Government of the People's Republic of Bangladesh
Ministry of Health & Family welfare

YEAR BOOK 2009

Management Information System (MIS)
Directorate General of Health Services (DGHS)
Mohakhali, Dhaka-1212
www.dghs.gov.bd

Year Book 2009 Primarily reports achievements of Health, Nutrition and Population Sector Program under The Directorate General of Health Services for the fiscal year 2008-2009

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Minister
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Message

I am very pleased that the Year Book 2009, containing information on the achievements of Operational Plans of Health Nutrition and Population Sector Program for the fiscal 2008-09 run by the Directorate General of Health Services, is going to be published. I congratulate the Management Information Systems for Health (MIS-Health) for publishing the report. It will act as a good source of information for concerned health mangers of all tiers.

Our Government is very keen to strengthen public sector health care service, and for this proper design and implementation of health information management system is always needed. So our government is working sincerely to develop a well functioning health information system.

We are very confident that we could deliver health care to all people of our country. It is, therefore not surprising that we are making various efforts to overcome the constrains in implementing primary health care approach in our country, be it the recruitment of new doctors or bringing telemedicine to the community clinics or introducing mobile-phone health service in public hospitals. We are giving priority to the development of modern and well-functioning Electronic Management of Health Information Systems that will not only generate valuable and useful information but also help to deliver health care to the people using technology.

I would like to urge all concerned health managers and policy makers to uphold sound health management information system and to make the best possible use of information at all tiers of the health care delivery system. And I thank MIS-Health team for publication of Year Book 2009 and urge them to keep up their spirit and help us accomplish our vision 2021.

Joy Bangla, Joy Bangabandhu.
Long live Bangladesh.

Professor Dr AFM Ruhal Haque, MP

Adviser to the Honorable Prime Minister
for Health, Family Planning and Social Welfare Affairs
Government of the People's Republic of Bangladesh

Message

I am very delighted to learn that Year Book 2009 containing information regarding the OPs and Projects for fiscal 2008-09 under the Directorate General of Health Services of the Government of Bangladesh is being published. Since the start of the present Government, we are focusing on ensuring people's health at the grass root levels through commissioning of 18,000 community clinics and development of modern and well-functioning Health Management Information Systems to accomplish our vision of Digital Bangladesh. We would take digital health to community clinics through innovative use of mini laptops like telemedicine, information channel, educating people and training health manpower.

While I hail publication of this Year Book 2009, I also urge the health managers and policy makers to uphold the culture of documenting full records of each program and project, so that we can learn from complete information of the past and plan for future with the best possible judgment.

Joy Bangla, Joy Bangabandhu.

Professor Dr Syed Modasser Ali

State Minister
Ministry of Health and family Welfare
Government of the People's Republic of Bangladesh

Message

I am immensely pleased to know that MIS-Health is going to publish the Year Book 2009 like in the previous years with information on achievements of HNPSP for the fiscal year of 2008-2009. Our Government is very committed to improve the health status of the people of Bangladesh with special attention to the impoverished section of the population including the hard to reach group. We firmly believe that through the honest and positive efforts, we would be able to achieve true change to the entire health system for the better health of our people.

I believe that this Year Book will be useful for strengthening the health care delivery system. I extend my sincere thanks and appreciation to the Director General and his team of MIS for their sincere efforts to bring out this Year Book 2009.

Dr Captain (Retd.) Mozibur Rahman Fakir, MP

Secretary
Ministry of Health & Family Welfare
Government of the People's Republic of Bangladesh

Message

I am pleased to know that the MIS-Health of DGHS is going to publish the Year Book 2009 for presenting to the valued readers information on achievements on HNPSP for the fiscal 2008-2009 as a continuum of effort since Year Book 2007. The series of Year Books are serving the purpose of historical review of MOHFW's performance on development projects and are also giving us opportunities to critically analyze our activities. The Year Books also provide us the spaces for improving our OPs. I extend my sincere appreciation to MIS-DGHS for making consistent efforts to publish the Year Book 2009 and the previous Year Books.

Shaikh Altaf Ali

Director General of Health Services
Government of the People's Republic of Bangladesh

Message

It is definitely a great pleasure for me to know that MIS-Health is going to publish the Year Book 2009, which will explore the achievements of HNPSP Operational Plans of our Directorate General of Health Services. I am looking forward eagerly to see this valuable report. In the recent times, the Management Information System of DGHS has shown much capacity and performance gains due to able leadership, sincere efforts and right planning. I sincerely believe that we will get good dividend in a very short time. As the Director General of Health Services, it also gives me immense satisfaction that our MIS department remains at the forefront of MOHFW's digital health vision implementation. It is only the matter of time that the people will start to get the benefits of digital health in visible and comfortable way.

Finally, I extend my sincere thanks to Professor Dr Abul Kalam Azad, Director of MIS for providing leadership in the new developmental activities including in publication of this Year Book. His team members are due for my appreciation.

Professor Shah Monir Hossain

Director, Management Information System
Directorate General of Health Services
Government of the People's Republic of Bangladesh

Message

I am pleased to present the Year Book 2009 to our readers. This Year Book 2009 portrays the information on the Operational Plans and Investment Projects of HNPSP under the Directorate General of Health Services for fiscal 2008-2009. This year's Year Book carries special value as we are heading to develop the new sector plan for the Ministry of Health & Family Welfare to be started from July 2011. In this context, the experience of HNPSP in the past years, will guide us to develop a better sector plan. The MIS-health started publishing Year Books from 2008 through Year Book 2007. The Year Book 2009 is the third in the Year Book series. However, Year Book 2009, being recent experience, will be more helpful.

We have tried to give new flavor to the Year Book 2009. We used sections for general description of the Operational Plans and for Financing and expenses, Problems, Challenges, Lessons learned, Issues to be addressed, Indicators, etc. These sections will enable readers to understand which measures should be undertaken to make more outcomes from development programs of health sector. I believe that the readers will like Year Book 2009.

At this wonderful moment, I like to express my gratefulness to Professor Dr. AFM Ruhal Haque, MP, the Honorable Minister for Health & Family Welfare of the Government of the People's Republic of Bangladesh to provide full support to MIS (Health) in publishing this Year Book 2009 and in all other activities. Professor Dr. Syed Modasser Ali, the Honorable Adviser to the Prime Minister for Health, Family Planning and Social Welfare always appreciates our good work. We acknowledge his blessings. Dr. Captain (Retd.) Mozibur Rahman Fakir, MP, the Honorable State Minister

for Health & Family Welfare encourages us for making success, which keeps us in the right path. Md. Sheikh Altaf Ali, Honorable Secretary of the Ministry of Health & Family Welfare provides us administrative support to carry forward our work smoothly. I am owed to him. Our Director General of Health Services, Professor Dr. Shah Monir Hossain is our dream leader and the torch bearer, who always ensures that we remain in right track. We acknowledge his leadership. Our Line Directors and the Planning Wing of Ministry of Health & Family Welfare provided us valuable information on which we did the editing. We are grateful to them for providing us primary data.

