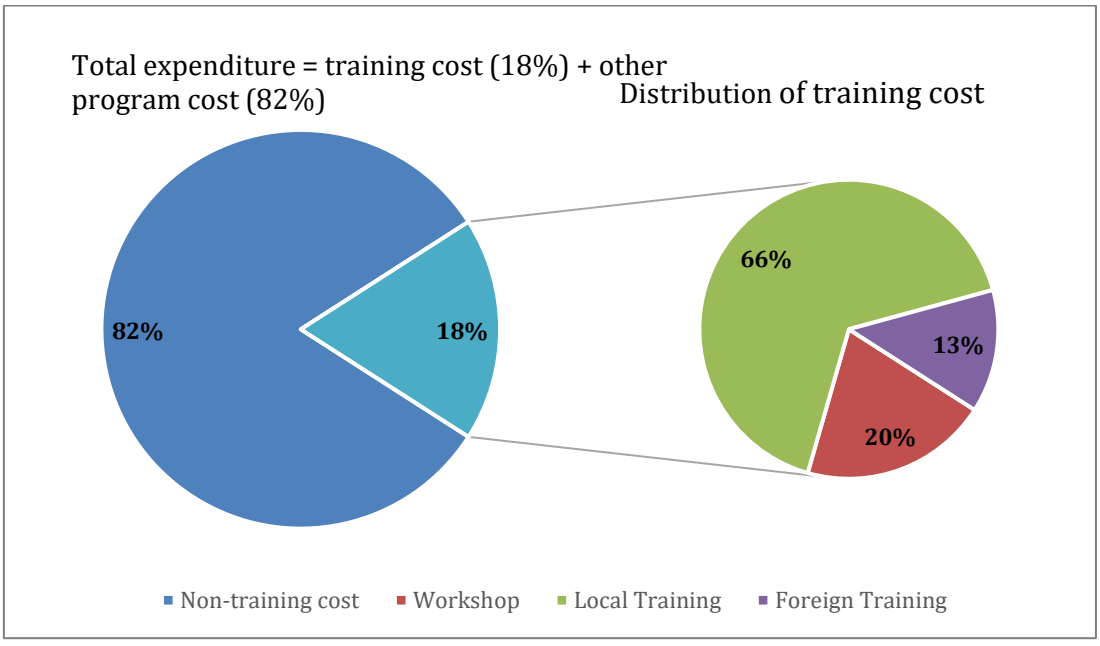
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

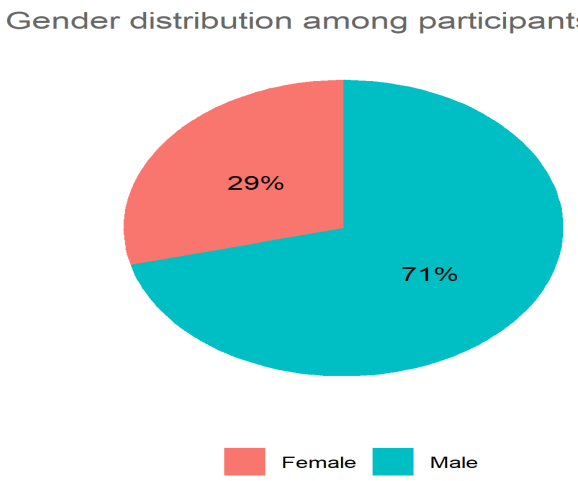


Training Information



Out of the total expenditure of Tk. 11.24 crore, 2.04 crore (18%) was spent on training. Of the total training cost, Tk. 1.35 crore (66%) was spent on local training, Tk. 0.27 crore (13%) was spent on foreign training and Tk. 0.42 crore (20%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	969 (46)	254 (100)	-	1,223 (52)
Foreign Training	7 (<1)	-	-	7 (<1)
Workshop	1,117 (53)	-	-	1,117 (48)



Major Physical Progress

- Started BNHA-VI.
- Implemented piloting of health sector response to GBV in 13 upazilas of two districts.
- Completed workshop on work plan, procurement plan and training plan 2019-20.
- Completed two workshops on Observance of Universal Health Coverage Day, 2019.
- Completed dissemination workshop on web-based Clinical Management of Rape (CMR) module in Bengali.
- Procured 42 Men-Months consultants for SSK.
- Completed three studies. Eight studies have been contracted out (of which one case preliminary result has been disseminated and four cases inception reports have been submitted and one study which is being conducted by HEU is at data collection stage).

Key Challenges

- Delayed procurement of hospital machinery and equipment through CMSD. Therefore, the OP could not be complete the procurement in the FY 2019-20, thereby BDT 150.00 Lac remained unspent.
- Shortage of human resource in all 3 SSK Pilot Upazila Health Complexes (UHCs), namely Kalihati, Ghatail and Madhupur UHC. Most of the posts of Junior Consultant were vacant. At present, out of 30 sanctioned posts of Junior Consultant in three UHCs, 19 posts (63.33%) are still vacant.However, SSK provides only In-Patient Department (IPD) Services and Junior Consultants play vital role in IPD services.

- Due to COVID-19 pandemic, enrollment of patient in three SSK piloting hospitals has been decreased dramatically, thereby fund utilization by the hospitals also dropped for March to June, 2020.

Recommendations from Mid-term Review 2020

1. Enactment of Health Protection Act and Establishment of NHSO.
2. Social health protection schemes (SSK, MHVS) modified, and scaled up.
3. Procure the services of at least one private hospital in the scale up Shasthya Surokkha Karmosuchi-(SSK) and introduce a similar social protection scheme with private hospitals for the urban poor.

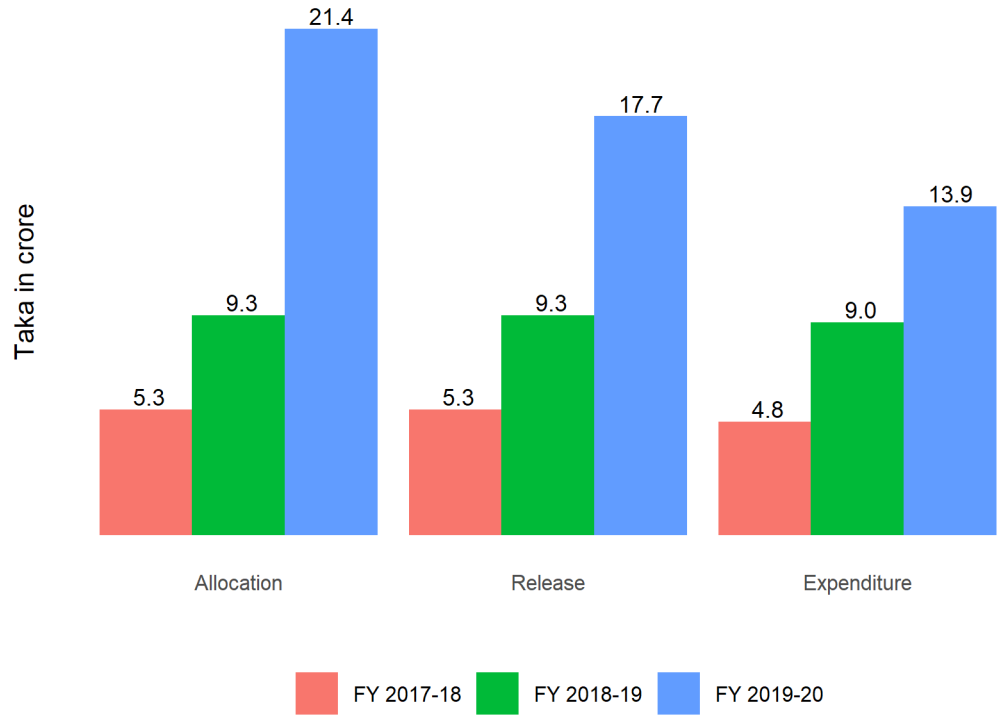
OP-05: STRENGTHENING DRUG ADMINISTRATION AND MANAGEMENT (SDAM)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**75%** (3 out of 4 indicators achieved)	**83%**	**65%**	**79%**

General Objective

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

Financial Progress (in crore Tk.)



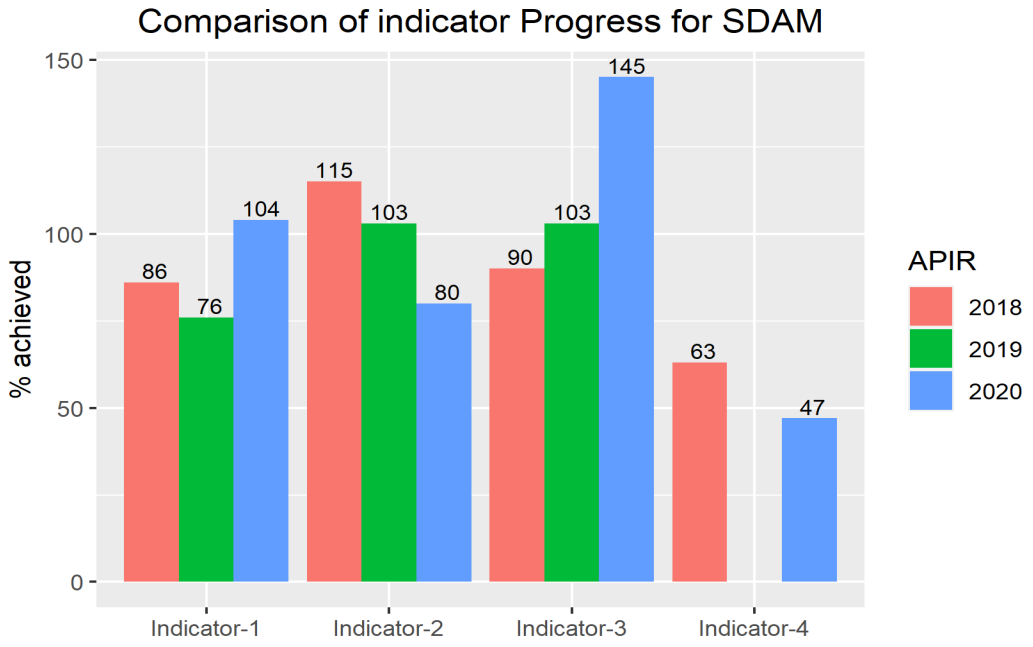
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Percentage of permitted drug tested annually	28.07% (2015-2016)	31%	9.68%	8.3%	9%	6.6%	7%	7.01%
2	Number of Drug Manufacturing Units (DMU) inspected annually	1552 (2015-2016)	1750	1080	1238	1300	1340	1225	977
3	Percentage of Depot of drugs, retail pharmacy shops inspected annually	54.44% (2015-2016)	70%	49%	44%	44%	45%	38%	55%
4	Number of ADR reports collected from both healthcare facilities and pharmaceutical manufacturers	640 (2015-2016)	1500	1200	753	-	660	1500	709

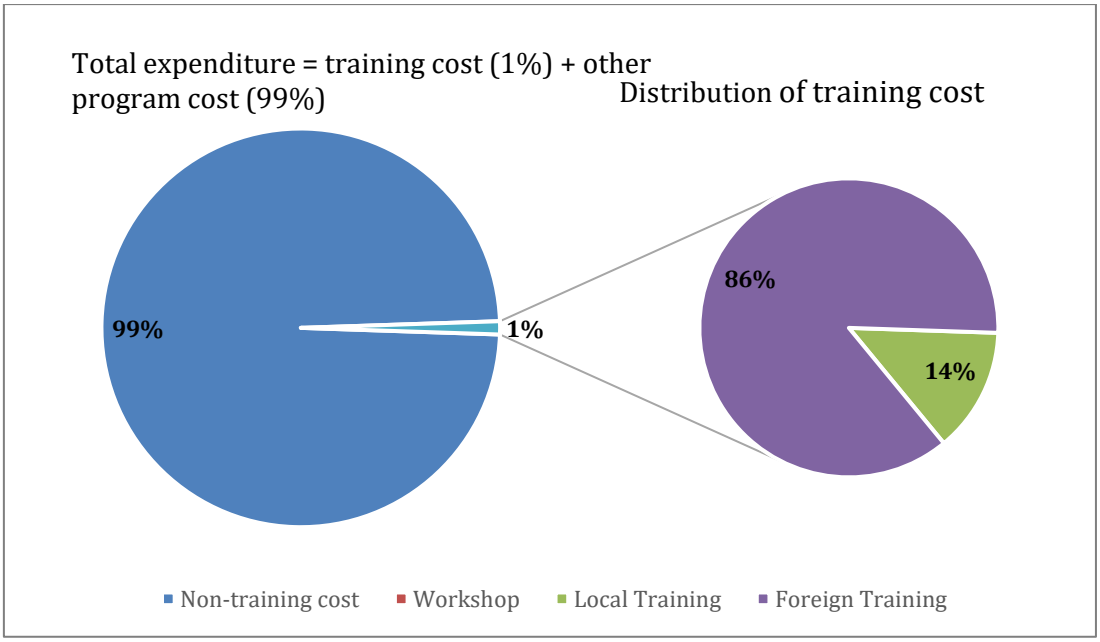
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

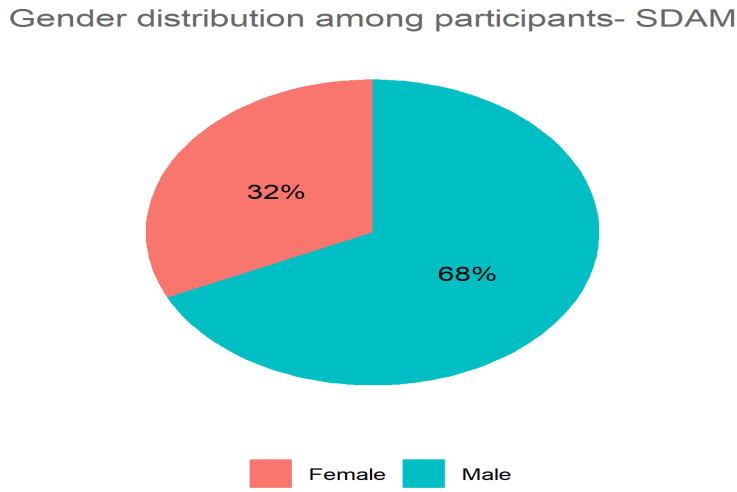


Training Information



Out of the total expenditure of Tk. 13.91 crore, 0.15 crore (1%) was spent on training. Of the total training cost, Tk. 0.02 crore (14%) was spent on local training and Tk. 0.13 crore (86%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	8 (89)	12 (75)	-	20 (80)
Foreign Training	1 (11)	4 (25)	-	5 (20)
Workshop	-	-	-	-



Major Physical Progress

- DGDA tested 3,111 drug samples during July 2019-June 2020.
- Out of 859 drug manufacturers including allopathic, unani, ayurvedic, homoeopathic and herbal drug, DGDA officers performed 977 inspections.
- Out of 1,44,281 licensed retail pharmacies and depots, the DGDA inspectors inspected 39,727 retail drug shops.
- The Adverse Drug Reaction Monitoring (ADRM) Cell collected 709 Adverse Drug Event Reports (ADR Reports) from different hospitals and pharmaceutical industries.
- Completed procurement of 93 laboratory equipment for National Control Laboratory.
- Completed procurement of six microbuses for Directorate General of Drug Administration.

Key Challenges

- Could not complete of GMP training due to COVID-19 situation.

Recommendations from Mid-term Review 2020

1. Complete recruitment of all vacant (258) posts under DGDA with qualified staff and propose additional technical and non-technical posts including IT staff,

Pharmacologist, Pathologist, Engineers, Traditional medicine experts, statistician, graphics & design, accounts & administration etc.

2. Completion of Animal house renovation for NCL vaccine wing and its capacity building for conducting immunogenicity, toxicity, and potency tests with qualified/trained analysts and advanced equipment.
3. Meet NRA standards, so the Bangladesh pharmaceutical industry can be WHO pre-qualified.
4. Introduce new policies and legislation for putting a cap on the retail price of essential drugs.
5. Continuous working with DGDA and DGHS to expand PV activities in more hospitals and pharmaceutical companies and to review the status of ADE reporting system is recommended including the awareness program among the stakeholders through allocation of sufficient budget to address this issue properly.
6. Enforcement and monitoring of antibiotic prescribing, including among informal unskilled practitioners to prevent antibiotic resistance (AMR). Also recommend the introduction of anti-biotic skin test before administration in the health facility.
7. Issue Standard Operating Procedure (SOP) on physical stock management and procurement and include the monitoring of product management in the external work of DGDA to inspect warehousing of pharmaceuticals. Indicator: **SOP availability, % of Upazila with trained stock manager, % Upazilas inspected by DGDA in a year.**

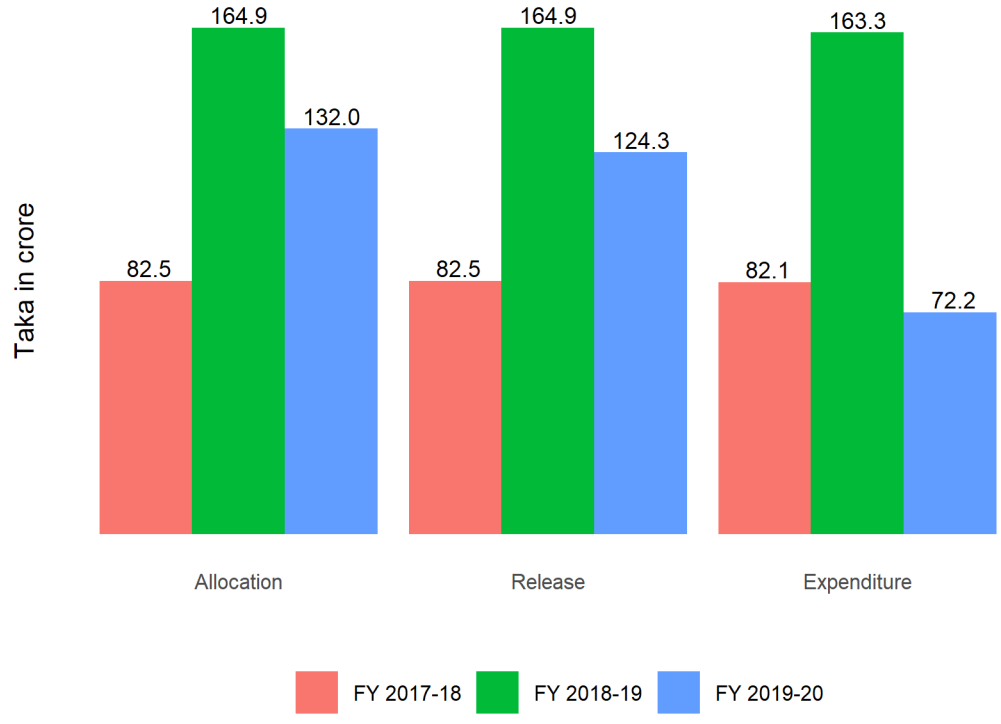
OP-06: HEALTH INFORMATION SYSTEM & E-HEALTH (HIS & E-HEALTH)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%** (5 out of 5 indicators achieved)	**94%**	**55%**	**58%**

General Objective

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

Financial Progress (in crore Tk.)



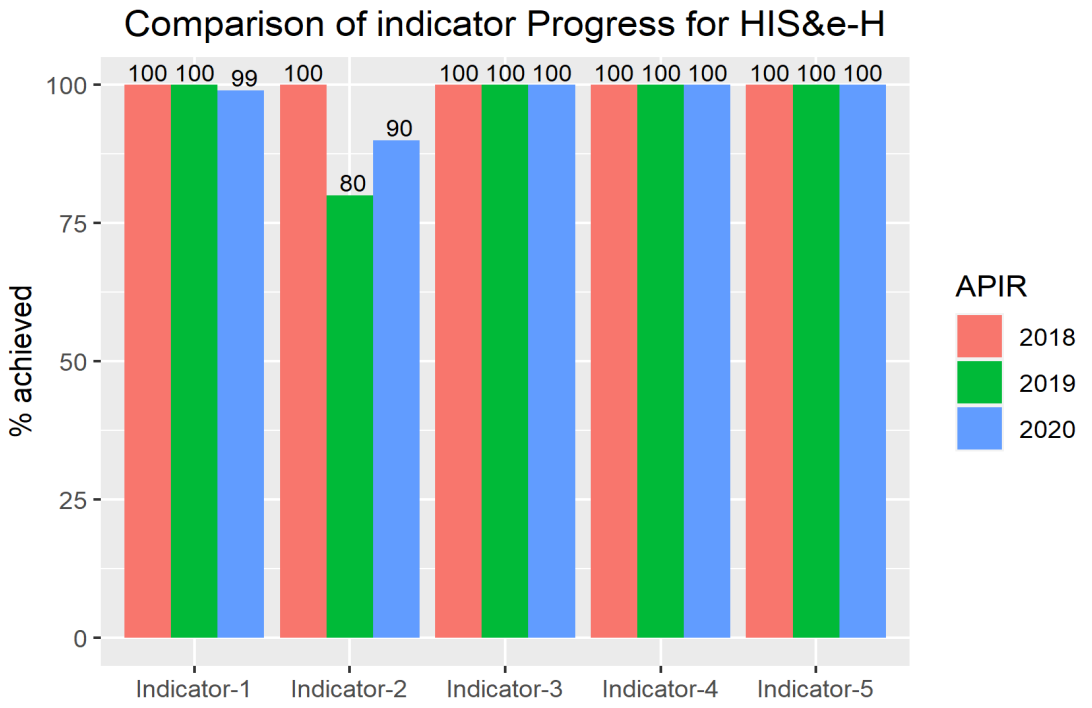
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Percentage of government health facilities submitting timely report as specified by HIS	100% of facilities from upazila level & above; 90% of community	100% of facilities from upazila level & above; 95% of community	100% of facilities from upazila level & above; 90% of community	100% of facilities from upazila level & above; 91% of community	100% of facilities from upazila level & above; 90% of community	100% of Facilities from upazila level & above ;93% of the Community Clinics	100% of facilities from upazila level & above ;95% of the Community Clinics	100% of facilities from upazila level & above ;94% of the Community Clinics
2	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2 (DLI 8/DLR 8.1)	0	4000	2000	2000	2500	2000	4000	3600
3	GRS is enhanced (DLI 1/DLR 1.1-1.3)	GRS in place	30%	15%	15%	20%	20%	30%	30%
4	MIS reports on health service delivery published and disseminated	Health Bulletin 2017 (MIS-DGHS)	1	1	1	1	1	1	1
5	Data presented in online dashboard to be viewed publicly	DHIS2 data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data	DHIS2 and HRM data

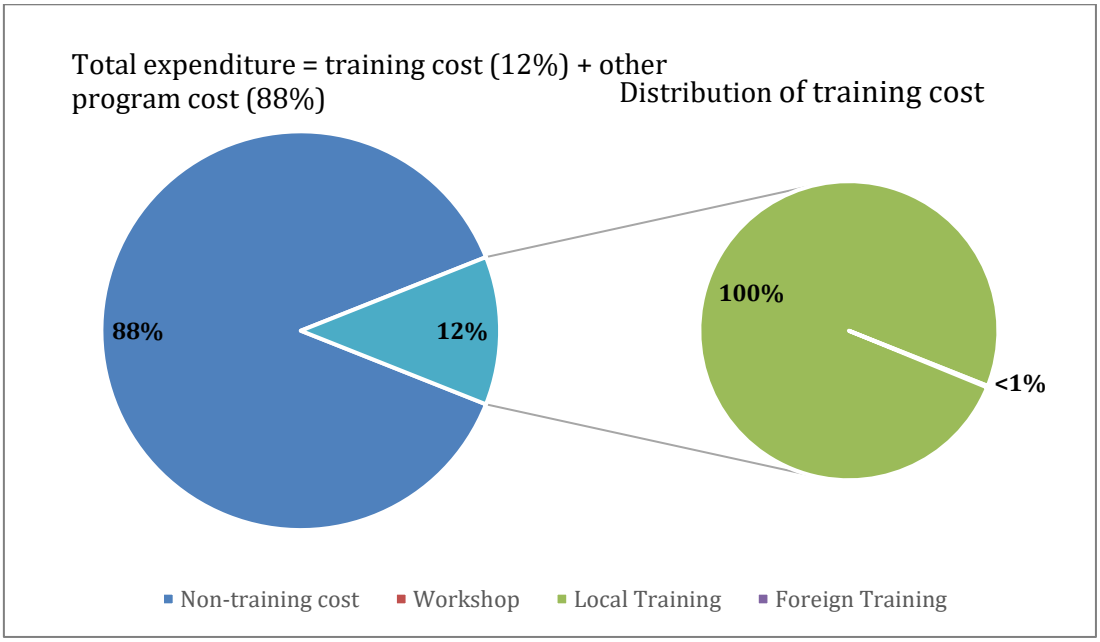
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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



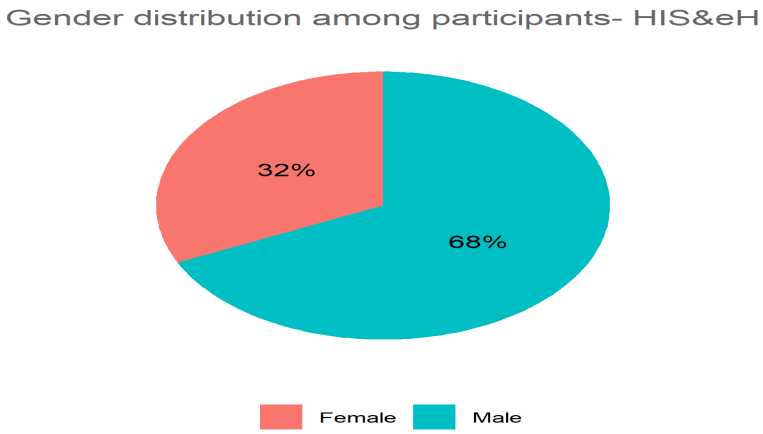
Training Information



Out of the total expenditure of Tk. 72.24 crore, 8.70 crore (12%) was spent on training. Of the total training cost, Tk. 8.68 crore (100%) was spent on local training and Tk. 0.02 crore (<1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants	Total participants N (%)
	Central N (%)	Field N (%)		

			N (%)	
Local Training	522 (92)	15,808 (100)	-	16,330 (100)
Foreign Training	-	-	-	-
Workshop	43 (8)	-	-	43 (<1)



Major Physical Progress

- 3,600 CCs continue to report on gender disaggregated data in DHIS2.
- Published Health Bulletin 2018.
- Ensured TA for strengthening HIS & eHealth (Health Call Center 16263, COIA, HSS, Citizen's Grievances, Telemedicine and CRVS, etc.).
- 30% GRS has been enhanced.
- Produced advertisement on COVID-19 and Health Call Center-16263 and telecast on TV Channels and communicated through 25 newspapers.
- Completed procurement of 29 all-in-one, 114 desktops, 666 laptops, seven monitors, 15 printers, and 119 TAB.
- Implementing an open-access data dashboard on DHIS2 platform to present data in real time and HRM data kept open to access and view publicly, etc.

Key Challenges

- This fiscal year HIS & e-Health had 8 (eight) packages of procurement, among them only two procurements were successfully completed. Although four packages were ready to complete, due to change of Director at CMSD, authority did not issue NOA for that four complete packages, which were ICB procurement. Retender decision had to be taken for two packages, as the tender cost was higher than official cost.
- Weak monitoring and supervision due to lack of knowledgeable and skilled staff.
- Due to unfinished procurement process at CMSD, both physical and financial progresses were not achieved satisfactorily.
- Due to pandemic situation the OPIC meeting could not be held.

Suggestions/recommendations:

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

Steps taken by the LD:

- The HIS & e-Health OP discussed with CMSD authority several times for giving NOA of four packages, but without any response from the authority.

Recommendations from Mid-term Review 2020

1. Harmonize DGFP and DGNM MIS data with DHIS2.
2. Implementation of digitalized service recording, tracking and referral system from household (MHV) to CC (CHCP) to UHC to DH to distribute the patient load and improve quality of services.
3. Digital CC - all activities of CC/HA to be performed using mobile application, to reduce cost and enhance monitoring and supervision for CBHC or CC Trust and improve efficiency and accountability. NCDC, EPI, Maternal Health etc. program activities to be integrated with Digital CC, which will reduce work load and prevent data duplication.
4. Creation of citizen's health account (allowing age, sex, disability disaggregation) connecting with NID/Birth ID for primary healthcare (ESP-ANC, NCD, EPI etc.) at household level, referrals, and other domiciliary services through CHCP/MHV/HA/FWA/FWV using digital and smart tools (Internet of Things & connected health) and mobile app (with Clinical Decision Support System) will support health education and awareness, prevention, early intervention, tracking, follow up and resource mobilization. The initiative of provision of health cards should therefore be halted once there is agreement for creation of the citizen digital NID based health account.
5. NCD program to utilize digital system (mobile app and smart screening tools) to screen, intervention and follow up as well as medicine distribution for diabetes and hypertension. Adaptation of software-based Cancer Registry to track situation of cancer in Bangladesh.
6. Interoperable digital health platform to support the rural and urban GP models.
7. Integrated national digital systems for real-time disease surveillance to inform risk predication and evidence-based timely response during an epidemic/pandemic.

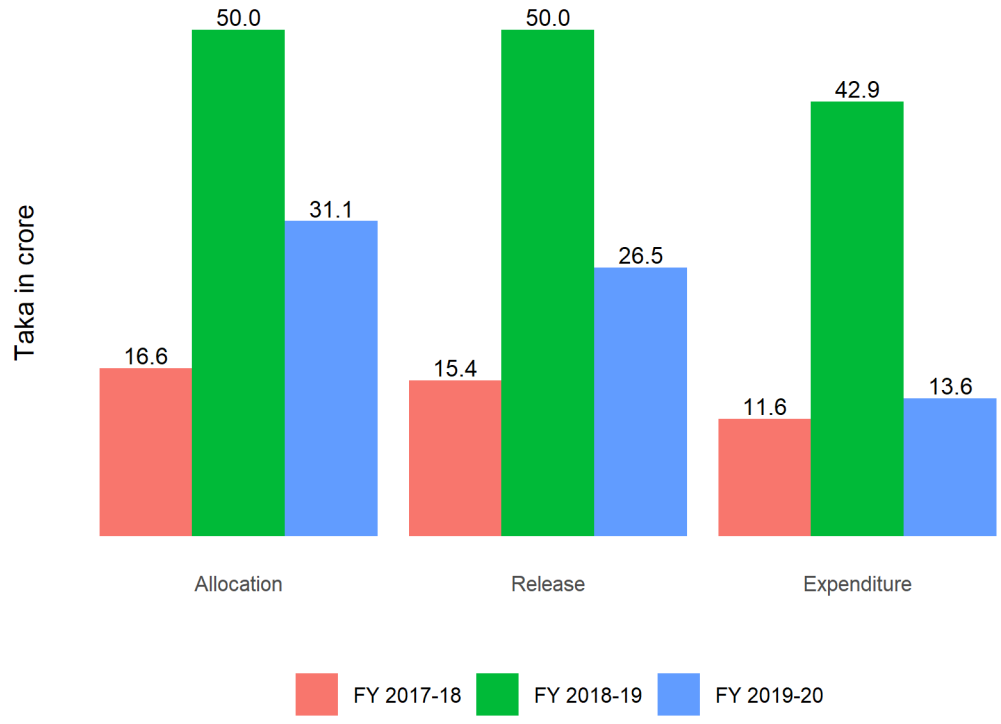
OP-07: MANAGEMENT INFORMATION SYSTEM (MIS)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**75%** (3 out of 5 indicators achieved; 1 indicator are not applicable)	**85%**	**44%**	**51%**

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 (in crore Tk.)



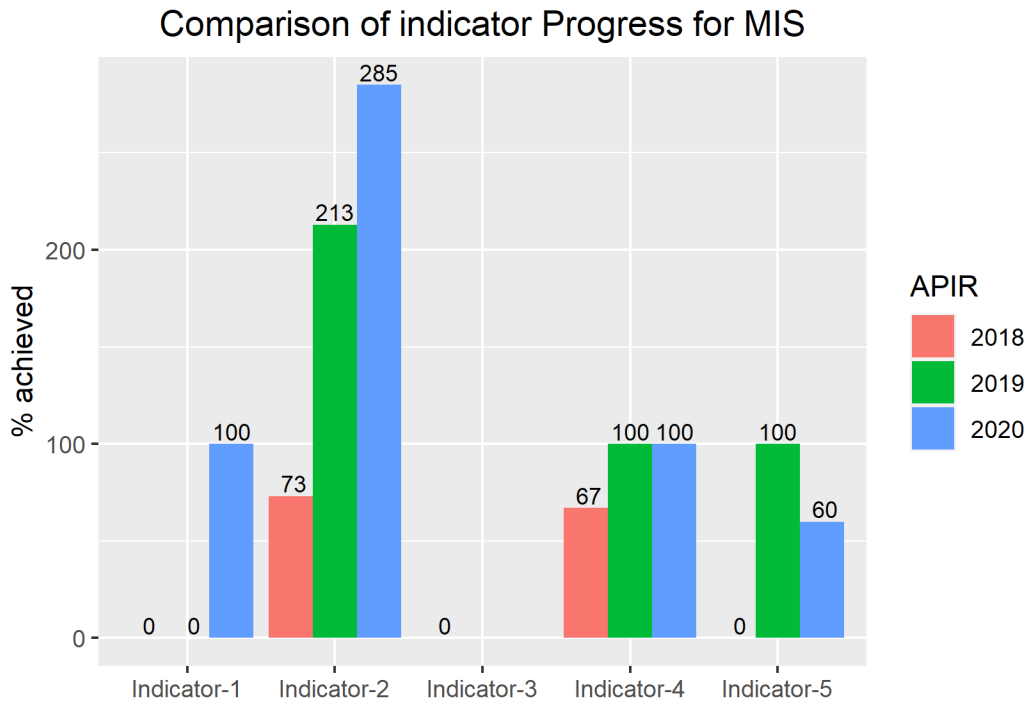
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of institutes scaling up automation for strengthening routine FP information system	2	2	2	0	2	0	2	2
2	Number of UHFWCs under e-MIS scale up	30 (2016) (e-MIS/DGFP)	800	800	586	800	1706	120	342
3	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2	0	4,000	4000	0	-	Not Applicable		Not Applicable
4	MIS reports on service delivery published and disseminated annually	1 admin record 2015	3	3	2	2	2	2	2
5	Number of districts submitting performance monitoring report through DHIS 2	2 admin record 2015	40	40	0	4	4	15	9

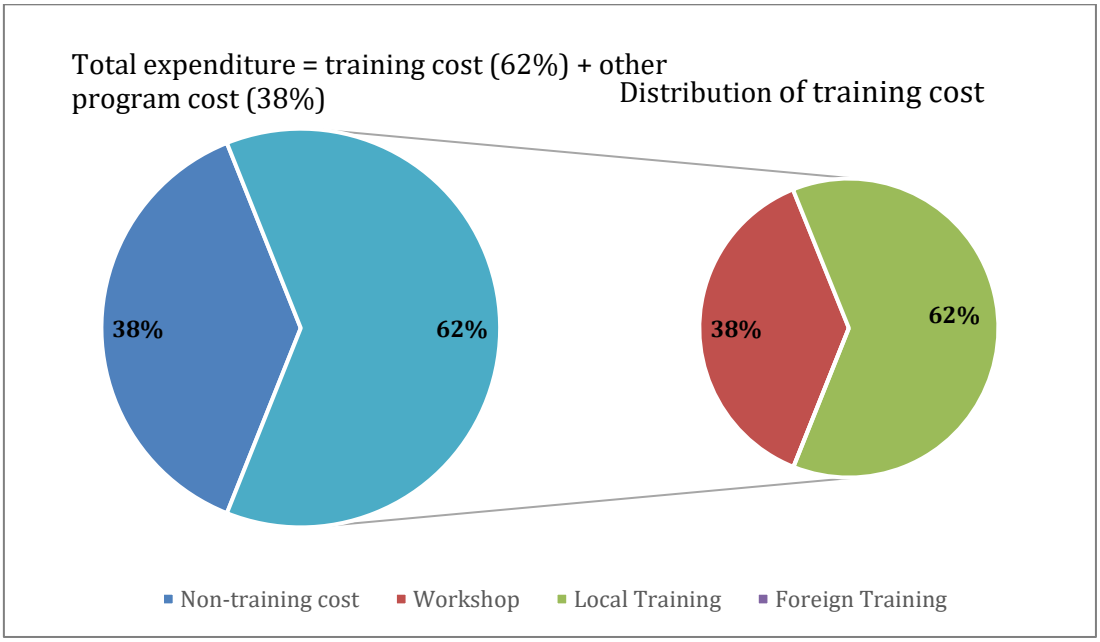
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

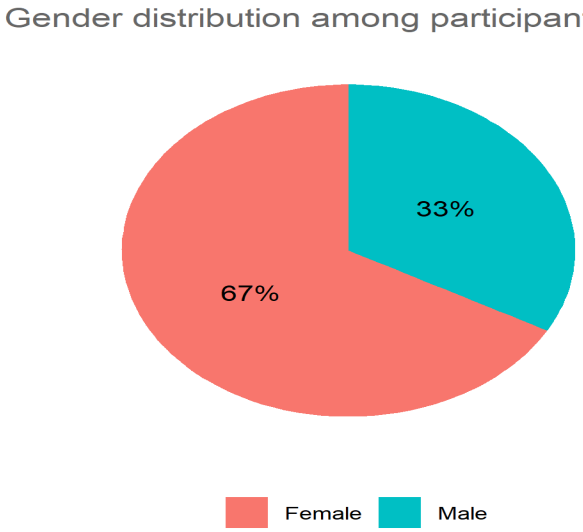


Training Information



Out of the total expenditure of Tk. 13.58 crore, 8.43 crore (62%) was spent on training. Of the total training cost, Tk. 3.19 crore (38%) was spent on workshop and Tk. 5.24 crore (62%) spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local training	202 (100)	5,284 (40)	-	5,486 (40)
Foreign training	-	-	-	-
Workshop	-	8,062 (60)	-	8,062 (60)



Major Physical Progress

- e-MIS and DHIS2 scaled up in 342 UH&FWCs and FP-DHIS2 introduced and implemented in nine districts.
- Ensured scaling-up of automation in two institutes for strengthening routine FP information system.
- Built interoperability between existing Service Statistics Software and DHIS2 to exchange data.
- Published and disseminated two MIS reports on service delivery. Published 2,440 copies of monthly report (LMIS).

Key Challenges

- Delay in procurement and Covid-19 situation hampered the progress of procurement. Devices could not be made available to the field worker timely.
- Field level vacancy hampered implementation.
- MIS unit did not have appropriate human resources and technical capacity of MIS.
- Capacity of the field staff to use digital tools/ digital literacy is inadequate.
- Recent lockdown due to Covid-19 infection hampered implementation of last quarter plan.

Suggestions/recommendations:

- Distance learning tools should be developed to complete training/workshops.
- Coordination with the procurement unit should be improved.
- Procurement unit should be empowered with appropriate decision-making power.
- Skilled procurement personnel should be posted in procurement unit for timely procurement.
- Initiative should be taken to develop the technical capacity of the MIS unit.

Steps taken by the LD:

- Challenges are being discussed at OPIC meeting, ADP review meeting, Steering committee meeting, DG's coordination meeting.
- LD level communication has been increased to untangle the procurement.
- Organized regular internal coordination and review meetings.
- Inaugurated DGFP eLearning center.

Recommendations from Mid-term Review 2020

1. MTR recommends an IT system audit to evaluate and identify the structure and limitations of DHIS2 and all existing system of DGHS, DGFP and other MIS (MNCAH, CBHC, HSM, RMNCAH, FP, NNS, etc.), and then adapt and make improvements accordingly. The national digital health strategy should be used to guide the development of an integrated digital health data system.

2. **Interoperability:** In MOHFW, most of the information and software systems are standalone and lacks interoperability, which limit overall system efficiency and performance. Further, data sharing is missing between MIS of DGFP and DGHS. If a user has taken services from both DGHS and DGFP facilities, it is recorded by DHIS2 and eMIS systems but is not integrated in single profile of that person. This is the case in most other MIS.

3. **Digitalized service recording**: Implementation of digitalized service recording, tracking and referral system from household (MHV) to CC (CHCP) to UHC to DH to distribute the patient load and improve quality of services.

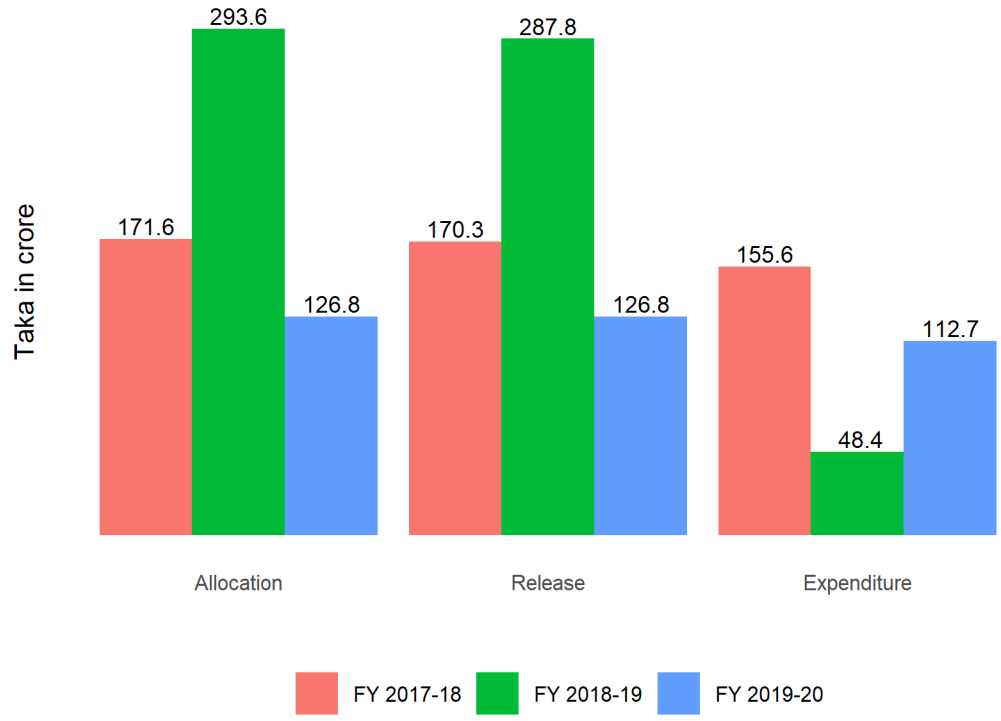
OP-08: PROCUREMENT, STORAGE AND SUPPLIES MANAGEMENT-HS (PSSM-HS)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**75%** (3 out of 4 indicators achieved)	**100%**	**89%**	**89%**

General Objective

Enhancement of procurement capacity and supplies management for health services.

Financial Progress (in crore Tk.)



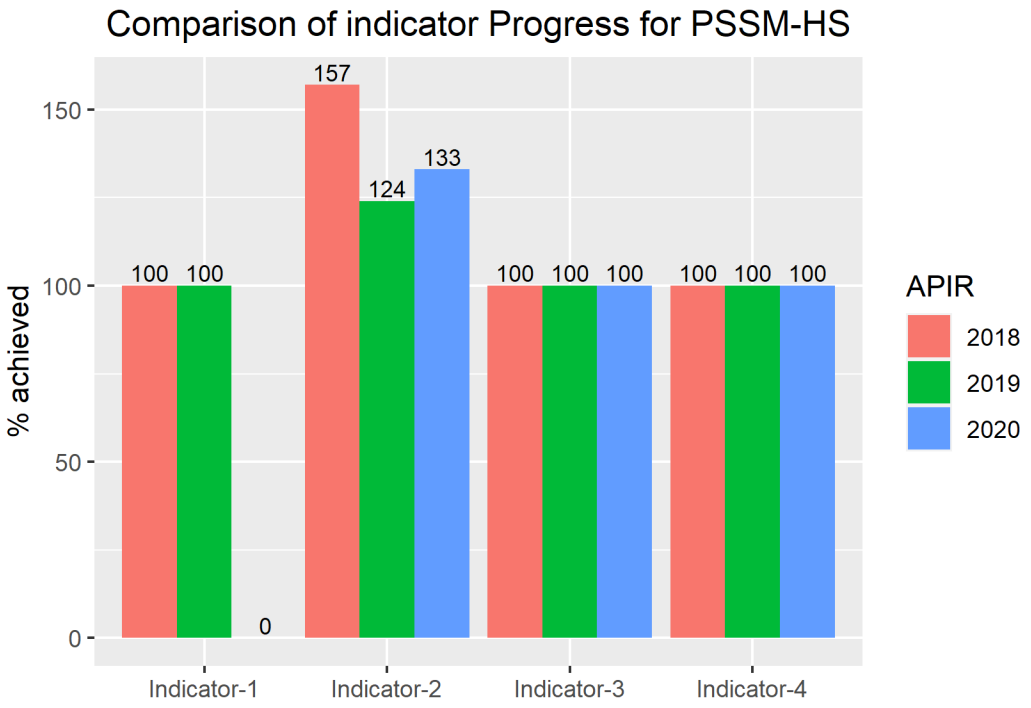
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Procurement lead time reduced for the packages tracked through SCMP	57.3 weeks SCMP (2014-15)	50 weeks	50	50	50	50	50 weeks	Completed contract sign of 14 packages in this FY. It took 11 weeks since tender invitation to contract signed.
2	Introduce e-GP (DLI 5/DLR 5.2)	0	25% of NCB Package	25%	39.30%	25%	31%	25%	33.30%
3	Add comprehensive maintenance in the tender documents for high-tech equipment	0	50% tender documents for high-tech equipment	50%	50%	50%	50%	50%	50%
4	Restructuring of CMSD (DLI 6/DLR 6.1-6.3)	None	"Restructuring of CMSD" proposal in MOHFW & MOPA	Restructuring of CMSD	proposal in MOHFW & MOPA	Restructuring of CMSD	proposal in MOHFW & MOPA	"Restructuring of CMSD" proposal in MOHFW & MOPA	"Restructuring of CMSD" proposal in MOHFW & MOPA

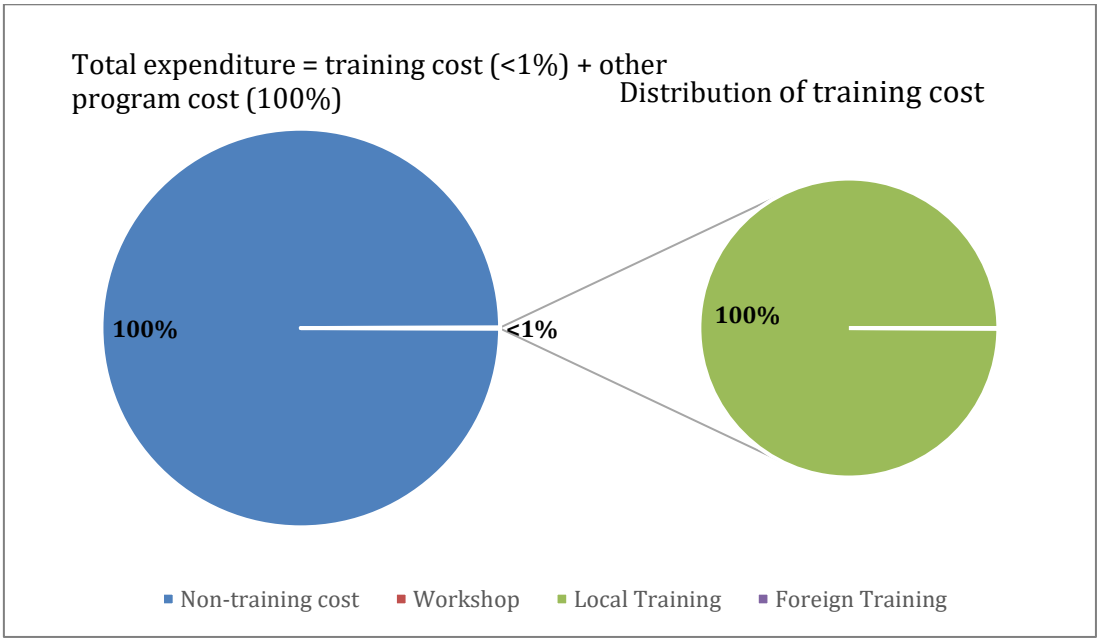
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

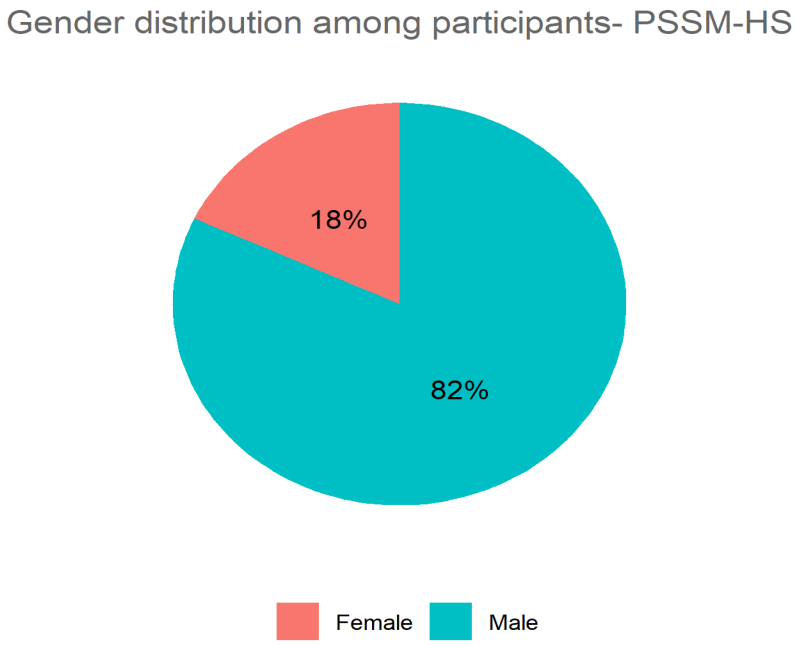


Training Information



Out of total expenditure of Tk. 48.42 crore, Tk. 0.08 crore (<1%) was spent on training. Of the total training cost, Tk. 0.08 crore (100%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	78 (100)	-	-	78 (100)
Foreign Training	-	-	-	-
Workshop	-	-	-	-



Major Physical Progress

- Included procurement plan in SCMP portal.
- 4.10% of contract signed in FY 2019-20 to ensure procurement of goods for all line directors in time.
- Completed procurement of 33.3% NCB packages through e-GP; incorporated provision of comprehensive maintenance contract in 50% tender documents for high-tech equipment.
- The CMSD restructuring proposal sent to MOHFW and MOPA, MOPA gave some observations on 14 July 2019. Accordingly, the PSSM-HS worked on it and again sent to MOHFW on 18 November 2019.
- Introduced Pre-shipment Inspection (PSI) facility in bidding document for high-tech equipment along with post-delivery inspection and survey was done for high-tech equipment for ensuring quality of goods.
- Completed civil work of 5 storied building to ensure optimum storage condition.
- Eight staff have been employed.

Key Challenges

- Absence of any specific time-bound procurement roadmap. Delayed receipt of requirements from LDs led to delayed preparation of consolidated procurement plan

and initiation of procurement process. Eventually, delayed disbursement and placement of budget.
- Changed requirements from LDs after approval of consolidated procurement plan.
- Lack of trained technical person and financial management manpower.
- Overlapping and duplication of same goods in different OPs resulting in different unit prices.
- Delayed or sluggish distribution of purchased goods.

Suggestions/Recommendations

- There must be a time-bound procurement roadmap including budget placement and submission of requirements by the line directors.
- Procurement plans, and proposals must be formulated and finalized with due diligence and care so that they need no subsequent changes.
- Competent workforce with procurement and financial managerial skills are to be included in the organogram and be appointed. At least such manpower should be posted on deputation or attachment from outside.
- For avoiding overlapping and duplication, there should be intense coordination among the procuring entities and Line Directors (LDs).
- While submitting procurement proposals or requisition to the CMSD, the requiring authorities or LDs must also submit the user or beneficiary entities so that CMSD can supply and dispose the purchased goods quickly after procurement.

Recommendations from Mid-term Review (MTR) 2020

1. Expand LMIS for DGHS to 200 most common ESP items and roll it out to all Upazila and hospitals. **Indicators: LMIS in use with current data** and **availability of essential medicines as per ESP level.**
2. Allocate a budget for maintenance of equipment to all Upazila and hospitals. **Indicator: % of Upazila where annual budget is allocated and used.**
3. Ensure finalization of ability to do ICB procurement in e-GP. **Indicator: ICB procurement guidelines exist and % of ICB procurement at CMSD processed in e-GP.**

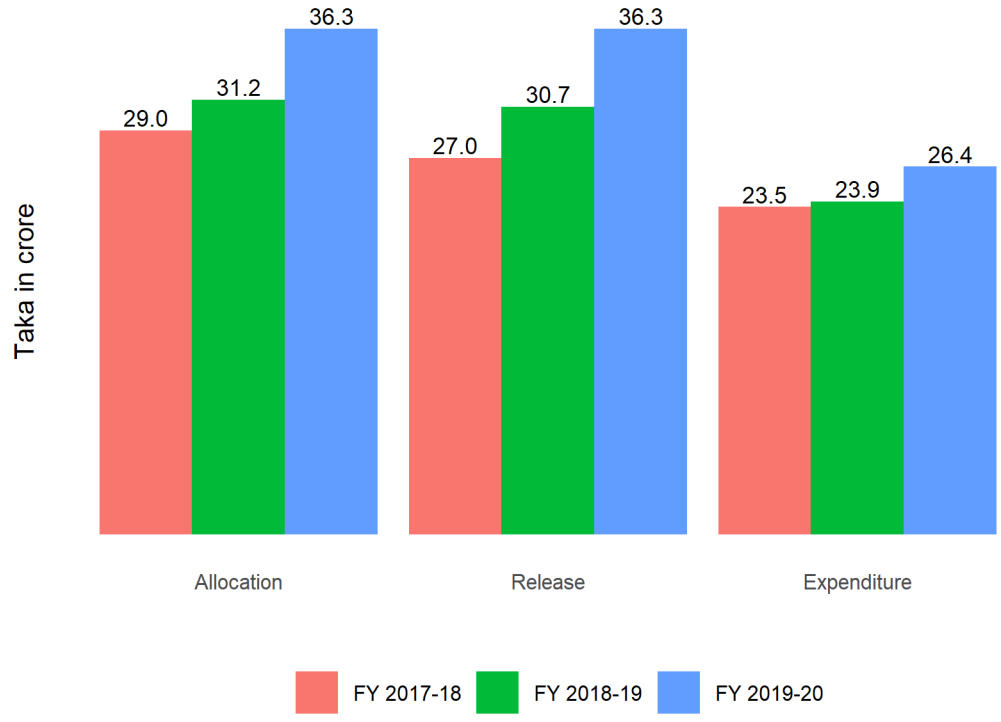
OP-09: PROCUREMENT, STORAGE AND SUPPLIES MANAGEMENT-FP (PSSM-FP)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%** (5 out of 5 indicators achieved)	**100%**	**73%**	**73%**

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 (in crore Tk.)



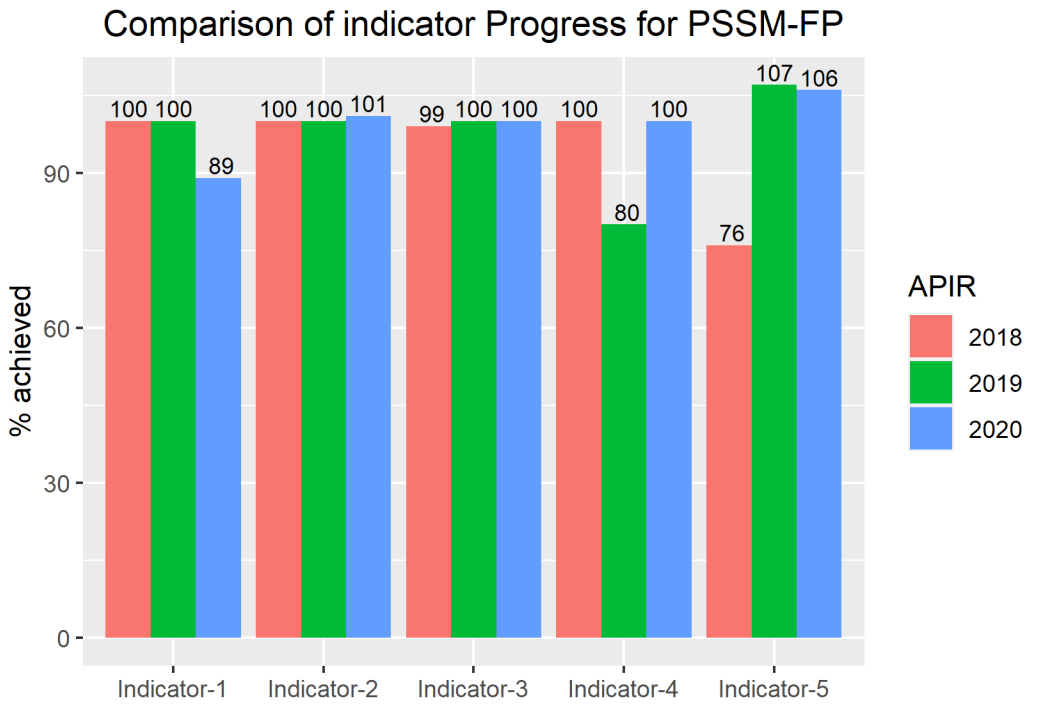
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Percentage of contracts awarded within initial Tender Validity period	95% (APIR 2016; LD-L&S Unit, DGFP.	100%	100%	100%	100%	100%	100%	89%
2	Percentage of public health facilities/public service delivery points without stock-outs of essential medicines/FP supplies	>98% APIR 2016	98%	98%	98%	98%	98%	>98%	>99%
3	Percentage of (a) WIMS and (b) UIMS functional	100% 100%	100% 100%	a) 100%; b) 100%	a) 99%; b) 99%	a) 100%; b) 100%	a) 100%; b) 100%	a)100 %b)100%	a)100% b)100%
4	Percentage of Upazilas having no 'unusable'	78%	80%	25%	25%	25%	20%	80%	80%
5	Introduce e-GP (DLI 5/DLR 5.2)	5%	75%	35%	27%	25%	27%	75%	79.31%

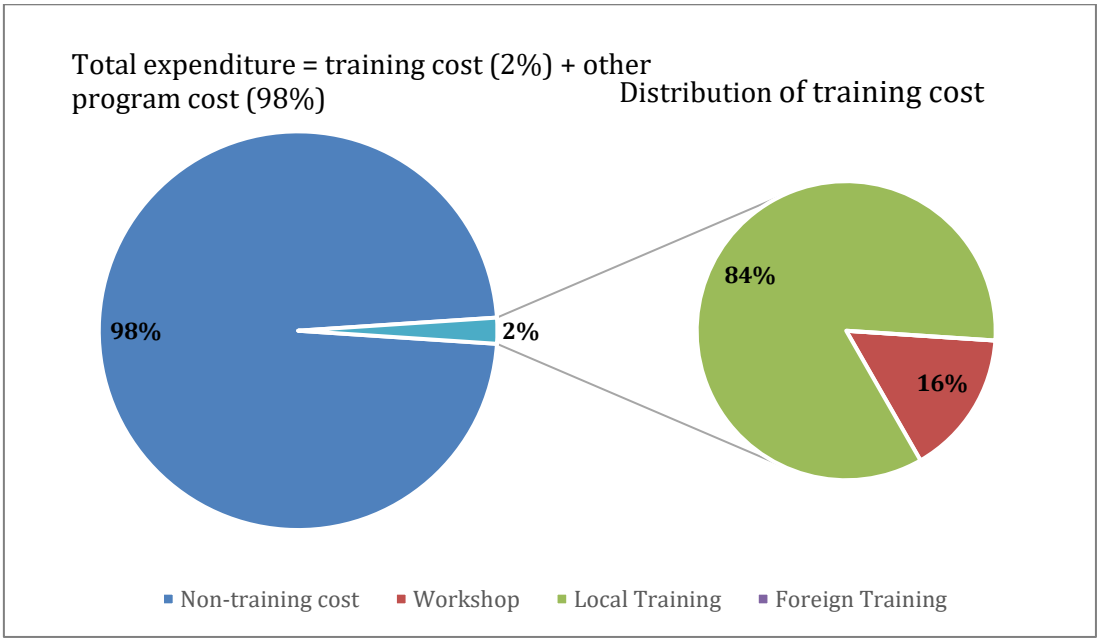
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

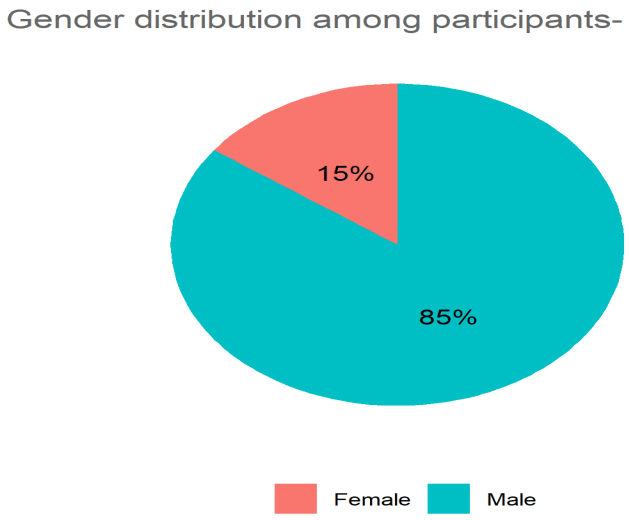


Training Information



Out of the total expenditure of Tk. 26.41 crore, Tk. 0.55 crore (2%) was spent on training. Of the total training cost, Tk. 0.47 crore (84%) was spent on local training, Tk. 0.09 crore (16%) spent crore was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	371 (100)	-	371 (93)
Foreign Training	-	-	-	-
Workshop	30 (100)	-	-	30 (7)



Major Physical Progress

- >99% of public health facilities/public service delivery points reported without stock outs of essential medicines/FP supplies and 100% of (a) WIMS and (b) UIMS were functional.
- 89% of contracts awarded within initial tender validity period and ensured 80% of Upazilas having no 'unusable'.
- Initiated procurement process for 79.31% packages through e-GP.
- Ensured availability of 668 Ansar/VDP members in 22 warehouses and constructed 307 upazila FP stores as part of security improvement at regional warehouses and upazila stores.
- Supplied commodities to 20 regional warehouses and 489 upazila family planning stores.
- Appointed IT/software to smooth running of existing IT activities, trouble shooting, system up gradation. Appointed firms to maintain hardware and software.
- Completed procurement of 1,200 MIS (review, revise and implementation reporting system) forms and registers, 170 safety and protective equipment for warehouse support staff (helmet, gumboot, utility gloves safety reflective vest, external security apparatus (CCTV).
- Procured six 5/3-ton vehicle covered van.

Key Challenges

- Could not complete the 2nd and 3rd quarter holding meeting (LCF, FWG, TEC Monthly Meeting) due to COVID-19 situation.

- Shipment Inspection (Post-Shipment and Pre-Shipment)/Product testing (lab test) / physically verification) was not possible due to COVID-19 situation.
- A significant number of scheduled training was not possible to complete due to COVID-19 situation.

Suggestions/recommendations:

- Need to materialize most of the procurement through e-GP system.
- Correct specifications in due time from respective line directors for timely procurement is required.
- Need assessment of all types of items is required to be done by the concerned line directors before sending demand for procurement.
- Unnecessary procurement should be avoided during this pandemic situation.

Recommendations from Mid-term Review 2020

1. According the MTR 2020 Report the availability of products of facilities under DGFP can be improved especially at union level where DGFP's distribution using standard MCH medicine kits creates issues of over both stocking and stock outs of MCH medicines.
2. Revise method for distribution to Union level from kit distribution to informed push. Indicator: % of Union where LMIS data show individual distribution to Union.
3. Train central logistics personnel on advanced supply chain management. Indicator: 5 people trained from certified institute.
4. Recruit two pharmacists and train them on quality assurance of key products under central procurement: Indicator: presence of pharmacists.
5. Adjust LMIS system to be able to do forecasting and to include dashboard functionality for all items in the LMIS. Indicator: Functionalities are implemented.
6. Revise focus on stock availability for all items. Indicator: Updated LMIS report for all items.

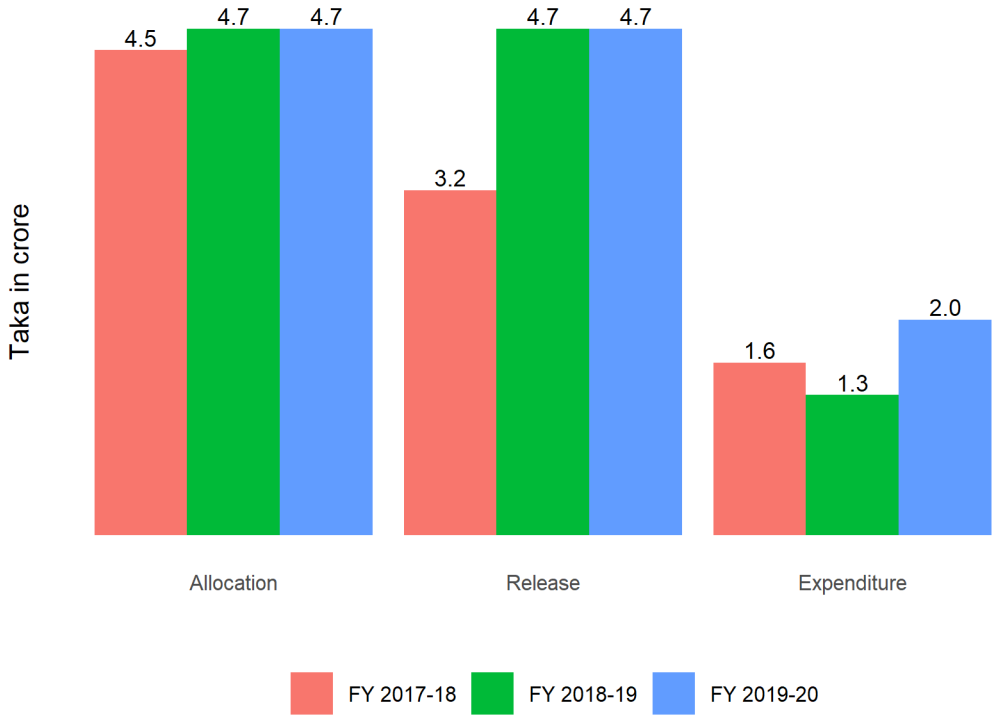
OP-10: HUMAN RESOURCES DEVELOPMENT (HRD)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**25%** (1 out of 6 indicators achieved; 2 indicators are not applicable)	**100%**	**42%**	**42%**

General Objective

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

Financial Progress (in crore Tk.)



Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Review and update TO&E for health facilities and organizations (2019) and implemented (by 2021).	NA	Developed and implemented	Developed and implemented	In terms of expenditure of the total budget of the last financial year the achievement is only 35% but in terms of objective the achievement is more than 80%. Because of some unavoidable difficulties and absolute shortage of officers remaining components of the OP could not be implemented which had been communicated in due time.	4 workshops	1 of 4 workshop took place	Developed and implemented	Table of Organograms of 50, 100, and 250 hospitals have been reviewed and updated by the Consultant. Reports are available for reference

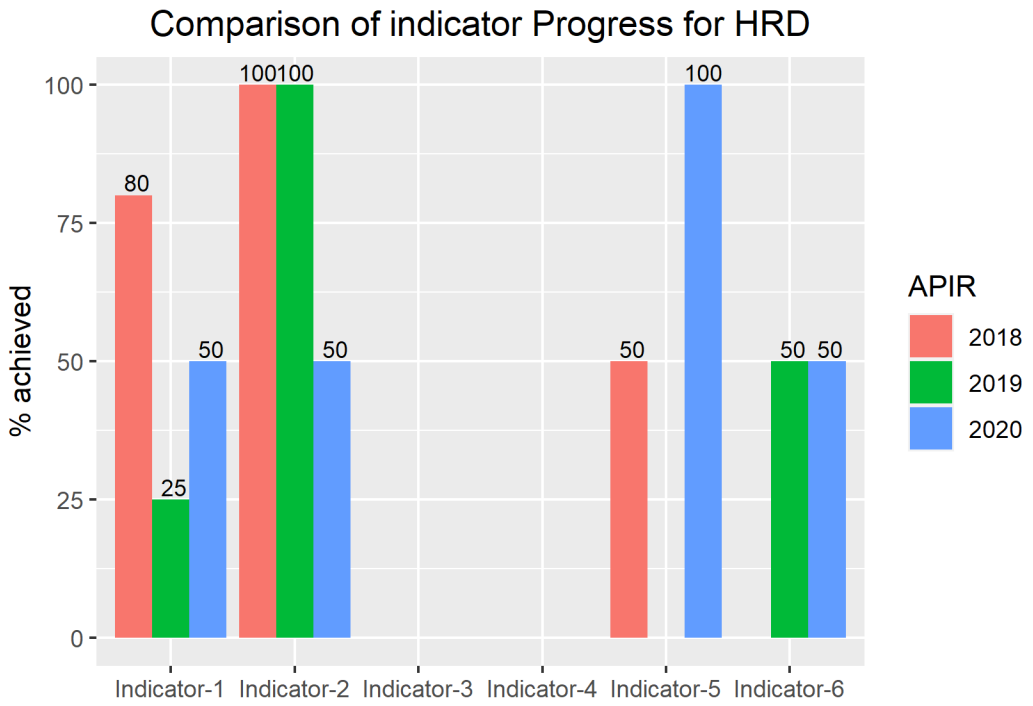
SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
2	Utilize Human Resources Information System (HRIS) for evidence-based decision.	NA	HRIS established and data entered	HRIS established and data entered	Under 3rd HPNSP Central HRIS system was established in DGHS. HRIS system is working but it should be reorganized.		HRIS is Operational & A Training on C-HRIS took Place.	HRIS established and data entered	HRIS in DGHS is in operation and data from this system has been in used by the managers and policy makers. However, a review of data quality of DGHS and DGNM and capacity building of field level staff are planned and will be launched by December 2020.
3	Percentage of public health facilities with at least one staff trained in pregnancy and child birth	9.9%, BHFS 2014	30%	30%	Not Applicable		Not Applicable	30%	Not Applicable
4	Percentage of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/mid wife)	Physician: 37.8%, Nurse/MW: 19.3%, BHFS 2014	Physician: 22% Nurse/mid wife: 15%	Physician: 22%, Nurse/mid wife: 15%,	Not Applicable		Not Applicable	Physician: 22% Nurse/midwife:15%	Not Applicable

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
5	Develop service level wise comprehensive HR plan and implement	Draft HR plan projection and career development (HRPP&CD) Technical Assistance Report, August 2016. Source: HR Unit, MOHFW, August 2016		-	2 workshops were held in 2017-18. Necessary data collection for HR plan projection is in progress		Not Availabl e	Data collection is completed	Data collection has been made and several workshops are planned. Report is expected to be available by December 2020.
6	Updated Job description (JD) of all categories and implemented	JD of 2004, 2005, 2008 as published by HRM unit, MOHFW		This is priority activity of 2018-19 which will be completed in time.	Not Applicable		4 of 4 Worksh op took place & a report is prepare d.		- Updated Job Descriptions of health workforces working in 50 bed and 100 bed hospitals have been drafted and ready for consultation

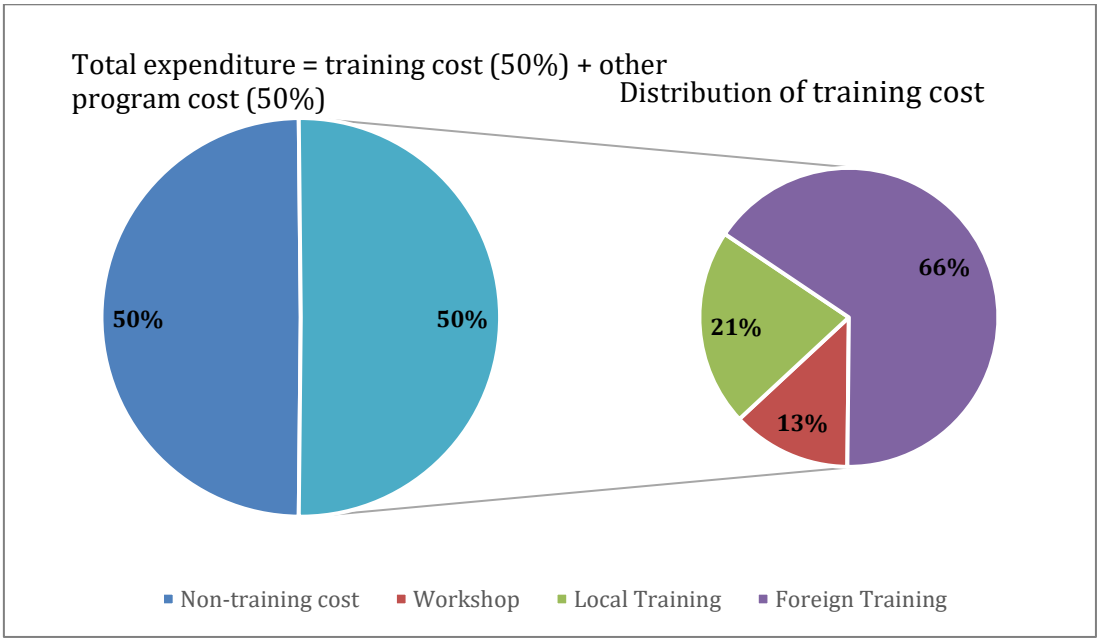
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

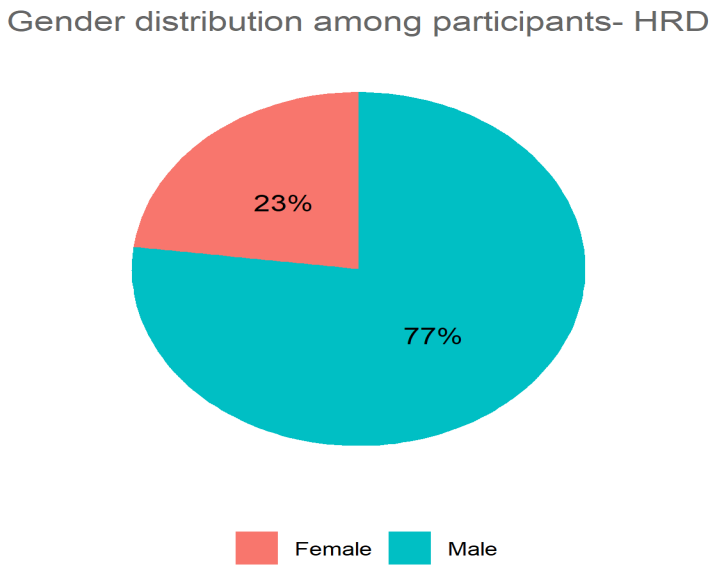


Training Information



Out of the total expenditure of Tk. 1.97 crore, 0.99 crore (50%) was spent on training. Of the total training cost, Tk. 0.21 crore (21%) was spent on local training, Tk. 0.65 crore (66%) spent on foreign training and Tk. 0.13 crore (13%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	252 (53)	31 (29)	-	283 (49)
Foreign Training	11 (2)	7 (7)	-	18 (3)
Workshop	212 (45)	68 (64)	-	280 (48)



Major Physical Progress

- Hired one consultant to work on TO&E to review the organogram of all health and family planning facilities and entities and updated organogram of 50 bed and 100 bed hospitals.
- Drafted job Description of the workforce of 50 bed and 100 bed hospitals.
- Ensured operational Human Resources Information System (HRIS) for evidence-based decision.
- Hired one consultant and submitted a draft report for addressing shortage and skill mix, including ratio imbalance, task shifting, and HWF strategy.
- Developed TOR and advertised on the newspapers to study (need analysis) on developing new category of workforce like medical physicist, biomedical engineer, midwife, medical biotechnologist, health informatics and other category on the basis of technology advancement, future need and also improvement of service delivery.
- Completed data collection in collaboration with WHO to develop service level wise comprehensive HR plan and implement.
- Organized two workshops to introduce and/or strengthen quality assurance of medical education at both private and public-sector institutions through licensing and accreditation and to review professional licensing and accreditation of health professionals.
- Organized three workshops for revision of HRD OP.

Key Challenges

- Could not complete consultation workshops and other administrative processes due to COVID-19 pandemic. Also, could not develop service level-wise comprehensive HR plan.

Recommendations from Mid-term Review 2020

1. Establish recruitment and deployment action plan against the existing projections, which prioritize the PHC workforce and support delivery of ESP.
2. Finalise Job Descriptions (JDs) for nurses.
3. Review JDs for all other staff at Upazila and below (PHC workforce
4. Undertake innovative approaches to ensure availability of specialist health services (Surgery, Medicine, anaesthetists, Obs/Gyn, Paediatrics specialists) at District level hospital.
5. Enact the Bangladesh Allied Health Professional Education Board Law 2019, providing a legal base of the SMF and other regulatory bodies.
6. Coordinate with relevant bodies to accelerate the implementation of the Accreditation process of health related education and trainings.

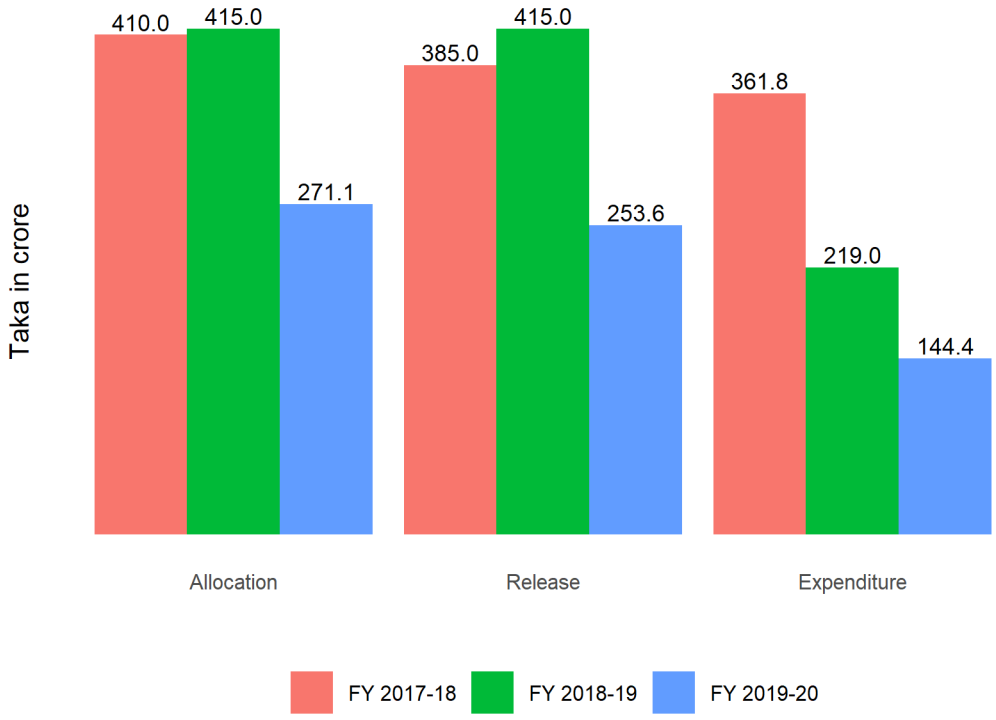
OP-11: MEDICAL EDUCATION AND HEALTH MANPOWER DEVELOPMENT (ME&HMD)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**25%** (1 out of 4 indicators achieved)	**94%**	**53%**	**57%**

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 (in crore Tk.)



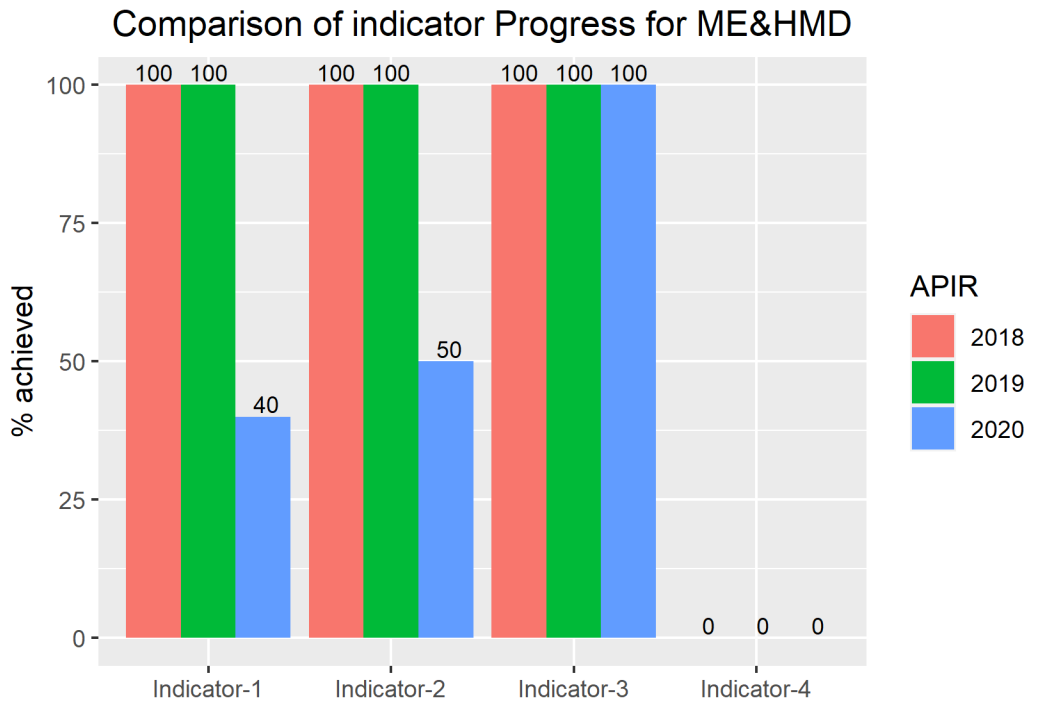
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Improvement of undergraduate medical (MBBS, BDS) education according to agreed minimum criteria of national guideline	NA	25%	10%	10%	10%	10%	25%	10%
2	Re-structured Director, ME&HMD	Current organogram	Review completed with report	Review completed with report	Review completed with report	Review completed with report	Review completed with report	Review completed with report	Directorate General Medical Education started working
3	New law for technologists	SMF with no legal basis	Draft new law available	Draft new law available	Draft new law available	Draft new law available	Draft new law available	Draft new law available	Draft new law available
4	Development of TMIS	No TMIS	TMIS capturing current training	TMIS capturing current training	Not achieved	TMIS capturing current training	Not achieved	TMIS capturing current training	Not Achieved

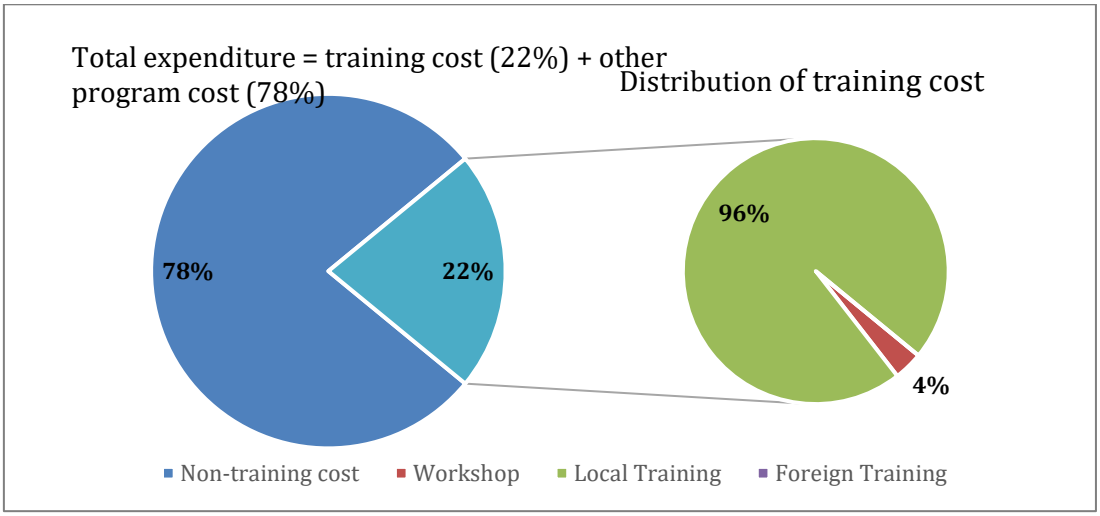
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

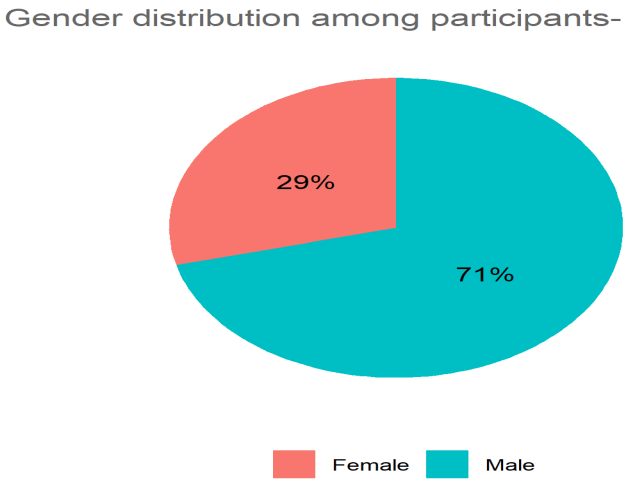


Training Information



Out of the total expenditure of Tk. 144.41 crore, Tk. 31.61 crore (22%) was spent on training. Of the total training cost, Tk. 30.49 crore (96%) was spent on local training and 1.12 crore (4%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	593 (32)	47,563 (100)	-	48,156 (97)
Foreign Training	-	-	-	-
Workshop	1,252 (68)	-	-	1,252 (3)



Major Physical Progress

- 10% medical institutes are fulfilling the agreed minimum criteria of national guidelines for improvement of undergraduate medical education.
- Completed the review of re-structuring of Director, ME&HMD and the report along with the draft organogram has been sent to MOHFW for approval.
- Ensured the improvement of dental colleges and units through provision of supply and services.
- Completed the capacity building of D, ME&HMD to be grown with pace of fast expansion of medical college.
- Completed Community Oriented Medical Education (COME) for 4,068 students.
- Completed Training Need Assessment (TNA) for different categories and tiers of health personnel.
- Ensured monitoring and supervision for following up through TMIS to ensure sufficient numbers of trained health personnel are present at upazila and district to provide quality service.

Key Challenges

- Time consuming procurement process and delayed fund release.
- Shortage of manpower.
- Lack of commitment of the managers.
- Insufficient requirements from the cost center.
- COVID-19 situation.

Suggestions/Recommendations:

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

Recommendations from Mid-term Review (MTR) 2020

1. Revise the organogram of DGME, adding in required posts, and get the revised organogram approved.
2. DGME along with DGNM has to ensure all the non-government educational institutions under their purview have required physical infrastructures, faculties and support staff, through regular supervision and monitoring.

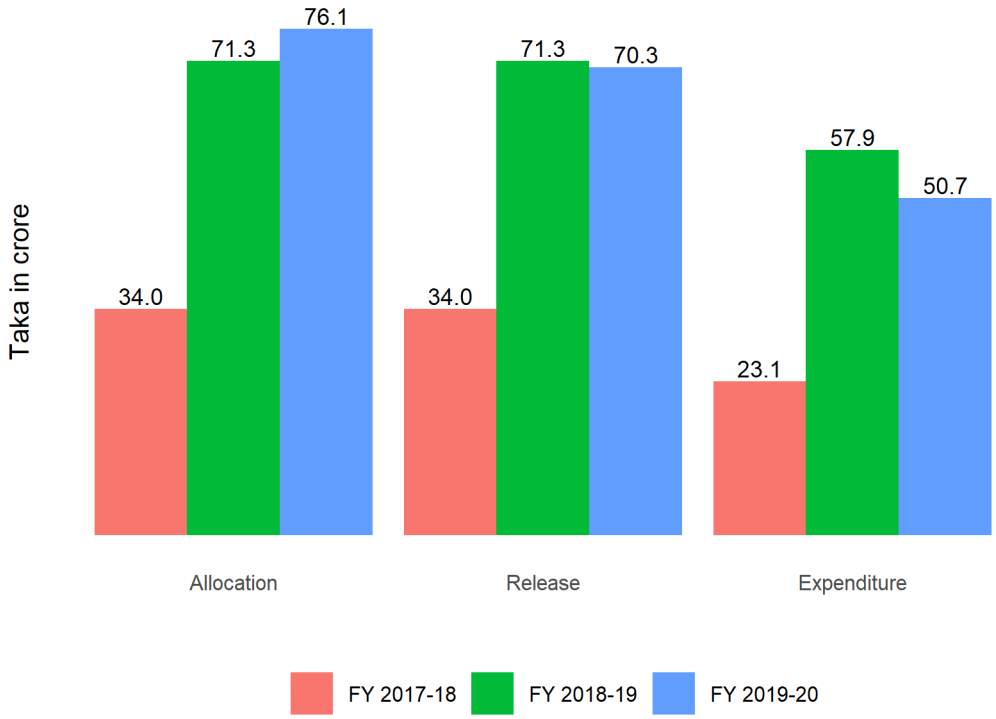
OP-12: NURSING AND MIDWIFERY EDUCATION SERVICES (NMES)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**100%** (5 out of 5 indicators achieved)	**92%**	**67%**	**72%**

General Objective

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

Financial Progress (in crore Tk.)



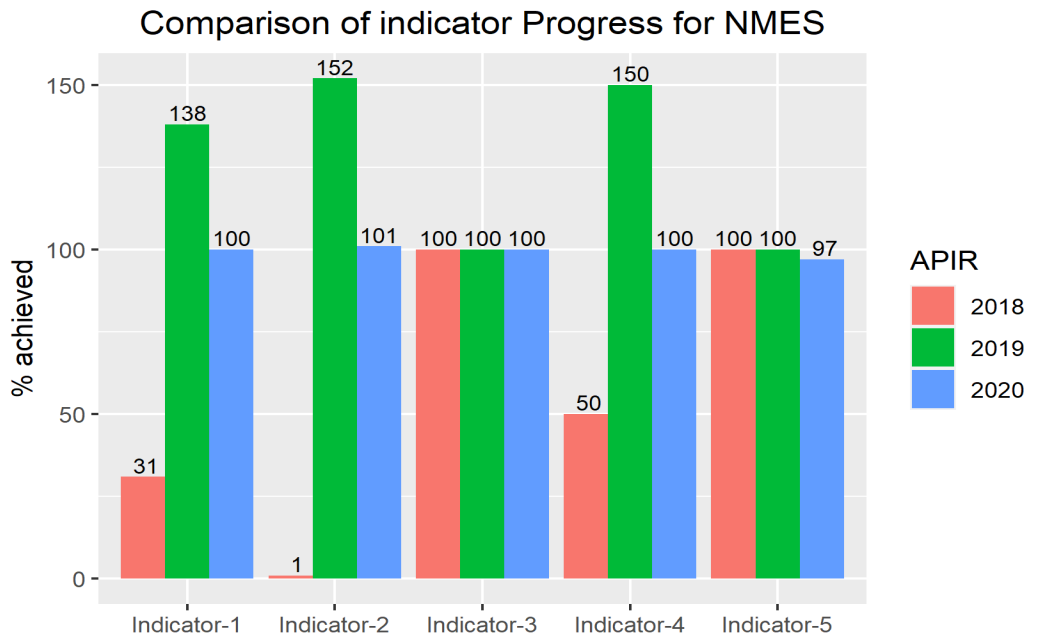
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of newly recruited nurses and midwives received orientation training	370	4,000	4000	1230	2500	3458	2627	2627
2	Number of nurses received specialized education and training.	2200	6,000	6000	42	500	760	1190	1202
3	Number of newsletter/HR report published (2/Year)	N/A	4	2	2	4	4	2	2
4	Number of training manual developed and updated	(DGNM/BNMC)	4	4	2	4	6	4	4
5	Number of Midwives produced (DLI 7/DLR 7.1 & 7.2)	975	1,950	975	975	975	975	975	942

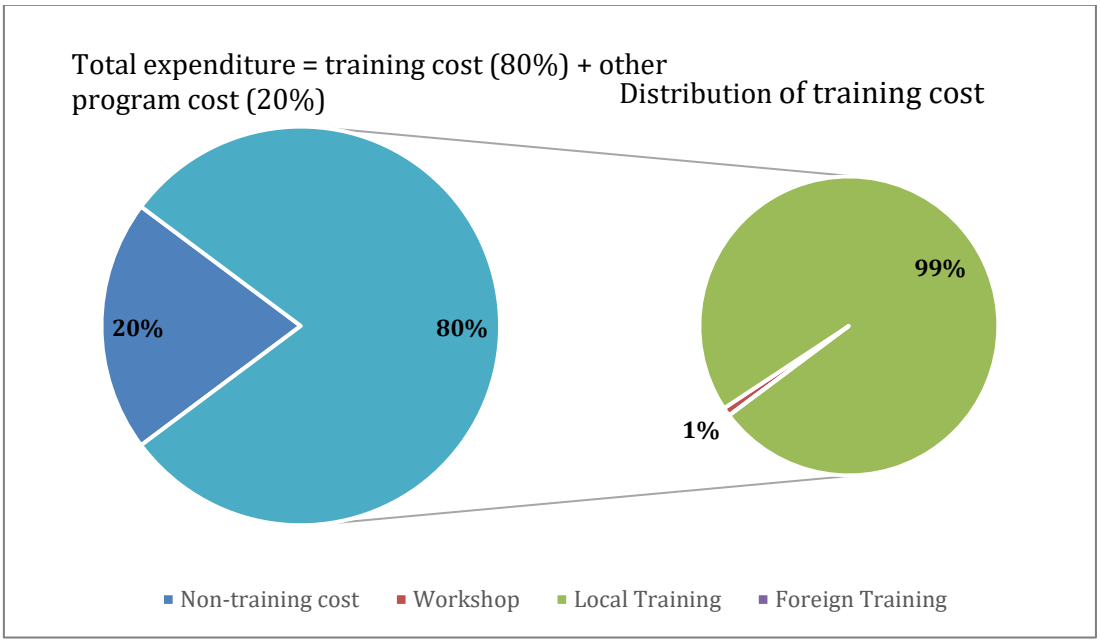
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

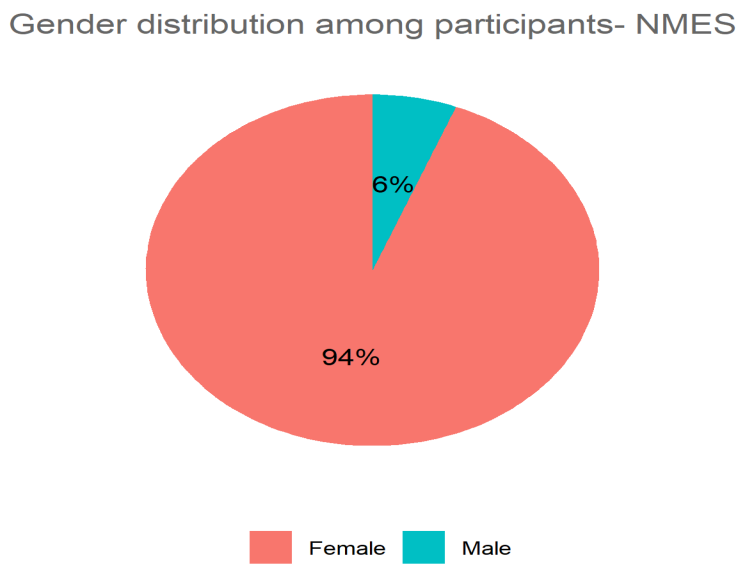


Training Information



Out of the total expenditure of Tk. 50.69 crore, Tk. 40.34 crore (80%) was spent on training. Of the total training cost, Tk. 39.97 crore (99%) was spent on local training and Tk. 0.38 crore (1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	1,439 (90)	9,137 (100)	-	10,576 (99)
Foreign Training	-	-	-	-
Workshop	156 (10)	-	-	156 (1)



Major Physical Progress

- Produced a total number of 942 registered midwives, posted them and provided stipend to 2,925 midwives.
- Developed and updated four training manuals. 2,627 newly recruited nurses and midwives received orientation training and 1,202 nurses received specialized education and training. Published two newsletters/HR reports.
- 660 nursing officers received 28 days specialized training on ICU, paediatric nursing, adult nursing, cardiac nursing, disaster management, geriatric nursing.
- 120 midwifery faculties participated in the skill lab training.
- 2,369 newly recruited nurses and 258 newly recruited midwives participated different orientations and refresher training.
- 30 midwifery faculty completed masters on (SRHR) from Dalarna University, Sweden.
- 19 nursing faculties and clinical nurses received the (TOT) training the preceptor from Japan.
- Completed the stakeholder meeting on revised diploma in midwifery curriculum and Bsc in midwifery curriculum and revised standard operating procedures (SOPs).
- Completed working group workshop for manual development of geriatric nursing and another group workshop for development of job description

COVID-19 related activities

- 120 staff of DGNM (nursing and non-nursing) participated in the training session on prevention of infection and personal safety measuring during COVID-19 pandemic.
- Completed procurement and distribution of personal protective equipment (4,000 PPE) for the 1149 deployed midwives and nurses responsible for COVID-19 at the UHCs, DHs and Medical College Hospital.