I shall not do justice to myself if I don't acknowledge Dr. Nasreen Khan, Dr. Mizanur Rahman and Md. Nezam Uddin Biswas for their hard work to publish this Year Book 2009. My personnel and staffs, here in MIS head office and all over Bangladesh are my workforce on whom I always depend for information. I extend my best wishes to all of them. Finally, you, the readers, are the best source of our inspirations for whom, we take so much interests and enthusiasms. Please enrich us with your valuable comments and suggestions.

Professor Dr Abul Kalam Azad

ACRONYMS

ACT	Artemisinin Based Combination Therapy
ADB	Asian Development Bank
ADP	Annual Development Programme
AEFI	Adverse Events Following Immunization
AFP	Acute Flaccid Paralysis
AHI	Assistant Health Inspector
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
APR	Annual Program Review
ARI	Acute Respiratory Infection
ARV	Anti Retroviral Medication
BBS	Bangladesh Bureau of Statistics
BCC	Behavior Change Communication
BCG	Bacillus Calmette Guerin
BCS	Bangladesh Civil Service
BDHS	Bangladesh Demographic and Health Survey
BHE	Bureau of Health Education
BIDS	Bangladesh Institute for Development Studies
BINP	Bangladesh Integrated Nutrition Project
BMDC	Bangladesh Medical and Dental Council
BMI	Body Mass Index
BMMS	Bangladesh Maternal Mortality Survey
BNC	Bangladesh Nursing Council
BNHA-2	Bangladesh National Health Accounts,1999-2001
BRAC	Bangladesh Rural Advancement Committee
BSMMU	Bangabandhu Sheikh Mujib Medical University
BTV	Bangladesh Television
CBN	Cost of Basic-Needs (method)
CC	Community Clinic
CDC	Communicable Disease Control
CDD	Control of Diarrheal Diseases
CFP	Conceptual Framework Paper
CGA	Comptroller General of Accounts
CIDA	Comptroller General of Accounts
CMCH	Chittagong Medical College Hospital
CME	Centre for Medical Education
CMMU	Construction, Maintenance and Management Unit
CMNS	Child and Mother Nutrition Survey
CMSD	Central Medical Stores Depot
CNP	Community Nutrition Promoter
CNS	Child Nutrition Survey
CNU	Child Nutrition Unit
C-section	Caesarean Section
CSO	Community Support Organization
DBLM	Danish Bangladesh Leprosy Mission
DBRH	Demand Based Reproductive Health
DCA	Development Credit Agreement
DDA	Directorate of Drug Administration
DDMC&H	Dhaka Dental Medical College & Hospital
DFID	Department for International Development (UK)
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGIS	Directoral General for International Co-operation
DH	District Hospital
DMC	Dhaka Medical College
DMCH	Dhaka Medical College Hospital
DMIS	District Management Information
DNS	Directorate of Nursing Survey
DOTS	Directly Observed Treatment-Short Course
DP	Development Partner
DPA	Direct Project Aid
DSF	Demand Side Financing
ECNEC	Executive Committee of National Economic Council
EDPT	Early Diagnosis and Prompt Treatment
EmOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
EPR	Emergency Preparedness and Response
ERD	Economic Relation Division
ESD	Essential Service Delivery
EU	European Union
FMAU	Financial Management and Audit Unit
FMRP	Financial Management Reforms Project
FP	Family Planning
FWA	Family Welfare Assistant
FY	Financial Year
GDP	Gross Domestic Product
GFTAM	Global Fund Tuberculosis, AIDS & Malaria
GHDCH	Govt. Homeopathic Degree College Hospital
GIS	Geographic Information System
GOB	Government of Bangladesh

GPS	Global Positioning System
GR	Geographic Reconnaisance
GTC	Government Tibbia College
GU&ADC&H	Govt. Unani & Ayurved Degree College & Hospital
HA	Health Assistant
HA	Health Assistant
HDI	Human Development Index
HDS	Health and Demographic Survey
HEB	Health Education Bureau
HEED	Health Education & Economic Development
HEU	Health Economics Unit
HFWC	Health and Family Welfare Centre
HI	Health Inspector
HIES	Household Income and Expenditure Survey
HII	Hospital Improvement Initiative
HIS	Health Information System
HIU	Health Information Unit
HIV	Human Immuno-deficiency Virus
HKI	Helen Keller International
HLIC	High Level Inter-ministerial Committee
HMN	Health Metrics Network
HMPD	Health Manpower Development
HNP	Health Nutrition and Population
HNPSP	Health, Nutrition and Population Sector Program
HNPSP	Health Nutrition & Population Sector Program
HOSP	Hospital
HR	Human Resource
HR	Human Resource Management
ICDDR, B	International Centre for Diarrheal Disease and Research
ICOVED	Integrated Control of Vector Borne Disease
ICT	Information and Communication Technology
IDA	International Development Agency
IDU	Intravenous Drug User
IEC	Information, Education and Communication
IEDCR	Institute of Epidemiology, Disease Control & Research
IHT	Institute of Health Technology
IMCI	Integrated Management of Childhood Illness
IMED	Implementation, Monitoring & Evaluation Division
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPH	Institute of Public Health
IPHN	Institute of Public Health Nutrition
IPM	Individual Performance Management
i-PRSP	Interim Poverty Reduction Strategy Paper
IT	Information Technology
ITHC	Integrated Thana Health Complex
ITMN	Insecticide Treated Mosquito Nets
ITMN	Insecticide Treated Mosquito Net
IUD/IUCD	Intra-Uterine(Contraceptive)Device
IYCF	Infant and Young Child Feeding
JICA	Japan International Co-operation Agency
KMCH	Khulna Medical College Hospital
LAN	Local Area Network
LBW	Low Birth Weight
LD	Line Director
LEPRA	British Leprosy Relief Association
LLIN	Long Lasting Insecticide Net
LLP	Local Level Planning
LTSO	Long Term Strategy Options
M&E	Monitoring & Evaluation
M/F	Male / Female ratio
MA	Medical Assistant
MATS	Medical Assistant Training School
MBDC	Mycobacterial Disease Control
MC	Medical College
MCH	Medical College Hospital
MCWC	Maternal and Child Welfare Center
MDA	Multi Drug Administration
MDG	Millennium Development Goals
MDT	Multi Drug Treatment
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MMR	Maternal Mortality Rate/Ratio
MNCH	Maternal and Child Health
MNH	Maternal and Neonatal Health
MO	Medical Officer
MOHFW	Ministry of Health & Family Welfare
MOLGRDC	Ministry of Local Gov. Rural Development & Co-operatives
MOU	Memorandum of Understanding
MP	Member of Parliament
MSA	Management Support Agency
MSD	Medical Sub Depot
MSR	Medical and Surgical Requisite
MTR	Mid Term Review
NASP	National AIDS/STD Program
NCD	Non-communicable Diseases
NDSC	National Disease Surveillance Center
NEC	National Eye Care
NEMEW	National Electro Medical Workshop
NGO	Non –Governmental Organization