Key Challenges

- Could not send four midwifery faculty/SRHR masters in abroad for PhD due to shutdown of all national and international educational programmes during COVID-19 pandemic worldwide.

Recommendations from Mid-term Review (MTR) 2020

1. Ensure availability of functional midwifery-led continuity of care in selected UzHCs and work for policy to include Mid-wives in UHFWCs.
2. Majority of budget spent on ad hoc short trainings under NMES. In the absence of a training master plan, or good stewardship and oversight, this approach is concerning and likely not to be yielding desired results. Suggestions also made for recruitment and deployment of manpower under this OP.
3. Vacant posts are not being filled. The proportion of service provider positions functionally vacant in district and Upazila-level public facilities, by category (nurse/midwife) is a results framework indicator. Progress needs to be made to finalize and endorse the plan and begin to fill the vacant posts. In the medium term, new posts will need to be created and phase-wise recruitment and deployment undertaken. DGNM has to ensure all the non-government educational institutions under their purview have required physical infrastructures, faculties and support staff, through regular supervision and monitoring.

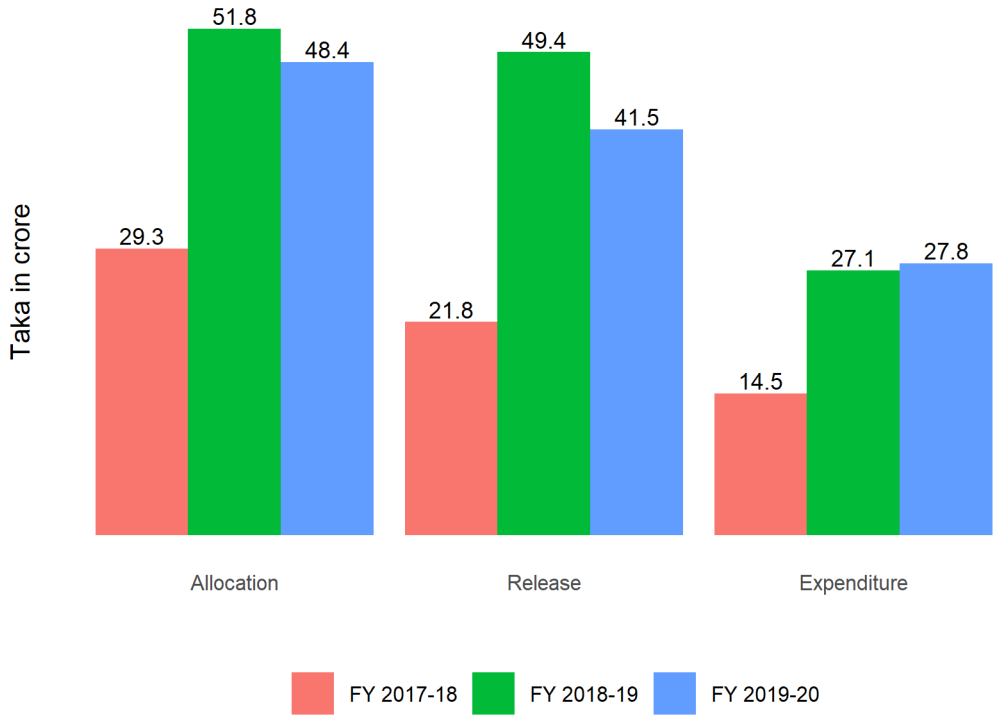
OP-13: TRAINING, RESEARCH AND DEVELOPMENT (TRD)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**50%** (2 out of 4 indicators achieved)	**86%**	**57%**	**67%**

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 (in crore Tk.)



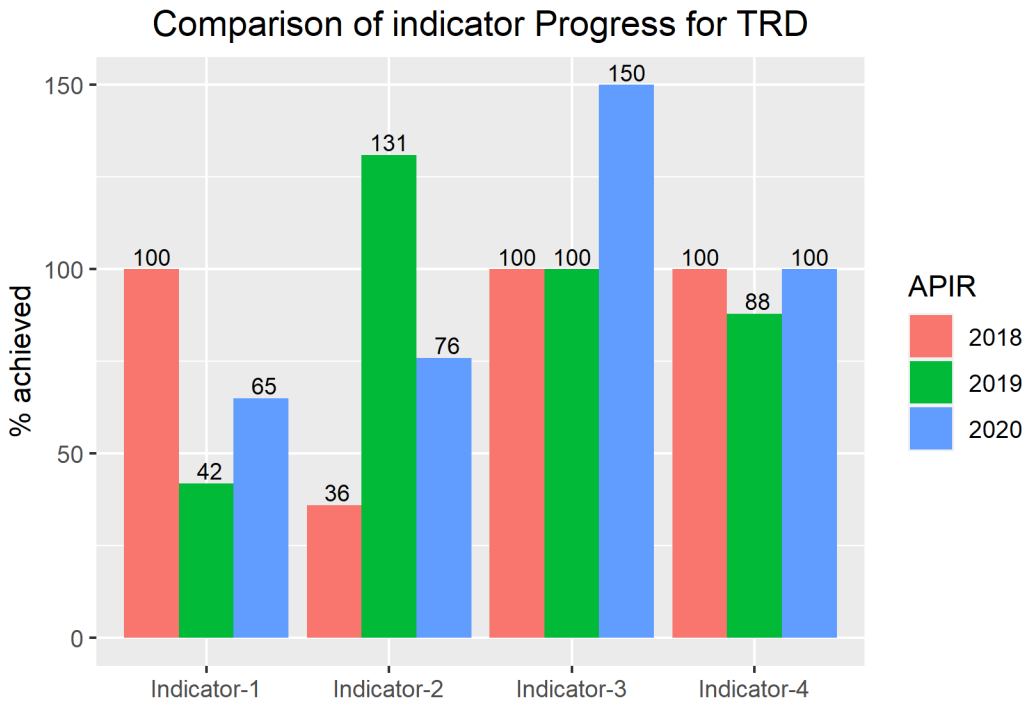
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	(a) Basic Training (for FWV, FWA, FPI & HA) and (b) Orientation Training (for newly recruited Physicians, BCS (Health), BCS (FP), MOMCH & SACMO)	5,909 (APIR 2016)	6,595	439	438	3225	1366	3800	2482
2	Efficiency & capacity development training including Reproductive and Child Health Training (IUD & IP, CNC, ECD) for Physicians, Paramedics and Field Workers and skill development training for CSBA, CHCP, Paramedics and field workers.	6,060 (APIR 2016)	7,050	4949	1784	9716	12682	8782	6662
3	Conduct national surveys (including BDHS, BMMS, UESD surveys, Facility survey, Urban Health Survey, etc.)	7	4	2	2	2	2	2	3
4	Number of Program focused and policy research studies/ conducted	45	16	6	6	8	7	8	8

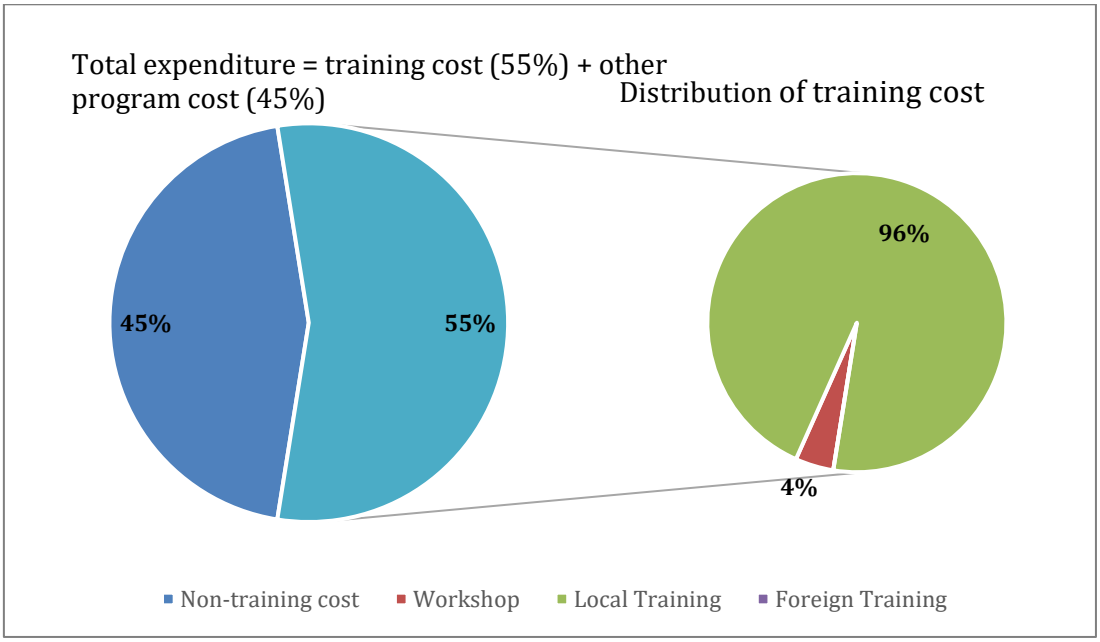
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

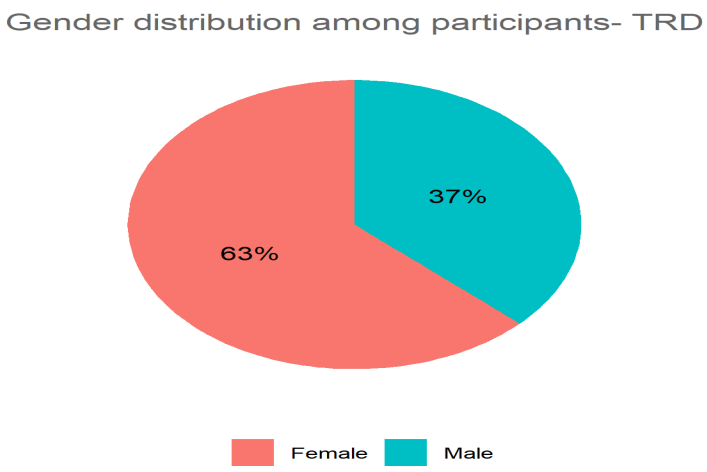


Training Information



Out of the total expenditure of Tk. 27.79 crore, Tk. 15.30 crore (55%) was spent on training. Of the total training cost, Tk. 14.66 crore (96%) was spent on local training and Tk. 0.64 crore (4%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	552 (41)	8,592 (90)	-	9,144 (83)
Foreign Training	-	-	-	-
Workshop	784 (59)	976 (10)	154 (100)	1,914 (17)



Major Physical Progress

- Finalized survey questionnaire and approved by Technical Review Committee (TWC) and Stakeholder Advisory Committee (SAC) and data collection started for the Utilization of Essential Service Delivery (UESD) Survey 2019.
- Completed data collection, data entry and data analysis for the Bangladesh Adolescent Health and Well-being Survey (BAH&WS) 2019.
- Selected data collection agency, prepared survey questionnaire for Bangladesh Urban Health Survey (BUHS) 2020.
- Completed eight programs focused and policy research studies.
- 2,482 personnel completed basic training (for FWV, FWA, FPI & HA) and orientation training (for newly recruited physicians, BCS (Health), BCS (FP), MOMCH and SACMO.
- 6,662 personnel attended efficiency and capacity development training including reproductive and child Health (IUD & IP, CNC, ECD) for physicians, paramedics and field workers and skill development training for CSBA, CHCP, paramedics and field workers.
- Completed 22 disseminations of research/survey results, publications through workshops/seminars.

Key Challenges

- Due to Covid-19, training was stopped on 24 March 2020 and couldn't be organized several courses as per plan. GO was issued for 2 Foreign Training course, but due to Covid-19 couldn't be organized the training. Moreover, due to Covid-19 data

collection of ongoing surveys, dissemination seminar of research/survey results and field related research/survey activities has been stopped since end of March 2020.

Recommendations from Mid-term Review (MTR) 2020

1. MTR Report 2020 showed one OP indicator (out of 2) achieved good progress and the remaining 1 made moderate progress of TRD OP. A random list of activities was presented with no thematic organization. The Survey Reports generated through this OP are highly valuable tools for health system planning, management and research in Bangladesh context. Parallel efforts to conduct research using more advanced inferential designs were not visible.

2. Bulk of activities are centered on trainings and workshops (with uncertain outcomes) lasting for 1-2 days in >80% cases. In the absence of a training master plan, or good stewardship and oversight, this approach is concerning and likely not to be yielding desired results. Regarding expenditure against allocations, this OP used 65.5% fund for training but only 56.6% planned basic training could be completed.

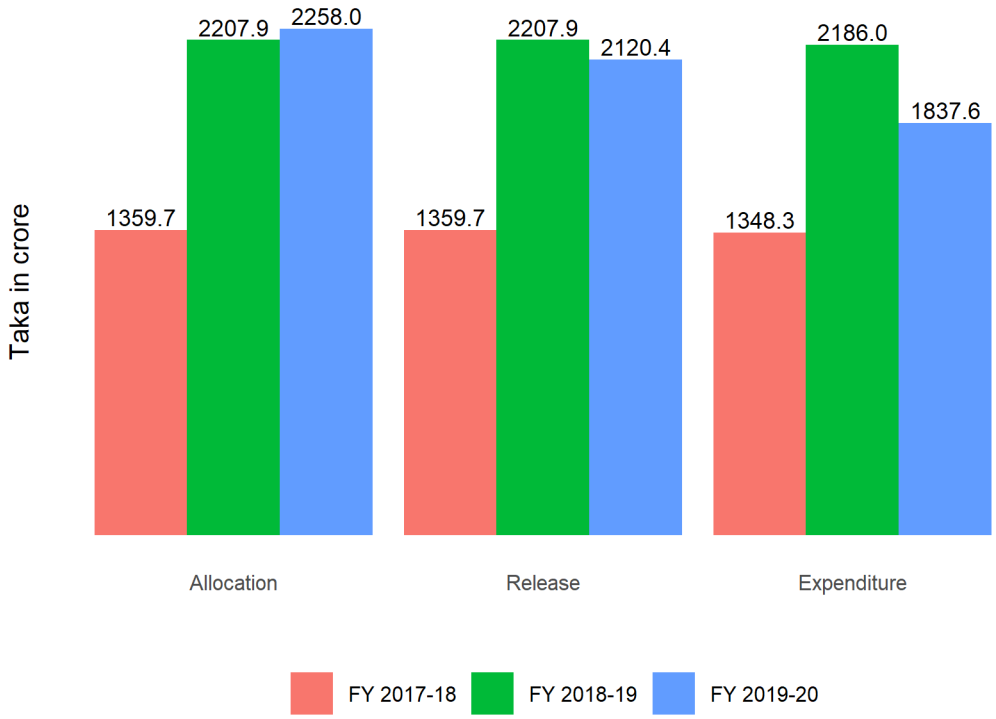
OP-14: PHYSICAL FACILITIES DEVELOPMENT (PFD)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**83%** (5 out of 6 indicators achieved)	**94%**	**81%**	**87%**

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 (in crore Tk.)



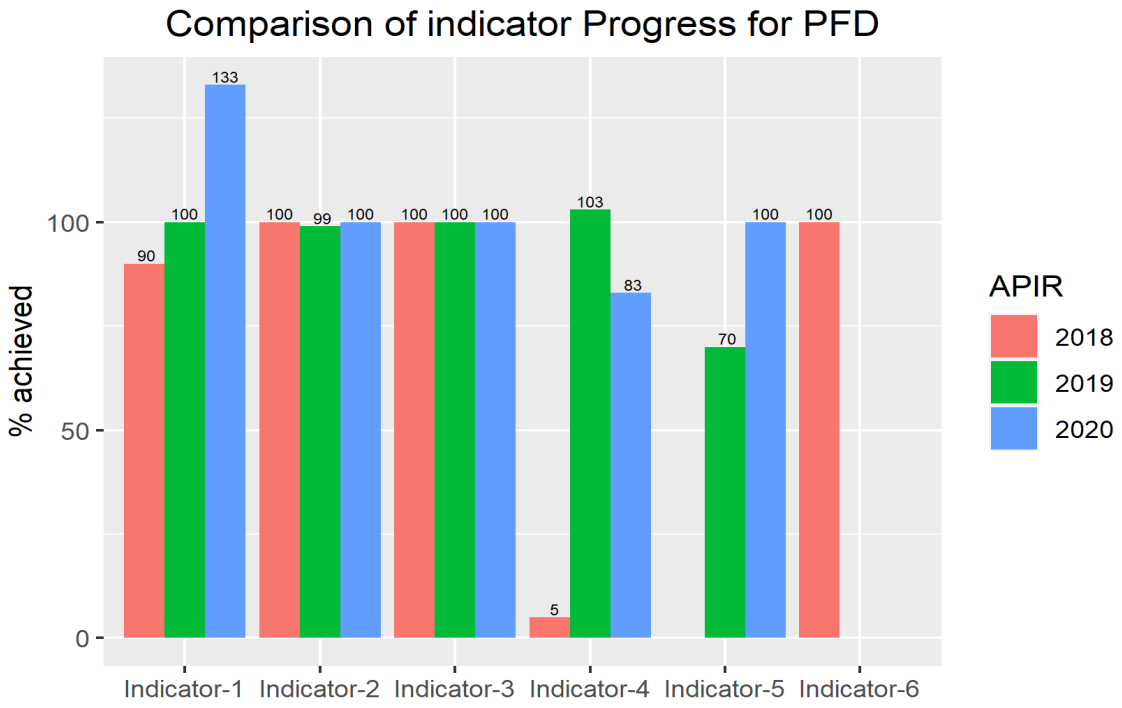
Progress of OP-level Indicator

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Introduce e-GP (DLI 5/DLR 5.2)	NA	75%	100%	90%	100%	100%	75%	100%
2	Percentage of Contracts awarded within initial Tender validity period.	97% APIR 2016	80%	100%	100%	100%	100% and 98.3%	100%	100%
3	Preparation of a comprehensive plan for (a) construction of facilities (b) repair and maintenance	0	Draft approved	Yes	Yes	Yes	Yes	Draft approved	Yearly comprehensive plan for (a)construction of facilities & (b) repair and maintenance works approved by ministry of Health & Family Welfare
4	Percentage of annual non-development expenditure for repair and maintenance at the levels of Upazila and below (linked to DLI 2/DLR 2.2)	2.5%	4.0%	3.90%	0.20%	3.90%	4.00%	4%	3.31%
5	Number of Hospitals/ health facilities constructed/ renovated to make them gender and disability friendly (ramp, separate toilet for women and sitting arrangement).	NA	60%	Not Available	Not Available	-	100% and 40%	60%	60%
6	Asset management system is implemented (DLI 4)	AMS is piloted in one district hospital	20	3	3	-	Not Available	20	Not Available

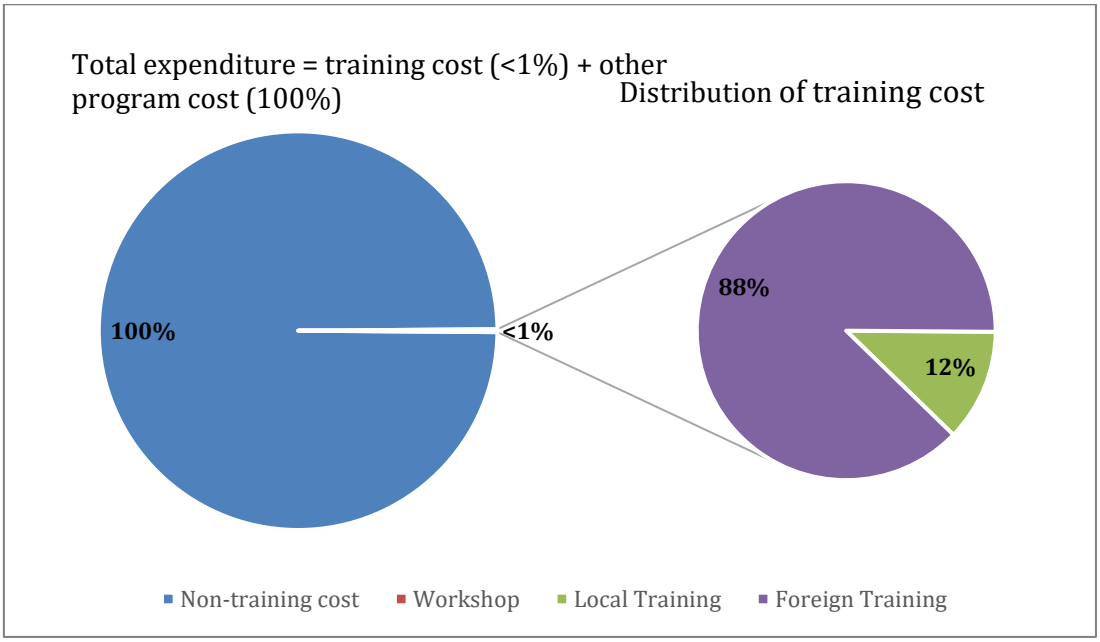
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

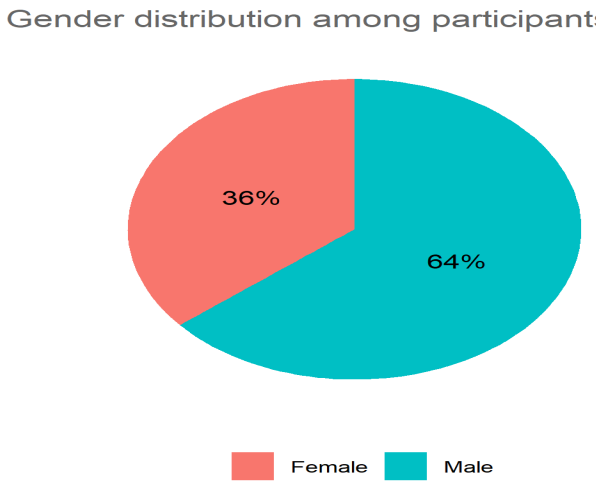


Training Information



Out of the total expenditure of Tk. 1,837.60 crore, Tk. 4.28 crore (<1%) was spent on training. Of the total training cost, Tk. 0.52 crore (12%) was spent on local training and Tk. 3.76 crore (88%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	126 (70)	190 (86)	-	316 (78)
Foreign Training	55 (30)	32 (14)	-	87 (22)
Workshop	-	-	-	-



Major Physical Progress

- Ensured 100% of e-GP procurement.
- 100% contracts awarded within initial tender validity period.
- MOHFW approved yearly comprehensive plan for construction of facilities and repair and maintenance works.
- Completed up gradation of 10 Upazila Health Complex (UHCs) from 20/31 to 50 bed; one Upazila Health Complex (UHCs) from 20/50 to 100 bed and 44 UH&FWCs.
- Completed remodeling and renovation of three existing Upazila Health Complex (UHCs), one existing regional warehouse and 86 existing community clinics.
- Completed remodeling, renovation and extension of three existing Nurses Training Institute (NTIs) and 11 RD/USC.
- Completed extension of HED circle office and Divisional office.
- Completed remodeling and reconstruction of 40 different Health and Family Planning infrastructures. Completed repair and renovation of 843 Health and Family Planning Infrastructures.
- Completed construction of one (50 bed) Upazila Health Complex (UzHCs), two (31 bed) Upazila Health Complex (UzHCs), three (20 Bed) Hospitals, 17 (10 Bed) Mother and Child Welfare Centres, one (100 Bed) Child Hospital.
- Completed construction of 14 Union Health & Family Welfare Centre (UH&FWCs), one FWVTI, 11 Deputy Director Office of Family Planning, 70 Upazila Familty Planning

office cum store at UzHC, 283 Community Clinics, 25 boundary walls for UH&FWC, 10 Bed, UzHC.

- Completed reconstruction of 36 Union Health & Family Welfare Centre (UH&FWCs), 40 Community Clinics and conversion of three RD/USC into UH&FWC.
- Above 80% progress was made against the set targets of construction work of Vertical extension of Civil Surgeon office at Meherpur.

Under PWD: (Above 50% progress was made against the set targets of the FY-2019-20)

- Up gradation and renovation of Pirojpur District Hospital from 100 to 250 bed.
- Up gradation and renovation of Jhalokhati District Hospital from 100 to 250 bed.
- Up gradation and renovation of Khagrachari District Hospital from 100 to 250 bed.
- Up gradation and renovation of Jaipurhat District Hospital from 100 to 250 bed.
- Up gradation and renovation of Panchagar District Hospital from 100 to 250 bed.
- Up gradation and renovation of Gaibandha District Hospital from 100 to 250 bed.
- Up gradation and renovation of Narshindi District Hospital from 100 to 250 bed.
- Up gradation and renovation of Netrokona District Hospital from 100 to 250 bed.
- Up gradation and renovation of Rajbari District Hospital from 100 to 250 bed.
- Vertical extension of National Institute of Mental Hospital at sher-e- Bangla Nagar Dhaka.
- Vertical extension of Shaheed Suhrawardi hospital at S.B. Nagar Dhaka.
- Vertical extension of North & south Block (4th to 6th floor) of National Institute of Cardiovascular Diseases & Hospital(NICVD) at Sher- e- Bangla nagar Dhaka.
- Vertical extension of Service Block of 500 bed hospital at Mugda.
- Vertical extension of BMRC bhaban at Mohakhali.
- Vertical extension of 4th to 9th floor over existing 3rd floor of Academic building at Chittagong Medical College, Chittagong.
- Vertical extension of female hostel at Chittagong Medical College, Chittagong.
- Vertical extension of Dental Unit at Chittagong Medical College, Chittagong.
- Vertical extension of Hospital Building at Comilla Medical College, Comilla.
- Vertical extension of Academic building at Dinajpur Medical College and other external services.
- Vertical extension of Hospital bldg. at Dinajpur Medical College.
- Vertical extension of 2nd & 3rd Floor of A Block at Khulna Medical College Hospital, Khulna.
- Vertical extension of Sylhet M.A.G Osmani Medical College, hospital Building from 3rd to 9th floor.
- Vertical extension of Male and Female hostel at Sylhet M.A.G Osmani Medical College, Sylhet.
- Vertical extension of dental unit at Sylhet M.A.G Osmani Medical College.
- Vertical Extension of Female hostel at Sher-e- Bangla Medical College at Barisal.
- Vertical extension of Dental unit and outdoor Building at Rangpur Medical College, Rangpur.
- Vertical extension of new building and Isolation ward at Noakhali 250 bed Sadar Hospital.
- Vertical extension of Shaheed Ziaur Rahman Medical College Hospital at Bogra(b) Burn and Plastic Surgery unit at Mohammad Ali 250 Bed Hospital.
- Vertical extension of Faridpur Medical College Hospital building.
- Vertical extension of one floor at 250 bed sadar hospital at Jessore.
- Vertical Extension of old administrative building at Manikgonj 250 bedded District Hospital.
- Extension of National Institute of kidney Diseases and Urology Hospital at Sher-e-Bangla Nagar, Dhaka.

- Extension of 200 bedded hospital to 500 bedded hospital at Narayanganj (1st Phase).
- Construction of Principal quarter, staff quarter, Boys hostel and ladies' hostel at Institute of health technology at Mohakhali Dhaka.
- Construction of Staff quarter at Mymensingh Medical College Hospital.
- Construction of Auditorium at Comilla Medical College.
- Construction of Administrative building at Rajshahi Medical College.
- Construction of office Building and Residence for Civil Surgeon Office at Khulna.
- Construction of Boundary Wall and Internal Road and Bunker at Khulna Medical College, Khulna.
- Construction of Nurses Dormitory and Staff Dormitory at Khulna Medical College Hospital, Khulna.
- Construction of Ladies Hostel at Rangpur Medical College.
- Construction of Isolation Unit, OT and Burn unit at Rangpur Medical College Hospital.
- Construction of dormitory building for post graduate doctor's at Rangpur.
- Construction of 250 Bed District Hospital at Sylhet
- Construction of Civil Surgeon Office building at Rangpur
- Construction of Civil Surgeon Office building at Jessore
- Construction of civil Surgeon office at Noakhali
- Construction of civil surgeon office at Tangail
- Construction of health Management Institute at Savar
- Construction of Nursing college at Sunamgonj
- Construction of two storied Medical store building at Manikgonj 250 bedded District Hospital.
- Construction of three storied building with six storied foundation for accommodation of Doctor's Dormitory, Doctor's Launch, Cafeteria and attendance rest room at 250 bedded District Hospital at Manikgonj.
- Construction work of Vertical extension of Civil Surgeon office at Meherpur.
- Remaining work of Up-gradation of sir Salimullah Medical College Dhaka.
- Remaining work of Nursing and Midwifery Bhaban at Mohakhali.
- Remaining work of Modernization & Extension of Barishal Medical College Hospital.
- Retrofitting and complete renovation, emergency repair, alteration and Maintenance work of Mymensingh Medical College Hospital.
- Retrofitting and complete renovation, emergency repair, alteration and Maintenance work of all Specialized Hospital and old Medical College and hospital.
- Supply &Installation/replacement of Passenger lift / Bed lift at Different Medical Colleges & Hospitals, Specialized Hospital/Hospitals.
- Approach road with relevant facilities to Infectious disease hospital at Mohakhali.

Spillover projects:

- Construction of male & female hostel in medical college at Pabna, Jessore, Sylhet.
- Construction of Nurses and Midwifery Bhaban at Mohakhali.
- Construction of govt. Shishu Hospitals at Rajshahi.
- Up gradation of district hospitals from 50/100 to 250 bed.
- Up gradation & Renovation of Nursing College & Hostel

Key Challenges

- Needed OP revision for further progression of some of the activities under PWD.
- Unavailability of land.

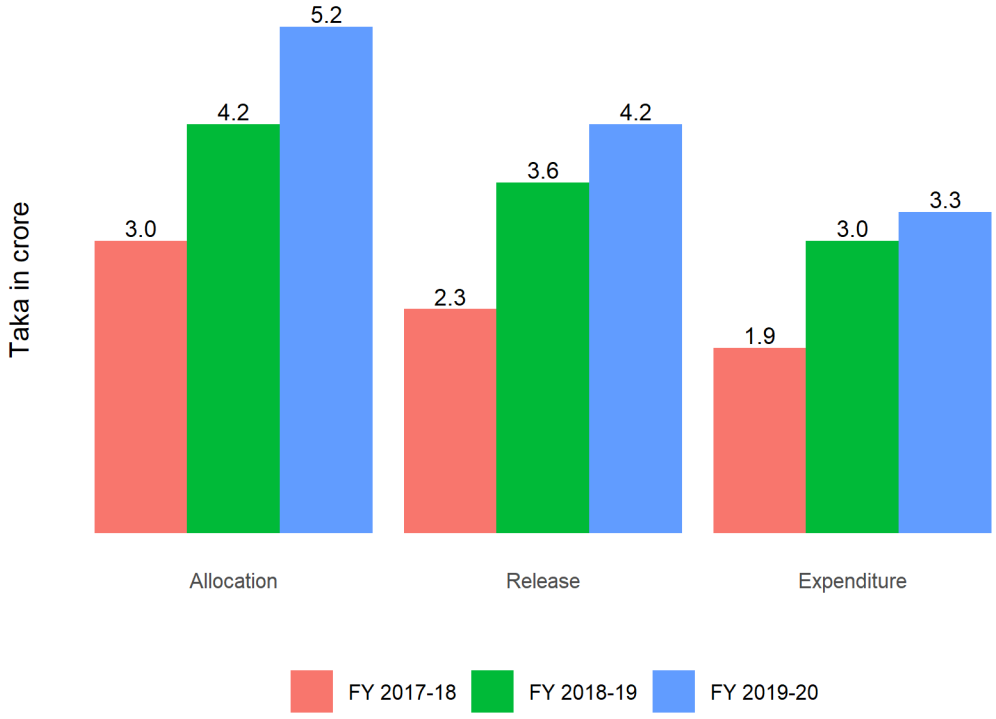
OP-15: IMPROVED FINANCIAL MANAGEMENT (IFM)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**33%** (1 out of 3 indicators achieved)	**83%**	**63%**	**77%**

General Objective

To improve governance in financial management and audit system.

Financial Progress (in crore Tk.)



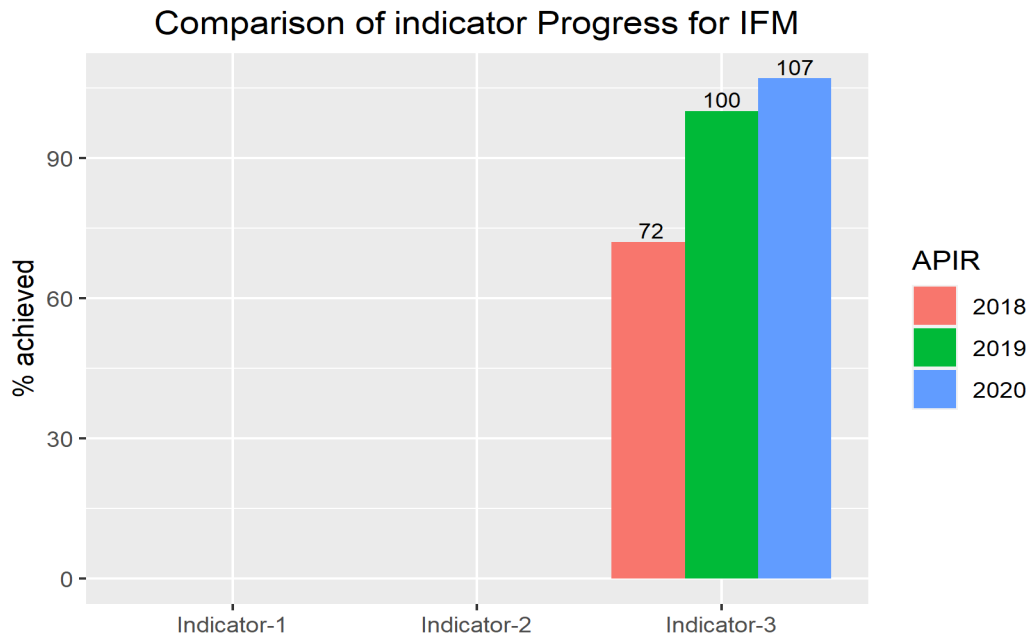
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Financial management system is strengthened (DLI 3/DLR 3.1-3.5)	FMAU restructuring is approved by MOPA	At least 50% of FMAU staff are recruited	-	Not Available	-	Not Available	-	Not Available
2	Software to be developed and all LDs to use Computerized Accounting System	N/A (LD, IFM)	50%	-	Not Available	-	Not Available	-	Not Available
3	Number of FM personnel trained at all levels	4,708	6,000	200	143	280	280	320	341

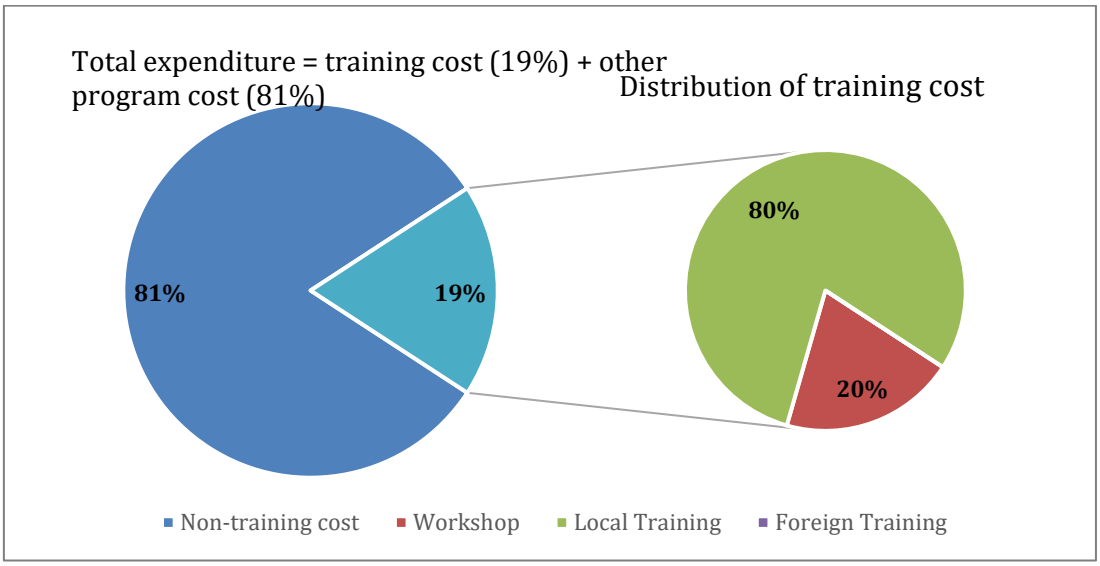
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

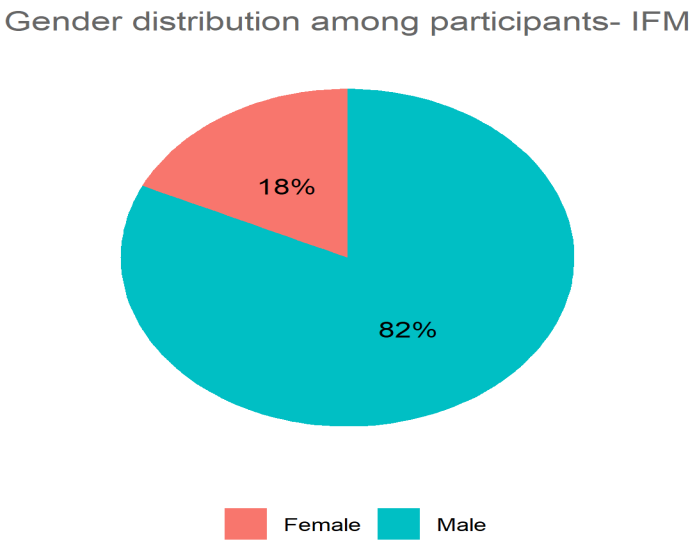


Training Information



Out of the total expenditure of Tk. 3.26 crore, 0.60 crore (19%) was spent on training. Of the total training cost, Tk. 0.48 crore (80%) was spent on local training and Tk. 0.12 crore (20%) spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	119 (100)	222 (75)	-	341 (82)
Foreign Training	-	-	-	-
Workshop	-	75 (25)	-	75 (18)



Major Physical Progress

- 119 central level MOHFW personnel (LDs, PMs, DPMs) and 22 field level MOHFW personnel attended training on public procurement and financial management for DDO's.
- 75 field level MOHFW personnel attended workshop on financial management.

Key Challenges

- Fund utilization and physical progress hindered due to malfunctioning of iBAS++ during July-December 2019.

Recommendations from Mid-term Review 2020

1. Develop and implement a strategy along with a time bound action plan for resolution of unsettled audit observations.
2. Consult FAPAD to develop the proposed strategy and action plan.

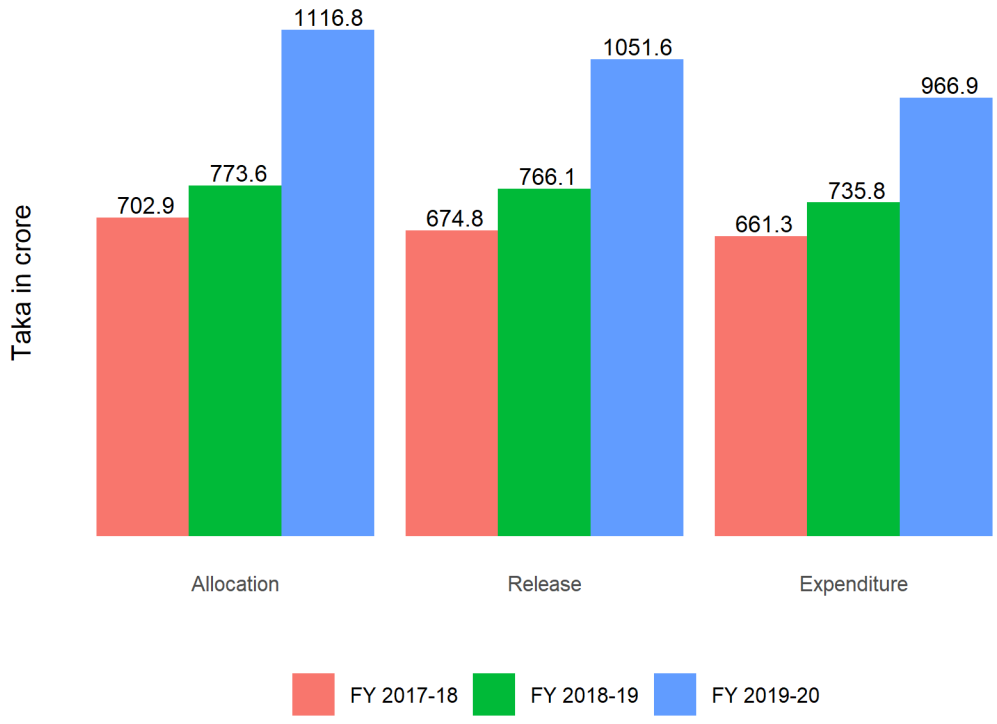
OP-16: MATERNAL, NEONATAL, CHILD AND ADOLESCENT HEALTH (MNCAH)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**67%** (2 out of 7 indicators achieved; 4 indicators are not applicable)	**94%**	**87%**	**92%**

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 (in crore Tk.)



Progress of OP-level Indicators

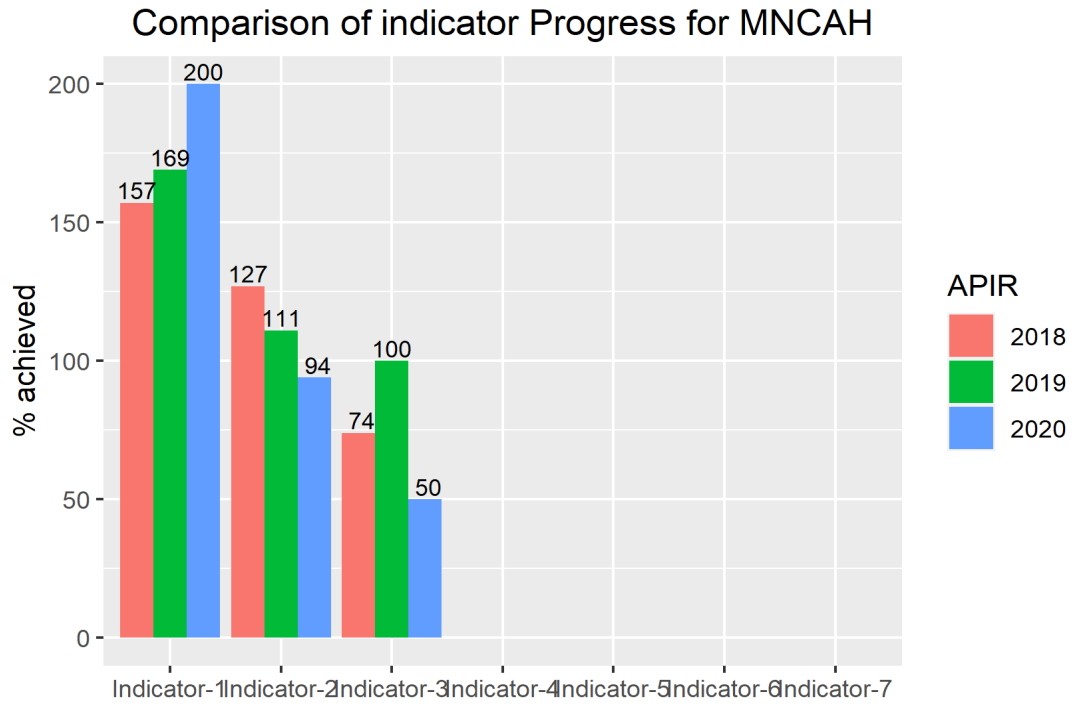
SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Utilization of Maternal health care service is increased in Sylhet and Chittagong division (DLI 10/DLR 10.1)	40,172 (2016)	44,993	42,500	66,905	43386	73,137	44993	86,639 (DHIS2)
2	Immunization coverage and equity both are enhanced in Sylhet and Chittagong (children immunized for measles and rubella) (linked to DLI 12)	70% in 4 districts in Sylhet and 80% in 11 districts in Chattogram	73% in Sylhet and 83% in Chattogram	71% in Sylhet 81% in Chittagong	98% in Sylhet 95% in Chittagong	89%	95.5% in Sylhet and 95% in Chattogram	88.4% CES	85.8% in 4 districts in Sylhet 82.2% in 11 districts in Chattogram
3	School based adolescent health and nutrition services are developed in Sylhet and Chattogram (DLI 15/DLR 15.1-15.4)	0%	30%	35 Public secondary school of 5 district from Sylhet & Chittagong division (Sunamganj, Chandpur, Chittagong, Moulavibazar & Habiganj) selected	26 Public secondary school of 3 district from Sylhet & Chittagong division (Sunamganj, Chandpur & Chittagong)	Assessment of current school based HPN services jointly completed with health & education sector.	Assessment of current school based HPN services jointly completed with health & education sector	Scale-up of 50 Schools	Selection of Schools and supply of logistics completed
4	Percentage of new born received essential new born care (ENC)	(BDHS, 2014)	8.5%	8.5%	Not Applicable	7%	Not Applicable	-	Not Applicable
5	ANC coverage (at least 4 visits)	31.2% (BDHS, 2014)	40%	35.0%	Not Applicable	35%	Not Applicable	40%	Not Applicable

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
6	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	45.0%	Not Applicable	45%	Not Applicable	55%	Not Applicable
7	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.4%	5.5%	5.5%	Not Applicable	-	Not Applicable	7%	Not Applicable

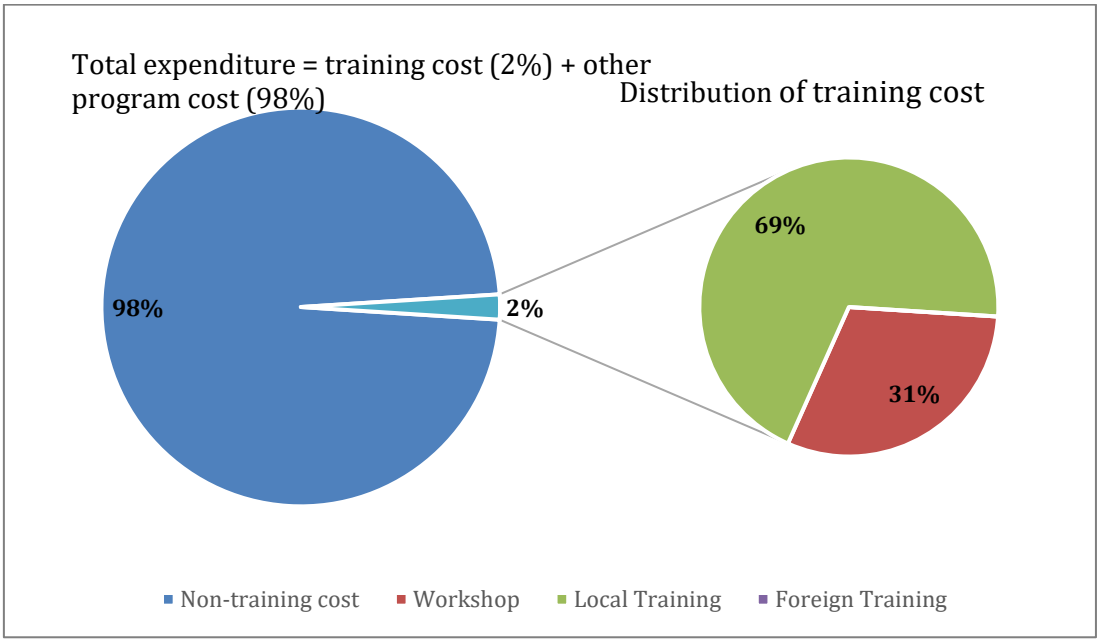
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

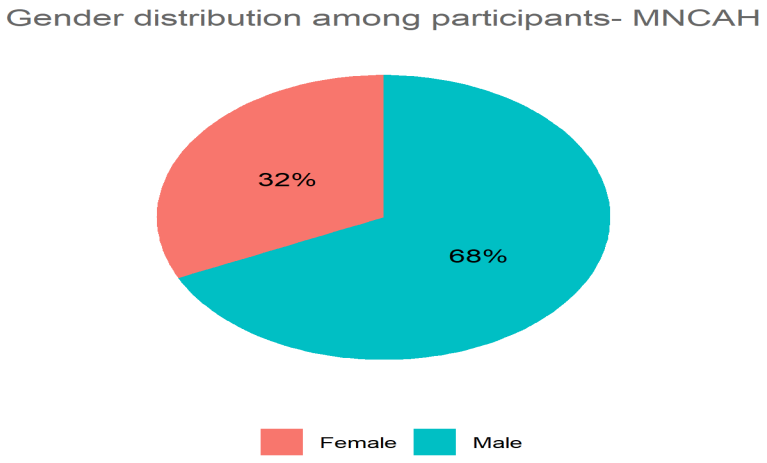


Training Information



Out of the total expenditure of Tk. 966.87 crore, Tk. 19.59 crore (2%) was spent on training. Of the total training cost, Tk. 13.58 crore (69%) was spent on local training and 6.01 crore (31%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	89 (10)	17,260 (45)	6,088 (25)	23,437 (36)
Foreign Training	-	-	-	-
Workshop	844 (90)	21,414 (55)	18,669 (75)	40,927 (64)



Major Physical Progress

Maternal health

- Completed 33 campaigns to increase awareness of the health professionals and community on cervical and breast cancer screening and providing services within four months of training at Upazila Health Complex (UHCs).
- Performed 86.639 normal deliveries in public facilities of Sylhet and Chittagong Divisions. Provided Maternal Health Voucher Fund (Pregnant women Blood test, Urine test, ANC2, ANC3, PNC, management of complications during delivery and after child birth & registration) to 81, 621 mothers. In addition, provided travel expenses (for mothers to travel from house to the designated health facilities) and cash incentive to procure nutrition food to 55,450 mothers.
- 60 service providers (including private practitioners) attended six months CSBA training.
- Finalized national strategy of maternal health and maternal health standard operating procedure (Vol: 1&2). The public facilities ensured 40% deliveries by CSBA in FY 2018-19.
- 17, 43, 234 pregnant mothers received at least 4 ANC from the public facilities under DGHS.
- 2, 60,444 mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery.

Expanded Program on Immunization (EPI)

- 906 EPI staff and managers attended training to strengthen their M&E skills on DHIS2 (data analysis, interpretation & communication dashboard). Also conducted training on e-tracker in Moulivi bazaar.
- 170 cold chain personnel attended training on new technology equipment's (including DHIS2 training for CCT). In addition, 180 cold chain personnel attended basic training on electrical wiring on WIC ILR/DF. Geenset, AVR and PDB (including trouble shooting, operation, maintenance of Haier WICs, generator and AVR for Supt. CCT and store keeper).
- 98 field level MOHFW personnel and 22 non-MOHFW personnel attended training on 'Online EPI reporting (DHIS2) and Management, Leadership Training for concerned personnel' in FY 2018-19.
- 127 persons attended one day Orientation on EPI and VPD surveillance program for hospital Directors/Superintendent.
- 343 personeel attended consultative workshop on finalization of EVM action plan (e.g. validation of long range vaccine carrier (Netrokona-Khaliajhuri and Naryanganj-Araihazar); validation of long range vaccine carrier; and data Quality assessment at Naogaon)
- Distributed transportation cost for vaccine and logistics distribution at all vaccination site including arrear; additional transport cost for vaccine & logistics distribution at all vaccination sites in all upazilas of DLI districts under Chittagong & Sylhet Divisions.
- Immunization coverage and equity both are enhanced in Sylhet and Chattogram (children immunized for measles and rubella) 85.8 % in four districts in Sylhet; 82.2 % in 11 districts in Chattogram (DHIS2 on-line Routine report).
- Ensured support to porter for vaccination and logistics supplies from 484 Upazila Health Complex to distribution point to all upazillas including all areas, additional support to porter for DLI districts, upazilas of Chattogram and Sylhet Divisions.
- Ensured intensification of Routine Immunization in Low Performing District & CC. (Vaccine and logistics transportation support as per need based).

Measles-Rubella (MR) Campaign 2020

- 7,582 personnel attended TOT on Measles-Rubella Campaign 2020 (National, Division, District and CC).

- 4,124 personnel attended training on Measles-Rubella Campaign 2020 for 1st line supervisors and health asstt/vaccinators (Upazila, Municipality and City Corporation).
- 1, 42,700 volunteers participated orientation on Measles-Rubella Campaign 2020 for Volunteers (Upazila, Municipality and City Corporation).

National Newborn Health Program (NNHP)

- Build Capacity building of 479 doctors, nurses and midwives of tertiary, district and Upazila level facilities on management of preterm and low birth weight babies (ToT, training & refreshers training on Kangaroo Mother Care - KMC) completed following three days training with 20 participants per batch.
- Build Capacity building of 98 union level SACMOs on newborn care services (TOT, Training and refreshers training on CNCP for union level providers).
- Build Capacity building of 2, 325 CHCP and BHWs and field supervisors on newborn health services in community and community clinic (TOT, training and refreshers training on CNCP).
- Build Capacity building of 157 doctors and nurses through ETAT training (TOT, training and refreshers training).
- 3,740 CG and CSG personnel attended orientation for promoting birth preparedness, ENC and proper care seeking.
- Developed National Child Health Strategy Bangladesh 2017-2022 and sent to Ministry for endorsement.
- Launched National Newborn Health Campaign and completed round table dialogues with stakeholders.
- Initiated SBCC campaign on newborn health television and radio commercial, social media, m-health platforms and other media promotion on birth preparedness, essential newborn care, newborn danger sign and care seeking behavior.

School Health Program

- Selected 50 schools and completed supply of logistics for school based adolescent health and nutrition services in Sylhet and Chattorgam.
- 1,530 primary school teachers attended training on school health program.

Adolescent Health

- 90 personnel attended TOT on Adolescent Health Education for District and Upazila level Managers in FY 2018 and 2019. In addition, 56 persons were trained up on same topic in FY 2019-20.
- 1,110 health services providers, secondary school and college teachers on Adolescent Health Program.
- 780 persons attended training on peer adolescent group at upazila level.
- 1,080 field level health workers attended orientation on adolescent health.

FDMN related activities

- Completed Special Campaign (e.g. MR Campaign, OPV vaccination, OCV Campaign, TT vaccination for pregnant woman, Td vaccination and routine vaccination) for Forcefully Displaced Myanmer Nationals (FDMN) in Teknaf and Ukhia upazila in Cox's Bazar and Naikhangchari upazila in Bandarban.
-

Key Challenges

- Delay in fund release hindered timely procurement and supply of vaccines.
- After releasing the fund, advance approval from Ministry of Finance and draw from Accounant General of Bangladesh also needed more time.
- Could not completed procurement of Medicines, MSR and printing material due to COVID-19 pandemic.
- Could not complete partially the trainings/ workshops as per plan for 2019-20 due to COVID-19 pandemic.
- More than 30% vacant posts at field level.
- Turnover of HR.
- Regular evaluation of program activities through indicators is critical due to absence of country wide survey system. Only public facility data is available in DHIS2.
- Advance fund mobilization is challenging.
- Could not done physical supervision, as it was not included in NNHP and IMCI program of OP.

Pandemic (COVID-19)

- Prepare the EPI COVID-19 BCC Materials.
- Prepare the EPI National SOP in COVID-19.
- Arrange the Infection Prevention Control (IPC) training for all concern personnel organized by EPI.
- Line listing of Drop out and left out children for EPI vaccines.
- Strengthening EPI DHIS2 Data driven monitoring and give special attention on low performing Districts.
- Regular Coordination Zoom meeting at Division and District level including feedback.
- Prepare National guideline for management Neonate and under 5 children in Labour/SCANU/KMC/IMCI/IPD and conduct training for service providers on the guideline throughout the country.

Suggestions/recommendations:

- Ensure vaccine purchase only one time instead of four times in a year.
- Recruit the vacant posts.
- Improve the provision of imprest fund.

Especially on how the concerned OP can better respond to the COVID-19 pandemic:

- Supportive Supervision.
- Ensure regular supply of PPE.
- Increase Monitoring.
- Provision of volunteers.
- On-line training plan.

Recommendations from Mid-term Review 2020

1. Modify and scale up Social health protection schemes (SSK, MHVS)
2. Approve maternal health action plan and start implementation
3. Ensure availability of functional midwifery-led continuity of care in selected UzHCs and work for policy to include Mid-wives in UHFWCs.

4. Integrate Growth Monitoring and Promotion [GMP] services with EPI services at Community level during vaccination outreach sessions.
5. Develop strategic partnership with NGOs, CBOs, LGIs and community at each tier of PHC system with supportive ToR.
6. Design and pilot innovative PHC delivery models for urban poor (GP model, and other purchase care models

Maternal and newborn health

The focus is on improved access to 24/7 normal delivery and BEmONC, critical for reducing maternal and newborn mortality and stillbirths.

7. Revise the current maternal health action plan to include the key actions listed below and implement the plan, prioritizing high maternal and neonatal mortality geographical areas. Improving quality ANC is part of the action plan.
8. Delivery services: Rationalise selection of facilities (i) union level for normal delivery with 24/7 access to facility that meets standards with availability of skilled care with assured back-up for specialised care, and (ii) selection of UzHC and MCWC for 24/7 availability of BEmONC and NSU. Improve availability of HR especially midwives and midwifery led continuity of care.
9. Improve access to 24/7 normal delivery facilities for slum populations and remote and difficult to access areas through innovative strategies such as 'alongside midwifery-led care' units and partnerships with private providers (slums) and maternity homes and introduction of telemedicine for guiding emergency care and partnerships with NGOs (remote and difficult to access areas).
10. Develop a plan for prevention and management of stillbirths including stillbirth surveillance in institutions under the expansion and improvement of quality of MPDSR response.
11. Improve and expand access to SCANUs based on the findings of the SCANU assessment, incorporate the PPH and Eclampsia plan into the overall BEmONC improvement plan based on the technical review of the plan and establish a system for auditing caesarean sections.
12. Introduce preconception care package (could be part of adolescent health care) to contribute to reduction in maternal and newborn mortality and stillbirth reduction.
13. Modify the maternal health voucher scheme DSF, including the benefit package and disincentivise the over provision of caesarean sections in the private sector. A critical review of the incentives for providers with regard to accountability and quality is urgently needed.

Expanded Program on Immunization (EPI)

14. Improve immunisation coverage in urban areas and remote and difficult to access areas and plan for the smooth transition of vaccine procurement

Adolescent health

15. Expansion should be based on the assessment proposed ensuring access after school, collaboration with Ministry of Women and Children Affairs etc.

Revision of indicators:

16. Review and rationalise maternal, newborn, child, adolescent health indicators under 4th HNPSP results framework and operational plans to better align at goal,

	output and input levels. Revise DLR indicators to include quality elements and measure population coverage instead of just numbers.

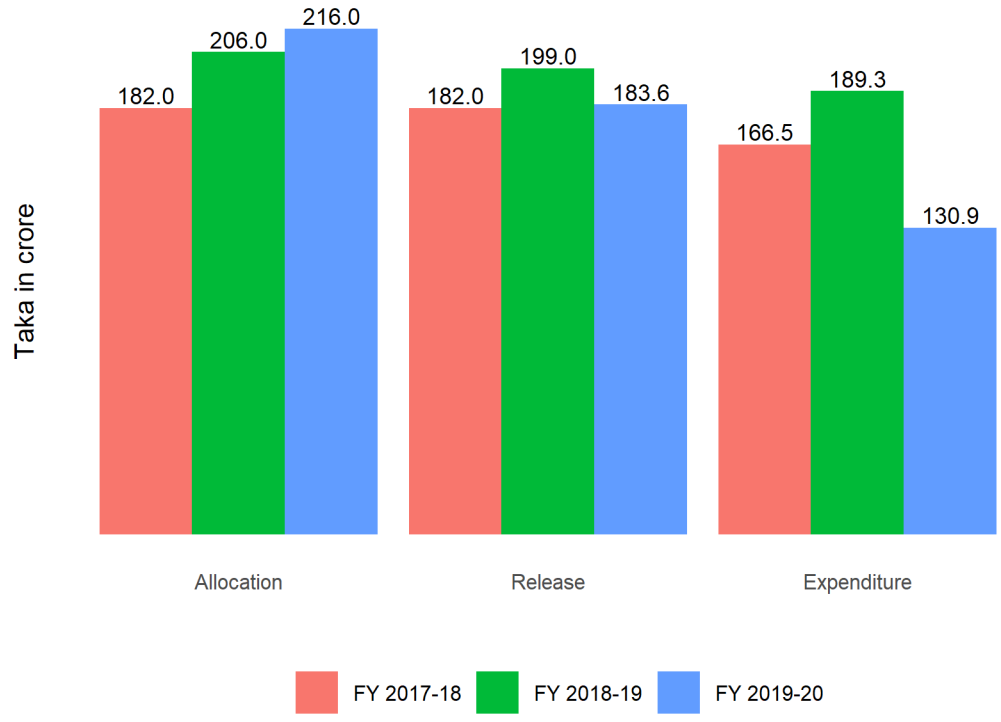
OP-17: MATERNAL, CHILD, REPRODUCTIVE AND ADOLESCENT HEALTH (MCRAH)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%** (2 out of 6 indicators achieved; 4 indicators are not applicable)	**85%**	**61%**	**71%**

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 (in crore Tk.)



Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Utilization of Maternal health care service is increased in Sylhet and Chittagong divisions (DLI 10/DLR 10.1)	49,000 (January 2016 to December 2016, MIS, DGFP)	12% of baseline	71844	47417	51000	52424	54880	63137
2	Percentage of new born received essential new born care	6.1% (BDHS, 2014)	15%	9%	Not Applicable	-	Not Applicable	15%	Not Applicable
3	ANC coverage (at least 4 visits)	31.2% (BDHS, 2014)	40%	35%	Not Applicable	-	Not Applicable	40%	Not Applicable
4	Percentage of delivery by skilled birth attendant (SBA)	42.1%, BDHS 2014	55%	45%	Not Applicable	-	Not Applicable	55%	Not Applicable
5	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.4%	7%	6%	Not Applicable	-	Not Applicable	7%	Not Applicable
6	Number of health facilities (MCWC/UH &FWC) made functional adolescent friendly health services	93 (MCH-S unit report, DGFP)	600	200	200	200	200	300	300

Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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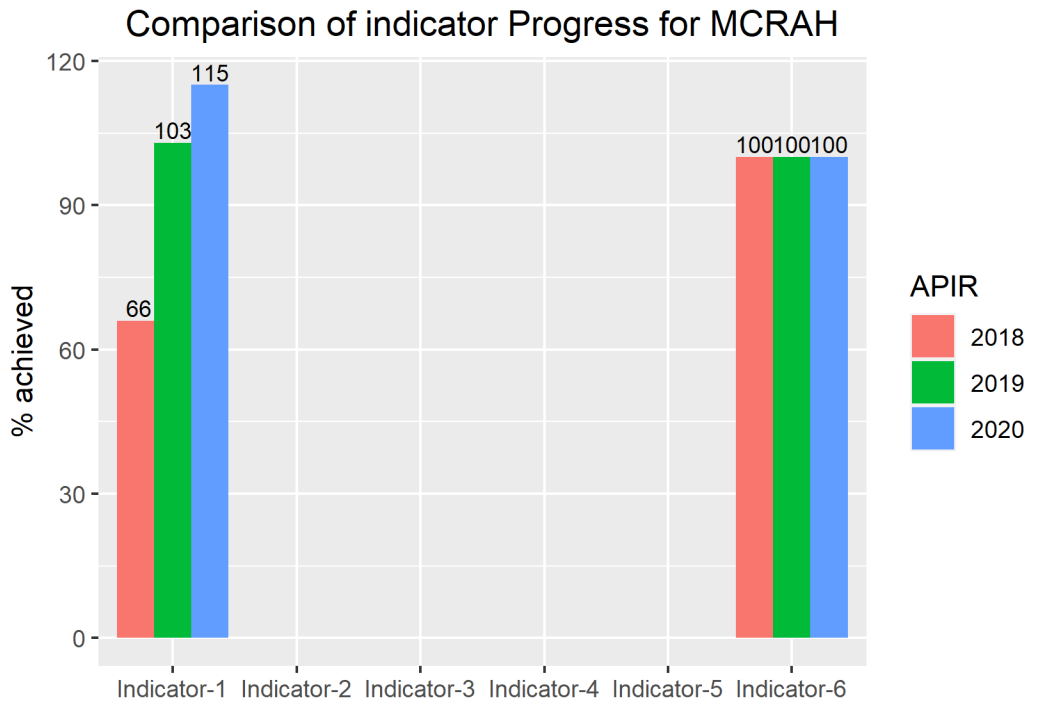
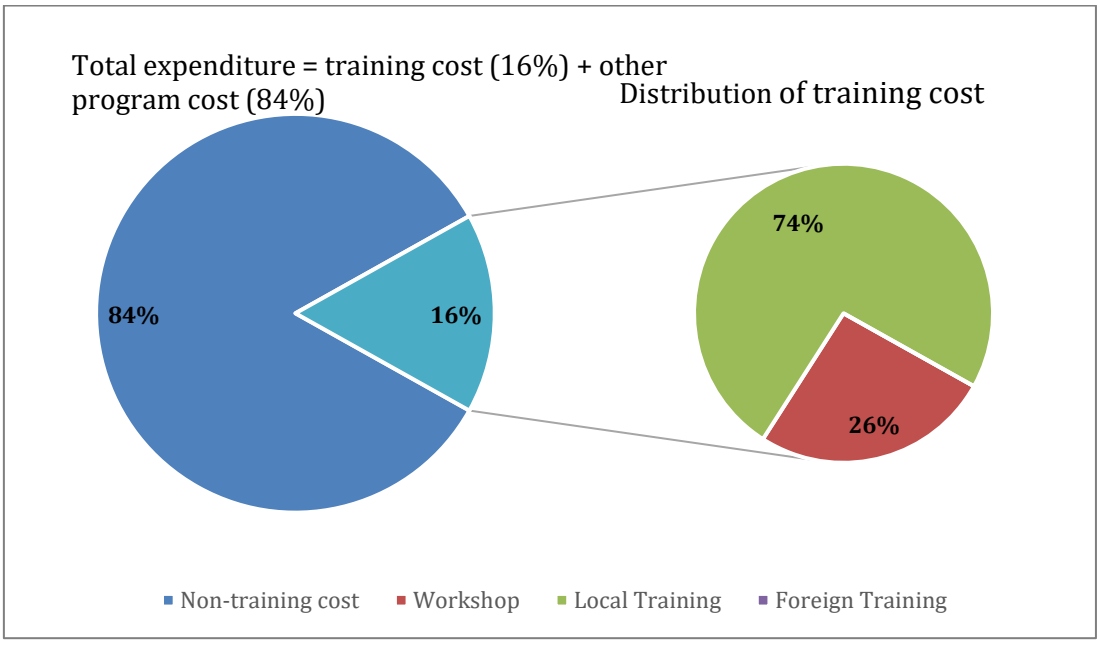
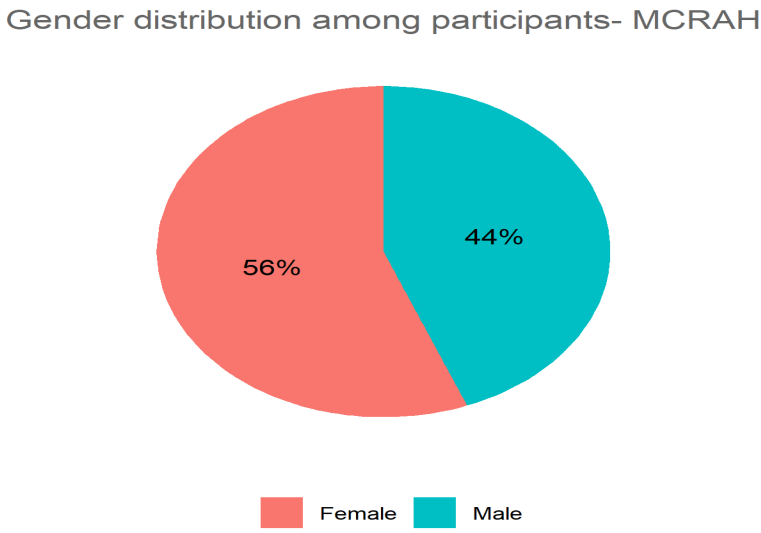


Training Information



Out of the total expenditure of Tk. 130.90 crore, Tk. 21.25 crore (16%) was spent on training. Of the total training cost, Tk. 15.73 crore (74%) was spent on local training, and Tk. 5.51 crore (26%) crore was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	9,600 (50)	-	9,600 (45)
Foreign Training	-	-	-	-
Workshop	197 (100)	9,523 (50)	2,177 (100)	11,897 (55)



Major Physical Progress

- Performed 63,137 normal deliveries in public facilities of Sylhet and Chittagong Divisions.
- 300 health facilities (MCWC/UH &FWC) made functional for providing adolescent friendly health services.
- Completed recruitment of security guards- Ansar VDP ensured (840 man-months) for facility management.

COVID-19 related activities:

- Sent Personal Protective Equipment (20,500 Pcs PPE, 4,000 gloves, 400 body cover, 54 goggles, 1,400 masks) to health facilities for service providers and gave instruction to medical officers MCH-FP for cooperation and collaboration with Upazilla Health and Family Welfare Officer and other departments to combat Covid-19 epidemic.

Key Challenges

- No challenges reported.

Recommendations from Mid-term Review (MTR) 2020

1. Revise the current maternal health action plan to include and implement the plan in a phased manner, prioritizing high maternal and neonatal mortality areas.
2. Delivery services: Rationalize selection of union level facilities for 24/7 availability of skilled care for normal delivery, and selection of MCWC for 24/7 availability of BEmONC and NSU, improve availability of HR including midwifery led continuity of care.
3. Use post FP2020 Costed Implemented Plan (CIP) in revising FP related OPs and develop approaches to mobilize additional resources to fill-up the funding gap.
4. Involve volunteers as against vacant fieldworker positions with uniform criteria and package for all directorates and OPs.
5. Improve access to 24/7 normal delivery facilities for slum populations and remote and difficult to access areas through innovative strategies such as 'alongside midwifery-led care' units and partnerships with private providers (slums) and maternity homes and introduction of telemedicine for guiding emergency care and partnerships with NGOs (remote and difficult to access areas).
6. Develop a plan for prevention and management of stillbirths including stillbirth surveillance in institutions under the expansion and improvement of quality of MPDSR response.
7. Assess SCANUs, technical review of PPH and Eclampsia plan and establish a system for auditing caesarean sections.
8. Develop strategic partnership with NGOs, CBOs, LGIs and community at each tier of PHC system with supportive ToR.
9. Design and pilot innovative PHC delivery models for urban poor (GP model, and other purchase care models.
10. **Adolescent health:** Expansion should be based on the proposed assessment ensuring access after school, collaboration with Ministry of Women and Child Affairs etc.
11. **Revision of indicators:** Review and rationalise maternal health indicators under 4th HNPSP results framework and operational plans to better align at goal, output and input levels. Revise DLR indicators to include quality elements and measure population coverage instead of just numbers.
12. **Priority action plan (PAP)**: Continue with milestones proposed by PAP 2018 (PPH and eclampsia plan and EmONC strengthening plan). Add implementation of additional plans related to caesarean section, stillbirths and midwifery.

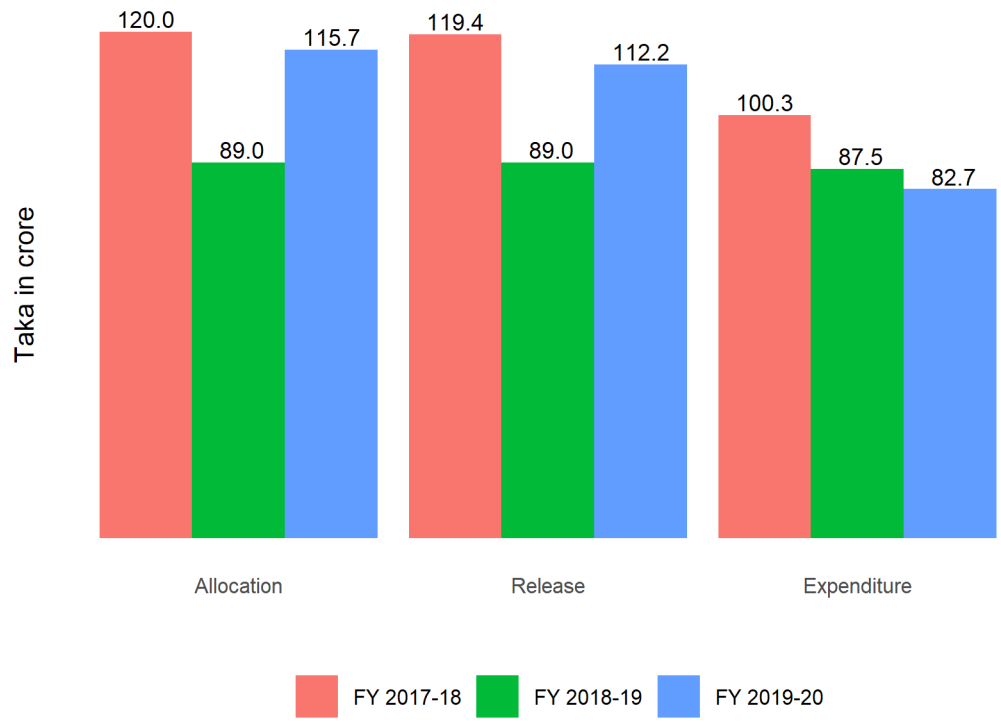
OP-18: NATIONAL NUTRITION SERVICES (NNS)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%** (4 out of 5 indicators achieved; 1 indicator is not applicable)	**97%**	**71%**	**74%**

General Objective

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

Financial Progress (in crore Tk.)

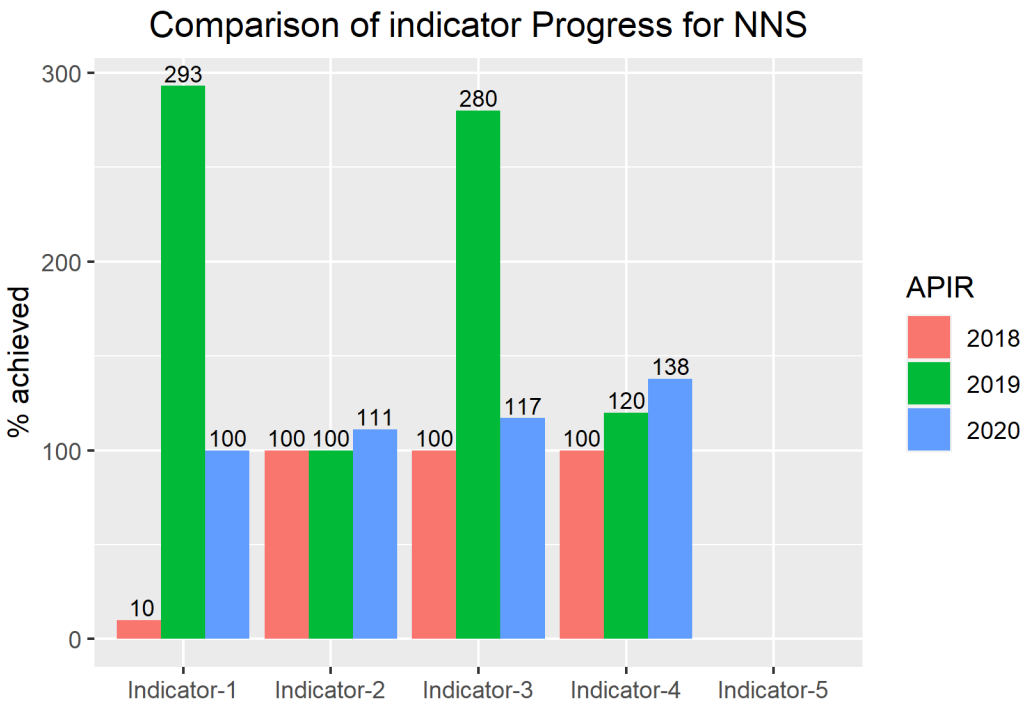


Progress of OP-level Indicators

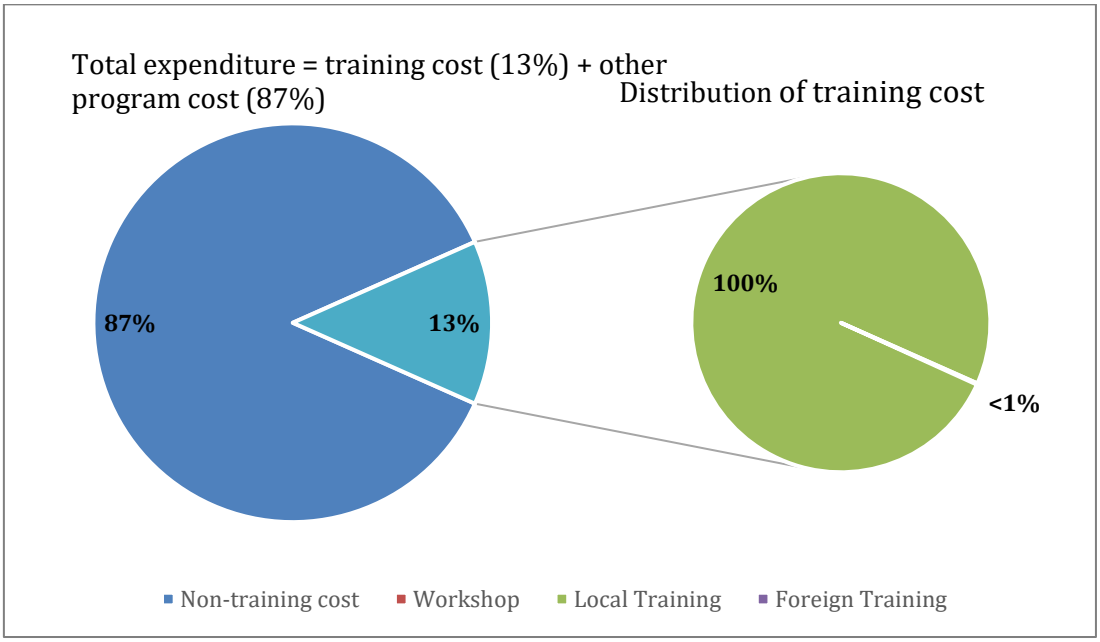
Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of field level workers trained in Comprehensive Competency Training on Nutrition (CCTN)	Administrative Data	4000 persons (Training for supervisors at district and upazila levels)	Workshop to develop CCTN module; Printing of CCTN module; Organize training for master trainers; Organize training for trainers (TOT); Training for supervisors at district and upazila levels	10%	2000	5853	3400	3388
2	Number of SAM unit functional (UHC, District hospital & govt. medical college)	202 (August 2016, Monitoring data)	100	50	50	50	50	300	334
3	CCs and UH&FWCs delivering maternal nutrition services during ANCs in Sylhet and Chittagong division (DLI 13)	0% (HMIS & FPMIS)	20	10%	10%	10%	28%	30%	35%
4	CCs and UH&FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong division (DLI 14)	0% (HMIS & FPMIS)	30	10%	10%	20%	24%	30%	42%
5	Infants 6-23 months are fed with minimum acceptable diet	BDHS 2014, UESD 22.8	35	30%	Not Applicable		Not Applicable	35%	Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

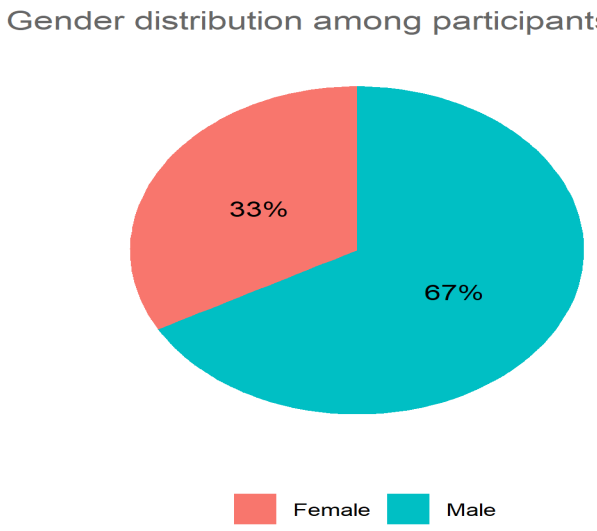


Training Information



Out of the total expenditure of Tk. 82.73 crore, Tk. 11.01 crore (13%) was spent on training. Of the total training cost, Tk. 10.99 crore (100%) was spent on local training and Tk. 0.02 crore (<1%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	180 (86)	4,375 (100)	1,067 (100)	5,622 (99)
Foreign Training	-	-	-	-
Workshop	30 (14)	-	-	30 (1)



Major Physical Progress

- Developed maternal nutrition guideline.
- Updated existing CBT 1, 2 and 3 modules to develop zero draft of Comprehensive Competency Training on Nutrition (CCTN) and 16,000 copies of CCTN module (1 & 2). Trained 3,388 field level workers on Comprehensive Competency Training on Nutrition (CCTN).
- Observed the national breastfeeding week from 1-7 August 2019 and one round of National Vitamin A plus campaign.
- Produced 18 weekly episodes on 'পুষ্টিই সমৃদ্ধি' (Nutrition Prosperity) program in the BTV world.
- Developed one national IYCF strategy.
- Completed refresher training on DLIs and DLRs in seven districts.
- Ensured 332 functional Severe Acute Malnutrition (SAM) units at UHCs, district hospitals and Government Medical Colleges.
- Ensured 35% of CCs and UH& FWCs delivering maternal nutrition during ANCs and 41.5% of CCs and UH& FWCs delivering infant and child specified nutrition services in Sylhet and Chittagong Divisions.

Key Challenges

- COVID-19 Pandemic hampered services.
- Delayed recruitment process of Nutritionist at each district.
- Need more position focused to address nutrition in urban areas (urban focal point).

Steps taken by the LD:

- Emphasis was given on mass media and digital platform during COVID-19.
- Discussion on challenges in SCNI, NTG and NICC meeting.
- Took Social Protection and Gender Equity (SP & GE) related activities for linking/coordination with social protection programs under maternal nutrition component.

Recommendations from Mid-term Review (MTR) 2020

1. Review and revise OP based on the MTR findings and recommendations
2. Integrate Growth Monitoring and Promotion [GMP] services with EPI services at Community level during vaccination outreach sessions.
3. Work towards a sustainable and effective BNNC by housing it in an overarching ministry (Prime Minister's Office or Ministry of Planning) that allows them to play an overarching role for all stakeholders and to become less DP dependent.
4. Design and pilot innovative PHC delivery models for urban poor (GP model, and other purchase care models.
5. Speed up the progress on stunting by investing in actions to improve EBF, continued breastfeeding and MAD for children between 6 and 23 months in order to increase the health sector contribution to stunting reduction. This should be done:
    a. by intensifying counselling during the entire first 1000 days of life, and particularly exclusive breast feeding and complimentary feeding introduction of GMP near and in the community (EPI services in the community clinic and outreach), and introduction of CMAM. Link GMP services to EPI services in the CC and during outreach sessions
    b. by enabling mothers to practice EBF up to 6 months, and continued breastfeeding up to 2 years, by ensuring a supportive environment at the home and workplace, at services and provision of a regulatory safety net
    c. Strengthened monitoring of the implementation of the BMS code (adopt the WHO Net code approach).
6. Prioritize the development and implementation of an Urban Nutrition Strategy that covers all forms of malnutrition taking into account the lifecycle approach; include adolescents. Develop tailor made approaches for nutrition services in slums.

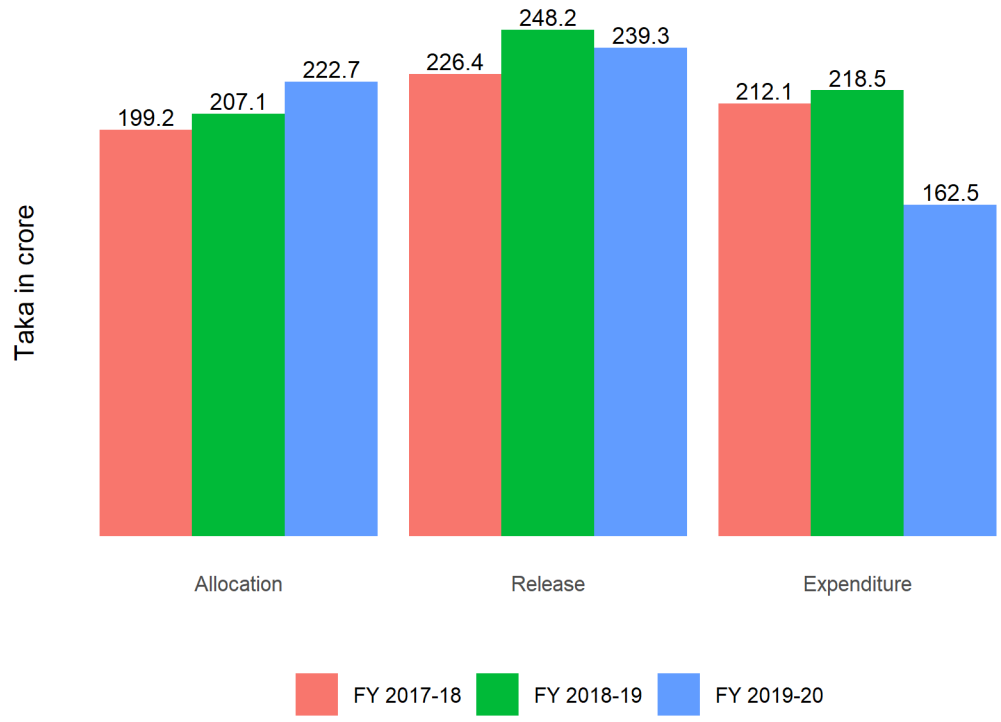
OP-19: COMMUNICABLE DISEASE CONTROL (CDC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%** (3 out of 4 indicators achieved; 1 indicator is not applicable)	**107%**[13]	**73%**	**68%**

General Objective

To control/eliminate specific communicable diseases from Bangladesh.

Financial Progress (in crore Tk.)



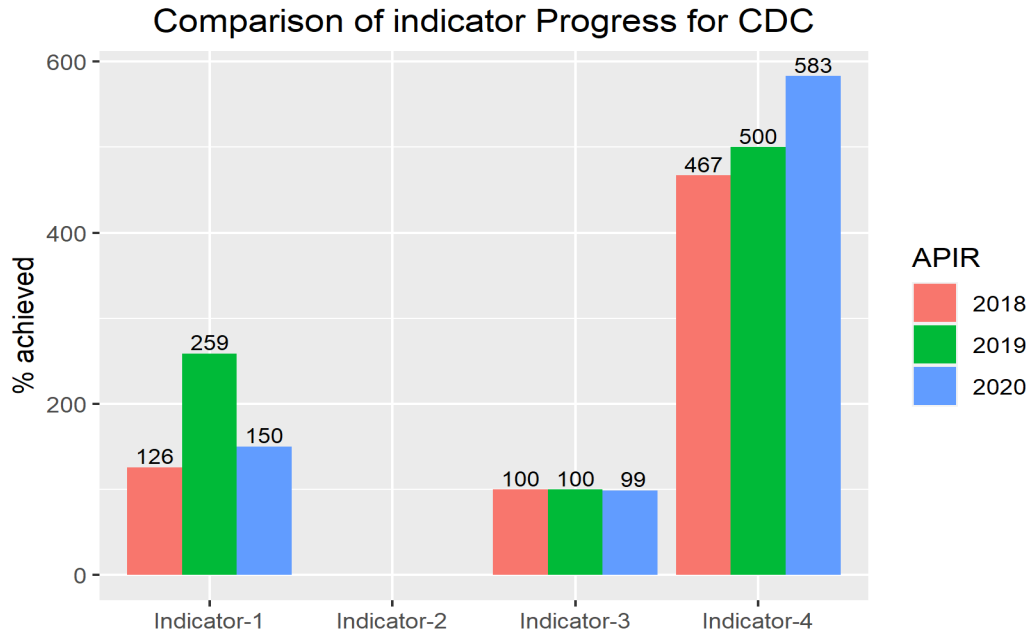
[13] An additional DPA fund of Tk. 16.7 crore was spent by the OP, hence both released fund was higher than the allocation.

Progress of OP-level Indicators

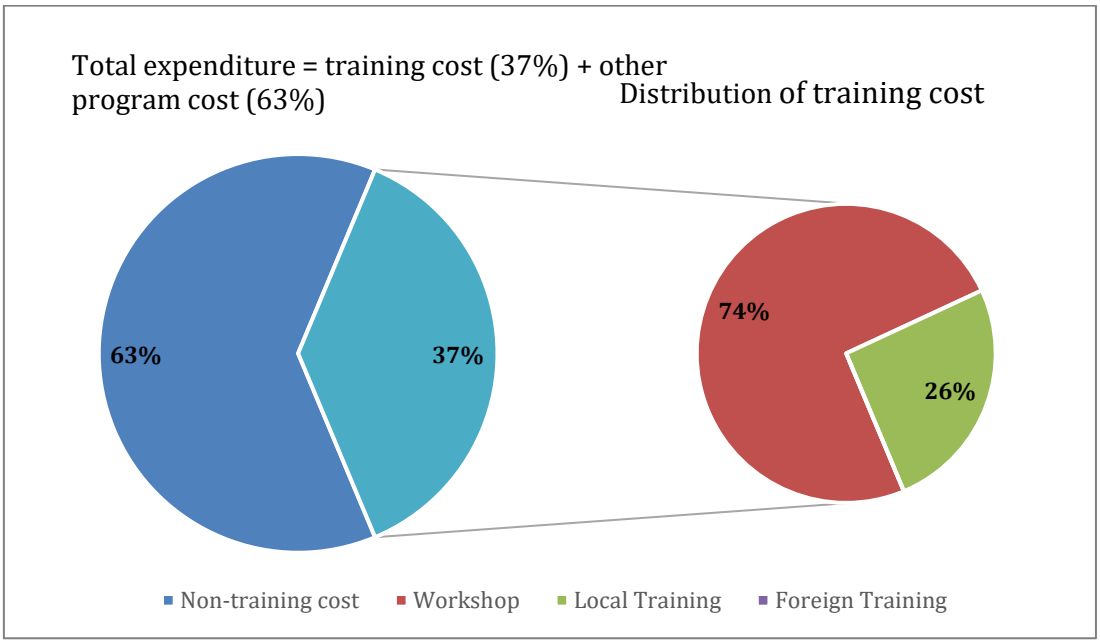
SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Malaria incidence per 1,000 population in endemic area	1.6 per 1000 (2016) MIS	1.5	1.5	1.19	1.5	0.58	1.5	0.87
2	Hepatitis B incidence	546 (BBS, 2014)	450	450	Not Applicable	450	Not Applicable	450	Not Applicable
3	Prevalence of STH among children < 16 years	15 (2014, Surveyed by CDC)	8	8	8	8%	8%	8	7.95
4	Human rabies death	1,400 (Survey, 2012)	280	280	60	280	56	280	48

The target and achievement for the reporting period, classified into five categories as below:

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

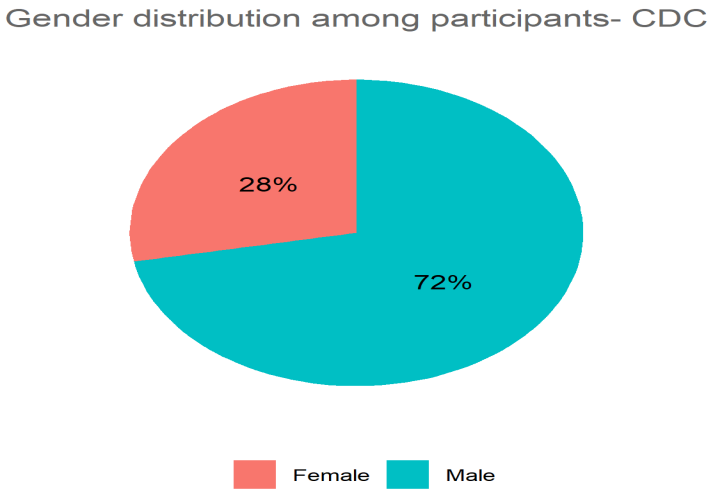


Training Information



Out of the total expenditure of Tk. 162.52 crore, Tk. 60.75 crore (37%) was spent on training. Of the total training cost, Tk. 45.19 crore (74%) was spent on workshop and Tk. 15.55 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	2,393 (26)	18,857 (21)	-	21,250 (18)
Foreign Training	-	-	-	-
Workshop	6,917 (74)	70,542 (79)	20,976 (100)	98,435 (82)



Major Physical Progress

Program for Malaria, Dengue, Chikungunya, Zika

- Completed four packages of researches and surveys in coordination with MIS.
- Produced 12 packages of advertising and publicity, audio, video and film.

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

- Completed three rounds of MDA for de-worming and STH prevalence estimation.
- Completed development/printing and publication of one lot of educational materials (IEC) for LF, STH and Little doctor initiatives.
- Completed two rounds of training, advocacy, health check-up, supervision for Little Doctor initiatives. Also completed operational research and survey for LF and STH.

Kala-azar Elimination Program

- Completed procurement of 15,000 diagnostics (rk39 strip), 1,200 Ambisome (the anti-leismanial drugs) and 30,000 Miltefosine.

Program Anti-Microbial (AM) Resistance Containment, Viral Hepatitis and Diarrhea

- Arranged training for doctors on infection prevention and control.

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

- Completed procurement of MSR two lots, 18, 500influenza anti-viral drugs and 4,000 influenza vaccines.
- Field level MOHFW staff attended training on IHR and IHR related diseases, orientation on IHR, sensitization on IHR, prevention and control of avian and pandemic influenza and IHR related diseases.
- Organized workshop for finalization of national strategy and SOP on Zika.

Program for Zoonotic Diseases

- 48 human rabies deaths have been reported at NRPCC and DRPCC.
- Observed World Rabies Day nationally and at district and Upazila levels and monitored 15 rabies prevention and control centre.
- Completed procurement of MSR three lots for MDV (insulin syringe; 3 cc syringe)
- Developed six guidelines/SOPs for establishment and functioning of rabies diagnosis laboratory (including procurement of lab, equipment, reagent, training, sample collection, transportation etc.)
- Arranged 22 Mass Dog Vaccination (orientation, micro planning, hands on training on animal vaccination and dog catching, vaccination campaign).
- Completed two surveillances (animal bite, rabies, and other zoonotic diseases).

Disease Burden due to Climate Change

- Completed four seminars/hands on training on disease surveillance.
- Completed five emergency preparedness and response.

- Procured two computer, one lot Medicine, MSR and 1 lot printing, publication for awareness building.

COVID-19 related activities and/or FDMN related activities performed

- Completed 29 batch training to field level staff.
- Completed 64 batch Infection Control and Prevention (IPC) training for Doctors, Nurse, and Health staff.