NICH&R	National Institute of Cancer Hospital & Research
NICVD	National Institute of Cardiovascular Diseases
NID	National Immunization Day
NIDCH	National Institute of Diseases of the Chest and Hospital
NIKDU	National Institute of Kidney Diseases & Urology
NIMH&R	National Institute of Mental Health and Research
NIO	National Institute of Ophthalmology
NIPORT	National Institute of Population Research & Training
NIPSOM	National Institute of Preventive and Social Medicine
NITOR	National Institute of Traumatology & Orthopedic Rehabilitation
NLEP	National eprosy Elimination Program
NMR	Neonatal Mortality Rate
NNP	National Nutrition Project
NRR	Net Reproduction Rate
NSV	Non-Scalpel Vasectomy
NTP	National TB Control Programme
OGSB	Obstetric & Gynecological Society of Bangladesh
OP	Operational Plan
ORT	Oral Rehydration Therapy
OSD	Officer on Special Duty
PA	Project Aid
PAD	Project Appraisal Document
PEM	Protein Energy Malnutrition
PER	Public Expenditure Review
PETS	Public Expenditure Tracking Study
PF	Pooled Fund
PHC	Primary Health Care
PIP	Programme Implementation Plan
PLMC	Procurement and Logistics Monitoring Cell
PLWHA	People Living with HIV/ AIDS
PMA	Performance Management Agency
PMIS	Personnel Management Information System
PNC	Post-Natal Care
PPE	Personal Protective Equipment
PPFT	Programme Preparation Facilitation Team
PPP	Public Private Partnership
PRS	Poverty Reduction Strategy
PRSP	Poverty Reduction Strategic Paper
PSO	Programme Support Office
RDT	Rapid Diagnostic Tests
RDT	Rapid Diagnostic Test
RIHD	Rehabilitation Institute and Hospital for Disabled
RMP	Rural Medical Practitioner
ROP	Revised Operational Plan
RPIP	Revised Programme Implementation Plan
SAM	Service Availability Mapping
SARP	Severe Acute Respiratory Syndrome
SBA	Skilled Birth Attendant
SBTP	Safe Blood Transfusion Program
SDS	Service Delivery Survey
SEARO	South East Asian Regional Office, WHO
SH	School Health
SIP	Strategic Investment Plan
SOE	Statement of Expenditure
SOP	Standard Operating Procedure
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWAP	Sector Wide Approach
TA	Technical Assistance
TB	Tuberculosis
TEMO	Transport & Equipment Maintenance Organization
TFR	Total Fertility Rate
THE	Total Health Expenditure
THP	Tribal Health Plan
TMIS	Training Management Information System
TOR	Terms of Reference
TQM	Total Quality Management
U5	Under 5 Years of Age
U5MR	Under 5 Mortality Rate
UH&FWC	Union Health and Family Welfare Center
UHC	Upazila Health Complex
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nation Fund for Population Activity
UNICEF	United Nation International Children Emergency Fund
UPHCP	Urban Primary Health Care Project
USAID	United States Agency for International Development
VAD	Vitamin A Deficiency
VAW	Violence Against Women
VGD	Vulnerable Group Development
WAN	Wide Area Network
WB	World Bank
WHO	World Health Organization

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Basic Health, Nutrition and Population Statistics of Bangladesh

Basic Information & Indicators

Field of indicator	Name		Source
GEOGRAPHY			
Location	Between 20°34' and 26° 38' north latitude and Between 80°01' and 92° 41' east longitude		BBS 2008
Boundary	North and West: India; South: Bay of Bengal; East: India & Myanmar		
Area (sq.km.)	147,570 sq. km.(56,977 sq.miles)		
Territorial Water	12 Nautical miles		
Standard Time	GMT+6 hrs		
Rainfall	203 mm/month		
ADMINISTRATION			
Division	6+1 (new) = 7		BBS 2008
City Corporation	6+1 (new)= 7		
Metropolitan City	4		
Municipality	308		
District	65		
Upazila	482		
Union	4,498		
Mouza	59,229		
Village (approximately)	87,310		
Household	25,490,822		
Average size of household	4.72		SVRS 2008, BBS
EDUCATION and ECONOMY			
Per Capita GDP (in U.S.$) 2008-09(p)	621		BBS 2008
Per Capita Income (in US$) 2008-09(p)	690		BBS 2006
Per capita public health expenditure on H&FP (BDT)	281		BBS 2008
Adult Literacy Rate (Pop.15+), (Both sexes)	56.3		SVRS 2008, BBS
DEMOGRAPHY			
Population (in millions) (2001 Census)	Total	124.35	BBS 2008
	Male	64.10	
	Female	60.26	

<table>
<tr><td rowspan="3">Population estimated July 2008 (in millions)</td><td>Total</td><td>144.5</td><td rowspan="3">SVRS 2008, BBS</td></tr>
<tr><td>Male</td><td>74.0</td></tr>
<tr><td>Female</td><td>70.5</td></tr>
<tr><td rowspan="4">Population Projected July 2011 (in millions)</td><td>Total</td><td>151.41</td><td rowspan="4">BBS 2008</td></tr>
<tr><td>Male</td><td>77.85</td></tr>
<tr><td>Female</td><td>73.56</td></tr>
<tr><td>Sex ratio: (males per 100 females)</td><td>106.00</td></tr>
<tr><td colspan="2">Sex Ratio (Males per 100 Females)</td><td>105.0</td><td rowspan="16">SVRS 2008, BBS</td></tr>
<tr><td colspan="2">Under 5 Population (in %)</td><td>11.7</td></tr>
<tr><td colspan="2">Population Density per sq.km.</td><td>980</td></tr>
<tr><td colspan="2">Crude Birth Rate (per 1,000 pop.)</td><td>20.54</td></tr>
<tr><td colspan="2">Crude Death Rate (per 1,000 pop.)</td><td>6.02</td></tr>
<tr><td colspan="2">Population Growth Rate (%)</td><td>1. 40</td></tr>
<tr><td colspan="2">Total Fertility Rate (birth per women 15-49 yrs)</td><td>2.40</td></tr>
<tr><td colspan="2">Gross Reproduction Rate (GRR)</td><td>1.10</td></tr>
<tr><td colspan="2">Net Reproduction Rate (NRR)</td><td>1.09</td></tr>
<tr><td colspan="2">Urban Population (in millions)</td><td>36.31</td></tr>
<tr><td colspan="2">Rural Population (in millions)</td><td>108.35</td></tr>
<tr><td rowspan="3">Life Expectancy at Birth (In years)</td><td>Both sexes</td><td>66.78</td></tr>
<tr><td>Male</td><td>65.61</td></tr>
<tr><td>Female</td><td>67.96</td></tr>
<tr><td rowspan="2">Mean Age at First Marriage (In years)</td><td>Male</td><td>25.91</td></tr>
<tr><td>Female</td><td>20.31</td></tr>
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<tr><td colspan="2">Neonatal Mortality Rate (per 1,000 live births)</td><td>30.95</td><td rowspan="3">SVRS, 2008, BBS</td></tr>
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<tr><td colspan="2">Maternal Mortality Ratio (per 1,000 live births)</td><td>2.9</td><td>MTR 2009</td></tr>
<tr><td colspan="2">% of population using safe drinking water (Tap & Tubewell)</td><td>98.23</td><td rowspan="2">SVRS, 2008, BBS</td></tr>
<tr><td colspan="2">% of population using sanitary latrines</td><td>62.23</td></tr>
<tr><td colspan="2">Prevalence of night blindness among pre school children</td><td>0.04</td><td>IPHN, DGHS 2005</td></tr>
<tr><td colspan="2">% of births attended by skilled personnel</td><td>24.4</td><td>MICS, BBS and UNICEF 2009</td></tr>
<tr><td colspan="2">% of women received at least one antenatal care</td><td>51.7</td><td rowspan="2">BDHS, 2007</td></tr>
<tr><td colspan="2">% of mother received PNC from a trained provider within 42 days of delivery</td><td>21.3</td></tr>
</table>

Indicator		Value	Source
Malaria slide positivity rate (positive per hundred slide examined)		6.35	DGHS, 2009
Malaria incidence rate per 1000 population		0.63	
TB incidence rate per 100000 population		100	BBS 2008 and Global Tuberculosis Control WHO Report 2009
% of smear-positive pulmonary TB cases detected put under DOTS		100%	
% of smear -positive pulmonary TB cases detected cured under DOTS		91%	
% of <5 children with diarrhea treated with ORT (ORS or home-made solution)		81. 2	BDHS, 2007
% of <5 children with symptoms of ARI seeking care from trained provider		28.13	
EPI & Vit-A Coverage			
% of Full Vaccination Coverage (Valid by 1 year of Age)- BCG, DPT-3, HepB 3, OPV-3 and Measles		75.2	Bangladesh EPI Coverage Evaluation Survey 2009
% of BCG Vaccination (valid by 1 year of age)		99	
% of OPV 3 Vaccination (valid by 1 year of age)		92.5	
% of DPT 3 Vaccination (valid by 1 year of age)		85.5	
% of HepB 3 Vaccination (valid by 1 year of age)		85.5	
% of Measles Vaccination (valid by 1 year of age)		82.8	
Number of district with MCV 1 Coverage >90%		44	
% of Vitamin A coverage (0-59 months)		97	
Non Polio AFP rate per 100 thousand		2.57	AFP surveillance report 2009
HEALTH SERVICES PROVISION			
No. of Non.-Government. Hospitals (Registered by DGHS)		2397	DGHS 2010 (March)
No. of Beds in Health Sector	Functioning	38,251	MIS-Health 2008 (Dec)
No. of Beds in Private Sector (Registeredb by DGHS)		40,948	DGHS (Hospital) 2010
No. of Registered Physicians (March 2010)		51,993	BMDC 2010
No. of Registered Dental Surgeon (March -2010)		3,913	BMDC 2009
No. of Government Medical colleges		18	MIS-Health 2010

Indicator		Value	Source
Malaria slide positivity rate (positive per hundred slide examined)		6.35	DGHS, 2009
Malaria incidence rate per 1000 population		0.63	
TB incidence rate per 100000 population		100	BBS 2008 and Global Tuberculosis Control WHO Report 2009
% of smear-positive pulmonary TB cases detected put under DOTS		100%	
% of smear -positive pulmonary TB cases detected cured under DOTS		91%	
% of <5 children with diarrhea treated with ORT (ORS or home-made solution)		81. 2	BDHS, 2007
% of <5 children with symptoms of ARI seeking care from trained provider		28.13	
EPI & Vit-A Coverage			
% of Full Vaccination Coverage (Valid by 1 year of Age)- BCG, DPT-3, HepB 3, OPV-3 and Measles		75.2	Bangladesh EPI Coverage Evaluation Survey 2009
% of BCG Vaccination (valid by 1 year of age)		99	
% of OPV 3 Vaccination (valid by 1 year of age)		92.5	
% of DPT 3 Vaccination (valid by 1 year of age)		85.5	
% of HepB 3 Vaccination (valid by 1 year of age)		85.5	
% of Measles Vaccination (valid by 1 year of age)		82.8	
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No. of Registered Dental Surgeon (March -2010)		3,913	BMDC 2009
No. of Government Medical colleges		18	MIS-Health 2010

No. of Private Medical colleges		44	DGHS, (ME) 2010
No. of Private Dental colleges		12	DGHS, 2010
No. of Private Institute of Health Technology (IHT)		52	MIS-Health 2009
No. of Personnel under DGHS	Existing	79,804	MIS-Health 2008 (Dec)
No. of Doctors under Health Services	Existing	12,359	
No. of Registered Nurses (as on March-2010)		25,018	BNC 2010 (March)
No. of Nurses in Public sector	Existing	13,473	DNS 2010 (March)
No. Registered Mid -wives		23,472	BNC 2010 (March)
No. of Trained Skilled Birth Attendance		5159	UNFPA 2009 (Dec)
Population per Physicians		2785	DGHS 2010
Population per Bed (Beds of Health Sector + Regd. Private Hospital)		1860	
Physician to Nurse Ratio		2.07:1	
Population per Nurse		5782	

N.B.: For abbreviation, please see acronyms

Introduction

Currently the Health, Nutrition and Population Sector Program (HNPSP) under the Ministry of Health and Family Welfare (MOHFW) has 38 Operational Plans (OPs) and 18 projects (the projects include 11 investment projects, 5 technical assistance project and 1 JDCF project). Of these total numbers, the Directorate General of Health Services (DGHS) had 19 OPs and 6 projects. The previous edition of Year Book (Year Book 2008) available on our website (www.dghs.gov.bd) gives broader description of the HNPSP.

The other Operational Plans are owned by Directorate General of Family Planning (DGFP) (9 OPs), Ministry of Health & Family Welfare itself (5 OPs), Directorate General of Drugs Administration (1 OP), Directorate of Nursing (1 OP), National Nutrition Program (1 OP), NIPORT (1 OP), and CMMU (1 OP).

All the Operational Plans and Projects of HNPSP have been documented in the Program Implementation Plan, which has been approved by the Ministry of Planning of the Government of Bangladesh. The PIP was originally approved in 2003 and then was revised twice with change in duration of the program. The following table shows the allocation and duration of program:

A number of development partners are contributing funds to HNPSP. These organizations included IDA, DFID, EU, The Netherlands Government, SIDA, CIDA, KFW, GTZ, UNFPA, UNICEF, WHO, Japan Government, USAID, GFATM, GAVI, SFD, ARC, IDB, JICA, GFD, ORBIS, Sight Savers, Investment income. It is estimated that from 2005 to 2011, there would be a total contribution of worth 955,722.30 lakh taka from the development partners to HNPSP.

The Year Book is a yearly publication of Management Information System of DGHS. The Year Book 2009 describes the performance of each Operational Plan and Investment Project of DGHS. The targets and achievements were mentioned and also the problems, challenges and lessons learned were discussed. The experience of fiscal 2008-2009 in terms of implementation of the development programs of the Directorate General of Health Services as narrated in the Year Book 2009 will be an important resource for the health policy makers, managers, development activists and planners.

Financing source	**Original (2003-2006)**	**First revised (2003-2010)**	**Second Revised (2003-2011)**
	(Lakh Taka)		
Development			
Government of Bangladesh	140,000.00	543,000.00	615,197.68
Project Aid	320,000.00	1,079,360.00	1085,220.87
Total (Dev)=	**460,000.00**	**1,622,360.00**	**1,700,418.55**
Government of Bangladesh (Revenue)	481,000.00	1,622,710.00	2,068,348.00
Grand Total (Dev + Rev)=	**941,000.00**	**3,245,070.00**	**3,768,766.55**

List of Line Directors, Program Managers and Deputy Program Managers of HNPSP Operational Plans under Directorate General of Health Services (DGHS)

(The Year Book 2009 is the report of HNPSP Operational Plans of DGHS for the fiscal 2008-2009. But, this list includes those line directors, program managers and deputy program managers who were found posted as of April 2010. Some of them were not in the responsibility during fiscal 2008-2009; and also some of them may be replaced as of reading this book.)