Key Challenges

- Delayed procurement process due to late initiation by CMSD. Could not procure some items due to pandemic COVID-19.
- Pandemic COVID-19 hampered physical progress of some programs.
- Rapid turn-over of trained and experienced person.
- Limited human resource at airport and sea port and no human resource at land.
- Some indicators need yearly survey to get update on indicator status.
- No/limited Physical structure for health in PoE.

Suggestions/recommendations:

- Retention of experienced and trained person.
- Need supportive supervision from central level.

Steps taken by the LD:

- The LD addressed the challenges for solving the problem in all discussions in OPIC meeting, ADP review meeting, DG coordination meeting.

Recommendations from Mid-term Review 2020

1. Strengthen the public health laboratory services.
2. **IHR:** National Action Plan for Health Security (NAPHS) to be endorsed by the MOHFW at earliest, and capacity built in compliance with IHR (2005).
3. **Surveillance:** Strengthen the existing surveillance system both for communicable and non-communicable diseases.
4. Build capacity of the communicable disease control program to respond to changing epidemiology due to rapid urbanization and climate change.

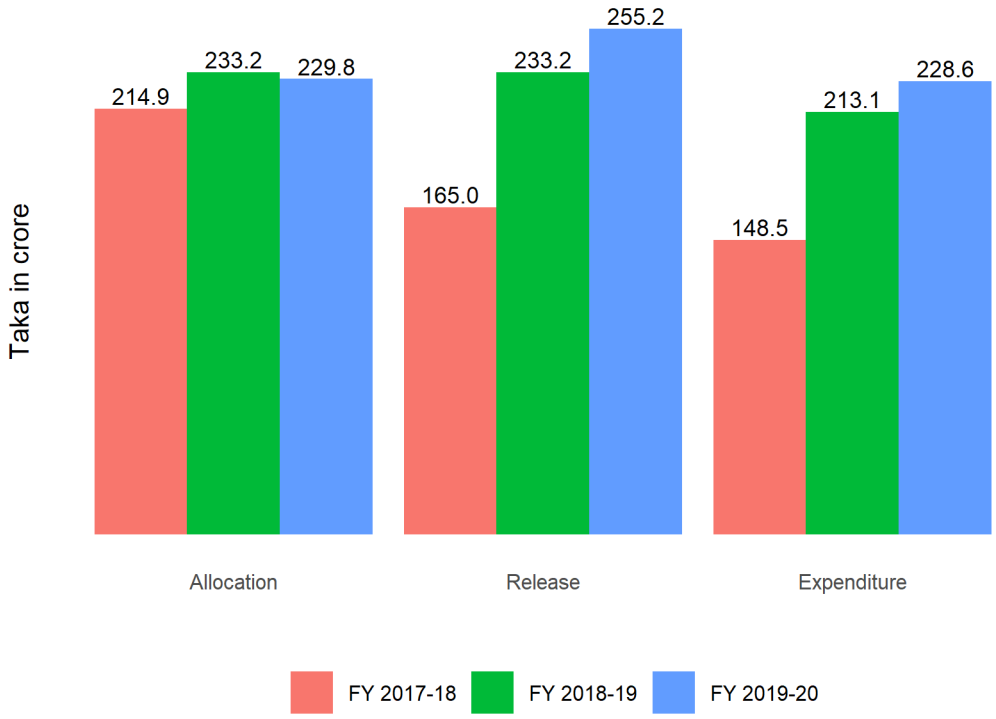
OP-20: TUBERCULOSIS-LEPROSY AND AIDS STD PROGRAM (TBL & ASP)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**75%** (3 out of 4 indicators achieved)	**111%**[14]	**99%**	**90%**

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 (in crore Tk.)



[14] An additional DPA fund of Tk. 25.4 crore was spent by the OP, hence released fund was higher than the allocation.

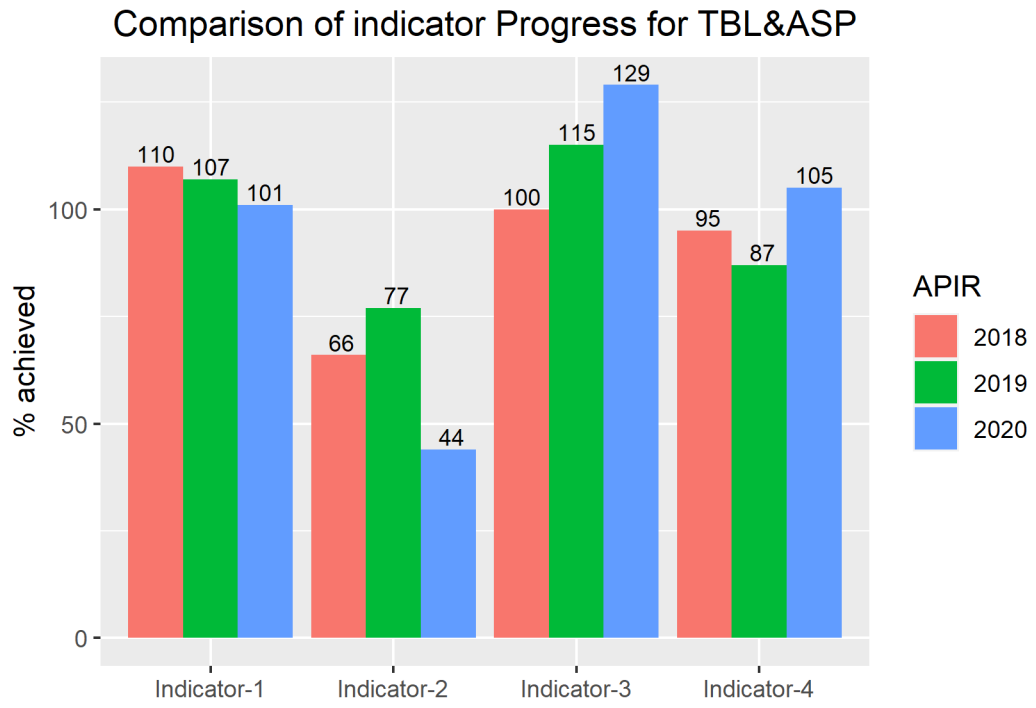
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Notification of New TB case	2,09,438 (NTP MIS report 2015)	2,45,000	232,430	256,063	262,453	280,637	245,000	248439
2	Enrolment of MDR patients for treatment	880 (NTP MIS report 2015)	2,600	1400	920	1460	1,119	2600	1,154
3	Registered Prevalence of Leprosy	0.23 (MIS Leprosy 2015)	0.18	0.2	0.2	0.22	0.192	0.22	0.17
4	PLHIV receiving comprehensive care and support	53% (2015, MIS, ASP)	90%	70%	67%	80%	69%	70%	73%

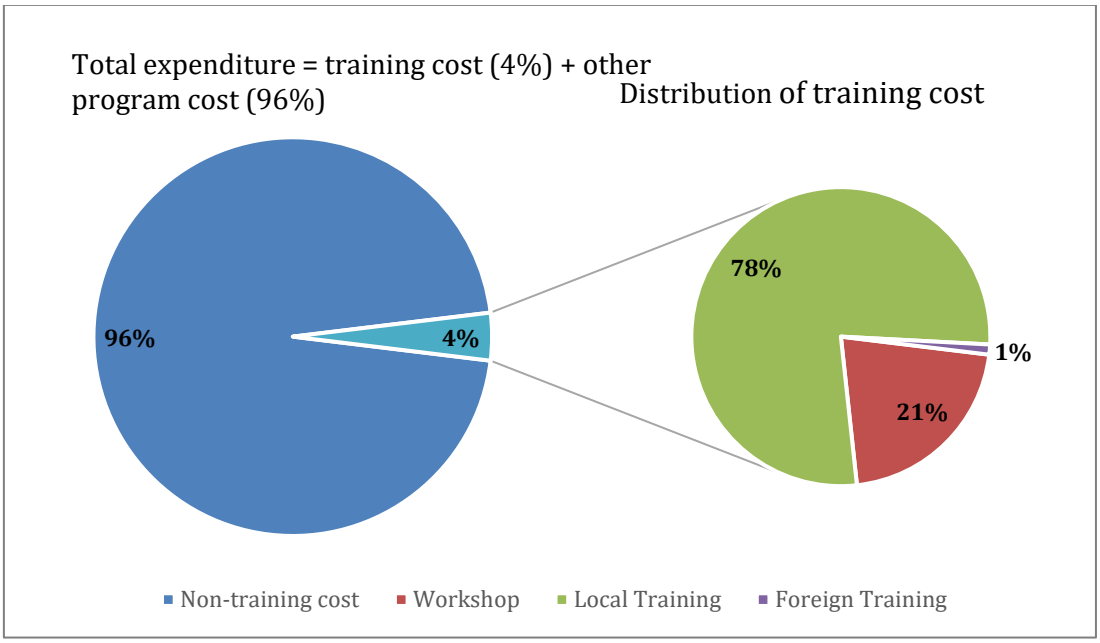
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

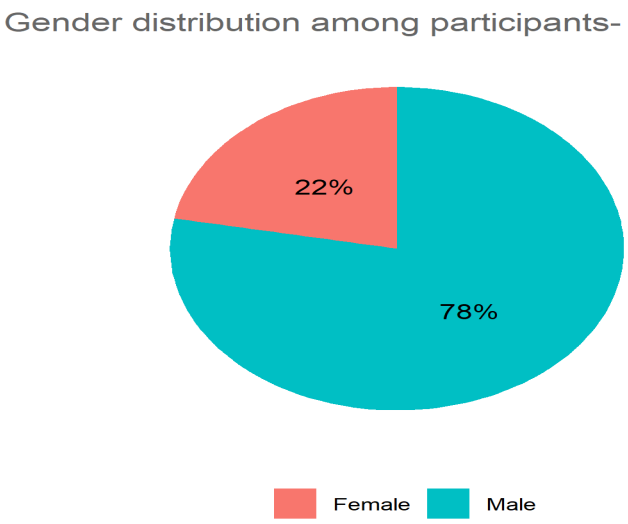


Training Information



Out of the total expenditure of Tk. 228.62 crore, 8.81 crore (4%) was spent on training. Of the total training cost, Tk. 1.88 crore (21%) was spent on workshop, Tk. 6.83 crore (78%) was spent on local training and Tk. 0.10 crore (1%) was spent on foreign training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	52 (17)	16,349 (83)	1,654 (81)	18,055 (82)
Foreign Training	9 (3)	1 (<1)	-	10 (<1)
Workshop	239 (80)	3,265 (17)	379 (19)	3,883 (18)



Major Physical Progress

TB

- 2, 48,439 all forms of new TB cases (drug sensitive) were notified during the period under report. Enrolled 1,154 Multi Drug Resistant (MDR) TB cases.
- Procured 276 Gene Xpert machines and installed 232 of them.
- Ensured sufficient Gene Xpert cartridges, reagents, x-ray film and other supportive kits to meet program's demand.
- Completed 657 field visits as part of program monitoring and supervision.

Leprosy

- Completed 10 orientation training on extended contact survey of leprosy cases detection for health professionals.
- Completed five training on social awareness building in divisional level.

HIV

- 73.32% PLHIV received comprehensive care and support.
- Established 28 HIV testing and counseling (HTC) centers as per geographical priorities to provide care support and treatment service along with HIV testing.
- Completed rrecruitment of 50 persons (Coordinator-3, MT-Lab-23, Counsellor cum Administrator-23 and Accountant-1) for established 28 HTC centres.

- Procured one drama as part of mass campaign of ASP and broadcast on TV channels.
- Completed service contract of STI and HIV prevention service package for Brothel Based Female Sex Workers and their clients and started implementation.
- Completed service contract to conduct STI surveillance once in every five year and started data collection.
- Completed the World AIDS Day celebration across the country.
- Started data collection of integrated biological behavioral surveillance.
- Organized 101 awareness development events.

COVID-19 related activities

- Provided 2,235 COVID-19 related protective materials (mask, PPE, hand sanitizer and others) for service providers.
- Provided three months advanced medicine to our ART centres for PLHIV.
- Arranged 30 orientations and active case search in different upazilas.

FDMN related activities

- 2,993 all forms of new TB cases (drug sensitive) were notified among FDMNs.

Key Challenges

- COVID-19 situation along with withdrawal of fuel cost and driver from Global Fund (since January 2018) hampered regular target to achieve the target of field visit and monitoring.
- Could not complete research in coordination with PMR due to COVID-19 situation.

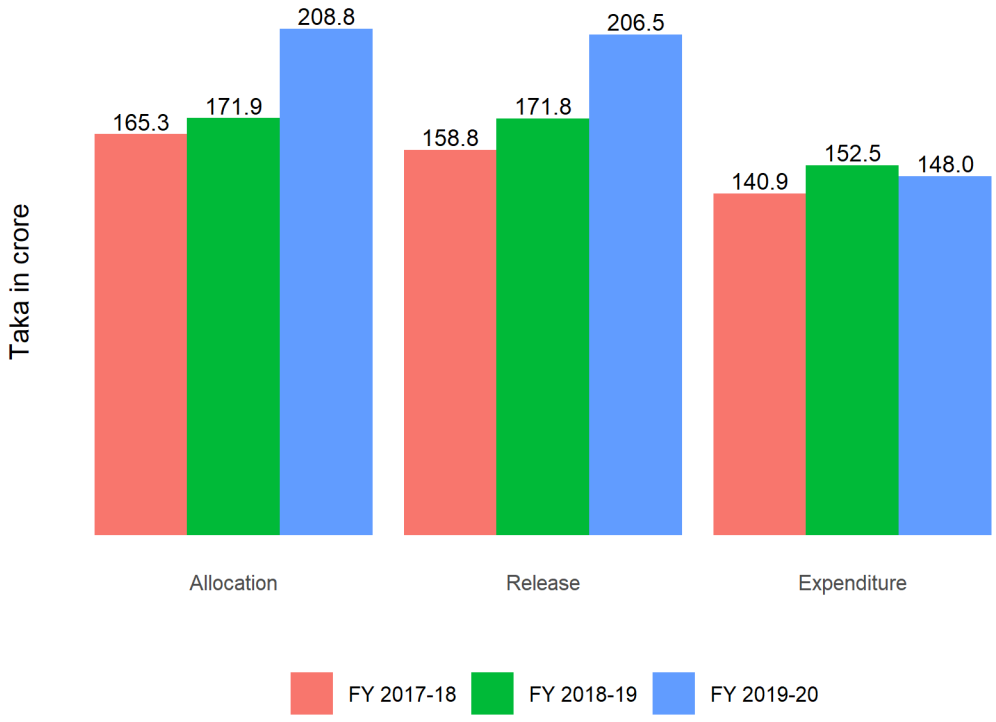
OP-21: NON-COMMUNICABLE DISEASE CONTROL (NCDC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**75%** (3 out of 5 indicators achieved; 1 indicator is not applicable)	**99%**	**71%**	**72%**

General Objective

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

Financial Progress (in crore Tk.)



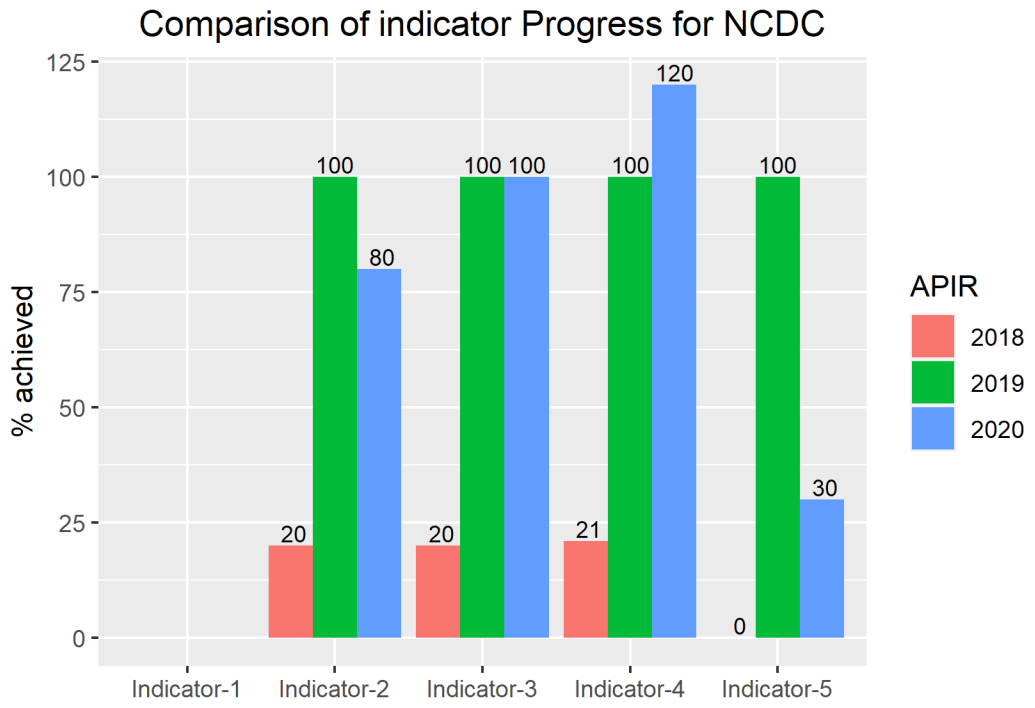
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Proportion of adults with high blood pressure	17.9% (NCD STEPS 2010) BDHS, every 3 years/NCD-RF, every 2 years	17%	-	Not Applicable	-	Not Applicable	-	Not Applicable
2	Autism diagnosis and management at DHs	No base in line data	25	25	5	10	10	25	20
3	Number of Upazilas covered by awareness campaigns on road traffic injuries and childhood drowning)	Baseline to establish	200	200	40	120	120	200	200
4	Development and implementation of NCD management model (diabetes and hypertension) at community clinics with referrals to Upazila Health Complexes (DLI 16/DLR 16.2-16.5)	None	20 UHC 200 CC	220	46	50	50	20 UHC 200 CC	65 UHC 200 CC
5	Setting up cancer registries in Medical College hospitals	No base in line data	10	10	0	3	3	10	3

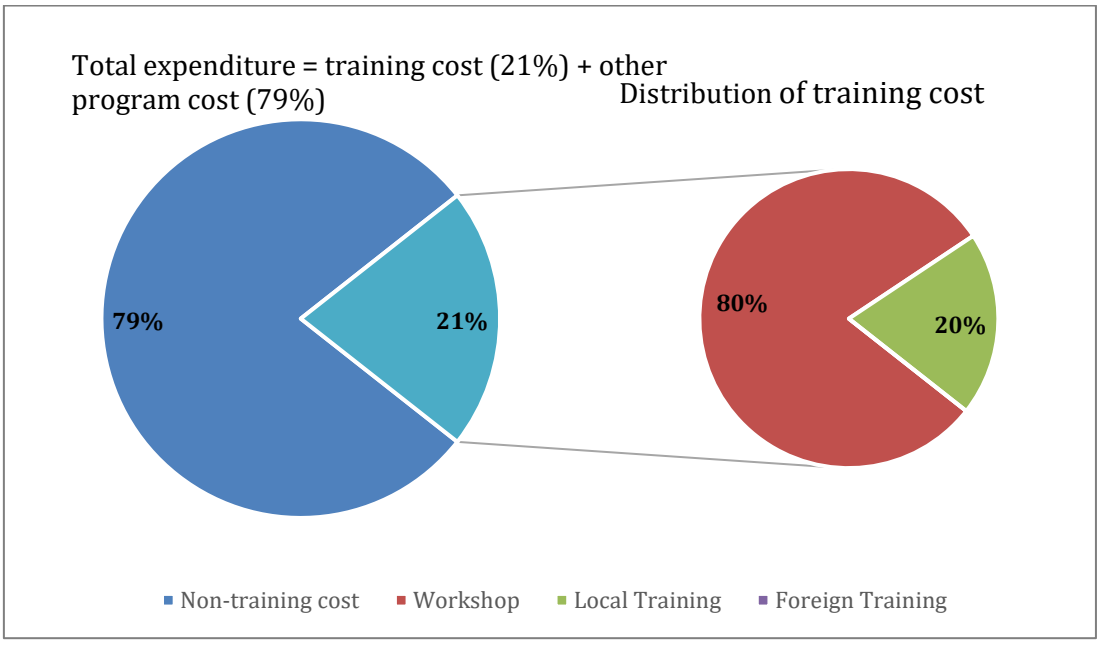
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

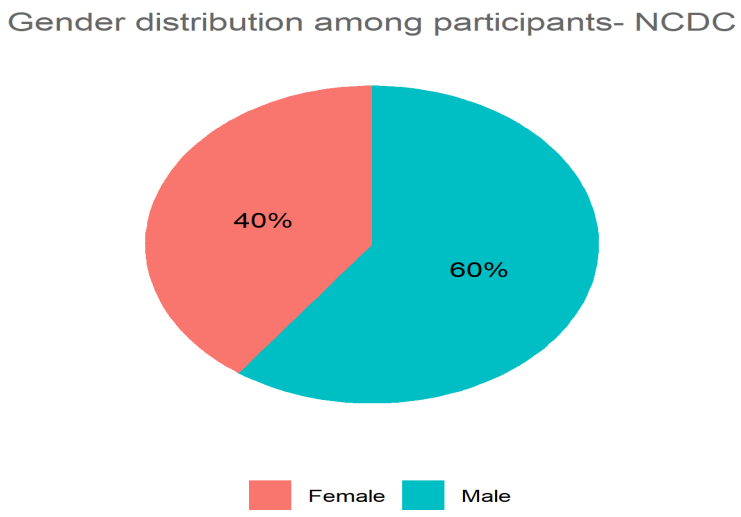


Training Information



Out of the total expenditure of Tk. 148.03 crore, 31.42 crore (21%) was spent on training. Of the total training cost, Tk. 25.14 crore (80%) was spent on workshop and Tk. 6.27 crore (20%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	1,440 (100)	3,750 (100)	-	5,190 (5)
Foreign Training	-	-	-	-
Workshop	-	-	95,150 (100)	95,150 (95)



Major Physical Progress

- Conducted awareness campaigns on road traffic injuries and childhood drowning in 200 upazilas.
- Developed the NCD management model on diabetes and hypertension at the community clinics with referral to upazila helath complex and implemented in 265 (CCs +UzHCs).
- Introduced autism diagnosis and management in 20 District Hospitals.
- Procured 95 items of medicines and continued cancer registries in three medical college hospitals.
- Ensured Expression of Interest (EOI) for three research packages and three survey packages.
- 95,150 non- MOHFW personnel attended seminar on major NCD/mental health/disability.
- 1,440 central and 37,500 field level MOHFW personnel attended training on Major NCD/ EPR/Injury Prevention/Climate Change/Disability.

Key Challenges

- Delayed procurement process by CMSD.
- Recruitment was not done to address the shortage of manpower.
- OP indicators and activities need to be revised.

suggestions/recommendations:

- Procurement plan and fund release should be done timely.
- Need to recruit human resource.

Recommendations from Mid-term Review 2020

1. Ensure availability of NCD Drugs (anti-hypertensive and anti-diabetic) as per protocol at CC & UzHC
2. Customize DHIS2 to capture NCD and Mental Health service data and prepare data entry templates for all NCD service outlets.
3. Implement an NCD Behavior Change Campaign to address underlying life style determinants (exercise, diet, substance abuse etc.).
4. Activate the coordination committees set up at district and upazila levels to implement multisectoral actions (under the multi sectoral action plan) for NCD prevention by different sectors.
5. Increase budget for management of hypertension and diabetes, and fill gaps in staff, drugs and supplies, and institute better patient tracking through dedicated patient records and HMIS/DHIS2.
6. Allow lower levels of the health system to "refill" drugs for patients diagnosed with hypertension and diabetes.
7. Ensure other NCDs like disability, road traffic injury is addressed at PHC level.
8. Ensure NCD prevention and management is appropriately incorporated into ESP delivery in urban areas, including partnerships with the NGOs, City Corporation facilities, private facilities and hospitals.

Mental Health

9. Secure approval of the Mental Health Strategy, and prioritize activities for implementation during remaining period of HPNSP.
10. Include mental health indicator at RFW (Suicide rate) and OP level (Substance Use Disorder) aligning with the SDG results framework
11. Harmonize and standardize mental health training to be coordinated by NCDC.

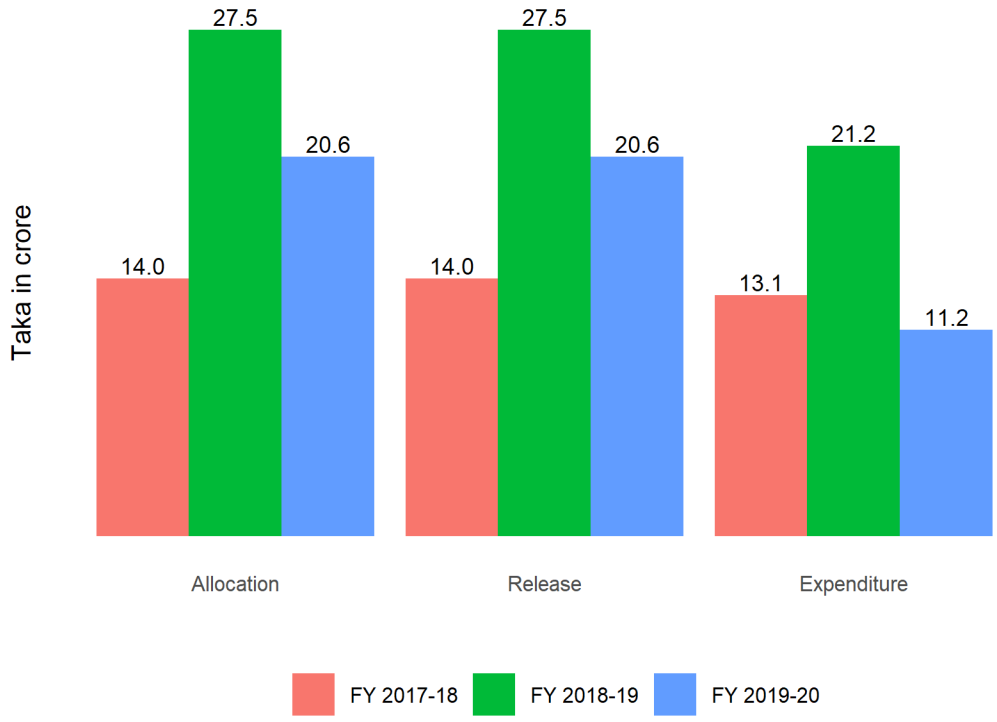
OP-22: NATIONAL EYE CARE (NEC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**33%** (1 out of 3 indicators achieved)	**100%**	**54%**	**54%**

General Objective

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

Financial Progress (in crore Tk.)



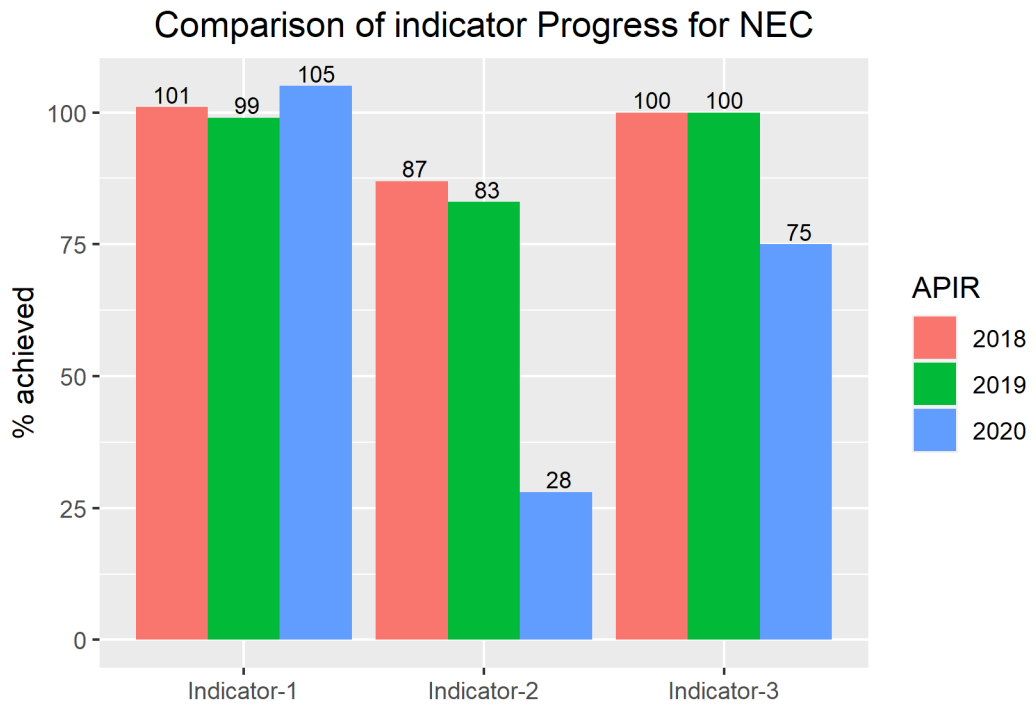
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of adult cataract patients undergone surgery	1,950 (2016 NEC)	2,000	1960	1980	1980	1970	2000	2100
2	Number of cataract patients received DSF/ cash voucher	Number (Admin records)	6,000	2000	1734	2000	1652	2000	552
3	Number of hospitals following standard protocols.	120 (2016 NEC)	240	20	20	60	60	40	30

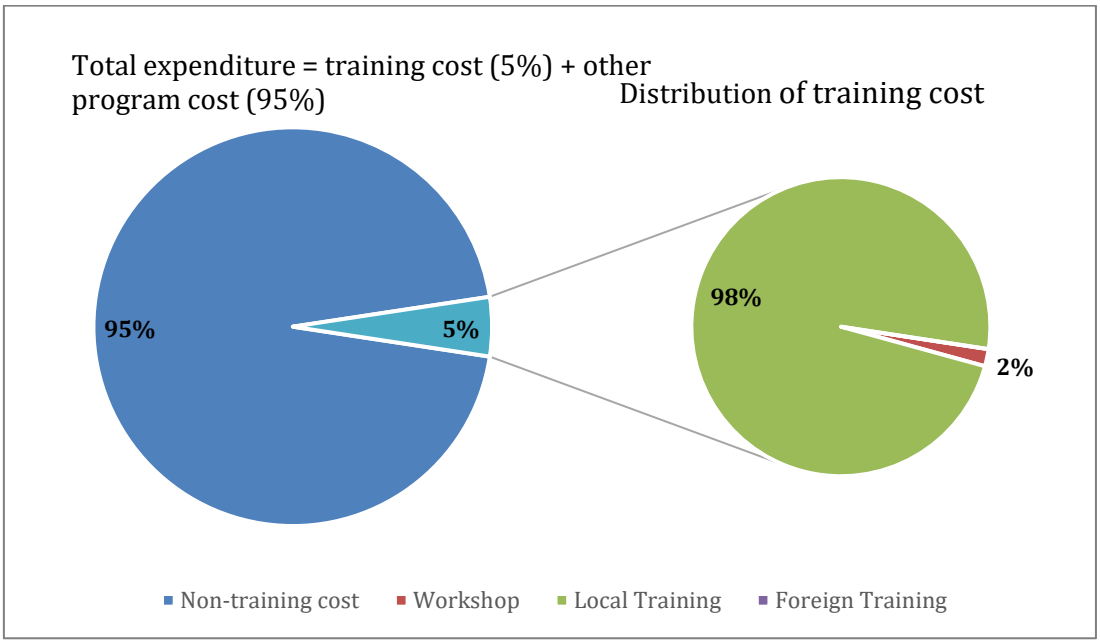
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

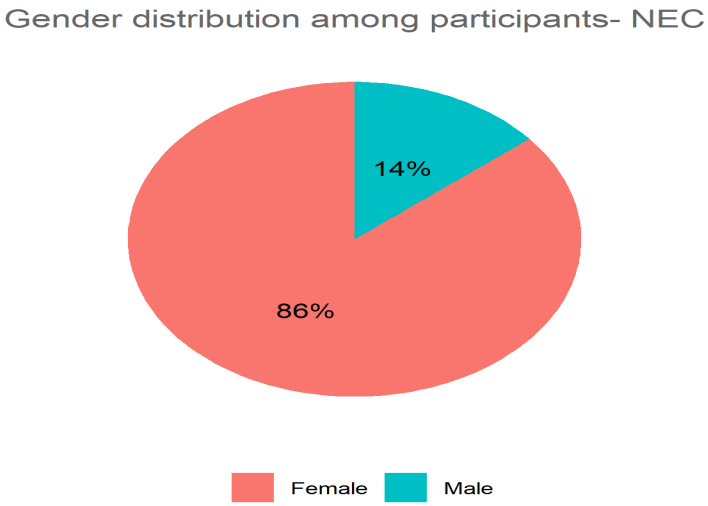


Training Information



Out of the total expenditure of Tk. 11.19 crore, Tk. 0.54 crore (5%) was spent on training. Of the total training cost, Tk. 0.53 crore (98%) was spent on local training and Tk. 0.01 crore (2%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	81 (100)	-	81 (100)
Foreign Training	-	-	-	-
Workshop	-	-	-	-



Major Physical Progress

- Arranged two cataract screening and surgical camps, provided OPD services to 5,606 persons. 2,100 adult cataract patients underwent surgery of which 552 cataract patients received services under the demand side financing (DSF)/cash voucher scheme.
- Supplied 1,312 pieces of reading glass free of cost.
- Ensured 30 hospitals to follow standard protocol.
- Treated 2,506 school children and delivered 33 pairs of glasses for refractive error patients.
- Arranged one diabetic retinopathy screening camp and treated 372 patients.
- Arranged two glaucoma screening camps and treated 730 patients.
- Trained 11 ophthalmologists through short term fellowship training on glaucoma, retina and pediatric ophthalmology.
- 50 nurses received training on Eye OT & Ward Management.
- 20 senior staff nurses received training from NIO&H.
- Observed World Sight Day program across the country and distributed 4,000 posters.
- Completed two base centres (District Hospitals) and 15 community vision centers in Manikganj, Tangail, Netrokona, Mymensingh, Dhaka and Gazipur district and ensured monitoring and supervision.
- Ensured supply of Medicine & MSRs to 64 district hospitals, 50 Upazilla Community Vision Centers across the country and three Base Centers.

COVID-19 related activities

- Supplied PPE and other health related safety item at Community Vision Centers & Base centers to protect health care personnel.

Key Challenges

- Posting of consultant (eye) and Medical Officer needs to be ensured at every district.
- Yearly target of the OP level indicators is yet to be achieved due to COVID-19 pandemic.
- NEC activities at field level were hampered due to COVID-19 such as Mega Eye Camp, DR Camp, Glaucoma Camp, School Sight Testing, Primary Eye Care Training etc

Suggestions/recommendations:

- Need to ensure uninterrupted electricity and high speed internet at community vision center and base center to deliver uninterrupted eye care service through telemedicine and to deliver training and other activities by digital media.

Recommendations from Mid-term Review 2020

1. Need to fill up the vacant positions of ophthalmologists at district hospitals and more trained nurses to run the community vision centres at the UzHCs.

2. Customize DHIS2 to capture NCD, Eye Care and Mental Health service data and prepare data entry templates for all NCD service outlets.
3. Care for corneal disease needs to be reflected in OP and to be included as an indicator.
4. Cataract Operation should be incorporated within system replacing the 'Eye Camp' modality and data from all facilities should be incorporated in the DHIS2.

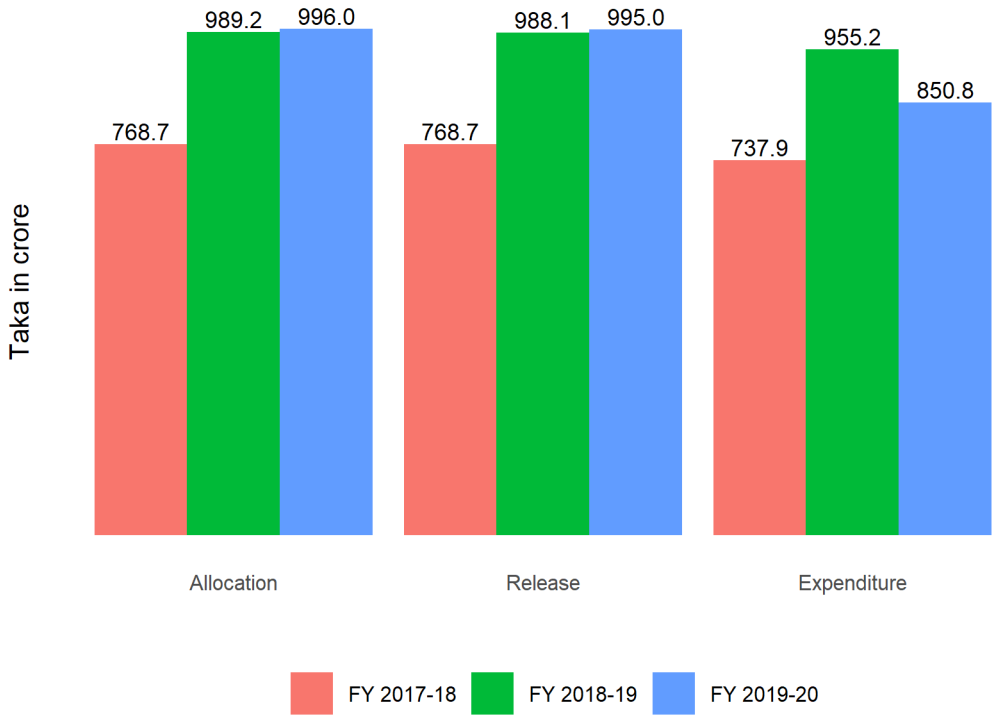
OP-23: COMMUNITY BASED HEALTH CARE (CBHC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
Delayed	**60%** (3 out of 5 indicators achieved)	**100%**	**85%**	**86%**

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 (in crore Tk.)



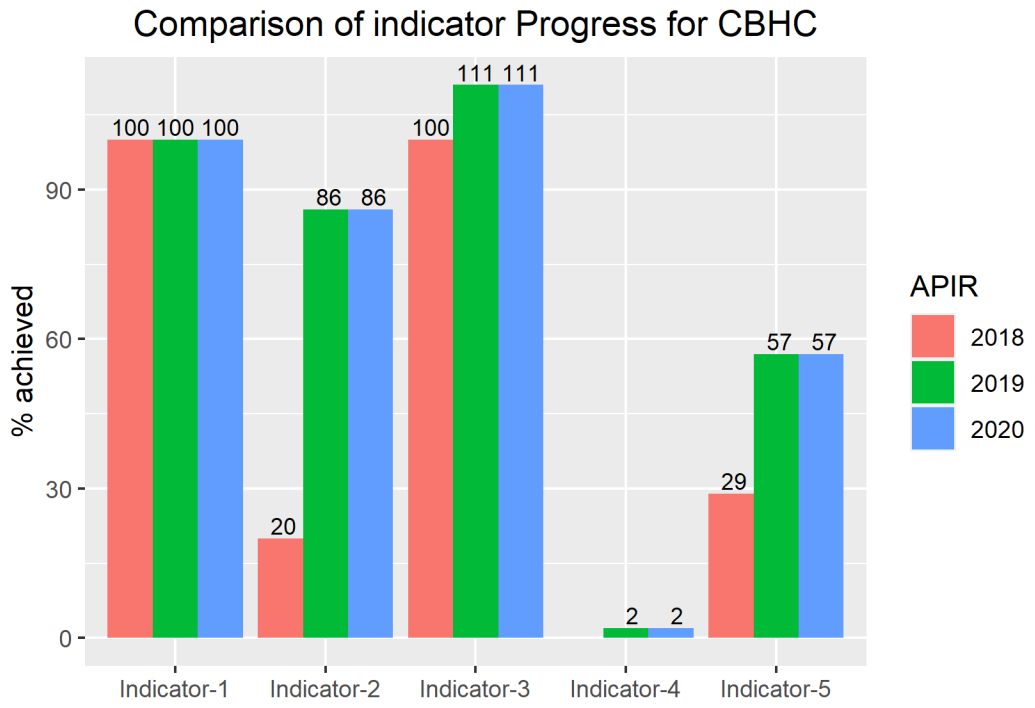
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of CCs functioning at Upazila Health Complexes	0 (CBHC 2016)	200	64	64	128	128	128	128
2	Number of CCs having population-based data	0 (CBHC 2016)	1,000	1000	200	300	257	300	257
3	Functional referral system	No functional referral system exists	Initiatives undertaken for establishment of referral system	Initiatives undertaken for establishment of referral system	8 upazillas	18	20	18	20
4	Medical waste management operating at all levels of Upazila health system	Very limited medical waste management at UHC only	Medical waste management process initiated	Medical waste management process initiated at all level of facilities	Not Available	Upazila and bellow all facilities	9 UHCs	Upazila and bellow all facilities	9 UHCs
5	Institutional mechanisms developed in 3 CHT districts and respective plain land upazilas for delivering tribal health services	0	3 CHT and 10 plain land upazilas	2 CHT and 5 plain land Upazilas	2 CHT districts partly (Bandarban -4 & Khagrachari -2 Upazilas)	5 Upazilas from CHT and 2 Upazilas from plain land	4 Upazilas from Plain district	5 Upazilas from CHT and 2 Upazilas from plain land	4 Upazilas from Plain district

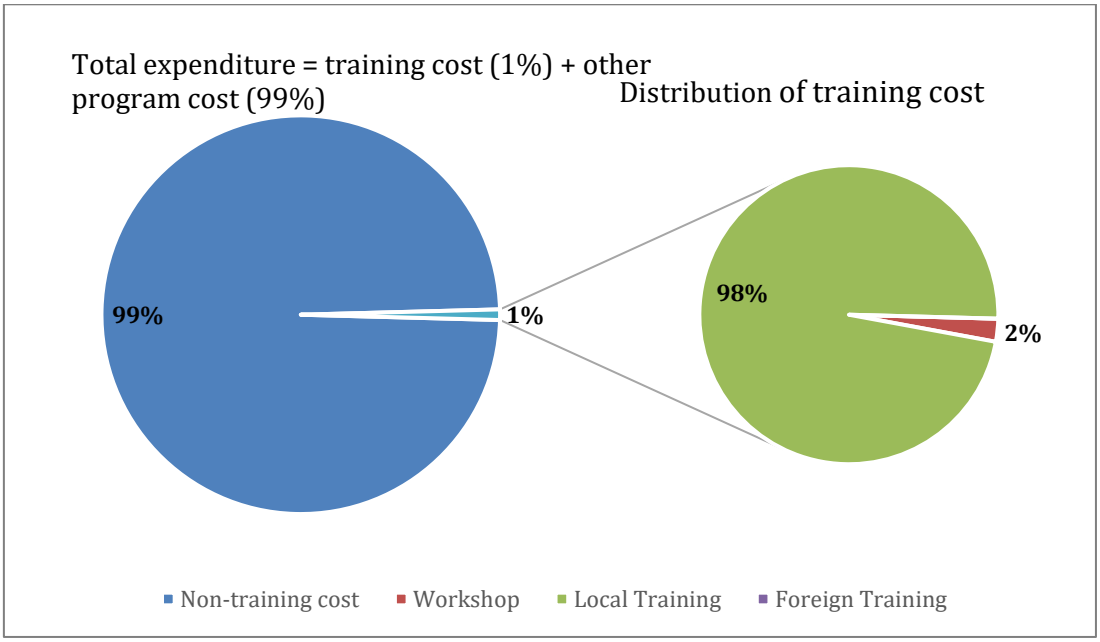
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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



Training Information



Out of the total expenditure of Tk. 850.77 crore, Tk. 7.24 crore (1%) was spent on training. Of the total training cost, Tk. 7.07 crore (98%) was spent on local training and Tk. 0.18 crore (2%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	949 (86)	759 (90)	17,651 (100)	19,359 (99)
Foreign Training	-	-	-	-
Workshop	158 (14)	80 (10)	23 (<1)	261 (1)

Major Physical Progress

- Ensured 128 CCs are functional at UHCs, ensured 257 CCs maintain population-based data, and 20 UHCs have functional referral system.
- Developed institutional mechanisms for delivering tribal health services in four upazilas of plain land districts.

Measuring health outcome

- Developed individual health ID for measuring health outcomes and completed printing and distribution of 51, 00,000 Health ID cards and 22,000 training manuals and guidelines.

Staffing and supervision of CC

- Ensured frequent field visit of different level supervisors and ensured mobile tracking.

Community engagement

- Completed 96000 copies of printing of Training Manual, Trainers' Guide, Job Aid & Management Guidelines for MHV training.
- Completed printing of SBCC materials (package of 4 items), 20,000 folders, 50,000 leaflets, 1, 00,000 flash cards and 3,000 diaries.
- Completed six sessions of live TV dialogue on Community Clinic with the experts and policy makers as panelists.
- Arranged 2,400 minutes airing of TV spots in 3 TV channels 3X3 months.
- Ensured mass campaign on CBHC with emphasis on CC in 90 Upazilas.
- Arranged 150 folk songs in six divisions: Khulna, Barishal, Rajshahi, Rongpur, Dhaka, Mymensingh (25 sessions in each division).
- Completed printing of 1,00,000 posters to celebrate 10 years of achievement of Govt. of
- Bangladesh.

Sustaining institutionalization

- Procured 1, 39,292 kits medicine for CCs (the kit consists of 27 items).
- Procured 1,338 packages MSR for normal delivery at CC (package consists of 35 items including delivery table and related instruments).
- Procured 13,812 cartons stationeries (carton consists of 18 items).
- Procured 12, 500cartons of MSR for CC (carton of BP machine and stethoscope).

Upazila health system & Referral

- Procured 23,000 packages of medicine for UHC (package of 86 items).
- Procured 400 kits of emergency medicine (kit of 45 items).
- Procured 423 packages of MSR for UHC (package of 61 items) both consumables & non-consumables.
- Procured 15,000 of MSR for 1,200 USC (package of 56 items) both consumables & non-consumables.
- Procured 85 packages for 85 upgraded UHC (package of 29 items including furniture and fixture made of both steel and wooden).
- Procured 1,000 water purifiers for 100 UHCs.
- Procured machinery and equipment for UHC: 40 X-ray machines, 50 ultra-sonograms, 50 anesthesia machines, 20 diathermy machines, 65 nebulizers, 65 foetal Doppler, 400 ECG machines, 20 delivery instruments set, 20 gynecological examination tables, 20 dental units, 50 pulse oximeter, ophthalmoscope.
- Procured 20 packages lab equipment for UHC: (package of seven items including semi auto analyzer-1, microscope-1, hot air sterilizer-1, drying woven-1, micropipette etc.)
- Procured 20 packages of safe blood transfusion.
- Procure 115 Photocopier machine for UHCs and 60 Ambulances. (47 cross country vehicles (Jeeps) couldn't be procured).

Medical Waste Management

- Ensured nine UHCs operate Medical Waste Management at all levels of Upazila health system. Procured 87 packages, 493 packages and 2,181packages of MSR/logistics for Medical Waste Management respectively for UHCs, USCs and CCs.
- Completed printing of 5,000 training manual and trainers' guide on Medical Waste Management (MWM); completed two documentaries on MWM; and ccompleted printing of IEC materials on MWM: 20,000 posters, 37,500 leaflets, 40,000 stickers and 12,000 flipcharts.

Tribal Health

- Completed procurement of 70 UHC MSRs for tribal health (package consists of 37 items).
- Printed 8,000 copies of guideline and 9,000 leaflets on tribal health.
- Completed printing of 33,500 leaflets 10,000 posters on tribal health.

Urban Health

- Procured 32 packages of MSR for satellite clinics (package of 35 items).
- Set-up 36 billboards and organized 100 satellite clinic sessions in 6 divisional cities (Dhaka, Chattogram, Rajshahi, Khulna, Sylhet & Barishal). Staged street drama on urban health (100 events).
- Procured 100 cartons of medicine for satellite clinic (Carton of 30 items).

Key Challenges

- Procurement by CMSD was time consuming and in some cases, it could not be completed within the financial year.
- Many posts were vacant, as a good number of CHCPs quit the job and on the other hand, the posts of CHCP for the CCs at UHC have not yet been approved.

- It was difficult to fulfill the OP Indicator-1 (Number of CCs functioning at Upazila Health Complexes) without deploying CHCP at CC based in UzHC.
- COVID-19 pandemic situation hampered program implementation (especially in training conduction both local and foreign).