Operational Plan	Line Director	Program Managers	Deputy Program Managers
Alternative Medical Care (AMC)	Dr. Sajeda Begum, Director, Homeo & Traditional Medicine Phone: 8812134; E-mail: ldamc98@gmail.com	Dr. Khaleda Akhter, Deputy Director	Dr. Dino Bandhu Basak, Assistant Director, Homeo & Traditional Medicine
Communicable Disease Control (CDC)	Dr. Dibosh Chaundra Dey Director (Incharge) Phone: 9880948; E-mail: cdc@ld.dghs.gov.bd	Dr. Bariul Islam, Deputy Director Dr. Dibosh Chandra Dey, Deputy Director	Dr. Mosleh Uddin, Assistant Director Dr. Kirumiah Mondor Dr. Md. Zahirul Karim Dr. Russeli Haque Dr. Shahid Md. Sadikul Islam Dr. ASM Anwar Kamal
Essential Service Delivery (ESD)	Dr. Jahangir Alam, Director, Primary H ealth Care Phone: 8812134; E-mail: ist@ld.dghs.gov.bd	Dr. Md. Shamsul Haque Dr. Md. Abdul Jalil Mondol Dr. Md. Mosaddek Ahmed Dr. Nuruzzaman Dr. Kazi Habibur Rahman	Dr. Rajendra Nath Mehta Dr. Abdul Hannan Dr. Sayed Mahbubul Alam Dr. Abul Kalam Azad Dr. Jahan Afroz Dr. Md. Tajul Islam Bari Dr. Shamsuzzaman Dr. Kamrul Islam Dr. Md. Zahirul Islam Dr. Md. Altaf Hossain Dr. AFM Faizul Kibria Dr. Mamun Parvez Dr. Md. Elias

Operational Plan	Line Director	Program Managers	Deputy Program Managers
Health Education and Promotion (HEP)	Anowarul Islam Khan, Chief Bureau of Health Education Phone: 989853 Email: hep@ld.dghs.gov.bd	Mrs. Monowara Begum	Md. Lutfor Rahman Talukder Md. Matiar Rahman Md. Adom Ali Patwary Md. Abdul Wahed Akhond Md. Abu Hanifa Md. Shariful Islam
Human Resource Management (HRM)	Dr. Md. Abul Hasnat, Director, Administration Phone: 8824116 Email: hrm@ld.dghs.gov.bd	xxx	Dr. Md. Atiqur Rahman Dr. Nazimunnessa
Improved Financial Management (IFM)	Dr Abul Bashar Md. Khasru, Director, Finance Phone: 9898780; Email: ifm@ld.dghs.gov.bd	Dr. Md. Matiar Rahman	Dr. Md. Abdur Rafique
Improved Hospital Services Management (IHSM)	Dr. A.K.F. Mujibur Rahman, Director, Hospital and Clinics Phone: 8829993 Eail: ihsm@ld.dghs.gov.bd	xxx	Dr. Yasmin Rahman Dr. AKM Saidur Rahman Dr. Ashrafi Ahmed Dr. Aminul Hasan Dr. Mizanur Rahman Arif
In-Service Training (IST)	Professor Dr Khondhaker Md . Shefayetullah, Director, Medical Education Phone: 8859290; Email: ist@ld.dghs.gov.bd	Dr. Md. Shafi Uddin	Dr. Md. Shah Alam Dr. Md. Omar Ali Sarkar Dr. Shudorshon Banik. Dr. Md. Ruhul Forkan Siddique Dr. Md. Abul Hasnat
Management Information System (MIS)	Professor Dr. Abul Kalam Azad, Director, MIS Phone: 8816412; Email: mis@ld.dghs.gov.bd	Dr. Nasima Akhter, Chief, HIU Deputy Director Dr. Md. Shamsul Haque	Dr. Md. Jalauddin Dr. Abdul Hannan Bhuiyan Dr. Sarah Banu
Micronutrient Supplementation (MS)	Professor Dr. Fatema Parveen Chowdhury, Director, Institute Public Health Nutrition (IPHN) Phone: 8821361; Email: ms@dgsh.gov.bd	xxx	Dr. Md. Ashraf Hossain Sarkar
Mycobacterial Disease (Tuberculosis & Leprosy) Control	Professor Dr. Pravat Chandra Barua, Director, MBDC Phone: 9884656; E-mail: ntp@gmail.com	Dr. Md. Nazrul Islam Dr. Md. Suhrwardi Dr. Dilara Haque	Dr. Md. Mahbubul Islam Dr. Md. Abul Kashem Dr. Shamima Sultana Dr. Sheikh Abdul Hadi Dr. Safir Uddin Ahmed
National AIDS/STD Program (NASP) and Safe Blood Transfusion Program (SBTP)	Dr. Mohammed Ali Belal Phone: 8829720; E-mail: nasp@ld.dghs.gov.bd	Dr. Md. Abdur Rahman Dr. SM Idris Ali	Dr. Hassan Mahmud Dr. Anisur Rahman Dr. Mahmud Hasan Dr. Saidur Rahman

Operational Plan	Line Director	Program Managers	Deputy Program Managers
National Eye Care (NEC)	Professor Dr. Din Mohammad Nurul Haque, Director, National Institute of Ophthalmology Phone: 8114807; Email: nio@ld.dghs.gov.bd	Dr. Dipak Lal Banik Professor Dr . Enayet Hossain Professor Dr . Rezwanur Rahman	
Non-communicable Diseases & Other Public Health Interventions (NCD&PHI)	Professor Dr. Khondhaker Md. Shefayetullah, Director, Medical Education Phone: 8859290; Email: ncd@ld.dghs.gov.bd	Dr. Matiuddin	Dr. AKM Zafar Ullah
Pre-service Education (PSE)	Professor Dr. Khonderker Md Shefayetullah, Director, Medical Education & Health Manpower Development Phone: 8825400; Email: pse@ld.dghs.gov.bd	Dr. Md. Badiur Rahman	Dr. Shahera Chowdhury
Procurement, Logistics & Supplies Management (CMSD)	Brig. Gen. Abdur Rab Miah, Director, CMSD Phone: 8115479 Email: cmsd@ld.dghs.gov.bd	Dr. Md. Lutfar Rahman Dr. Rezaul Karim	Dr. Munir Ahmed Dr. Md. Akhtar Hossein
Quality Assurance (QA)	Dr. Md. Abul Hasnat, Director (Administration) Phone: 9887924; Email: qa@ld.dghs.gov.bd	xxx	Dr. Md. Abu Elias Prodhan
Research & Development	Dr. Abul Mansoor Khan, Director, Planning, Research & Development Phone: 8825400; Email: rd@ld.dghs.gov.bd	Dr. Md. Matiuddin, Deputy Director	Dr. Faruk Ahmed Bhuiyan Dr. Khandaker ATM Farhad Dr. Nilufer Jahan
Sector-wide Program Management (SWPM)	Dr Abul Mansoor Khan, Director, Planning, Research & Development Phone: 8825400; Email: swpm@ld.dghs.gov.bd	Dr. Md. Matiuddin, Deputy Director	Dr. Bazlur Rahman Dr. Md. A. Jalil

List of HNPSP Development Project and Project Directors under Directorate General of Health Services (DGHS)

(The Year Book 2009 is the report of HNPSP Operational Plans and Projects of DGHS for the fiscal 2008-2009. But, this list includes those project directors who were found assigned as April 2010. Some of them were not in the responsibility during fiscal 2008-2009; and also some of them may be replaced as of reading this book.)

Project	Project Director
Construction project of 150-bed Modern Hospital for Government Employees	Dr. Iffat Ara Begum, Sarkari Karmachari Hospital, Fulbaria, Dhaka-1000; Phone: 9558017, mobile: 01552-391784
Establishment of 250-bed National Institute of Ophthalmology & Hospital	Dr. Md. Rezanur Rahman, National Institute of Ophthalmology, Sher-e-Banglanagar, Dhaka-1207; Phone: 9119194; Fax: 9146614 email: pdnioh@yahoo.com
Establishment of National Institute of ENT (1st phase) in Dhaka	Professor Dr. Md. Abdullah, Professor & Head, Department of ENT, Dhaka Medical College, Dhaka-1000; Phone:
Establishment of National Institute of Neurosciences (NINS) (1st phase) in Dhaka	Professor Dr. Kazi Deen Mohammad, Principal, Dhaka Medical College, Dhaka-1000; Phone:
Expansion and modernization of DMCH	Professor Dr. Md. Zulfiquer Mamun, Dhaka Medical College, Dhaka-1000, Mobile: 01715094870; email: kzmamun@yahoo.com
Up-gradation of National Institute of Cancer Research & Hospital from 50-bed to 300-bed	Dr. Ahsan Shamim, National Institute of Cancer Research & Hospital, Mohakhali, Dhaka-1212; Phone:

Alternative Medical Care (AMC)

Introduction

Alternative medicine popularly known as Unani, Ayurvedic and Homeopathic Medicine, has been playing a significant role in the health care delivery system in the developing countries of this region. Being cheap and easily available, and due to context of high prevalence of poverty among population of Bangladesh, alternative medicine can be one of the treatment options of the people of this country. However, in absence of adequate support to the growth of alternative medicine, it is still being practiced mostly by unqualified persons. The Drug Control Act 1982 of Bangladesh created opportunity for the development of alternative medicine in the country. The government established two degree colleges in 1990, viz., Unani and Ayurvedic Degree College and Homeopathic Degree College. This operational plan was undertaken to support expansion of alternative medical care throughout the country with a view to deliver alternative medical care to the people within easy reach and at affordable cost.

Programs

- Monitoring, evaluation and survey on alternative medical care services
- Continuation of alternative medical care services, which include providing manpower, holding orientation, workshop, training and study tours, both local and overseas
- Continuation of behavioral change communication activities
- Creation and maintenance of herbal gardens at district and upazila level hospitals
- Procurement of medicine and medical requisites for hospitals, maintenance materials for herbal garden and office equipments
- Preparation of alternative medical care pharmacopoeia, introduction of licensing system and standard treatment guideline for AMC with Technical Assistance
- Preparation of postgraduate course curriculum and process for implementation
- Purchase of jeep, furniture, computers, etc. and process for establishment of registration council
- Purchase of furniture, vehicles, office equipments, MSR, etc. for the development of Government Unani and Ayurvedic Degree College and Hospital, Government Homeopathic Degree College and Hospital in Dhaka and Government Tibbia College and Hospital in Sylhet
- Creation of herbal garden at national level and also establishment and operationalization of research and production unit of Government Unani and Ayurvedic Degree College and Hospital, and of Government Homeopathic Degree College

Achievements

- Survey on alternative medical care services for three disciplines
- Orientation workshops for health personnel of alternative medical care (17 Nos.)
- Placement of billboards (129 Nos.) in 9 medical college hospitals, 44 district hospitals and 76 upazila hospitals for creation of awareness of the people on

unani, ayurvedic and homeopathic systems of medicine

- Maintenance of 64 herbal gardens located in 64 district hospitals and 403 upazila hospitals
- Procurement of medicines and medical supplies and requisites for 45 district hospitals to help proper functioning of the medical officers on alternative medicine
- Initiatives for preparation of Alternative Medical Care Pharmacopeia (Vol 1 for 3 unani, ayurvdic and homeopathic disciplines)
- Purchase of four cross country vehicles (jeeps)
- Purchase of computers and accessories for Line Director's office
- Purchase of furniture and office equipment for the development of Government Unani and Ayurvedic Degree College and Hospital, Government Homeopathic Degree College and Hospital, and Government Tibbia College and Hospital, Sylhet
- Purchase of laboratory instruments for Research and Production unit of Government Unani and Ayurvedic Degree College and Government Homeopathic Degree College
- Process for establishment of Registration Council for Unani, Ayurvedic and Homeopathic disciplines

Future activities (2009-2010)

- Continuation of monitoring, evaluation and survey of alternative medical care services
- Training and orientation workshops for district and upazila health managers
- Providing fellowships for postgraduate education for AMC health personnel
- Continuation of BCC activities to create awareness among the general people
- Maintenance of the herbal gardens at district and upazila level hospitals and creation of herbal garden at central level for research and academic purpose
- Procurement of medicine, medical requisites and office equipments for better facilitation
- Preparation of Alternative Medical Care Pharmacopeia
- Purchase of vehicles, furniture, computers, MSR, etc. for regular activities and also for the development of Government Unani and Ayurvedic Degree College and Hospital, Government Homeopathic Degree College and Hospital and Government Tibbia College & Hospital
- Continuation of establishing Regi-stration Council for Unani, Aurvedic and Homeopathic disciplines
- Establishing and functioning of research unit of Government Degree College Hospital and Government Homeopathic Degree College and Hospital for research and development of AMC services

Communicable Disease Control (CDC)

Introduction

The Operational Plan for Communicable Disease Control (CDC) deals with the following programs: (a) control of vector-borne diseases (malaria, kala azar and dengue); (b) filariasis elimination; (c) control of emerging and re-emerging diseases (avian influenza, nipah, etc.); (d) emergency preparedness and response; and (e) collaboration with city corporations and municipalities in control of dengue.