Suggestions/recommendations:

- CMSD may take necessary steps to minimize the time of procurement.
- Post of 430 CHCPs was proposed in revised OP. Substantial number CHCPs have been recruited but still remains a lot of vacancies that will need to be filled up with approval of the competent authority.

Steps taken by the LD:

- Posts of CHCP for the CC at UHC issue was proposed and raised at the OP steering committee meeting. But it is not in the PIP, so after revision of PIP it would be considered. The CCs established at UHC so far are being managed locally.

Recommendations from Mid-term Review 2020

1. Review JDs for all other staff at Upazila and below (PHC workforce).
2. Initiate an assessment of all operational FPCST-QIT in the entire country to observe its effectiveness to improve quality of FP services.
3. Integrate Growth Monitoring and Promotion [GMP] services with EPI services at Community level during vaccination outreach sessions.
4. Explore institutional reforms required within MOHFW to drive rural and urban PHC. Consider establishment of a new Directorate for Primary Health Care, with 2-line directors, one each for rural and urban health.
5. Develop strategic partnership with NGOs, CBOs, LGIs and community at each tier of PHC system with supportive ToR.

Rural

6. Capacity strengthening of the new community clinic trust status: i) TA to finalize the governance structure and operationalize Trust management, ii) TA to DGHS to build stewardship capacity to fund, regulate and monitor community clinics.
7. Modify contracts and job descriptions of all community health personnel (HA, FWA, CPHC, MPHV) ensuring impact on well performing programs such as EPI are not affected.
8. Bolster the capacity of the MHV to provided domiciliary services, support mHealth (HMIS and test innovative apps, such as blood sugar test) (reflect in OP revision).
9. Continue to investigate the feasibility of introducing a GP system for strengthened PHC delivery in rural areas and finalize design of a pilot.

Urban

10. Ensure the Urban Health Committee and Working Group meet on quarterly basis.
11. Map the health facilities available from MOHFW, other government departments, city corporation, NGOs and private sectors and this information to set up integrated service delivery network for 6-10 wards (or roughly 10000 people per unit) around a government secondary/tertiary hospital.
12. Design and start pilot of urban GP model along the lines of the Mohalla clinics operating in New Delhi and empanel private diagnostic centres and private clinics (providing specialized outpatient care.

13. Improve underlying determinants of poor environmental health (medical waste management, sanitation, clean water, and clean air).

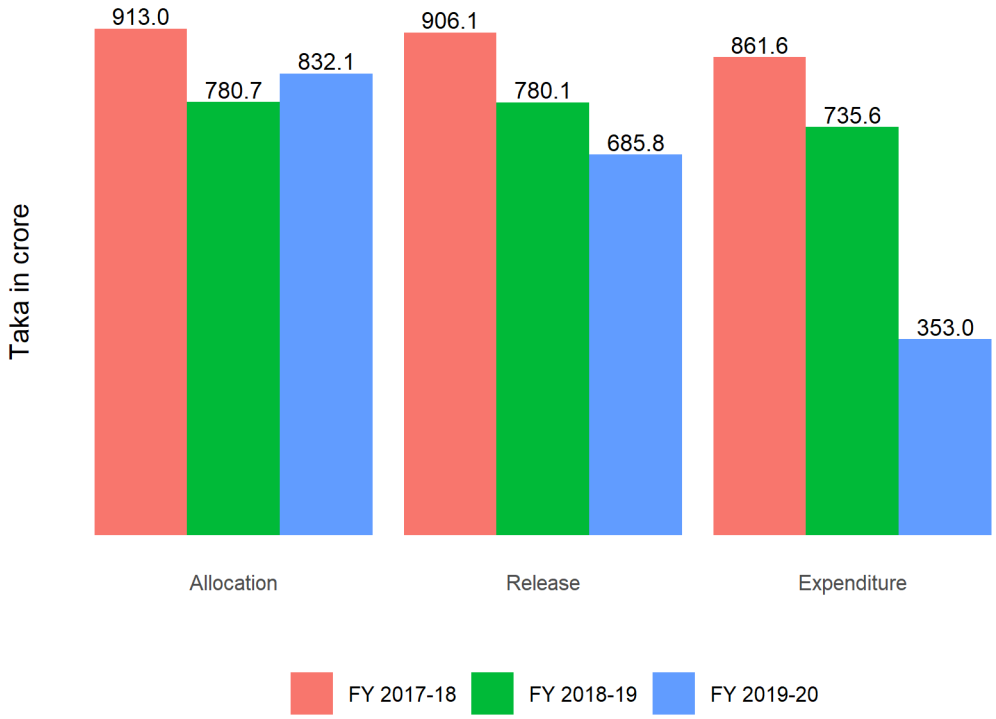
OP-24: HOSPITAL SERVICES MANAGEMENT (HSM)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**40%** (2 out of 5 indicators achieved)	**82%**	**42%**	**51%**

General Objective

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

Financial Progress (in crore Tk.)



Progress of OP-level Indicators

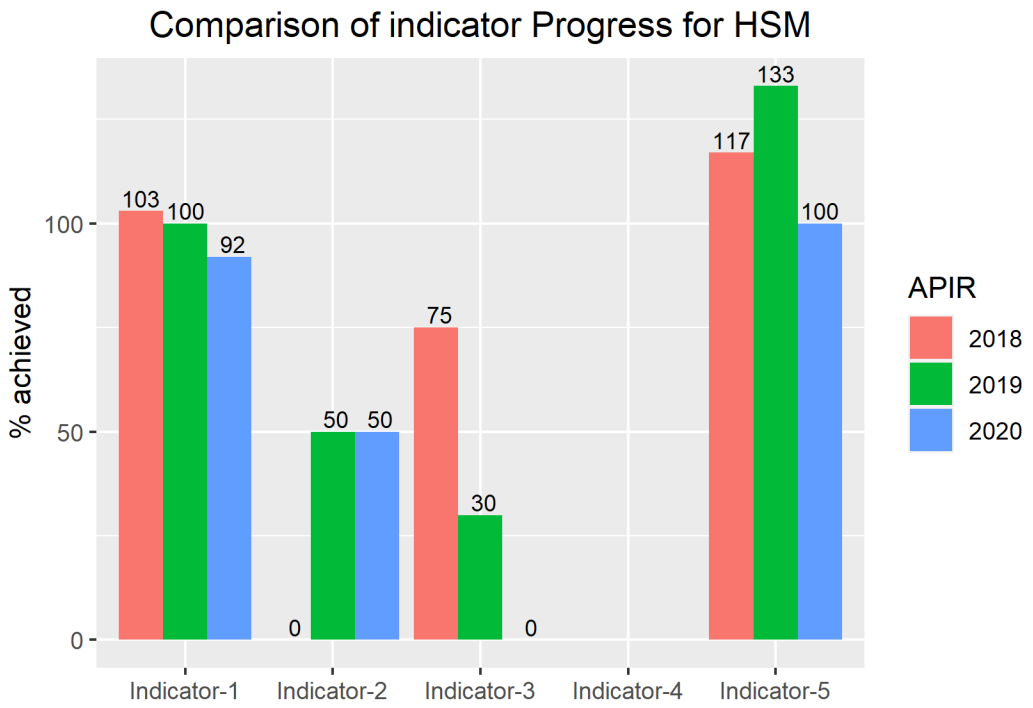
Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of Hospitals (DH & above) introduced standard in-house medical waste management	MCH-6 Special. H – 10 DH – 04 (APIR, 2016)	MCH-18 Special. H – 14 DH – 28	Total: 36 Hospitals MCH- 10 Spl. H - 12 DH - 14	Total: 38 Hospitals MCH- 10 Spl. H - 14 DH - 14	MCH-08, Spec. H-12, DH-10 Total : 30	MCH-08, Spec. H-12, DH-10 Total: 30	40	37
2	Number of public and non-public facilities accredited	00	Accreditation mechanism established	-	0	-	Accreditation standards draft prepared	Indicators selection, drafting & finalization on 10 MCH & DH	1 MCH and 4 DHs
3	Number of district hospitals connected to structured Referral System	2	30	4	3	10	3	2	Referral guidelines approved
4	Number of districts with a public hospital having five essential specialists (medicine, surgery, pediatrics, obs. and gynae, anesthesiologist)	Under 10 districts with a public hospital with 5 essential specialists	25	-	Not Available		Not Available	-	Not Available
5	Number of DHs providing CEmONC services in Sylhet and Chittagong divisions (DLI 11/DLR 11.3)			6	7	9	12	32	32

Achieved Partially achieved Not achieved Not available Not Applicable

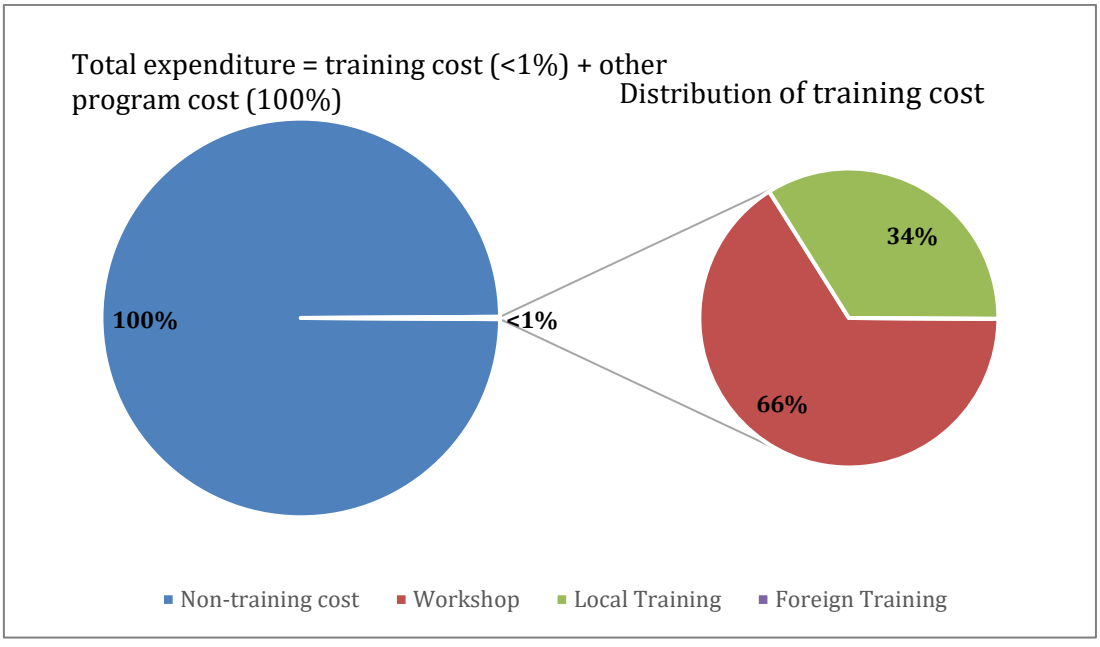
The target and achievement for the reporting period, classified into five categories as below:

1. **Achieved:** Equal or more than 80%
2. **Partially achieved:** Ranges from more than 20% to less than 80%
3. **Not achieved:** Less than or equal to 20%

4. **Not available:** Data was not provided by the OP
5. **Not applicable:** Inapplicable for this reporting period

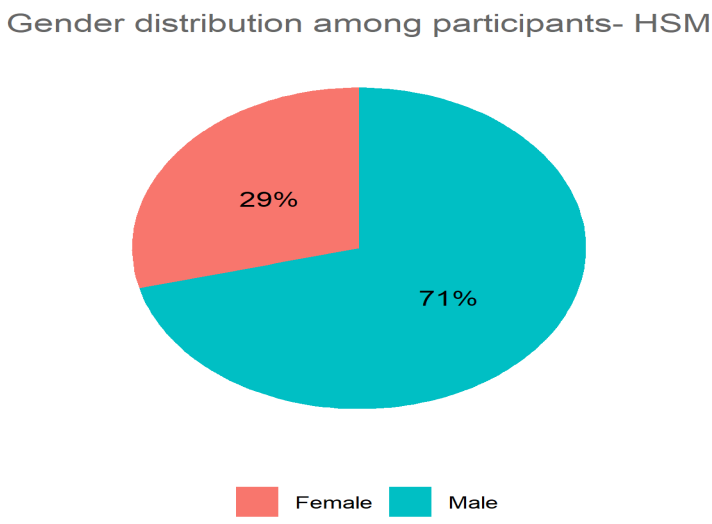


Training Information



Out of the total expenditure of Tk. 353.03 crore, 0.67 crore (<1%) was spent on training. Of the total training cost, Tk. 0.44 crore (66%) was spent on workshop and Tk. 0.23 crore (34%) was spent on local training.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	20 (10)	373 (41)	-	393 (35)
Foreign Training	-	-	-	-
Workshop	175 (90)	544 (59)	16 (100)	735 (65)



Major Physical Progress

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

- Established a model emergency service unit in DMCH and established emergency Triage System in MCHs and District Hospitals.
- Completed training materials for training of newly recruited physicians on Basic and Advance life support.

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

- SCANU has been established in 54 MCHs and District Hospitals.
- Established ICUs in 15 DHs and added a total of 184 new beds.

Providing mental health services at secondary and tertiary hospitals

- Doctors and nurses from 12 District Hospitals have been trained on the management of mental health problems and disorders.

Geriatric and Palliative care

- The national policy and guidelines on geriatric care has been finalized with the inputs from subject matter experts and awaiting approval.
- Established geriatric unit in DMCH.

Comprehensive Thalassemia Care

- Started thalassemia management in 8 Divisional headquarters' MCHs and ensured supply of drugs for treatment. Also ensured supply of drugs for Hemophilia.
- Observed World Thalassemia Day.
- Distributed Hemoglobin electrophoresis machine in three MCHs.
- Printed the National Thalassemia Management Guidelines and distributed to all MCHs and DHs.

Clinical Management protocol, Evidence Based Practice, Risk management and Accreditation

- Finalized Evidence Based Practice guidelines.

Ensure baby, women and adolescent friendly hospital environment

- Organized the national review workshop on WFHI activities to discuss the status of the program.
- Formulated and finalized a new program module for WFH to ensure more contribution from government agencies, OGSB and independent monitoring panels.
- Accredited 10 hospitals as WFH and handed over certificates to recognize their excellent effort.
- Established patient satisfaction survey booth on six DHs.
- Conducted assessment and survey in 15 hospitals for establishing WFH services.
- Health Managers from 15 hospitals visited Chowgacha Model Health Complex for cross learning experience.
- Organized health fair to promote women friendly hospital services in Patuakhali and Nilphamari District Hospital.

Shishu Bikash Kendra

- Supported 15 Shishu Bikash Kendra with pay and allowance, training, supplies and maintenance.
- Served about 34,000 children in the SBKs.
- Completed monitoring visit to seven SBKs.
- Started recruitment of service providers for new ten SBKs.
- Child physicians from the SBKs attended refresher training on modern methods of diagnosis and management. Also provided training to office managers and development therapists.

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CEmONC and gender issue

- Completed implementation of CEmONC and gender issues in 36 DHs.
- Carried out facility assessment in nine District Hospitals to determine the need for intervention.
- Drafted labor room protocol and ensured labor table in 15 DHs.
- Worked in close collaboration with MNCAH operational plan to ensure CEmONC services at all levels.

Clubfoot, Cleft palate and reconstructive surgery

- Provided logistic (braces, plasters and MSR) support to 31 Hospitals. RPA – four MCHs; 27 hospitals through DP support.
- Disseminated the national clubfoot care strategic plan to different stakeholders and hospitals.
- Published the Ponseti Pocketbook for Clubfoot management and distributed to stakeholders.

Strengthening of Laboratory and Imaging Services

- Finalized and approved the guidelines and training module of Infection Prevention in Laboratories.
- Completed training on Laboratory Infection Prevention in eight hospitals.
- Developed SOP for COVID-19 PCR testing.
- Trained medical technologists on COVID testing SOP.

Strengthening of medicolegal services

- Doctors from 15 DHs and one MCH attended training on post- mortem examination and examination of rape victims and sexual offenses.
- Arranged workshop for doctors to conduct post-mortem examination for COVID-19 deaths.

Private healthcare facilities

- Updated the online registration process for private hospitals, clinics, diagnostic centers and blood banks with the inclusion for provision of renewing license in the system.
- Organized Divisional level workshops for capacity building of officials concerned with monitoring of private hospital. Also formed monitoring team to private health facilities at district and upazilla level.

Quality of Care

- 84 Health mangers from district level attended training on implementation of Quality of Care services at hospitals.

Safe Blood Transfusion

- Observed blood donor day.
- Established platelet separation and plasma exchange in four hospitals.
- Carried out procurement of consumables for 90 blood banks.
- Improved transfusion services in five blood banks.
- Ensured transfusion transmissible and quality control in 10 blood banks.
- Developed online database for voluntary blood donor pool.
- Developed online system form hemovigilance in 10 blood banks.

Introduction of medical waste management at public and private hospitals

- Ensured support for in-house medical waste management according to national guidelines in 37 hospitals.

- Ensured supply of color code-based waste bins, consumables and protective equipment for cleaners in 11 hospitals.
- Ensured capacity development of team managers and in-house service providers in 18 hospitals.

Introduction and scale up of the structured referral system

- Finalized the structured referral guidelines.
- Organized a training workshop on triage and referral for COVID patients.

Patient Safety

- Finalized "Guidelines for Patient Safety" and submitted for approval.
- Organized 12 workshops on patient safety guidelines for service providers at hospitals.
- Supplied COVID-19 related personal protective equipment to the hospitals for sample collection.

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

- Finalized Asset Management Guideline and approved by MoHFW.
- Introduced asset management system in eight hospitals, and AMS is now functional in 12 hospitals.
- Carried out facility assessment in 12 hospitals.

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

- Allocated funds to TEMO for rear of vehicles.
- Prepared a list of repairable equipment to facilitate the repair process of medical equipment. NEMEW completed repair of medical equipment in more than 50 hospitals.
- Extended support for repair and maintenance to Mugda MCH and Moulovibazar DH.

BCC activities

- Prepared three video documentaries on the occasion of *Mujib Borsho*.

COVID-19 related activities

- Formed monitoring teams at DGHS, division and district level and visited 37 private hospitals.
- Developed QI monitoring tools and framework to ensure quality management of COVID-19 patients. Developed AI based respiratory management system.
- Carried out online training of service providers on 'How to run a COVID hospital' for all COVID dedicated hospitals.
- Conducted training of integrated COVID IPC and waste management for service providers in all COVID dedicated hospitals.
- Supplied PPE to sample collection centres (hospitals and UHC) with cooperation with the MNCAH OP. Supplied oxygen cylinders, oxygen concentrators, HFNC, ICU beds, patients monitor to different hospitals.

- Developed mental health support platform for counseling and support to doctors and nurses at the COVID hospitals.
- Initiated telemedicine services for home isolated patients with technical collaboration from a2i.

Key Challenges

- Procurement of goods by CMSD could not be carried out due to huge workload during the COVID-19 pandemic.
- Lack of adequate manpower, two program managers have been transferred. Moreover, at present five program managers posts are vacant.
- Indicators in structural referral lag behind due to COVID-19. Accreditation Act is yet to be approved.
- Pandemic put on huge pressure on supplies and activities.

Recommendations from Mid-term Review 2020

1. Make existing hospitals fully functional before starting new construction (needed staff, equipment and drugs). Improve antibiotic prescribing and dispensing.
2. Revise the HSM OP to include QIS activities in the HSM OP and allocate budget for them; allocate budget to hospital managers to take measures in response to quality improvement initiatives and assess effectiveness.
3. Improve diet supply situation for all admitted patients.
4. Establish effective referral system across all levels of care, including relationship with MCWC, and pilot gate keeping at union level in the GP pilot.
5. Secure approval of the accreditation act, and initiate accreditation of public and private hospitals.
6. Gradually expand the coverage of services at district hospitals – mental health, geriatric and palliative care, thalassemia care, child development centre, ICU, coronary care unit, dialysis etc.
7. Roll out of (R) MN (CA)H quality standards to all District Hospitals DH and MCWC's.
8. Install digital hospital MIS.
9. Support tertiary specialised hospitals to become centres of excellence and provide technical leadership.
10. **MWM:** Introduce in-house MWM (e.g. Autoclave Steam Sterilization/Integrated Sterilizer & Shredder) in all Public Medical College Hospitals, Specialized Hospitals and District Hospitals and selected UzHCs. Conduct final disposal of hazard waste in pits at all UzHCs (until there is assurance that disposal by city/municipal corporation is environmentally safe and scientific. Explore PPP model for Medical Waste Management and engagement of private hospitals.

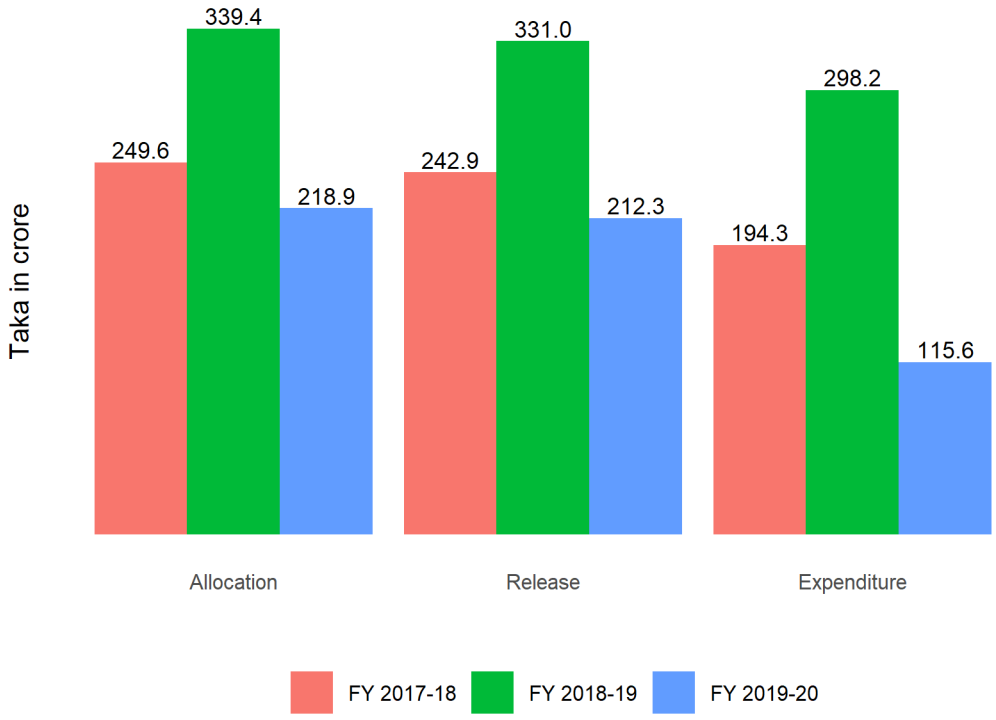
OP-25: CLINICAL CONTRACEPTION SERVICES DELIVERY PROGRAM (CCSDP)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**20%** (0 out of 5 indicators achieved; 1 indicator is not available)	**97%**	**53%**	**54%**

General Objective

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

Financial Progress (in crore Tk.)



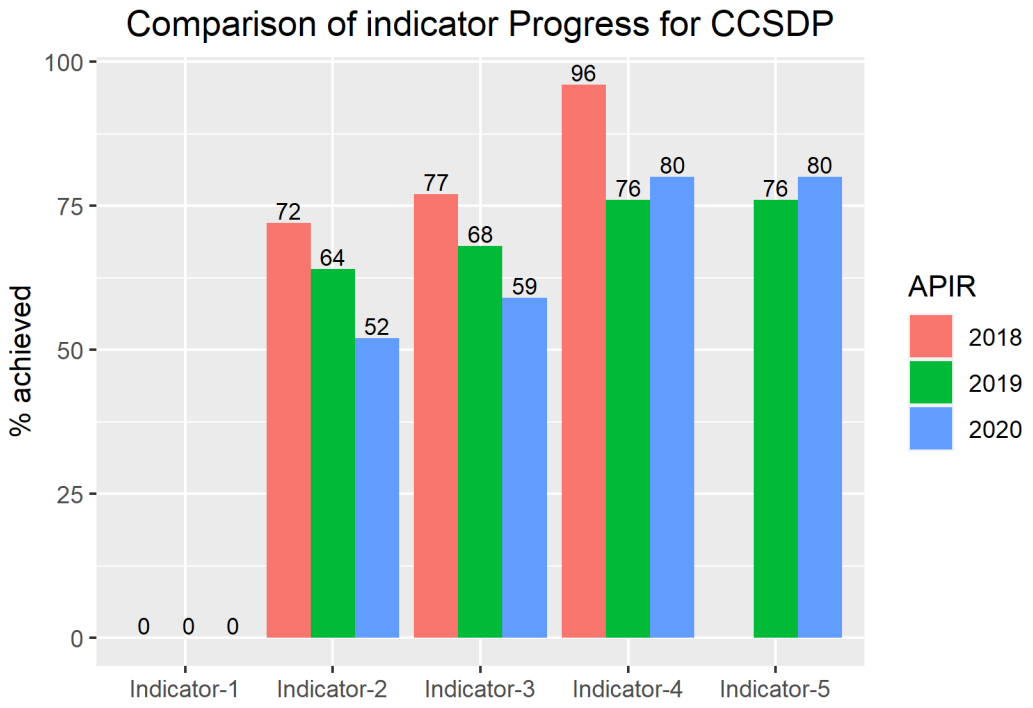
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Percentage of targeted public health facilities meeting readiness criteria for delivery of PPFP services in Sylhet and Chittagong divisions (DLI 9/DLR 9.4)	Not available	20%	Reporting and training guidelines for PPFP services to be developed. According to DLR 9.2	0%	According to DLR 9.3 & 9.4 Assessment and action plan are completed for expansion of PPFP services in targeted health facilities.	0%	20%	0%
2	Number of BLTL & NSV performed	1,63,031 (APIR 2016)	7,00,000 (Cumulative)	200000	144588	200000	127509	200000	104948
3	Number of IUDs insertion	2,33,557 (APIR 2016)	8,75,000 (Cumulative)	264000	202191	264000	179413	264000	156795
4	Number of Implants insertion	3,53,239 (APIR 2016)	14,00,000 (Cumulative)	440000	422790	440000	335450	440000	351467
5	Percentage of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Service	5%	15%	-	Not available	9216	7008	15%	12%

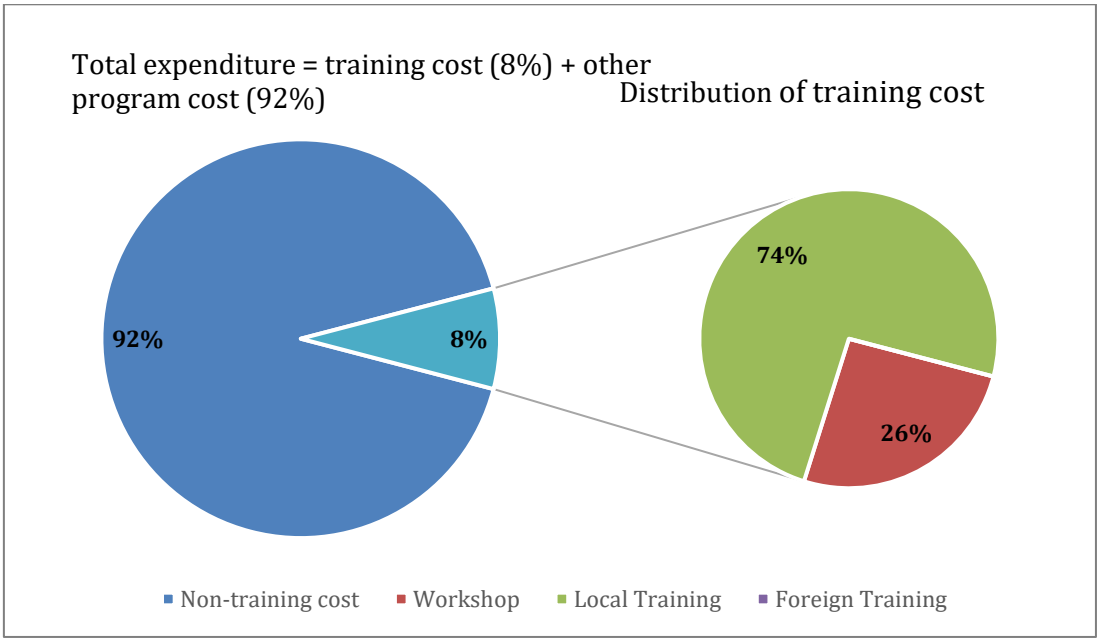
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

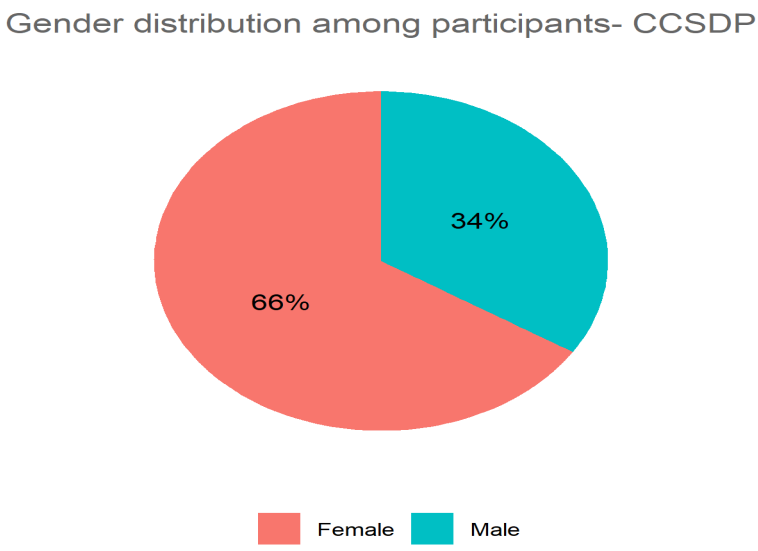


Training Information



Out of the total expenditure of Tk. 115.63 crore, Tk. 9.41 crore (8%) was spent on training. Of the total training cost, Tk. 6.98 crore (74%) was spent on local training and Tk. 2.43 crore (26%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	345 (25)	-	345 (21)
Foreign Training	-	-	-	-
Workshop	212 (100)	1,051 (75)	-	1,263 (79)



Major Physical Progress

- Performed 75,918 tubaligation and 29,404 No-scalpel vasectomies (NSV), inserted 157,898 Intrauterine devices (IUDs) and 3, 52,065 implants.
- Ensured availability of 140 Paid Peer Volunteer (PPV).
- Provided financial support to BAVS for providing LARC and PM services through 18 NGOs.
- Procured 10, 00,000 Tab. Ciprofloxacin (500 mg), 54,676 Tab Pethidine Hcl (25mg/1ml) and 63,380 Vial Amp Inj. Zylocaine/ Lignocaine (1%, 50 ml).
- Procured 4,000 pcs lancet Pen, 2,25,000 bottle povidone iodine solution (10%, 100ml), 473 tallquist book, 5,50,000 pcs disposable lancet, 1,00,000 pcs hydrocolloid dressing materials (10x10cm), 50,000 pcs Hydrocolloid dressing materials (10x5cm), 500 pcs dressing drum, 13,14,000 pcs of manual, registers, forms, cards etc. (consent form, surgeon fee receipt form etc.) , 100 pcs oxygen cylinder with carrying trolley, 1,000 pcs spot lights for IUD (all MCWC, UHC, UH&FWC).
- 105 doctors and paramedics attended basic and refresher training on LARC & PM.
- 240 paramedics attended basic training on PPFP.
- 359 personnel attended orientation workshop on PPFP and Management of Imprest Fund.
- 436 personnel attended preparatory workshop for LARC & PM Client fair
- 35 FPCS-QIT Consultant (Regional/District) attended bi-annual workshop.

COVID-19 related activities

- Provided funds at the upazilla level for purchase of hand sanitizer, mask, hand gloves, bleaching powder, and hand wash for personal protection of service providers.

Key Challenges

- Overall decreasing trend in LARC&PM performance due to COVID-19 pandemic situation.
- Male involvement for adopting contraceptive method was very low.
- Shortage of skilled human resources.
- Low performance in urban area (City Corporation) due to lack of DGFP activities. (No DGFP field workers).
- Gradual decrease in number of permanent methods and IUD clients.
- Ensuring quality improvement for LARC & PM services.
- Implementation of PPFP services in DGHS and private sector health facilities hampered due to lack of sufficient contraceptive supplies for PPFP and sufficient number of trained service providers.
- Inadequate knowledge and information about PPFP among providers & clients.
- Implementation of imprest fund mechanism at DGHS service centers.
- Efforts by stakeholders to operationalize the National PPFP Action Plan have been limited to date.

Suggestions/recommendations

- Development of virtual training curriculum for LARC&PM to accommodate COVID-19 pandemic situation.
- Arrange sensitization workshop by involving male clients and stakeholders.
- Capacity building on LARC/PM, PPFP and tracking of trainees.
- Mobile outreach services (LARC & PM) in hard to reach areas by Roving Team.
- Organize periodic LARC & PM client fair.
- Regular clinical supervision/monitoring and onsite training/coaching by FPCS-QIT.
- Strengthen co-ordination with DGHS and private sector and NGOs for PPFP services.
- Strengthen IEC activities on PPFP and IUD through electronic and print media.
- Recruitment of counselor in DGHS facility (Medical College Hospital and District Hospital).
- Supply of family planning kit in the labor rooms of DGHS facilities(Medical College Hospital & District Hospital)

Recommendations from Mid-term Review (MTR) 2020

1. Use post FP2020 Costed Implemented Plan (CIP) in revising FP related OPs and develop approaches to mobilize additional resources to fill-up the funding gap.
2. Involve volunteers as against vacant fieldworker positions with uniform criteria and package for all directorates and OPs.
3. Initiate an assessment of all operational FPCST-QIT in the entire country to observe its effectiveness to improve quality of FP services, including addressing structural gaps such as filling vacant MO positions in both Divisions.

4. The MTR report shows that use of long acting reversible contraceptives/permanent method (LARC/PM) has not progressed over the last decade. Only 9% of married women use a long acting reversible or permanent method. The low use of LARC/PM is related to both low demand and poor availability of quality services for these methods. Only a quarter of facilities provide LARC/PMs, and 4% provide male or female sterilization. On the supply side, availability of the required equipment and supplies, as well as skilled providers are the main bottlenecks. There is need to improve the package of interventions and their implementation in Chattogram and Sylhet Divisions, including greater targeting within the Divisions. Support from NGOs should be sought.
5. The DLI/DLR verification process found 98% of targeted public health facilities met readiness criteria for delivery of PPFP services. This high statistic notwithstanding, opportunities to counsel women during critical health interactions are being missed such and ANC and PNC – only 5-7% women were counseled during PNC on IUDs, implants or tubal ligation. Very minimal actions, such as issuing circulars on PPFP have been undertaken.

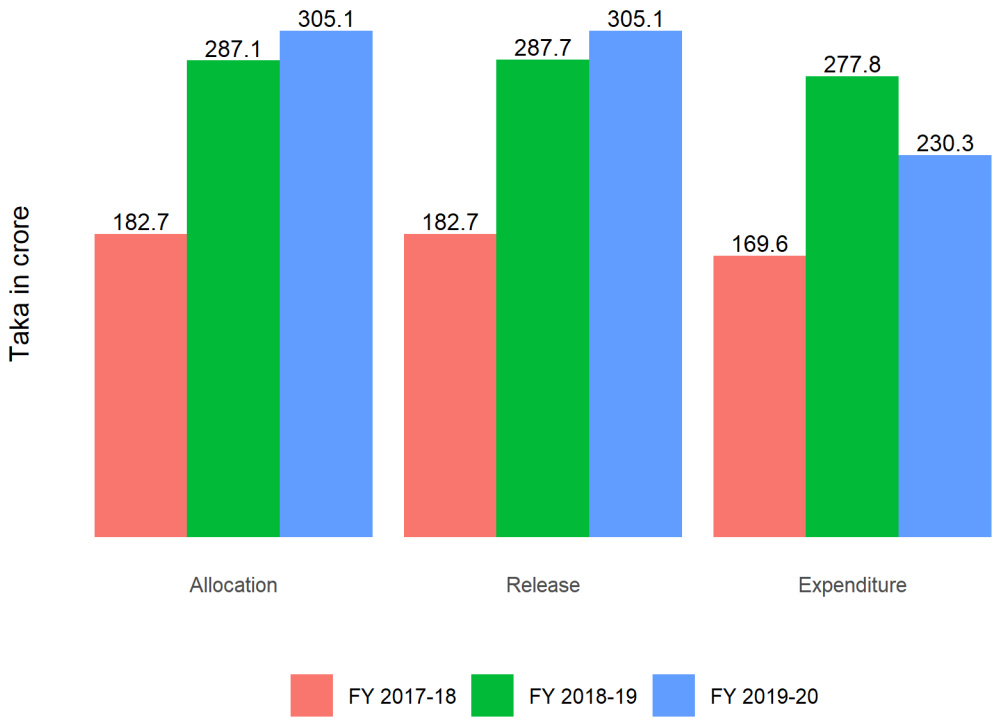
OP-26: FAMILY PLANNING FIELD SERVICES DELIVERY (FP-FSD)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**0%** (0 out of 4 indicators achieved; 3 indicators are not applicable)	**100%**	**75%**	**75%**

General Objective

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

Financial Progress (in crore Tk.)



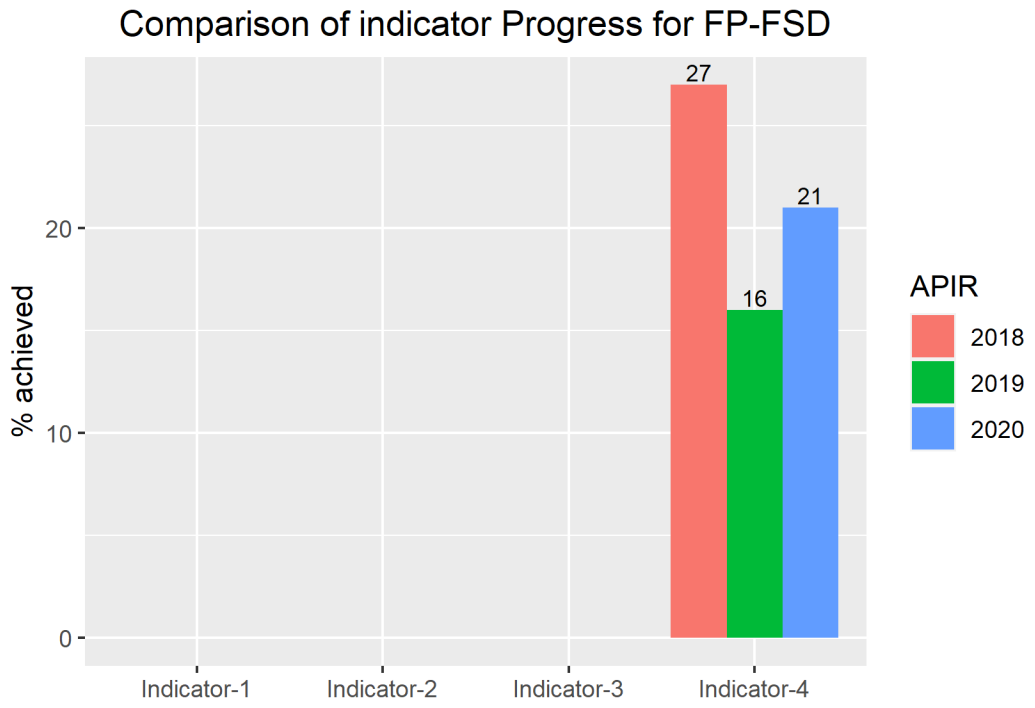
Progress of OP-level Indicators

SI	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Proportion of women of reproductive age (age 15-49 years) who have their need for FP satisfied with modern methods	12% (BDHS, 2014)	8%	-	Not Applicable	-	Not Applicable	8%	Not Applicable
2	Adolescent birth rate (age 10-14 years: aged 15-19 years) per 1,000 women in that age group	83 (WB 2105)	60	-	Not Applicable	-	Not Applicable	60	Not Applicable
3	CPR (modern methods) in lagging regions	Syl 40.9%. Ctg 47.2% (BDHS, USED)	55%	-	Not Applicable	-	Not Applicable	55%	Not Applicable
4	Number of Upazillas covered for orientation of DGHS service providers on FP-MCH issues	N/A	250	95	26	100	16	34	7

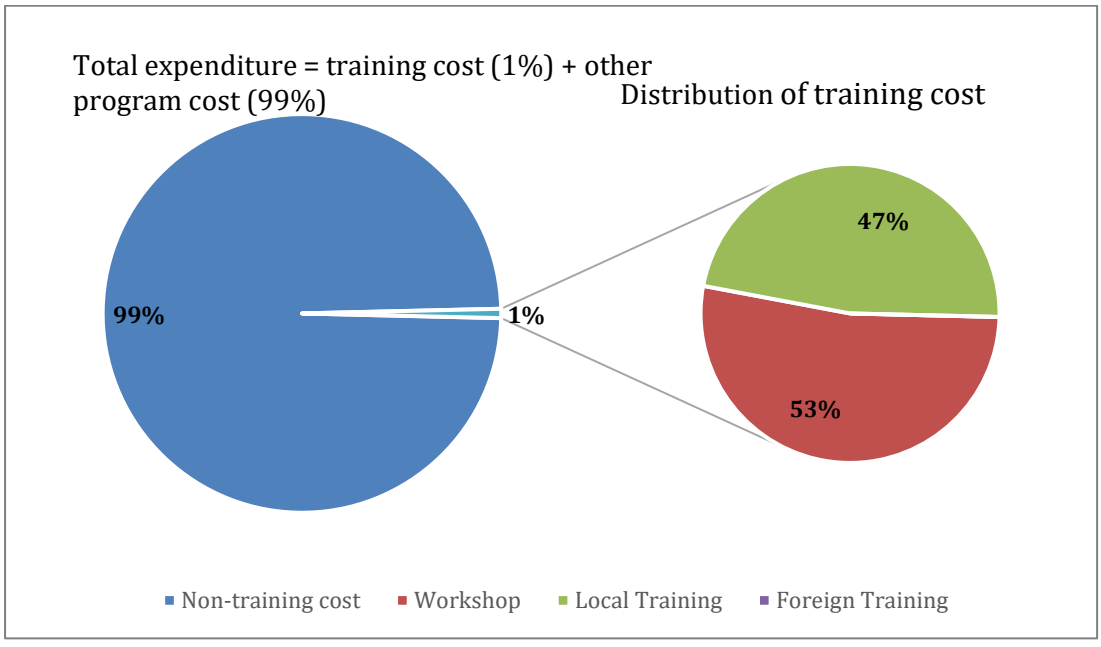
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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



Training Information



Out of the total expenditure of Tk. 230.32 crore, 1.73 crore (1%) was spent on training. Of the total training cost, Tk. 0.82 crore (47%) was spent on local training, and Tk. 0.91 crore (53%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	8 (100)	949 (41)	400 (26)	1,357 (35)
Foreign Training	-	-	-	-
Workshop	-	1,382 (59)	1,160 (74)	2,542 (65)

Major Physical Progress

- Conducted orientation on FP-MCH issues in seven upazilas for the DGHS service providers.
- Procured 13.25 million injectables, 13.5 million auto-disable (AD) Syringes, 19.5 million oral-pills (COP-2nd Generation), 15.5 million oral pills (COP-3rd Generation), 3 million oral pill (POP)
- Procured 2, 87,500 MSR (cotton, povidone iodine solution, BP with stethoscope pregnancy test, thermometer).
- Procured 20,000 bags (for FWA, FWV, FPI), 15,000 umbrella (for FWA, FWV, FPI) and 15,000 uniforms (for FWA, FWV, SACMO).
- Ensured 3, 48,000 organization cost for satellite clinics (including school health program).
- Supplied furniture to 720 FWCs.
- Installed tube-well at 72 UH & FWCs.
- Ensured electrical equipment for 80 UH& FWCs.
- Procured 12 pieces of computer and 20 motor vehicles (one microbus and 29 jeep).

FDMN related activities:

- Distributed 2, 02,948 oral pills; 30,721 condoms; 1, 51,808 injectables among FDMNs.

Key Challenges

- Could not complete proposed number of workshops and training due to COVID-19 situation.

Recommendations from Mid-term Review 2020

MTR recommended improving the package of interventions and their implementation in Sylhet and Chattogram Divisions, including greater targeting within the Divisions. Support from NGOs should be sought.

1. Use FP2020 Costed Implemented Plan (CIP) in revising FP related OPs.
2. Revise job descriptions of FWA, HA, MPHV and CPHC for comprehensive system at community level.
3. Recruit volunteers to fill vacant fieldworker positions with uniform criteria and package for all directorates and OPs.
4. Involve volunteers as against vacant fieldworker positions with uniform criteria and package for all directorates and OPs.

5. Review and scale up SMC Pink Star Providers Network to harness the potential of PPFP within private facilities, both rural and urban areas.
6. Initiate an assessment of all operational FPCST-QIT in the entire country to observe its effectiveness to improve quality of FP services, including addressing structural gaps such as filling vacant MO positions in both Divisions.

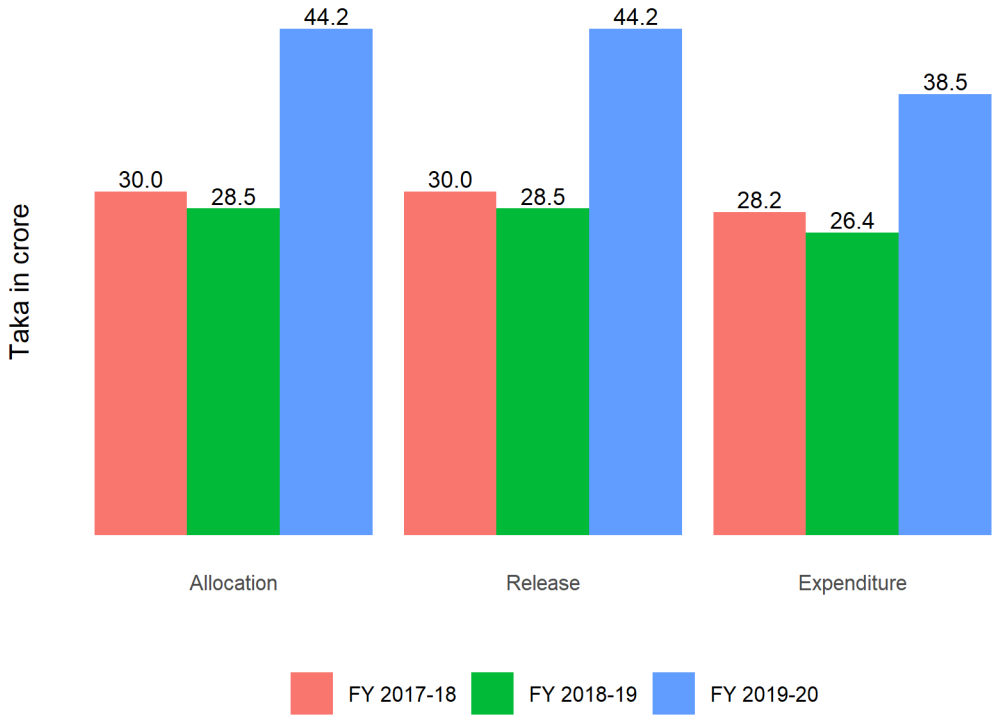
OP-27: LIFESTYLE & HEALTH EDUCATION AND PROMOTION (L&HEP)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**100%** (3 out of 3 indicators achieved)	**100%**	**87%**	**87%**

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 (in crore Tk.)