Programs

- Control of vector-borne diseases (malaria, kala azar and dengue)
- Filariasis elimination
- Soil transmitted helminthes control activity
- Control of emerging and re-emerging diseases (avian influenza, nipah, etc.)
- Emergency preparedness and response
- Collaboration with city corporations and municipalities in control of dengue

Achievements

Control of vector-borne diseases Malaria

- Organized and skilled Central Level Malaria Team built and organized
- 100% field staff in the malaria areas trained on Malaria EDPT
- 100% of the microscopists trained on malaria microscopy
- All divisional, district and upazila level managers given Program Management Training
- All the MIS personnel trained on Malaria MIS
- 870 doctors and nurses trained on Management of Severe Malaria
- Revised Malaria Drag Regimen reviewed and modified
- 238 Rapid Response Team Members given training on Management of Epidemic Outbreak
- All the malaria districts reporting timely, accurately and completely
- World Malaria Day observed in Bangladesh for the first time in a befitting manner
- Well structured M&E plan developed for Malaria Control Activities
- Awareness about using of LLIN / ITN increased
- Treatment seeking behavior developed in the malaria areas
- Prompt, effective and efficient treatment procedure introduced at the community level using RDT and ACT

Kala azar

- 279 doctors, 168 master trainers, 179 medical technologists and about 5,000 medical technologists trained on kala-azar elimination program
- One national consultant recruited by WHO
- Procurement of drugs (Inj. Sodium Antimony Gluconate, Cap. Miltefosine) and diagnostic tools (rK39 RDT for kala-azar) done; procurement of insecticide and spray machine in process

Filariasis elimination

- MDA done among 33.6 million populations of 20 districts with >79.38% coverage on post MDA coverage survey management of clinical cases of about 2,270 (including in government and private hospital)
- 2,015 lymphedema patients trained on morbidity control management
- 546 hydrocele patients operated (in both government and private hospitals)
- 40,000 kit boxes distributed among lymphedema patients of 10 districts
- Training of doctors, paramedics, health workers, formal/informal leaders, teachers, NGO workers and medical technologist conducted
- Microfilaria survey conducted in 13 districts
- Scouts and scout leaders and field managers given orientation on filariasis and other disease control
- Development of training manual for field workers and scouts, of leaflets, folders and IEC materials (docudrama, TV spot, festoons, etc) on filariasis

Soil transmitted helminthes (STH) control activity

- A total of 64 districts with about 18 million primary school children (6-12 years) de-wormed in November 2008 round. The reported coverage is 93.01%
- 19,590 school teachers and health workers trained on STH control, sanitation and hygiene
- Training manual for school teachers, leaflets, folders and IEC materials developed on STH

Control of emerging and re-emerging diseases (Avian influenza - AI)

- All divisional, district and sub-district level health managers of the country oriented/ refreshed on avian/human pandemic influenza through series of workshops
- IEDCR conducted multi-sectoral orientation workshop on AI in 61 districts as of 15 March 2009; training on rapid response to the Avian/Human Pandemic Influenza for 64 District Rapid Response Teams and 471 Sub-district Rapid Response Teams with support from UNICEF; and training of the trainers on Rapid Containment of Pandemic Influenza with technical support from SEARO, WHO
- 137 microbiologists and virologists trained on laboratory diagnosis on Avian Influenza; a total of 3,700 medical personnel trained on basics of influenza & case management, outbreak investigations and infection control; more than 5,349 physicians and 3,634 nurses were oriented/trained on Avian / Pandemic influenza by AI Program of Communicable Disease Control (CDC) directorate of DGHS; 12,480 health staffs (health inspectors, assistant health inspectors and health assistants) oriented on Avian / Pandemic influenza by AI Program of CDC, DGHS
- Assistant health inspectors assigned to help and work with livestock department for surveillance purpose from March 2009 for three months
- A total of 226,100 volunteers trained on prevention and control of AI with special emphasis on infection control with support from UNICEF. House to house awareness campaigns being conducted by the volunteers and approximately 28

million people oriented on AI with supports from UNICEF

- Central Medicine Store Department (CMSD), DGHS stockpiled a total of 400,000 capsules and 1,000 vials of pediatric syrup (anti-viral drug Oseltamivir) for management and prophylaxis of avian influenza in addition to several varieties of supportive drugs that may be required for the treatment of Avian/ Pandemic influenza
- WHO supplied 20 lakhs anti-viral drugs (Oseltamivir) for management of pandemic outbreaks
- DGHS additionally stockpiled 50,000 sets of personal protective equipment (PPE) and decontamination agents (Sodium Hypochlorite Solution - 50,000 in 500 ml bottle and Solution for hand wash- 5,000 in 100 ml bottle) for district level
- WHO procured adequate number of PPE for rapid response teams and in case of suspected outbreaks
- Avian/ Pandemic Influenza ward established in Asthma Center of National Institute of Diseases of Chest and Hospital (NIDCH)
- Isolation units for Avian/ Pandemic Influenza completed in 30 district hospitals; additional 34 district hospitals planned for completion by the end of December 2009
- Initiatives taken to set up a modern Influenza Referral Laboratory with skilled laboratory personnel at Institute of Epidemiology, Disease Control and Research (IEDCR). A bio-safety level-2 (BSL-2) lab is functioning; extension of BSL2 is under construction; a prefabricated BSL3 is in installation stage at IEDCR
- IEDCR on behalf of MOHFW established collaborative link with Centers for Disease Control and Prevention, Atlanta, USA for providing laboratory and technical support to perform confirmatory test on samples from suspected cases of Avian Influenza (AI)/H5N1 should the need arise
- High level bi-lateral consultation held between Bangladesh and India on Avian Influenza (27-28 August 2008)
- Standard Operating Procedures (SOP) developed and printed on various aspects of avian and pandemic influenza
- A laboratory manual on Diagnosis of Avian Influenza published by IEDCR with support from Director (CDC), DGHS
- IEDCR developed 11 modules depicting all aspects of Avian/Human Pandemic Influenza with support from UNICEF; IEDCR also developed a booklet in Bangla on Avian and Pandemic Influenza for popular use, and a laminated picture card to train community level volunteers highlighting the prevention and awareness campaign messages on AI with support from UNICEF
- A proposal from MOHFW/IEDCR, for Surveillance and Response to Human Pandemic Influenza recently awarded with a grant (about US$ 375,000/year) for next five years from CDC, USA for strengthening of laboratory capacity of IEDCR and development of a real time Web-Based Surveillance System. MOHFW/IEDCR with grant from CDC, USA establishing the real time web based disease surveillance for AI at districts.

- BTV and other private TV channels advertising contents Swine flu / Bird Flu
- IEC materials like posters, booklets and leaflets prepared and distributed throughout the country

Influenza Surveillance

- IEDCR and ICDDR,B conducting influenza like illness surveillance in 12 medical colleges and district hospitals across the country; so far, 3,924 samples tested, of which 380 (10%) samples found positive for Influenza (Influenza A: 190, Influenza B:188; among the Influenza A, 137 were H1 subtype and 55 were H3 subtype, but no H5 subtype was detected); IEDCR is also conducting follow up among the chickeh cullers (high risk group)
- IEDCR with Dhaka City Corporation started ILI (influenza like illness) surveillance in live bird handlers in wet markets
- Establishment of sentinel surveillance in 18 district hospitals in process having plan to cover all 64 districts hospitals phase-wise for surveillance of viral pneumonia
- A research project is undergoing on Oseltamivir to see the drug resistance pattern of circulating influenza viruses by IEDCR and ICDDR,B