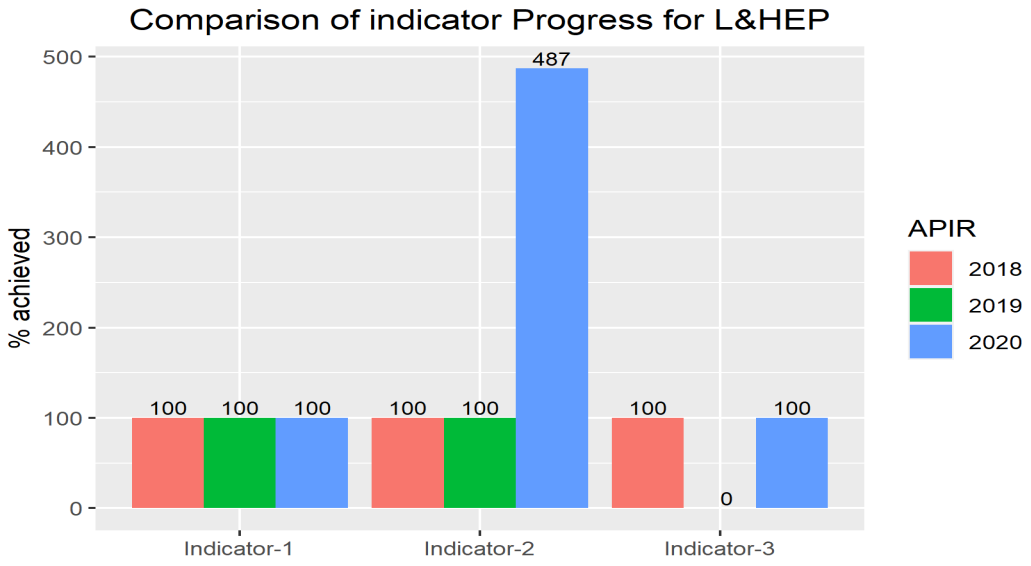
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Implementation of comprehensive SBCC strategy	Approved strategy available	50%	15%	15%	15%	15%	15%	15%
2	Number of SBCC material produced and distributed.	11,34,500	7,65,330	170175	170175	170175	170175	226000	1100000
3	Number of survey/researches on L& HEP conducted	07	01	1	1	1	0	1	1

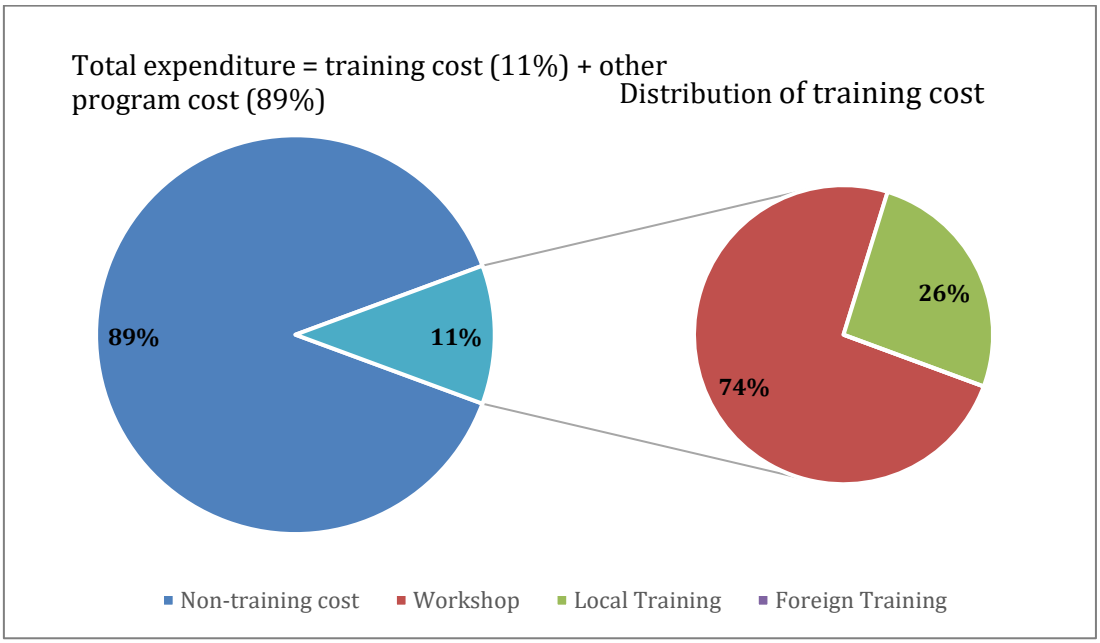
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

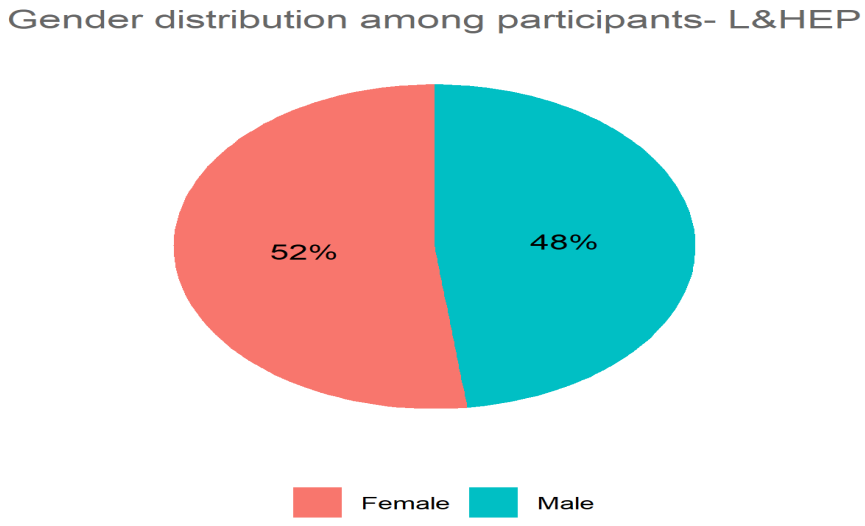


Training Information



Out of the total expenditure of Tk. 38.52 crore, Tk. 4.33 crore (11%) was spent on training. Of the total training cost, Tk. 1.12 crore (26%) was spent on local training and Tk. 3.21 crore (74%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	-	1,340 (19)	-	1,340 (10)
Foreign Training	-	-	-	-
Workshop	-	5,545 (81)	6,710 (100)	12,255 (90)



Major Physical Progress

Production, Distribution and Dissemination of SBCC materials

- Produced and distributed 11, 00,000 SBCC materials (poster/leaflet/booklet) on different health issues (COVID-19, dengue, nipah, flood, diarrhoea, snakebite).
- Completed 15% implementation of comprehensive SBCC strategy (Organized HPN co-ordination meeting and BCC working group meetings; developed SBCC materials according to the guidelines as specified in the strategy).

Research and knowledge management

- Completed one behavioral research on LHEP.

Establish inter-sectoral collaboration on lifestyle, healthy environments, including private sector engagement

- Organized 64 awareness campaigns on road, drowning and waterway safety at upazilla level in different districts in participation with school teachers.

Communication Campaign through different Media for behavior change

- Completed eight advocacy meetings on awareness building for legislation on tobacco control in Bangladesh.
- Completed 12 workshops on promotion of healthy diet, the hazards of salt, oil and sugar.
- Completed eight aadvocacy meetings at divisional level, prepared and distributed 2,000 Jacket folders and 5,000 booklets. In addition, produced four TVC on breast and cervical cancer and two TVC (1 minute) and telecast on five TV channels for awareness creation on cervical and breast cancer screening and prevention.
- In order to ensure specific local level campaign on different health issues, this OP completed aadvocacy workshops at three hill districts and other four indigenous inhabited districts. Prepared booklet on TB, malaria and other NCDs. Produced two TVC and installed ten LED vertical advertising machine for dissemination of health related message. Moreover, completed 64 advocacy workshops at 64 upazillas in 32 districts in presence of teacher and school committee members. Prepared booklet and distributed accordingly. Also completed ten advocacy meetings at different upazillas and installed 10 billboards in same upazillas to increase awareness on institutional delivery and prevention of fistula. Besides, made two TVC and 1-minute TVC and broadcast on five private TV channels as well as made and distributed folders and pocket books.
- Produced and broadcast six TV spot focused on dengue and COVID-19 through different TV channels.
- Published advertisements in daily newspapers on different health issues; like dengue, COVID-19, flood, winter message, heart disease, cancer, diabetes, nipah etc.
- Observed three National days and celebrated on a limited scale i.e. World Health Day, Safe Motherhood Day and World No Tobacco Day.
- Workshops on mental health were held in eight divisional cities and jacket folders and booklets were distributed. Six TV spots of three minutes and one minute were produced, four TVs of one minute were broadcast on five private TV channels for 250 minutes and one LED vertical advertising machine was installed at the National Institute of Mental Health. In addition, 200 advocacy meetings were held at district, upazila and union levels on healthy lifestyle to prevent non-communicable diseases and booklets & other SBCC

materials were distributed. Organized campaigns for awareness building to promote healthy lifestyle for non-communicable disease control including Mental health.

- Conducted two communication campaigns on arsenic free water at district and upazilla level in arsenic prone areas.
- Advocacy workshop held at 20 districts on diabetes, hypertension and kidney diseases and distributed jacket folder and booklet in different districts. In addition, six TVC produced on these issues. Telecast three one-minute TVC in five TV channels.
- Installed 20 LED vertical advertising machine in 20 District hospitals as part of campaign on prevention of diabetic, cancer and other non-curable diseases.
- Eight advocacy meetings were held at eight divisions on dengue prevention. Prepared jacket folder and booklet, three minutes TVC and eight minutes documentary on dengue. Installed 40 billboards in different districts as part of awareness, prevention, control and elimination of dengue, chikungunya.

Community Engagement and Mobilization

- Advocacy workshops held at different old home in different districts on geriatric health care and distributed jacket folder and booklet in different districts. Moreover, two TVCs and one documentary on geriatric health were prepared. Telecast one-minute TVC in five TV channels.
- Conducted community-based workshop/seminar to promote compassion for elderly health care.
- As part of communication campaign for promoting newborn danger sign conducted 380 sessions at different upazillas with the teachers. Promoted personal hygiene practices among the school children at community level. Conducted 10 workshops on newborn danger signs at the upazila level, produced booklets and jacket folders. Installed ten billboards in ten upazilas and broadcast two TVCs and one-minute TVC on five private TV channels.

Advocacy and coordination

- Arranged advocacy workshop in different districts on heart disease and stroke and distributed jacket folder and pocket book . In addition, produced two TVCs on this issue and telecast one-minute TVC in five TV channels. Installed ten LED vertical advertising machine in ten district hospitals.
- Arranged 20 workshop advocacy meetings on road traffic accidents and drowning and snake bites at district and upazila level. Made jacket folders and booklets and produced six TVCs and broadcast one minute and three minutes TVCs on five private TV channels. Installed one LED vertical advertising machine at the National Institute of Traumatology and Orthopedic Rehabilitation and nine LED at nine Medical College Hospitals.
- Completed 12 coordination meetings with Planning Wing (HSD), DGHS and other stakeholders and intersectoral and multisectoral coordination meeting with other OP's for promoting healthy lifestyle.
- Made one documentary on lifestyle, health education and promotion activities and one documentary on available services in government health facilities (English and Bengali version) in urban and rural areas.

Capacity Development and Logistic support for SBCC

- Completed local training of 28 batches in civil surgeon office of different districts as part of the capacity building of Bureau of Health education personnel and other field staff.

ICT and Innovation

- Completed BHE Training.
- 90 Sr.HEO & Jr. HEO from different district archives attended advocacy meeting on the e-Learning courses and the e-toolkits.

Occupational and Environmental Health

- Arranged workshops in ten garments to prevent COVID-19 infection. Prepared and distributed jacket folders and booklets. Installed 10 billboards. Made two TVCs and six minutes documentary and one-minute TVC and broadcast on 5 private TV channels. Arranged orientations and seminars with workplace owners and supervisors to develop appropriate workplace.
- Arranged 42 workshops on hospital waste management at Upazilla Health Complexes to improve environmental health through service packages. prepared and distributed jacket folders and booklets. Produced two TV spots of three minutes and one minute and broadcast one-minute TVCT on five private TV channels.
- Arranged 45 advocacy meetings on safe food at division, district and upazilla level in presence of teachers and other stakeholders. Prepared jacket folders and booklets and distributed. As part of awareness on safe food, produced two TVCs and broadcast one-minute TVCT for 125 minutes on five private TV channels. Awareness raised on safe food.

COVID-19 related activities

- Completed design, developed and printed 300,000 leaflets and 200,000 posters for COVID-19 and distributed all over the country.
- Produced three TVCs on Covid-19(particularly one that exclusively produced with the speech of the Honorable Prime Minister).
- As part of mass media campaign on COVID-19 telecast around 2,000 minutes on different renowned TV channels. In addition, published around 250 advertisement in different daily newspapers.

Key Challenges

- The Drawing and Disbursementship of senior health education officer existed but could not be included in the iBAS++ system, that created problems to implement awareness program.
- Lack of manpower at field level; especially at upazila level to implement the program.
- Delayed procurement approval from HOPE.
- No budget allocation especially for the COVID-19 activities. No provision of fund transfer from one OP to another OP in the iBAS++ system.

Steps taken by the LD:

- Sent proposal to MOHFW to create the post of Health Education Officer/Health Educator at the upazilla level.
- Kept adequate budget in advertising and publicity.
- Took a country wide campaign to increase awareness on COVID-19.

Suggestions/recommendations:

- Need to create Health Education Officer/Health Educator post at upazilla level.
- Need to increase budget for raising more awareness among the people on COVID-19 by mass media campaign, IPC center.

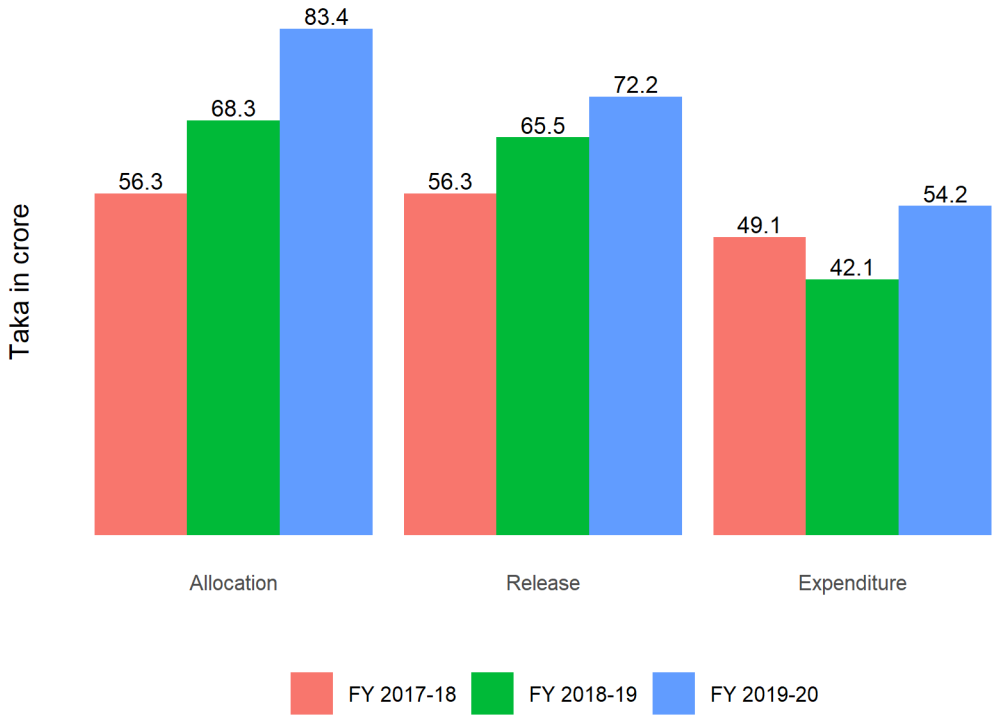
OP-28: INFORMATION, EDUCATION & COMMUNICATION (IEC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**25%** (1 out of 4 indicators achieved)	**87%**	**65%**	**75%**

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 (in crore Tk.)



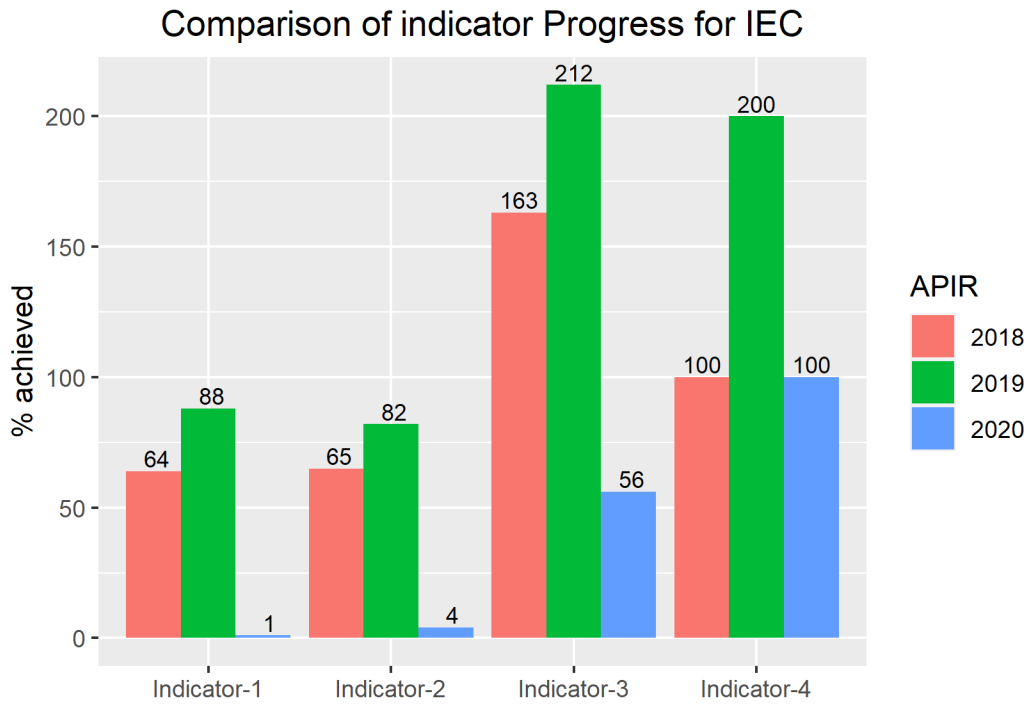
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	Number of FP, MCH and Nutrition campaign organized	127	500	100	64	100	88	185	2
2	Number of workshops organized for awareness building of community leaders, professional and religious leaders on FP, MCH and Nutrition at upazila level	280	1500	400	261	400	327	285	12
3	Number of IEC materials (audio and video) produced and broadcasted in mass media	Video Produced: 15 Video Telecast: 1784 Audio Broadcast: 15,830	Video Produced: 40 Video Telecast: 10000 Audio Broadcast: 200,00	Video Produced: 14 Video Telecast: 2500 Audio Broadcasted: 5000	Video Produced: 14 Video Telecast: 2150 Audio Broadcasted: 10119	Video Produced: 23 Video Telecast: 3772 Audio Broadcasted: 4043	Video Produced: 23 Video Telecast: 6217 Audio Broadcasted: 10395	Video Produced: 10 Video Telecast: 312 Audio Broadcasted: 4043	Video Produced: 10 Video Telecast: 249 Audio Broadcasted: 4651
4	Number of survey/researches conducted, and best practices documented	1 (Impact Survey)	3	1	1	1	2	2	2

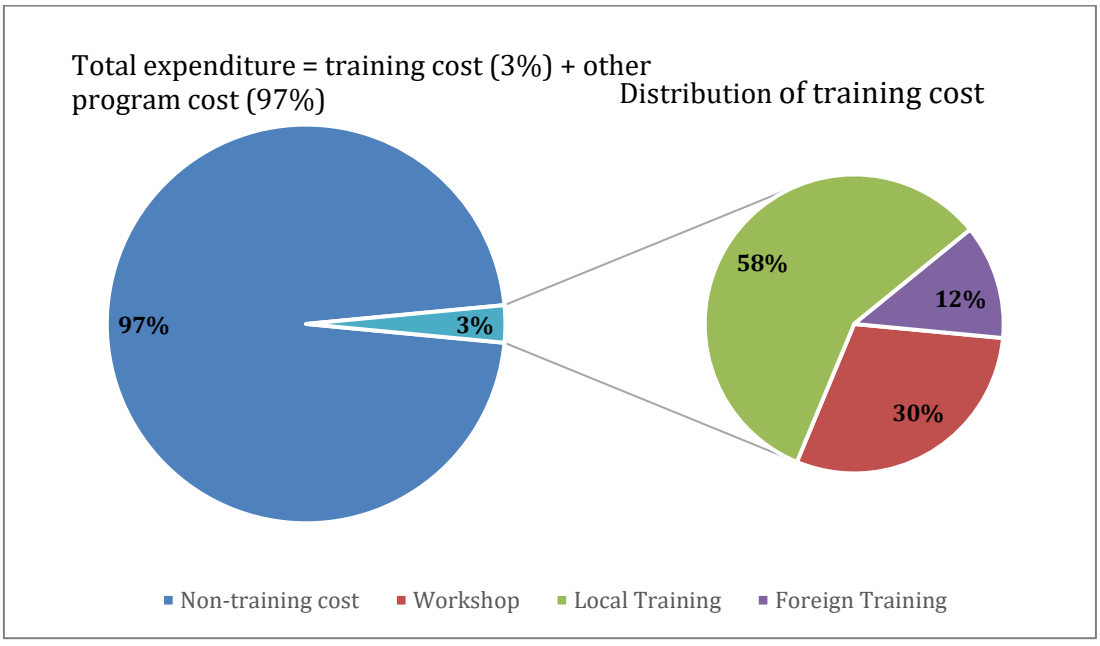
Achieved | Partially achieved | Not achieved | Not available | Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

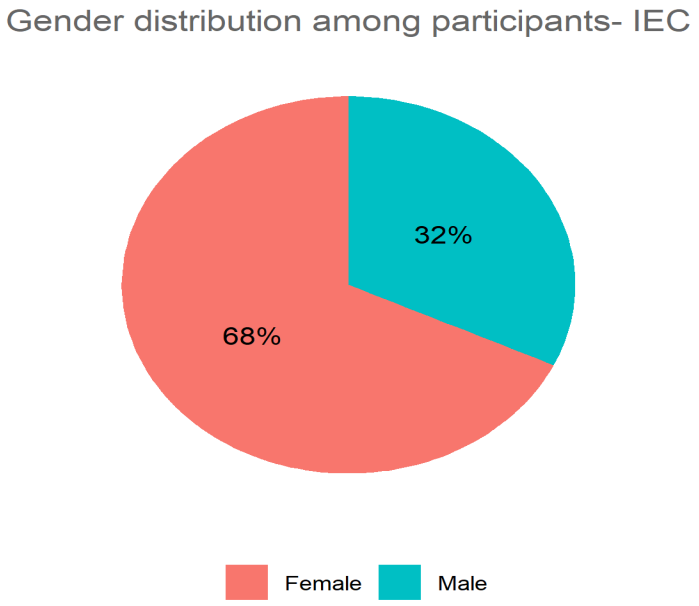


Training Information



Out of the total expenditure of Tk. 54.16 crore, 1.63 crore (3%) was spent on training. Of the total training cost, Tk. 0.94 crore (58%) was spent on local training, Tk. 0.20 crore (12%) was spent on foreign training and Tk. 0.49 crore (30%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	18 (23)	2,316 (68)	-	2,334 (67)
Foreign Training	4 (5)	-	-	4 (<1)
Workshop	55 (71)	1,080 (32)	-	1,135 (33)



Major Physical Progress

- Organized two campaigns on FP, MCH and Nutrition programs.
- Observed World Population Day and eight other special events and national days.
- Observed the FP campaign and service week.
- Produced ten video materials, telecast 249 video materials and broadcast 4,651 audio materials.
- Organized 12 workshops for awareness building of community leaders, professional and religious leaders on FP, MCH and Nutrition at upazila level.
- Conducted two surveys/researches and documented best practices.
- Organized two awareness building campaigns on prevention of early marriage, adolescent care, nutrition for school/*madrasa* teachers in hard to reach and low performing area.
- Organized six family events – *Poribar Sammelon*.
- Organized twenty innovative events during national and international days.
- Completed 55 media fellowships (6 months) to create a cadre of media advocates.
- Developed and used one mobile app for knowledge dissemination on FP-MCH and ASRH issues targeting adolescents and youths, newlywed and young married couples.
- Developed and maintained one IEM website and digital archive.
- Arranged 26 trainings on e-Toolkit and e-Learning.
- Completed two ToTs for revitalization of school health program.

- Completed 37 skill development trainings on IPC for service providers.
- Completed one training for capacity building of IEM and DGFP officials on improvement of communications skill on SBCC.
- Organized two planning workshops to develop and share the annual work plan at the beginning of each fiscal year involving BTV, Betar and other key stakeholders.
- Organized two orientations of e-Resources.
- Organized six workshops for print and electronic media professionals/ health journalists.
- Completed one lot production of different IEC materials.
- Produced one TV magazine and one TV drama and telecast through private TV channels. Also produced two dramas on FP-MCH issues and telecast through TV channels
- Produced five TV Spots and telecast.
- Produced five TV Spot/TV commercial on LAPM, MNH, breast feeding, five danger sign, three delay, birth planning and telecast.
- Displayed 6,884 film shows through audio-visual van giving a special focus on hard-to-reach areas.
- Ensured 186 bill boards for message dissemination on FP-MCH in Sylhet and Chattogram.
- Ensured 894 advertisements through newspaper to disseminate messages on FP, MCH & RH.
- Broadcast 4, 651radio programs and 249 TV programs through population cell of Bangladesh Betar and Bangladesh Television respectively.
- Produced and telecast two TV scrolls through private TV channels.
- Completed one motivational program through private TV channel within peak hour
- Completed 50 advertisement campaigns through newspaper for increasing male participation and awareness building on LAPM.
- Produced and distributed 500 SBCC materials for the adolescent corners
- Completed one Media campaign on ARH and one media campaign on FP-MCH through TV channels specially on LARC & PM.
- Completed 4,000 campaigns through private FM and community radio, 1,200 media campaign through all private TV channels and 1,000 mass-media communication for promoting recognition of newborn danger signs and care.
- Conducted one operational research, formative research and completed midterm evaluation to see the effectiveness of SBCC interventions.

COVID-19 related activities

- Completed message dissemination for awareness building through TV scroll in private TV channels on FP-MCH issues especially in COVID -19 pandemic situation in Bangladesh pandemic situation.
- Completed awareness building (talk show) on COVID-19 pandemic situation through connecting Bangladesh program of ATN News.
- Produced and telecast TVC on COVID-19 in private TV channels.
- Completed media campaign on FP-MCH issues regarding COVID-19 pandemic through airing of TVC in private TV channels.
- Completed social media campaign on FP-MCH and adolescents issues regarding COVID-19 situation in Bangladesh.
- Completed media campaign for promoting MCH and adolescent issues during COVID-19 situation in Bangladesh.
- Completed media campaign for promoting family planning method use during COVID-19 pandemic situation in Bangladesh.

Produced and air TVC for social awareness building on COVID-19 pandemic situation in Bangladesh. Completed media campaign on DGFP call Center (*Shuki paribar*).

Key Challenges

- Required training on procurement.
- Inadequate officers.
- Out of 4 indicators, two indicators related to workshop, training and advocacy that supposed to involve various segment of people. However, it was beyond control due to COVID-19 situation.
- Some tender packages were cancelled, and special program was taken for raising awareness on COVID-19 and FP-MCRAH issues.

- Pandemic (COVID-19) situation made people aware of using virtual platform for sharing ideas, conducting meeting, e-training program etc.

Steps taken by the LD to address the challenges:

- During COVID-19 emphasis was given on using virtual platform for carrying out various activities.

Recommendations from Mid-term Review 2020

- One of the findings of MTR Report 2020 is that less than 1% adolescent women are exposed to FP messages on internet/website, and there is a large difference between poor and rich in terms of exposure to messages from mass media. This is very concerning, given the flat lining in all FP indicators. There is need to ramp up IEC for FP, especially more targeted messages, for example addressing the underlying reasons for discontinuing FP (side effects, perceived health risks) as well as targeting low performing areas (chars and coastal areas).

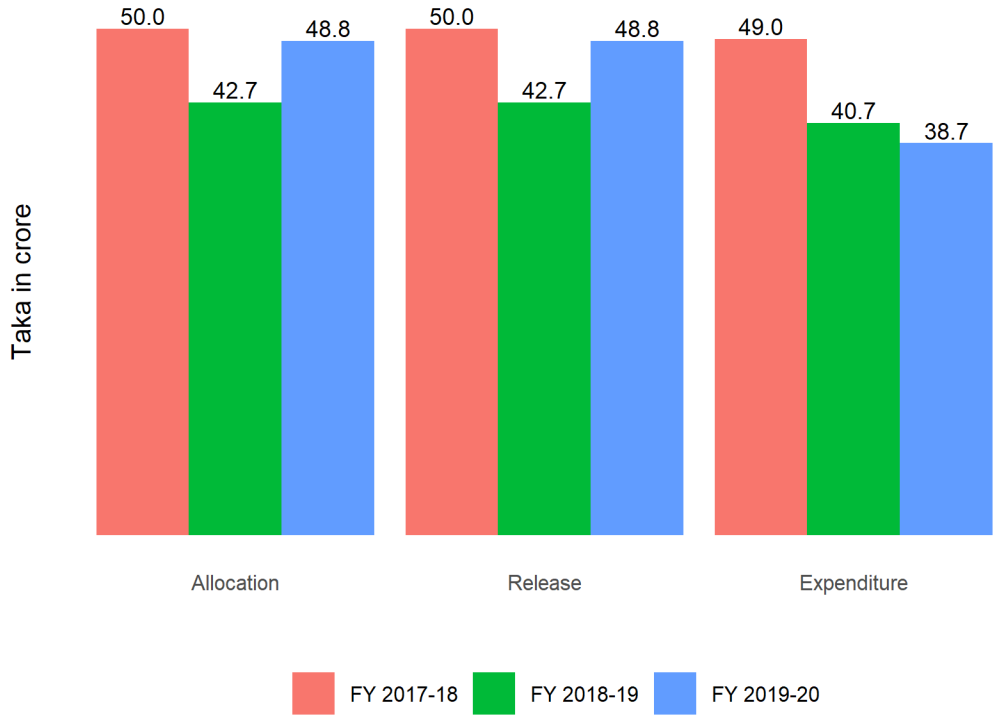
OP-29: ALTERNATE MEDICAL CARE (AMC)

Report Submission:	Achieved indicators	Fund release against allocation	Fund utilization against allocation	Fund utilization against release
On-time	**67%** (2 out of 3 indicators achieved)	**100%**	**79%**	**79%**

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 (in crore Tk.)



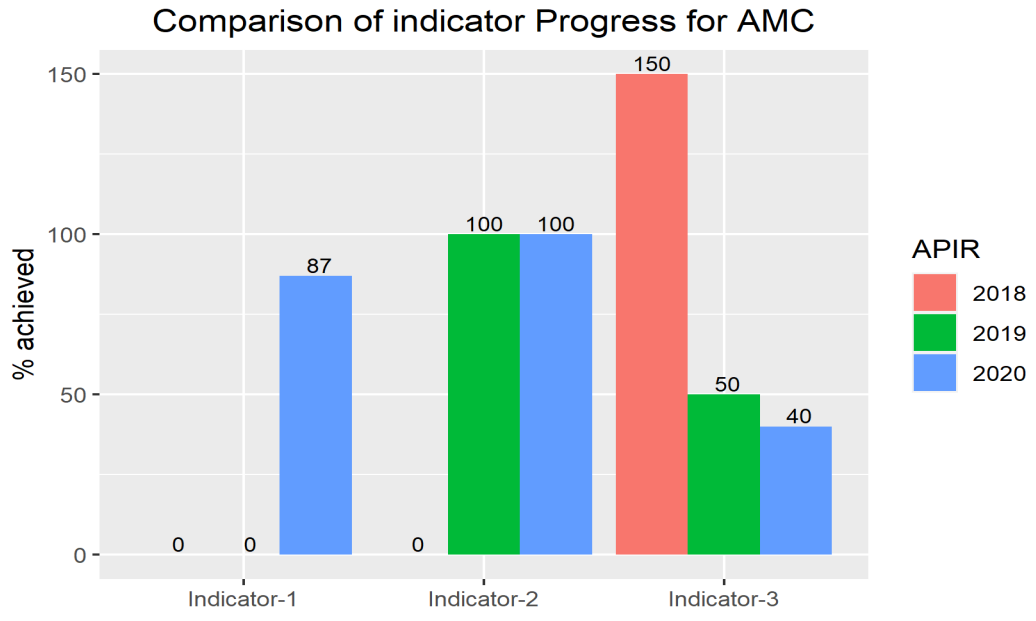
Progress of OP-level Indicators

Sl	OP Indicators	Baseline Value (Year)	Mid-Target (June 2020)	Jul 2017-Jun 2018		Jul 2018-Jun 2019		Jul 2019-Jun 2020	
				Target	Achievement	Target	Achievement	Target	Achievement
1	No. of facilities introduced AMC	59 DH, 5 MCH & 145 UHC	63 DH, 15 MCH & 180 UHC	-	0	63 DH, 10 MCH & 160 UHC	0	63DH, 15 MCH & 180 UHC	60 DH, 08 MCH & 156 UHC
2	No. of AMC Pharmacopoeia & Formularies	05	10	-	0	4	4	3	3
3	No. of medicinal Herbal Garden/ prepared herbal garden	487	490	10	15	4	2	5	2

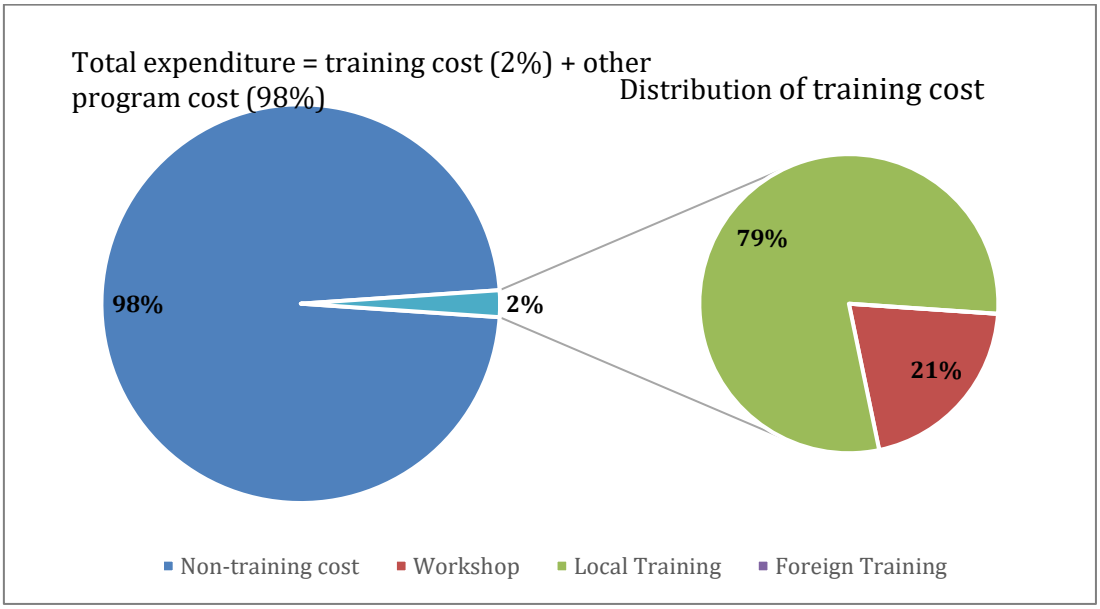
Achieved Partially achieved Not achieved Not available Not Applicable

The target and achievement for the reporting period, classified into five categories as below:

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

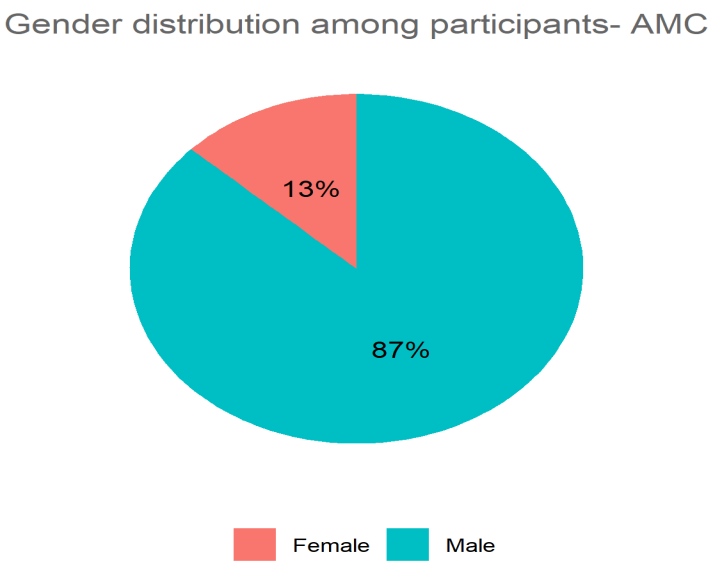


Training Information



During the reporting period, out of the total expenditure of Tk. 38.73 crore, Tk. 0.84 crore (2%) was spent on training. Of the total training cost, Tk. 0.66 crore (79%) was spent on local training, and Tk. 0.17 crore (21%) was spent on workshop.

Type of training	MOHFW participants		Non-MOHFW participants N (%)	Total participants N (%)
	Central N (%)	Field N (%)		
Local Training	3 (100)	394 (64)	-	397 (64)
Foreign Training	-	-	-	-
Workshop	-	223 (36)	-	223 (36)



Major Physical Progress

- Unani, ayurvedic and homeopathic medicinal services are being practiced in 664 MCHs, DHs, and UHCs through provision of human resources, equipment and medicines.
- Established two new herbal gardens in MCH and UzHC. Also established three AMC Pharmacopoeia and Formularies.
- Produced TV scroll electronic advertisement, 700 LED monitor advertisement in City Corporations and set up 18 billboards in different health centres for creating awareness.
- Completed three research surveys for determining the situation of AMC in NCDC and CDC implemented programs (in coordination with PMR and MIS).

Key Challenges

- This OP could not recruit manpower during July 2019- June 2020 due to a writ petition in the Honorable High Court (Writ No-11015/19, 7755/17, 9423/19)
- Indicators are needed to be meaningful and visible as per activities.
- Due to Pandemic (COVID-19) this OP failed to continue the function of central herbal garden activities and could not complete local training as per Annual Training Plan (ATP).

PART-C: ANNEXURES

ANNEX-A: DATA COLLECTION TEMPLATE

for Reporting OP-wise Implementation Progress of 4th HPNSP (July 2019-June 2020)

Name of the OP:

A. OBJECTIVE(S) OF THE OP

General objective:

Specific objectives:

B. COMPONENT/ACTIVITY-WISE PHYSICAL PROGRESS

[Instructions for filling up the following table]:

- Please describe the OP's component-wise activities (in col. 1) with physical targets (in col. 2) of FY 2019-20 and their actual progress (in col. 3).
- If there was shortfall associated with the progress of any activity, please specify the reasons (in col. 4).
- ***While reporting on physical progress, also give description of important activities performed in addition to using numerical figures (where applicable).***
  Please provide the soft copy of quantitative dataset (excel format/web-link) along with this report. This is specific to some OPs (MNCAH, MCRAH, CCSDP, FP-FSD, MIS, TBL&ASP, HIS & eHealth)

Sl. #	**Component-wise Major activities undertaken during July 2019 -June 2020**	**Physical target** ***[July 2019-June 2020]***	**Progress made** **[*July 2019-June 2020]***	**Reasons for shortfall** *[in brief & to the point]*
	(1)	(2)	(3)	(4)
a.	**Major activities performed**			
a1				
a2				
…				
b.	**COVID-19 related activities and/or FDMN related activities performed**			
b1				
b2				
…				

C. CURRENT MANPOWER STATUS (ONLY FOR OP APPROVED POSTS):

[Instruction for filling up the following table]:
Please fill-up only column 2, column 3 and column 4.

Sl. #	**Name of the approved OP posts (only those posts for which salary is borne out of this OP budget)** (1)	**Number of the OP approved/ sanctioned post** (2)	**Number of officer/staffs recruited and available at present** (3)	**Reasons for non-recruitment/vacancy (in brief)** (4)
	a. Accounts Officer/Accountant/Admin. Officer			
	a.1 Through Direct Recruitment			
	a.2 Through Deputation/ Additional responsibility			
	b. Other staff			
	b.1 Through Direct recruitment			
	b.2 From out sourced			

D. PROGRESS ON PRIORITY ACTION PLAN (PAP) ACCORDING TO ANNUAL PROGRAM REVIEW (APR) 2018

[Instruction for filling-up the following table]:
Please specify the current status/progress in col. 3 until June 2020.

Sl. No.	**Priority Action**	**Milestone with timeline**	**Current status/progress as of 30th June 2020)**
	(1)	(2)	(3)

E. PROGRESS OF OP-LEVEL INDICATORS

[Instruction for filling-up the following table]:
Please fill-up only column 5, column 6 and column 7.

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

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

F. TRAINING/ORIENTATION/WORKSHOP/SEMINAR/ADVOCACY

[Instruction for fill-up the following table]:

Less than a month (up-to 28 days) training refers to short-term; **29 days-6 months training refers to medium-term; * 6+ months training refers to long-term;*
+ participants from MOHFW and its all LD offices/directorates/departments/institutions
++ Non-MOHFW personnel at column 8 and column 9 includes participants from other ministry/organization participants, students, teachers, garment workers/other private participants, community representatives/members of the local government, etc.)
M denotes Male
F denotes Female

Category	Topic /subject/area	Duration (number of day(s))	Number of participants						Cost of training (Tk. in Lac)	Remarks
			MOHFW personnel+				Non-MOHFW personnel++			
			Central level (LD office, Directorates and Ministry)		Field level (Division, District, Upazila, Union and Ward)					
			M	F	M	F	M	F		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Local Training										
Short-term* (COVID-19 related training)										
Short-term* (other than COVID-19)										
Long-term***										
Subtotal (a)										
(b) Foreign Training										
Short-term*										
Medium-term**										
Long-term***										
Subtotal (b)										
(c) Foreign study tour/experience sharing visit/exposure visit										
Subtotal (c)										
(d) Orientation/Workshop/Seminar/Advocacy										
Orientation										
Workshop										
Seminar										
Advocacy										
Subtotal (d)										
Grand Total (a+b+c+d)										

G. CHALLENGES FACED

1. Describe the challenges faced in implementing the OP activities during July 2019 to June 2020 e.g.

    a. Procurement
    b. Human resources
    c. Indicator progress
    d. Pandemic (COVID-19)
    e. Others (e.g. Annual Work Plan, Annual Training Plan, Supervision and Monitoring etc.)

2. Please provide your suggestions/recommendations to overcome the above challenges. Especially on how the concerned OP can better respond to the COVID-19 pandemic.
3. Please mention the steps taken by the LD to address the challenges (e.g. discussions in OPIC meeting, ADP review meeting, Steering committee meeting, DG's coordination meeting etc.)

H. FINANCIAL PROGRESS [THE LDs ARE NOT REQUIRED TO PROVIDE FINANCIAL PROGRESS]

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

Prepared by:

Signature, with date,

Name and Designation of the **OP Focal Person**, Phone no. Mobile no. & E-mail Address:

Signature of **Line Director** with date

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

ANNEX-B: OP-WISE REPORT SUBMISSION STATUS

On-time	
Delayed	

S.I.	Division	OP	APIR-2018	APIR 2019	APIR 2020
1	HSD	SWPMM			
2	HSD	PMR			
3	HSD	HEF			
4	HSD	SDAM			
5	HSD	HIS &eHealth			
6	HSD	PSSM-HS			
7	HSD	HRD			
8	HSD	PFD			
9	HSD	IFM			
10	HSD	MNCAH			
11	HSD	NNS			
12	HSD	CDC			
13	HSD	TBL&ASP			
14	HSD	NCDC			
15	HSD	NEC			
16	HSD	CBHC			
17	HSD	HSM			
18	HSD	L&HEP			
19	HSD	AMC			
20	ME&FWD	PME			
21	ME&FWD	MIS			
22	ME&FWD	PSSM-FP			
23	ME&FWD	ME&HMD			
24	ME&FWD	NMES			
25	ME&FWD	TRD			
26	ME&FWD	MCRAH			
27	ME&FWD	CCSDP			
28	ME&FWD	FP-FSD			
29	ME&FWD	IEC			

ANNEX-C: RESULTS FRAMEWORK FOR THE 4TH HPNSP (2017-2022)

RESULT	INDICATOR[15]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE JUNE 2020	TARGET 2022
	Component 1: MOHFW's governance and stewardship roles strengthened				
Result 1.1 Legal and operational framework on governance and stewardship in place	1.1.1 Governance and Stewardship Action Plan implemented in line with milestones	Admin records/APIR, every year	GSAP developed and approved, Planning Wing 2016	Developed a draft of GSAP	GSAP implemented
Result 1.2 Overall sector governance improved	1.2.1 Number of public and non-public facilities accredited	Admin records/ APIR, every year	Process initiated, Planning Wing 2016	1 MCH and 4 DH	a) Accreditation mechanism established; b) 22 MCH, 59 DH and 50 non-public hospitals accredited
	1.2.2 % of DPs submitting annual performance reports on off-budget activities	Admin records/ APIR, every year	54%, MPIR 2014	Not Available	100%
	1.2.3 Incremental budget for MOHFW ensured	APIR/MOF's Budget Book, every year	14.0% increase of MOHFW Budget in FY '15-16, MOF	10% (comparing FY 2018-19)	Annual increment of MOHFW budget >15%
	Component 2: Health systems strengthened to increase performance and efficiency				
Result 2.1 Quality workforce made available in health sector	2.1.1 % of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/midwife)	BHFS, every 2 years	Physician: 37.8%, Nurse/MW: 19.3%, BHFS 2014	Physician at District Hospitals and UHCs (33% and 51%) ((Draft BHFS 2017), Nurses and Midwifes (12.29% and 24%_ (HLMA, DGNM, July 2019)	Physician: 19%, Nurse/midwife: 10%
Result 2.2 Core systems (FM, infrastructure, procurement) strengthened	2.2.1 Increase in the number of Operational Plans (OPs) with annual budget execution over 80%	ADP/APIR, every year	13, APIR 2015	19	19

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

RESULT	INDICATOR[15]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE JUNE 2020	TARGET 2022
	2.2.3 Procurement lead time reduced for the packages tracked through SCMP	Admin records/ SCMP, every year	57.3 weeks, SCMP 2014-15	-	40 weeks
Result 2.3 Strengthened Performance monitoring to promote evidence-based decision making	2.3.1 Number of performance monitoring reports prepared and disseminated annually	Reports/APIR, every year	3 (HB, APIR, SmPR), APIR 2015	APIR 2019, APR 2018, SmPR 2018, HB 2018	08 (APIR, SmPR, MISs, NIPORT, DGDA, DGNM, HEU[16])
	2.3.2 Number of UHFWCs under e-MIS scale up	Admin records, every year	30 (2016) (E-MIS/ DGFP)	1,286 (eMIS/DGFP)	1,500
	2.3.3 Number of districts implementing comprehensive maternal perinatal and newborn death review	Admin records/ APIR, every year	10, CIPRB/DGHS 2014[17]	48	64
	Component 3: Quality basic services reach the disadvantaged population to progress towards UHC				
Result 3.1 Public health services strengthened to promote healthy behavior	3.1.1 % of newborn received essential newborn care (ENC)	BDHS, every 3 years/UESD, every non-DHS year	6.1% BDHS 2014	7% (BDHS 2017-18)	25%
	3.1.2 % of infants age 6-23 month are fed with minimum acceptable diet	BDHS, every 3 years/UESD, every non-DHS year	22.8%, BDHS 2014	34% (BDHS 2017-18) 26.9% (MICS 2019); 26.9% (MICS 2019)	45%
	3.1.3 % of women age 15-19 who have begun childbearing	BDHS, every 3 years/UESD, every non-DHS year	30.8%, BDHS 2014	27% (BDHS 2017-18); 19% (MICS 2019)	25%

[16] For HEU, the report will be Public Expenditure Review (PER)
[17] http://www.ciprb.org/wp-content/uploads/2015/01/MPDR-Fact-Sheet.pdf

RESULT	INDICATOR[15]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE JUNE 2020	TARGET 2022
	3.1.4 % of population of age 25 years or above use tobacco	BDHS, every 3 years; NCD-RF, every 2 years/ GATS, every 3 years	51%, NCD-RF 2011[18]	43.7% Adult population age: 18-69 years, NCD-RF 2018); 35.3% population aged 15 years and above (GATS 2017)	45%
Result 3.2 Equitable coverage of ESP ensured	3.2.1 Contraceptive Prevalence Rate (CPR)	BDHS, every 3 years/UESD, every non-DHS year	62.4%, BDHS 2014	62% (BDHS 2017-18); 63.4% (Urban: 64.4%, Rural: 62.7%) (SVRS 2019); 62.7% (MICS 2019)	75%
	3.2.2 CPR (modern methods) in lagging regions	BDHS, every 3 years/UESD, every non-DHS year	Syl: 40.9%, Ctg: 47.2%, BDHS 2014	Syl: 45%, Ctg: 45% (BDHS 2017-18); Syl: 65.6%, Ctg: 73.8% (SVRS 2019); Syl: 58%, Ctg: 55% (MICS 2019)	60%
	3.2.3 Antenatal care coverage (at least 4 visits)	BDHS, every 3 years/UESD, every non-DHS year	31.2%, BDHS 2014	47% (BDHS 2017-18); 36.9% (MICS 2019)	50%
	3.2.4 % of delivery by skilled birth attendant (SBA)	BDHS, every 3 years/UESD, every non-DHS year	42.1%, BDHS 2014	53% (BDHS 2017-18); 59% (MICS 2019)	65%

[18] Repeat Global Adult Tobacco Survey (GATS) is scheduled to take place in 2016

RESULT	INDICATOR[15]	MEANS OF VERIFICATION & TIMING	BASELINE & SOURCE	UPDATE JUNE 2020	TARGET 2022
	3.2.5 % mothers with non-institutional deliveries receiving postnatal care from a medically trained provider within 2 days of delivery	BDHS, every 3 years/UESD, every non-DHS year	5.4%, BDHS 2014	7% (BDHS 2017-18)	10%
	3.2.6 Ratio of births in health facilities of the richest wealth quintile to the poorest quintile (Q1:Q5)	BDHS, every 3 years/UESD, every non-DHS year	14.9%: 70.2% = 1 :4.7, BDHS 2014	1:3 (BDHS 2017-18)	1: 3.5
	3.2.7 % of public health facilities/public service delivery points without stock-outs of essential medicines/FP supplies	Essential medicines, BHFS, every 2 years; FP supplies, E-LMIS/DGFP, every year	Drugs[19]: 66%, BHFS 2014; FP methods[20]: >98%, E-LMIS/DGFP	Drugs[21]: 33% (BHFS 2017) FP methods[22]: >99%, E-LMIS/DGFP	Drugs: 75%, FP methods: >98%
	3.2.8 Tuberculosis case detection rate	NTP MIS, every year	53%, GTBR[23] 2014	67% (NTP Annual Report 2018)	75%
	3.2.9 Measles-Rubella (MR) immunization coverage among children under 12 months	CES, every year	86.6%, CES 2014	87.5%, CES 2016; 87.9% (BDHS 2017-18)	90%
Result 3.3 Quality of care improved	3.3.1 % of public health facilities with at least one staff trained in pregnancy and childbirth.	BHFS, every 2 years	9.9%, BHFS 2014	49.2 % in public health facilities (BHFS 2017)	50%
	3.3.2 % of public facilities implement and monitor quality improvement activities[24]	Admin records/ APIR, every year	2 (1 MCH, 1 DH), APIR 2015	3 Specialized Hospitals, 64 District Hospitals, 80 UHCs and 10 MCHs	100% MCHs & DHs, 70% UHCs

[19] Defined as availability of at least six of eight essential medicines of a DDS kit: amoxicillin tablet/capsule, amoxicillin syrup, cotrimoxazole, paracetamol tablet, paracetamol syrup, tetracycline eye ointment, iron tablet, and vitamin A capsule.
[20]Service delivery points include family planning field workers
[21] Defined as availability of at least six of eight essential medicines of a DDS kit: amoxicillin tablet/capsule, amoxicillin syrup, cotrimoxazole, paracetamol tablet, paracetamol syrup, tetracycline eye ointment, iron tablet, and vitamin A capsule.
[22]Service delivery points include family planning field workers
[23] Global Tuberculosis Report 2014 by the World Health Organization (WHO)
[24] QA activity to be specified by HEU/HSM; check baseline with HEU

ANNEX-D: COMPONENTS OF 4TH HPNSP WITH THEIR RESPECTIVE DLIs

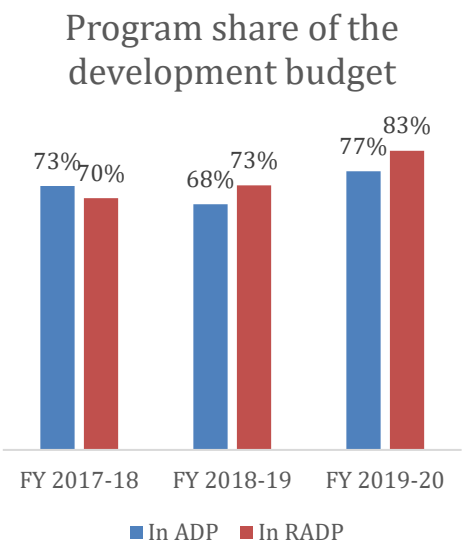
DLI #	DLIs
Component 1: Governance and Stewardship	
1.	Citizen feedback system is strengthened
2.	Budget planning and allocation are improved
Component 2: HNP Systems Strengthening	
3.	Financial management system is strengthened
4.	Asset management is improved
5.	Procurement process is improved using information technology
6.	Institutional capacity is developed for procurement and supply management
7.	Availability of midwives for maternal care is increased
8.	Information system is strengthened, including gender- disaggregated data
Component 3: Provision of Quality HNP Services	
9.	Post-partum family planning services are improved
10.	Utilization of maternal health care services is increased
11.	Emergency obstetric care services are improved
12.	Immunization coverage and equity are enhanced
13.	Maternal nutrition services are expanded
14.	Infant and child nutrition services are expanded
15.	School-based adolescent HNP program is developed and implemented
16.	Emerging challenges are addressed

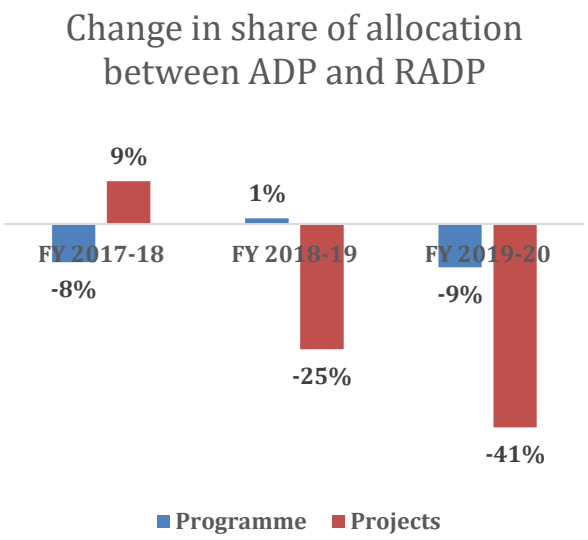
ANNEX-E: COMPARISON OF FUNDING BETWEEN 4TH HPNSP AND THE PROJECTS

Funding for the Program (4th HPNSP) has always been higher than the projects. Overall allocation for the Program over three FYs was 73% of ADP and 76% of RADP. Over these three FYs, allocation for the Program has been increasing but that for the projects' dropped significantly.

In RADP, there were significant changes in allocation to the Projects as compared to ADP allocation (Figure 13). In FY 2017-18, compared to ADP, the share of RADP allocation for the 4th HPNSP decreased to 70% due to additional 9% allocation to the Projects. In contrast, the Projects allocation sharply decreased in RADP in the following two years, 25% reduction in FY 2018-19 and 41% in FY 2019-20 leading to an increase in the share of Program's RADP.

Figure 13: Change in ADP and RADP allocation between Program and the Projects over three FYs





ANNEX-F: FINANCIAL PROGRESS (ALLOCATION, RELEASE, EXPENDITURE AND UTILIZATION RATES) OF PROJECTS DURING FY 2019-20

(in crore Tk.)

Project Name	Duration	Allocation			Release	Expenditure	% Release over Allocation	% Spent over Allocation	% Spent over Release
		Total	GOB	PA					
Health Services Division (HSD)- 31 Projects									
Directorate General of Health Services (DGHS)- 23 Projects									
COVID-19 Emergency Response and Pandemic Preparedness শীর্ষক প্রকল্প	Apr 20-Jun 23	206.7	39.4	167.3	168.5	135.0	82%	65%	80%
COVID-19 Response Emergency Assistance শীর্ষক প্রকল্প	Apr 20-Jun 23	94.5	10.1	84.4	94.5	-	100%	0%	0%
আই হেলথ প্রোমোশন এন্ড প্রিভেনশন অব ব্লাইন্ডনেস ইন সিলেকটেড এরিয়াস অব বাংলাদেশ	Dec 17-Jun 20	34.3	7.3	27.0	29.3	22.2	85%	65%	76%
এক্সপানশন অব ন্যাশনাল ইনস্টিটিউট অব নিউরোসায়েন্সেস এন্ড হসপিটাল	Jan 18-Dec 20	1.3	1.3	-	1.3	1.3	100%	96%	96%
এষ্টাবলিশমেন্ট অব ন্যাশনাল ইনস্টিটিউট অব ল্যাবরেটরী মেডিসিন এন্ড রেফারেল সেন্টার (২য় সংশোধিত)	Jul 10-Dec 20	85.9	85.9	-	85.9	83.3	100%	97%	97%
এস্টাবলিশমেন্ট অব ৫০০ বেডেড হসপিটাল এন্ড এনসিলারি ভবন ইন যশোর, কক্সবাজার, পাবনা ও আব্দুল মালেক উকিল মেডিকেল কলেজ এবং জননেতা নুরুল হক আধুনিক	Jul 18-Jun 21	0.6	0.6	-	0.6	0.3	100%	54%	54%
এ্যাক্সটেনশন অব শহীদ শেখ আবু নাসের এ্যাসপেশিয়ালাইজড হসপিটাল, খুলনা (১ম সংশোধিত)	Jul 12-Dec 19	5.3	5.3	-	5.3	4.0	100%	74%	74%
এ্যাস্টাবলিশমেন্ট অব শেখ লুৎফর রহমান ডেন্টাল কলেজ, গোপালগঞ্জ	Jan 14-Jun 20	10.6	10.6	-	10.6	5.1	100%	48%	48%
কর্ণেল মালেক মেডিকেল কলেজ ও ২৫০ শয্যা বিশিষ্ট হাসপাতাল স্থাপন, মানিকগঞ্জ (১ম সংশোধিত)	Jul 15-Jun 21	129.0	129.0	-	99.0	85.3	77%	66%	86%
কুষ্টিয়া মেডিকেল কলেজ ও হাসপাতাল স্থাপন (১ম সংশোধিত)	Jul 11-Dec 19	86.0	86.0	-	86.0	30.2	100%	35%	35%
জাতীয় অর্থোপেডিক হাসপাতাল ও পুর্নবাসন প্রতিষ্ঠান (নিটোর) সম্প্রসারণ (২য় সংশোধিত)	Jul 13-Jun 20	29.5	29.5	-	29.5	6.6	100%	23%	23%
জামালপুর মেডিকেল কলেজ ও হাসপাতাল এবং জামালপুর নার্সিং কলেজ স্থাপন	Jul 16-Dec 21	60.3	60.3	-	60.3	54.2	100%	90%	90%
ঢাকা মেডিকেল কলেজ হাসপাতালের আধুনিকায়ন, সম্প্রসারণ এবং পুনর্নির্মাণ এর জন্য ব্যয় প্রাক্কলনসহ মহাপরিকল্পনা ও ডিজাইন প্রণয়ন	Apr 19-Jun 20	9.4	9.4	-	9.4	0.1	100%	1%	1%
পটুয়াখালী মেডিকেল কলেজ ও হাসপাতাল স্থাপন	Jul 16-Jun 20	90.5	90.5	-	90.5	50.1	100%	55%	55%
বঙ্গবন্ধু মেডিকেল কলেজ ও হাসপাতাল, সুনামগঞ্জ স্থাপন	Nov 18-Jun 21	26.2	26.2	-	26.2	25.1	100%	96%	96%
বিভাগীয় শহরে সরকারী মেডিকেল কলেজ হাসপাতালে ১০০ শয্যা বিশিষ্ট পূর্ণাঙ্গ ক্যান্সার চিকিৎসা কেন্দ্র স্থাপন	Jul 19-Jun 22	0.1	0.1	-	-	-	0%	0%	-
শহীদ এম. মনসুর আলী মেডিকেল কলেজ ও ৫০০ শয্যার মেডিকেল	Jul 15-Jun 20	106.2	106.2	-	106.2	68.9	100%	65%	65%

(in crore Tk.)

Project Name	Duration	Allocation			Release	Expenditure	% Release over Allocation	% Spent over Allocation	% Spent over Release
		Total	GOB	PA					
কলেজ হাসপাতাল স্থাপন, সিরাজগঞ্জ (১ম সংশোধিত)									
শিশু ও মাতৃস্বাস্থ্য এবং স্বাস্থ্য ব্যবস্থার উন্নয়ন [কম্পোনেন্ট ২: দেশের ৮টি বিভাগে অবস্থিত মেডিকেল কলেজ ও হাসপাতালের ডায়াগনস্টিক ইমেজিং ব্যবস্থার আধুনিকীকরণ]	Jul 16-Jun 21	20.1	0.1	20.0	14.5	14.5	72%	72%	100%
শেখ সায়েরা খাতুন মেডিকেল কলেজ এবং নার্সিং ইনস্টিটিউট (১ম সংশোধিত)	Mar 12-Jun 20	132.4	132.4	-	132.4	105.1	100%	79%	79%
শেখ হাসিনা জাতীয় বার্ণ ও প্লাস্টিক সার্জারি ইনস্টিটিউট (১ম সংশোধিত)	Jan 16-Jun 20	62.9	62.9	-	62.9	27.1	100%	43%	43%
শেখ হাসিনা মেডিকেল কলেজ ও হাসপাতাল স্থাপন, টাঙ্গাইল (১ম সংশোধিত)	Jul 15-Jun 19	9.0	9.0	-	-	-	0%	0%	
সাতক্ষীরা মেডিকেল কলেজ ও হাসপাতাল স্থাপন প্রকল্প (২য় সংশোধিত)	Jan 12-Dec 19	19.1	19.1	-	9.5	9.5	50%	50%	100%
স্ট্রেদেনিং পাবলিক হেলথ এ্যাকশনস ফর ইমারর্জিং ইনফেকটিয়ার্স ইভেন্টস ইন বাংলাদেশ	Jul 15-Jun 20	10.4	-	10.4	4.3	4.3	42%	42%	100%
DGHS Total		**1,230.3**	**921.2**	**309.1**	**1,126.8**	**732.3**	**92%**	**60%**	**65%**
Directorate General of Nursing and Midwifery (DGNM)-1 Project									
ইউনিভার্সেল নার্সিং ইনস্টিটিউট স্থাপন	Jul 17-Dec 19	1.4	1.4	-	0.7	-	50%	0%	0%
Essential Drugs Company Limited (EDCL)- 1 Project									
গোপালগঞ্জে এসেনসিয়াল ড্রাগস্ কোম্পানী লিমিটেড প্রকল্প (২য় সংশোধিত)	Jan 11-Dec 20	55.2	55.2	-	42.5	26.4	77%	48%	62%
icddr,b-2 Projects									
সেইফ মাদারহুড প্রোমোশন অপারেশনস রিসার্চ অন সেইফ মাদারহুড এন্ড নিউবর্ন সার্ভাইভাল	Jul 15-Jun 19	7.0	7.0	-	3.5	1.5	50%	22%	43%
স্কেলিং আপ এন ইন্টিগ্রেটেড ইন্টারভেনশন প্যাকেজ টু রিডিউস ম্যাটারনাল এন্ড নিউনেটাল মরবিডিটি এন্ড মরটালিটি ইন রুরাল বাংলাদেশ	Jan 18-Jun 20	0.7	0.7	-	0.7	0.7	100%	100%	100%
icddr,b total		**7.7**	**7.7**	**-**	**4.2**	**2.2**	**55%**	**29%**	**53%**
Secretariat- 4 Projects									
আর্মড ফোর্সেস ইনস্টিটিউট অব প্যাথলজি (এএফআইপি) এর সম্প্রসারণ ও আধুনিকায়ন	Aug 19-Jun 22	10.1	10.1	-	0.1	0.1	1%	1%	100%
ন্যাশনাল হার্ট ফাউন্ডেশনে ১৫০ শয্যা বিশিষ্ট কার্ডিও-ভাসকুলার ইউনিট স্থাপন	Jan 19-Dec 21	3.0	3.0	-	3.0	1.0	100%	33%	33%
ন্যাশনাল হার্ট ফাউন্ডেশনের জন্য মেডিকেল যন্ত্রপাতি সংগ্রহ	Apr 19-Mar 21	3.6	-	3.6	-	-	0%	0%	-
ফিজিবিল্যাটি স্টাডি ফর এস্টাব্লিশমেন্ট অফ সিক্স মেডিকেল কলেজ এন্ড হসপিটাল	Sep 19-Jun 20	4.7	4.7	-	4.7	2.0	100%	42%	42%
Secretariat total		**21.4**	**17.8**	**3.6**	**7.8**	**3.1**	**36%**	**14%**	**39%**

(in crore Tk.)

Project Name	Duration	Allocation			Release	Expenditure	% Release over Allocation	% Spent over Allocation	% Spent over Release
		Total	GOB	PA					
HSD Total		**1,315.9**	**1,003.3**	**312.6**	**1,182.0**	**763.9**	**90%**	**58%**	**65%**
Medical Education & Family Welfare Division (ME&FWD)- 5 Projects									
Bangladesh Medical Research Council (BMRC)- 1 Project									
"বঙ্গমাতা ন্যাশনাল সেলুলার এন্ড মলিকুলার রিসার্চ সেন্টার স্থাপন"	Nov 18-Jun 23	9.4	9.4	-	9.4	3.0	100%	32%	32%
Bangabandhu Sheikh Mujib Medical University (BSMMU)- 2 Projects									
ইলেকট্রনিক ডাটা ট্র্যাকিংসহ জনসংখ্যা ভিত্তিক জরায়ুমুখ ও স্তন ক্যান্সার স্ক্রীনিং কর্মসূচি (ইপিসিবিসিএসপি)	Jul 18-Jun 21	16.3	16.3	-	16.3	14.3	100%	88%	88%
বঙ্গবন্ধু শেখ মুজিব মেডিকেল বিশ্ববিদ্যালয় (বিএসএমএমইউ)-এর অধীনে সুপার স্পেশিয়ালাইজড হাসপাতাল স্থাপন	Jan 16-Dec 19	185.0	55.0	130.0	127.5	118.3	69%	64%	93%
BSMMU Total		201.3	71.3	130.0	143.9	132.6	71%	66%	92%
Directorate General of Health Services (DGHS)- 1 Project									
শহীদ তাজউদ্দিন আহ্মেদ মেডিকেল কলেজ ও হাসপাতাল স্থাপন, গাজীপুর	Feb 18-Jun 21	91.3	91.3	-	91.3	91.1	100%	100%	100%
Medical Education & Family Welfare Division (ME&FWD)- 1 Project									
Conducting Feasibliy Study for establishment of Three Medicl Universities & Two Nursing Colleges	Jan 20-Dec 20	0.6	0.6	-	0.1	0.1	21%	11%	52%
ME&FWD Total		**302.6**	**172.6**	**130.0**	**244.7**	**226.8**	**81%**	**75%**	**93%**
Grand total		**1,618.6**	**1,175.9**	**442.6**	**1,426.6**	**990.7**	**88%**	**61%**	**69%**

ANNEX-G: PROGRESS OF OPs UNDER EACH COMPONENT OF 4th HPNSP

(in crore Tk.)

OP	ADP Allocation				Released Fund				Fund Spent				% Spent over Release	% Spent over
	Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
			Total	RPA			Total	RPA			RPA	DPA		
Strengthening Governance and Stewardship (SGS)														
PMR	23.6	13.6	10.0	7.2	19.1	13.6	5.6	5.4	11.2	6.1	4.9	0.2	58%	47%
SDAM	21.4	6.4	15.0	15.0	17.7	6.4	11.3	11.3	13.9	4.6	9.3	-	79%	65%
HEF	20.2	7.6	12.5	11.0	19.5	7.6	11.9	11.0	11.2	4.8	5.5	0.9	58%	56%
SWPMM	18.7	1.9	16.8	1.3	33.4	1.9	31.5	1.0	31.7	1.2	-	30.5	95%	170%
PME	4.3	1.1	3.2	3.2	4.3	1.1	3.2	3.2	2.1	0.8	1.3	-	49%	49%
SGS Total	**88.2**	**30.6**	**57.5**	**37.6**	**94.0**	**30.6**	**63.4**	**31.8**	**70.2**	**17.5**	**21.0**	**31.6**	**75%**	**80%**
Strengthening Health System (SHS)														
PFD	2,258.0	2,188.0	70.0	70.0	2,120.4	2,062.7	57.7	57.7	1,837.6	1,784.5	53.1	-	87%	81%
ME&HMD	271.1	201.1	70.0	70.0	253.6	201.1	52.5	52.5	144.4	110.4	34.1	-	57%	53%
HIS & e-H	132.0	101.0	31.0	30.0	124.3	101.0	23.3	22.5	72.2	62.7	8.7	0.8	58%	55%
PSSM-HS	126.9	114.0	12.9	12.9	126.9	114.0	12.9	12.9	112.7	110.7	2.0	-	89%	89%
NMES	76.1	14.8	61.3	33.1	70.3	14.8	55.5	33.1	50.7	9.7	18.6	22.3	72%	67%
TRD	48.4	21.0	27.4	27.4	41.5	21.0	20.6	20.6	27.8	12.0	15.8	-	67%	57%
PSSM-FP	36.3	34.1	2.2	2.2	36.3	34.1	2.2	2.2	26.4	26.0	0.4	-	73%	73%
MIS	31.2	12.6	18.6	18.6	26.5	12.6	14.0	14.0	13.6	8.2	5.3	-	51%	44%
IFM	5.2	1.4	3.8	3.8	4.3	1.4	2.9	2.9	3.3	1.0	2.2	-	77%	63%
HRD	4.7	1.6	3.1	3.1	4.7	1.6	3.1	3.1	2.0	0.7	1.3	-	42%	42%
SHS Total	**2,989.7**	**2,689.5**	**300.2**	**271.0**	**2,808.7**	**2,564.2**	**244.5**	**221.4**	**2,290.7**	**2,125.9**	**141.6**	**23.2**	**82%**	**77%**
Provision of Quality Health Services (PQHS)														
MNCAH	1,116.9	151.5	965.3	465.0	1,051.6	151.5	900.0	465.0	966.9	114.8	417.1	435.0	92%	87%
CBHC	996.0	682.2	313.8	312.8	995.0	682.2	312.8	312.8	850.8	646.0	204.8	-	86%	85%
HSM	832.1	290.6	541.4	535.4	685.8	290.6	395.2	394.0	353.0	231.0	120.8	1.2	51%	42%
FP-FSD	305.2	65.5	239.7	236.7	305.2	65.5	239.7	236.7	230.3	55.8	172.2	2.3	75%	75%
TBL&ASP	229.8	38.0	191.8	109.9	255.2	38.0	217.2	109.9	228.6	22.8	98.5	107.3	90%	99%
CDC	222.7	83.5	139.2	120.3	239.3	83.5	155.8	120.3	162.5	63.7	63.3	35.5	68%	73%
CCSDP	218.9	150.0	68.9	66.2	212.3	150.0	62.3	60.6	115.6	107.3	6.7	1.6	54%	53%
MCRAH	216.0	68.0	148.0	132.0	183.6	68.0	115.6	102.0	130.9	59.8	57.5	13.6	71%	61%
NCDC	208.8	136.8	72.0	68.0	206.5	136.8	69.7	68.0	148.0	95.4	51.0	1.7	72%	71%
NNS	115.7	6.0	109.7	101.7	112.2	6.0	106.2	101.7	82.7	4.2	74.0	4.5	74%	71%
IEC	83.4	41.4	42.0	37.8	72.2	41.4	30.8	30.2	54.2	25.4	28.2	0.6	75%	65%
AMC	48.8	43.8	5.0	5.0	48.8	43.8	5.0	5.0	38.7	38.1	0.7	-	79%	79%
L&HEP	44.2	30.3	13.9	12.2	44.2	30.3	13.9	12.2	38.5	26.6	10.2	1.6	87%	87%
NEC	20.6	4.2	16.4	16.4	20.6	4.2	16.4	16.4	11.2	3.1	8.1	-	54%	54%
PQHS Total	**4,658.9**	**1,791.8**	**2,867.1**	**2,219.4**	**4,432.3**	**1,791.8**	**2,640.6**	**2,034.9**	**3,412.0**	**1,494.0**	**1,313.0**	**605.0**	**77%**	**73%**
Grand Total	**7,736.8**	**4,511.9**	**3,224.9**	**2,528.1**	**7,335.1**	**4,386.6**	**2,948.5**	**2,288.0**	**5,772.8**	**3,637.4**	**1,475.6**	**659.8**	**79%**	**75%**

ANNEX-H: CUMULATIVE FINANCIAL PROGRESS (JANUARY 2017-JUNE 2020) ALONG WITH COMPARISON WITH PIP BUDGET ESTIMATE

(in crore Tk.)

OP	Total PIP budget		PIP budget allocation until June 2020		Cumulative Allocation until June 2020		% PIP budget Allocated until June 2020	Cumulative Expenditure until June 2020	Utilization rate against allocation
	Absolute figure	%	Absolute figure	%	Absolute figure	%			
Health Services Division (HSD)									
Directorate General of Health Services (DGHS)									
MNCAH	7,791.3	18%	5,163.1	17%	2,613.4	12%	34%	2,376.8	91%
CBHC	5,066.0	12%	3,192.6	11%	2,994.8	13%	59%	2,776.9	93%
HSM	4,041.1	9%	2,610.4	9%	2,648.8	12%	66%	2,071.5	78%
TBL&ASP	1,656.5	4%	1,070.9	4%	681.9	3%	41%	591.5	87%
NCDC	1,118.3	3%	746.7	2%	548.9	2%	49%	444.3	81%
CDC	988.4	2%	747.0	2%	654.0	3%	66%	617.5	94%
PSSM-HS	917.5	2%	614.9	2%	607.1	3%	66%	331.6	55%
HIS&eH	786.3	2%	492.5	2%	389.4	2%	50%	327.6	84%
NNS	729.1	2%	529.9	2%	327.3	1%	45%	273.0	83%
AMC	440.6	1%	300.7	1%	160.5	1%	36%	146.8	91%
L&HEP	211.6	0%	145.2	0%	103.5	0%	49%	93.9	91%
PMR	117.3	0%	76.9	0%	63.3	0%	54%	39.6	63%
NEC	82.9	0%	63.0	0%	62.5	0%	75%	45.9	73%
DGHS Total	**23,946.8**	**55%**	**15,753.6**	**53%**	**11,855.3**	**53%**	**50%**	**10,136.9**	**86%**
Ministry of Health and Family Welfare (MOHFW)									
PFD	11,676.3	27%	8,971.7	30%	6,264.2	28%	54%	5,786.1	92%
HEF	221.8	1%	144.2	0%	52.4	0%	24%	31.7	60%
SWPMM	221.3	1%	136.6	0%	27.1	0%	12%	37.6	139%
HRD	62.9	0%	41.6	0%	14.2	0%	23%	5.1	36%
IFM	28.3	0%	18.5	0%	12.6	0%	45%	8.4	66%
MOHFW Total	**12,210.6**	**28%**	**9,312.6**	**31%**	**6,370.4**	**28%**	**52%**	**5,868.8**	**92%**
Directorate General of Drug Administration (DGDA)									
SDAM	63.3	0%	42.7	0%	36.6	0%	58%	28.1	77%
HSD Total	**36,220.6**	**83%**	**25,108.9**	**84%**	**18,262.3**	**81%**	**50%**	**16,033.8**	**88%**
Medical Education & Family Welfare Division (ME&FWD)									
Directorate General of Family Planning (DGFP)									
CCSDP	1,498.4	3%	1,003.2	3%	838.9	4%	56%	639.0	76%
FP-FSD	1,449.4	3%	868.6	3%	787.8	4%	54%	690.3	88%
MCRAH	1,367.5	3%	875.6	3%	614.0	3%	45%	496.5	81%
IEC	293.5	1%	189.7	1%	218.0	1%	74%	155.1	71%
PSSM-FP	156.5	0%	102.4	0%	106.5	0%	68%	82.8	78%
MIS	133.4	0%	104.9	0%	98.7	0%	74%	68.7	70%
PME	24.9	0%	15.8	0%	13.9	0%	56%	9.4	68%
DGFP Total	**4,923.5**	**11%**	**3,160.2**	**11%**	**2,677.8**	**12%**	**54%**	**2,141.8**	**80%**
Directorate General of Health Services (DGHS)									
ME&HMD	1,686.6	4%	1,180.1	4%	1,204.4	5%	71%	832.3	69%
Directorate General of Nursing and Midwifery (DGNM)									
NMES	406.9	1%	299.4	1%	182.5	1%	45%	132.6	73%
National Institute of Population Research and Training (NIPORT)									
TRD	248.9	1%	157.8	1%	130.4	1%	52%	69.7	53%
ME&FWD Total	**7,265.8**	**17%**	**4,797.5**	**16%**	**4,195.0**	**19%**	**58%**	**3,176.3**	**76%**
Grand Total	**43,486.4**	**100%**	**29,906.3**	**100%**	**22,457.3**	**100%**	**52%**	**19,210.1**	**86%**

ANNEX-I: LIST OF OP INDICATORS WITH REPORTING PROBLEM

List of OP indicators (19) found "NOT APPLICABLE" over different reporting periods of 4th HPNSP (January 2017-June 2020)

OP	Indicator serial	OP Indicator	Baseline	Mid-Target	Reason
HEF	Indicator -1	Number of BNHA conducted	BNHA 4	1	BNHA and PER are done alternately
HEF	Indicator -2	Number of PER conducted	PER 2014	1	BNHA and PER are done alternately
MIS	Indicator -3	Number of CCs reporting gender disaggregated data using a single agreed format in DHIS2	0	4,000	Not within the purview of the OP
HRD	Indicator -3	Percentage of public health facilities with at least one staff trained in pregnancy and child birth	9.90%	30%	BHFS survey dependent
HRD	Indicator -4	Percentage of service provider positions functionally vacant in district and upazila-level public facilities, by category (physician, nurse/midwife)	Physician: 37.8%, Nurse/MW : 19.3%,	Physician: 22%, Nurse/midwife: 15%,	BHFS survey dependent
MNCAH	Indicator -4	Percentage of new born received essential new born care (ENC)	6.10%	15%	BDHS survey dependent
MNCAH	Indicator -5	ANC coverage (at least 4 visits)	31.20%	40%	BDHS survey dependent
MNCAH	Indicator -6	Percentage of delivery by skilled birth attendant (SBA)	42.10%	55%	BDHS survey dependent
MNCAH	Indicator -7	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.40%	7%	BDHS survey dependent
MCRAH	Indicator -2	Percentage of new born received essential new born care	6.10%	15%	BDHS survey dependent
MCRAH	Indicator -3	ANC coverage (at least 4 visits)	31.20%	40%	BDHS survey dependent
MCRAH	Indicator -4	Percentage of delivery by skilled birth attendant (SBA)	42.10%	55%	BDHS survey dependent
MCRAH	Indicator -5	Percentage of mothers with non-institutional delivery receiving post-natal care from a medically trained provider within two days of delivery	5.40%	7%	BDHS survey dependent
NNS	Indicator -5	Infants 6-23 months are fed with minimum acceptable diet	22.80%	35%	BDHS survey dependent
CDC	Indicator -2	Hepatitis B incidence	546	450	Survey dependent
NCDC	Indicator -1	Proportion of adults with high blood pressure	17.90%	17%	NCD-RF and BDHS dependent
FP-FSD	Indicator -1	Proportion of women of reproductive age (age 15-49 years) who have their need for FP satisfied with modern methods	12%	8%	BDHS survey dependent
FP-FSD	Indicator -2	Adolescent birth rate (age 10-14 years: aged 15-19 years) per 1,000 women in that age group	83	60	BDHS survey dependent
FP-FSD	Indicator -3	CPR (modern methods) in lagging regions	Syl 40.9%. Ctg 47.2%	55%	BDHS survey dependent

List of OP indicators (8) found "NOT AVAILABLE" over different reporting periods of 4th HPNSP (January 2017-June 2020)

OP	Indicator serial	OP Indicator	Baseline	Mid-Target
HRD	Indicator-5	Develop service level wise comprehensive HR plan and implement	Draft HR plan projection and career development (HRPP&CD) Technical Assistance Report, August 2016. Source: HR Unit, MOHFW, August 2016	-
PFD	Indicator-5	Number of Hospitals/ health facilities constructed/ renovated to make them gender and disability friendly (ramp, separate toilet for women and sitting arrangement)	-	60%
PFD	Indicator-6	Asset management system is implemented	AMS is piloted in one district hospital	20
IFM	Indicator-1	Financial management system is strengthened	FMAU restructuring is approved by MOPA	At least 50% of FMAU staff are recruited
IFM	Indicator-2	Software to be developed and all LDs to use Computerized Accounting System	N/A (LD, IFM)	50%
CBHC	Indicator-4	Medical waste management operating at all levels of Upazila health system	Very limited medical waste management at UHC only	Medical waste management process initiated at all level of facilities
HSM	Indicator-4	Number of districts with a public hospital having five essential specialists (medicine, surgery, pediatrics, obs. and gynae, anesthologist)	Under 10 districts with a public hospital with 5 essential specialists	25
CCSDP	Indicator-5	Percentage of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Service	5%	15%

ANNEX-J: PROGRESS OF THE PRIORITY ACTION PLAN (PAP)

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
COMPONENT 1: GOVERNANCE AND STEWARDSHIP				
Sector Management				
1.1.	Review activities, budgets, indicators and milestones of all OPs (including cross-cutting issues such as, gender, equity and inclusion).	Review reports submitted to MOHFW, by December 2019	Implementer: LDs of all OPs Supervisor: SWPMM in collaboration with PME, PMR	• The SWPMM OP drafted a template for reviewing OP activities, budgets, indicators and milestones to share with the LDs. Meanwhile, the PMMU TAST already discussed with 19 OPs to review and revise the OP-level indicators. • The PME OP conducted a workshop with LDs for revision of the seven OPs of DGFP. Eventually, as part of primary calculation, the cost estimation of the OPs under DGFP was revised. • The HEF OP undertook activities to address gender issues (completed the service mapping of Gender Based Violence, built capacity of OP focal persons on gender issues and identified gender related indicators etc.). Completed a workshop with different ministries and stakeholders in the MOHFW conference room on 30 October 2019. • The HSM OP reviewed activities and budgets. • The NCDC OP completed the review of OP level indicators and upon approval of these indicators planned to revise activities, budgets, milestone and other cross cutting issues. • Gender issue is being addressed by the CBHC OP in the following ways: 54% of CHCPs (Principal Service provider of CC) are female; more than 80% service

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
				seekers of CCs are female and children; in CG and CSG at least one third members are female; among Multiple Health Volunteers (MHVs) 79% are female. • All service seekers, irrespective of age, sex, race, religion, economic status, geographical areas, are eligible and getting free services from the CCs and the equity is being addressed. • The MIS OP submitted review report and designed revision according to review report.
1.2.	Review and update the urban health strategy (with clear demarcation of roles and responsibilities of MOHFW and MOLGRDC).	Updated Urban Health Strategy, by December 2019	Implementer: Urban Health Working Group (UHWG) Supervisor: Urban Health Coordination Committee (UHCC)	• Developed a draft Urban Health Strategy along with Action Plan. • Developed PHC services guidelines for urban health in consultation with concerned stakeholders and awaiting approval. • Conducted a baseline survey on Government Outdoor Dispensary in Dhaka Division. • Drafted urban immunization strategy and awaiting approval.
Governance and Stewardship				
1.3.	a. Finalize the draft Accreditation Act for Health Care Institutions b. Strengthen existing licensing, enforcement and regulatory systems for health service provision	a. Approval of the Act, by June 2020 b. Evidence of progress on strengthening existing licensing, enforcement and regulation system available, by June 2020	Implementer: LD-HSM Supervisor: Additional Secretary (Hospital), HSD	a. The draft "Health Care Institutions Accreditation Act" is under finalization. b. Launched the online registration process for private hospitals, clinics, diagnostic centers and blood banks and is in operation since July 2018.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
Health Financing				
1.4.	Explore a set of identified pathways to address the high OOP burden, especially for the poor in collaboration with other Ministries	Technical report, by December 2019	Implementer: LD-HEF Supervisor: Secretary, HSD	• With support from the World Bank, the HEF OP prepared a technical report and submitted to the Heath Services Division, MOHFW.
1.5.	Make available one Anti-hypertensive, one anti-diabetic drug across the country at generic cost	One Anti-hypertensive, one anti-diabetic drug across the country at generic cost is available, by June 2020	Implementer: NCDC, L&HEP Supervisor: DG, DGHS	• One Anti-hypertensive and one anti-diabetic drug are available in all UHCs and DHs free of cost. • The SWPMM OP arranged TA to gather evidence to support policy, advocacy on making available at least two common anti-hypertensive and two anti-diabetic drugs in generic name and at affordable cost throughout the country to contribute to universal health coverage and SDG-3 achievement. A ToR was developed on this activity which was approved by TAC.
Pharmaceuticals and Drug Administration				
1.6.	Conduct training of key DGDA authorized personnel in GMP and Pharmacovigilance in preparation for regulatory actions	Staff training completed on GMP and Pharmacovigilance, by December 2019 [WHO certification]	Implementer: DGDA Supervisor: Additional Secretary (PH & WH), HSD	• Training on GMP was conducted in January 2019 for the officers of DGDA. A total of 80 personnel participated in the training. In addition, another round of training was supposed to be conducted from January through March 2020 for 60 DGDA officials, but could not be conducted due to COVID-19 situation.
Data/Digital health/ eHealth				

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
1.7.	Develop, review, approve and publish the Digital/eHealth strategy in line with national ICT policy and strategy	Digital/eHealth strategy disseminated, by December 2019	Implementer: HIS-eHealth and MIS Supervisor: DG, DGHS	• Prepared a draft of Digital/e-health Strategy, which is being reviewed for finalization.
COMPONENT-2: HEALTH SYSTEMS STRENGTHENING				
Human Resource Development				
2.1.	Establish a recruitment and deployment action plan against the existing projections, which prioritize the PHC workforce and support delivery of ESP	• Approved plan available, by December 2019 • Reduction of existing vacancies in public facilities, by June 2020	Implementer: HRD Supervisor: Secretary, HSD with support from USAID	• A country-wide sample-based survey was conducted for assessment of health workforce in public and private sector. This report is under review and finalization. Draft report is available with HR Branch. • Service level wise health workforce plan and projection has been in progress. Staffing norms of different health facilities at primary level have been collected. Several workshops are scheduled. By December 2020, final draft report is to be available. • HRD Unit developed a TOR for hiring a consultant to conduct a need assessment of creating new positions in the primary and secondary level health facilities. The TOR was finalized, and hiring is in process.
2.2.	Undertake innovative approaches to ensure availability of specialist health services (Surgery, Medicine, anaesthetists, Obs/Gyn, Paediatrics specialists) at	Number of DHs with full set of Specialists (Surgery, Medicine, anaesthetists, Obs/Gyn, Paediatrics specialists) present by June 2020	Implementer: HRD Supervisor: Secretary, HSD	• Data collection of consultants has been made to monitor vacancies on this. HR Branch, HSD with support from WHO Bangladesh have been working on this to monitor consultant's availability in district hospitals. Data of 2019 and 2020 are now available.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
	District level hospital.			
2.3.	(a) Finalise Job Descriptions (JDs) for nurses. (b) Review JDs for all other staff at Upazila and below (PHC workforce)	(a) by December 2019 (b) by December 2019	Implementer: (a) DG, DGNM (b) Additional Secretary (Administration) Supervisor: Secretary, HSD	• The job description for nursing workforce (services) was updated by a technical working group in the DGNM. • Updated job descriptions of nursing workforce (education) has been submitted to ME&FWD for approval. • A national level consultant has been working on this. He has submitted his report on updating job description of primary level health workforce including doctors, nurse, medical technologists, non-medical staff working at primary level health facilities in the public sector. Reports are available for reference.
Physical Facilities Development, Procurement and Supply Chain Management				
2.4.	Develop a guideline for Comprehensive Contract Management (CCM) for regular maintenance of medical equipment at public facilities.	Approved guideline available, by December 2019	Implementer: DG, DGHS Supervisor: Additional Secretary (Hospital), HSD	• Preparation of CCM guideline is in process.
2.5. ☒	Reactivate Procurement and Logistics Management Cell's (PLMC) in MOHFW	Evidence of PLMC revitalization and functioning, by June 2020	Implementer: PFD, PSSM-HS, PSSM-FP Supervisor: Secretary, HSD	• Procurement and Logistics Management Cell (PLMC) was re-established on 26 June 2019. This priority action has been completed. This priority action has been completed.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
2.6.	Ensure all health facilities of one district of each Division have in-house medical waste management system	Medical Waste Management system in place in all health facilities of one district of each Division, by June 2020	Implementer: HSM, CBHC and MCRAH in collaboration with PFD Supervisor: Additional Secretary (Hospital), HSD	**MCRAH**: Budget allocated to procure waste bin of different colors (yellow, green and black) in the service centres under DGFP. **HSM**: To ensure the capacity development, the OP completed training of service providers of 37 hospitals of all eight Divisions about in-house Medical Waste Management. In addition, supplied logistics (bins and consumables) in 11 hospitals of Dhaka, Khulna, Rajshahi and Rangpur Divisions. **CBHC**: Eight districts of eight Divisions have been selected in consultation with LD, HSM & are as follows: Dhaka: Manikganj Chattogram: Cox's Bazar Rajshahi: Natore Khulna: Jhinaidah Barishal: Bhola Rajshahi: Natore Sylhet: Moulvibazar Rangpur: Nilphamari Supply of MWM logistics and training in some the facilities of those districts have been done so far and the rest will be done in 2020-2021.
Financial Management and Audit				
2.7. ☒	Finalize Asset Management Guideline as part of Fiduciary Action Plan (FAP)	Approved AMS guideline available, by June 2019	Implementer: HSM Supervisor: Additional Secretary	Approved and published Asset Management Guidelines. This priority action has been completed.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
			(Hospital), HSD	
COMPONENT-3: QUALITY HEALTH SERVICES				
Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH)				
3.1. ☒	Implement the PPH-eclampsia action plan to address two major causes of maternal deaths	Action plan implemented in 20% of UHCs, by June 2020	Implementer: MNCAH, MCRAH, NMES Supervisor: DGs of DGHS, DGFP and DGNM	The action plan was implemented in 62 Upazilas and made 20% progress till June 2020. This priority action has been completed. **NMES**: prepared midwifery students to manage PPH and eclampsia at UHCs through Helping Mother Survive (HMS) training. **MNCAH**: Implemented in 190 upazilas. Provided mentorship of midwives; ensured supply of eclampsia kits. **MCRAH**: • Prevent PPH - 7.5 lac dose of tablets Misoprostol distributed through FWA/ FWV for home delivery to pregnant mothers in their 32 weeks of gestation. • injection oxytocin is being provided for AMTSL for facility delivery • Prevent eclampsia- Inj. Magnesium Sulphate ($MgSO_4$) is under procurement • The PPH action plan was implemented through central procurement of Tablet Misoprostol and ensured its supply throughout the country.

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
				• In addition, the Eclampsia action plan was implemented in selected upzilas through NGOs and Save the Children.
3.2. ☒	Accelerate accreditation of District Hospitals under Women Friendly Hospital Initiative	Accomplish accreditation of at least 20 District Hospitals as Women Friendly. C-Section rates in accredited hospitals, by June 2020	Implementer: HSM, MNCH, MCRAH, NMES in collaboration with OGSB Supervisor: DG, DGHS and DG, DGFP	• Accomplished accreditation for 23 District Hospitals as Women Friendly. This priority action has been completed.
3.3.	Assess comprehensively the resources and develop action plan to ensure BEmONC in all UHCs and designated UHFWCs based on resource mapping exercise) and MCWCs	Assessment report with recommendations, by June 2020	Implementer: MNCAH, MCRAH in collaboration with UNFPA Supervisor: DG, DGHS and DG, DGFP	MNCAH: Initiated preparatory work on BEmONC services for UHCs and appointed consultant through UNFPA who is working on it. MCRAH: • Assessment and mapping of UHFWCs to establish BEmONC center is completed (400 centers) with the participation of DGFP & DGHS. The development of an actional plan is in process and will be completed by June 2020 • BEmoc services at UH&FWC is under proposal stage. • Established CEmoc services in old 72 MCWCs and for other facilities. • Manpower sanction is under process.
Family Planning				

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
3.4.	Develop an action plan for the improvement of current low utilization of LARC and PM services at public and private health facilities	Action plan agreed by DGHS and DGFP and disseminated, by December 2019	Implementer: CCSDP Supervisor: DG, DGFP	• A small committee was formed to develop an action plan. After development of a draft action plan, the committee arranged an internal meeting and then shared the draft with UNFPA in a working group meeting. The recommendations of the UNFPA have been incorporated in the draft. The draft is being finalized.
NCD and Lifestyle and Environment				
3.5.	Scale up "healthy schools" approach aimed at improving lifestyle choices of school age children	100 schools actively engaged in program, by June 2020	Implementer: MNCAH, L&HEP, NCDC Supervisor: DG, DGHS	• Preparatory meeting was held to define criteria for selecting 100 schools. Training materials were prepared, and logistics would be provided (e.g. DGFP will be providing sanitary napkins) • The MNCAH OP engaged 21 schools. • L&HEP OP started orientation program for teachers to improve lifestyle choices.
3.6.	Start active public awareness campaign on sugar and salt intake through mass media and schools	Campaign activities in place, by December 2019	Implementer: NCDC, L&HEP, Supervisor: Additional Secretary (WH&PH), HSD	• 10 workshops on dietary salt conducted involving teachers of school (primary and secondary) in Dhaka district (outside metropolitan areas). Two TV spots under preparation. TV scroll running on dietary salt and sugar intake upto December 2019. In addition, the L&HEP OP conducted six seminars in Bogra, sirajganj, Rajshahi, Natore, Tangail and Joypurhat districts.
Communicable Disease Control				
3.7. ☒	Following completion of the	NAPHS completed,	Implementer: CDC in	• Two workshops held to develop the action plan. Eventually, the

Sl. #	Priority Action	Milestone with Timeframe	Responsibilities	Progress/current status as of 30 June 2020
(1)	(2)	(3)	(4)	(5)
	Joint Evaluation Exercise (JEE), develop the National Action Plan for Health Security (NAPHS)	by December 2019	collaboration with IEDCR Supervisor: DG, DGHS	draft version of the action plan was published. This priority action has been completed.
Nutrition				
3.8. ☒	Promote the standard regimen of iron-folate and calcium supplementation of pregnant women during ANC and ensure adequate supplies in place.	Issue instruction circular; and inclusion into orientation materials, by December 2019. Supply coordination discussion and decision in NICC meetings.	Implementer: MNCAH, MCRAH, CBHC, NNS Supervisor: DG, DGHS and DG, DGFP	• The MCRAH OP procured the Iron-Folic Acid and tablet Calcium and supplied within DDS Kits with an instruction of doses for pregnancy and adolescent girls. • According to CBHC OP, the standard regimen of the Iron-folate and tablet Calcium are being procured every year and supplied to all health facilities under CBHC. Instruction was given to all concerned to provide Iron-folate (200mg iron+400 microgram folic acid) to all pregnant mothers from the day of identification of pregnancy to three months after delivery. At the same time, instructions were given to provide calcium lactate to pregnant and lactating mothers up to 3 months after delivery. A decision was made in the NICC meeting to ensure uninterrupted supply of these medicines in all facilities. DG/DGHS chaired three NICC meetings. This priority action has been completed.