Other emerging and re-emerging diseases

- Two advocacy meetings in Gazipur and Feni districts on Rabies
- Training of trainers on emerging and reemerging diseases for doctors in Chittagong, Sylhet, and Barisal divisions
- Training on emerging and re-emerging diseases for doctors, medical technologists, nurses, paramedics and field staffs in 90 upazilas of 19 districts
- Training on hand hygiene -two batches
- Training on snake bites for doctors in 38 districts and 6 medical colleges
- Computer training for lab technologists
- Training of scouts of 64 districts on health awareness of public

Emergency Preparedness

- Training of trainers on Emergency Preparedness- 175 participants
- Vulnerability and capacity assessment - 5,165 participants trained
- Preparedness and response in emergency- 5,700 participants trained
- Emergency health care in EPR- 422 persons trained
- Emergency health information system management - 415 persons trained
- Mass casualty management- 828 persons trained
- Psychosocial support- 330 persons trained
- Search, rescue, evacuation and first aid- 120 persons trained
- Health education and personal hygiene- 820 persons trained
- Risk communication- 65 persons trained
- Multidisciplinary coordinated response- 58 persons trained
- SEARO emergency health awareness benchmarks- 35 persons trained
- Disaster preparedness and response management- 400 persons trained
- Media personnel- 70 persons trained
- Procurement of emergency medicine

(Tk. 1,970,000 from HNPSP and USD 10,000 from WHO)

Future activities

- Strengthening and scaling up the current communicable disease control activities
- Strengthening vector control measures
- Scaling up of Behavior Change Communication (BCC) for controlling vector borne diseases
- Establishing new lab facilities, conduction of training and produce new laboratory technician
- Procurement
- Scaling up partnership with private health services to control communicable disease
- Strengthening the program on Emergency Preparedness and Response
- Strengthening Information, Education and Communication (IEC) program
- Strengthening of reporting system with scaling up of monitoring and evaluation system and development of web based disease surveillance system
- Conduction of out-break investigations
- Capacity building through designing training, developing training modules and conducting trainings

Essential Service Delivery (ESD)

Introduction

Bangladesh is the seventh most populous and most densely populated country in the world. Over the decades Bangladesh has made considerable progress in improving the health status of its population. Nevertheless, many challenges remain to be addressed. The maternal mortality and child mortality rates are still very high. Lack of available maternal health services at and around birth is one of the contributing factors to high maternal mortality. Leading causes of maternal mortality are hemorrhage, abortion, injuries, eclampsia, sepsis and obstructed labor. Nearly half of all pregnant women suffer from malnutrition and anemia that contribute to low-birth-weight babies and neonatal mortality. To address these issues, the government plans to raise institutional child births to 35% by 2015. Adolescents (10-19 years) constitute 22.5% of the population (2001 Census). One out of every three girls aged 15-19 years experiences teenage pregnancy (BDHS 2004) and faces the concomitant risks of childbearing before attaining physical maturity. Child health in general has been improving, with a declining mortality trend having been observed in the last decade. However, the declining trend in infant and neonatal mortality over the past few years is not significant enough. The neonatal mortality rate, a major contributer to the burden of infant mortality, is still high at 37 per 1000 live births (BDHS 2007). Acute respiratory infections alone cause 23% of deaths in children aged below five years. Furthermore, nearly half of all children (43%) are moderately underweight and one-third suffers from stunting (BDHS 2004). Integrated Management of Childhood Illnesses (IMCI), both community-based and facility-based, is in the process of scaling up and an evaluation study is yet to be carried out to assess its impact on improving child mortality. Measures to address child care in general and neonatal care in particular need to be institutionalized. In 1989, Control of Diarrheal Diseases Program was established under Director are General of Health Services. Evaluation and studies conducted by various organizations suggest that a significant progress has been achieved in control of diarrheal diseases. The administration of ORT is a simple means of countering the effects of dehydration. The immunization program in Bangladesh has been recognized for its sustained high coverage level and its contribution to the reduction in childhood morbidity and mortality rates. The trend of immunization coverage shows that the national Expanded Program on Immunization (EPI) initiative has a strong capacity to reach children. The country needs to further intensify efforts for increasing access for safe immunization. In the year 2006, eighteen polio cases were detected in the country, which were believed to be imported from neighboring country, India. The immediate challenge for the country is to maintain polio free status till the South-East Asia Region is certified as polio-free. Measles presents an additional challenge to the immunization program with an estimated 20,000 children dying from the disease each year. The measles catch-up campaign conducted in 2006, has substantially improved the situation. The country needs to sustain this feat by increasing routine immunization coverage against measles, to provide second opportunity through periodic follow-up campaigns and to add a second dose of measles vaccination in routine EPI in the future. The country has been reported to

eliminate maternal and neonatal tetanus in 2008. Essential Service Delivery under the Directorate General of Health Services will address Reproductive Health Care, Child Health Care, Limited Curative Care, Urban Health Care and Health Care Waste Management. Behavior change communication is a cross-cutting issue and will be continued with due importance.

Programs

- Support Services and Coordination
- Reproductive Health
- Child Health
- Expanded Program on Immunization (EPI)
- Control of Acute Respiratory Infections (ARI)
- Control of Diarrheal Diseases (CDD)
- Integrated Management of Childhood Illness (IMCI)
- School Health
- Limited Curative care
- Urban Health Services
- Medical Waste Management

Achievements

Support services

- Upazila hospitals upgraded from 31-bed to 50-bed: 84
- Hospitals started: new 31-bed upazila hospitals-7; trauma centers-5; 10-bed hospitals-3; and 20-bed hospitals-13
- Ambulances procured: 30
- Supplies of medicines, patient diets and medical supplies given to 87, 79 and 91 upazilas respectively
- Anesthesia machines to 52 facilities, operation theater light to 95 facilities, ventilators to 7 facilities, blood bank refrigerators to 40 facilities, other refrigerators to 47 facilities, dental units to 40 facilities, binocular microscopes to 12 facilities, ultrasound machines to 5 facilities, OT tables to 52 facilities, obstetric delivery tables to 47 facilities, laboratory equipment to 52 facilities, X-Ray machines to 12 facilities, X-Ray accessories to 52 facilities and ophthalmoscopes to 23 facilities were given

Reproductive health

- Distribution of Award for the best performance on Emergency Obstetric Care
- Divisional Review Meetings in 6 Divisionals : 9
- Training of doctors of 27th BCS on Obstetric and /Gynecology (151 Nos.) and Anesthesia (151 Nos.) for 6 months followed by posting to EOC upazila hospitals
- One sensitization workshop on PPTCT
- One consultative meeting and release of local level fund for Maternal and Neonatal Health program districts
- Orientation sessions in Maternal, Newborn and Child Health districts
- Workshop on formulation of work plan to achieve MDG4 and 5
- Two-week training for medical technologists (Lab) on Safe Blood Transfusion
- One core committee meeting on EOC
- Maternal, Newborn and Child Health Forum / MNCH Task Group formed to harmonize and coordinate MNCH activities of Government, NGOs and Development Partners
- Safe Motherhood Day (May 28) observed all over Bangladesh
- Training of 33 pairs of doctors continues for 6 months on Obstetrics

and Gynecology and Anesthesia (33 Nos. in each discipline)

- Training of nurses on EOC
- Development of hospital action plan in MNCH districts
- Training on infection prevention practices in MNH and MNCH districts and upazila hospitals

Child Health

Expanded Program on Immunization (EPI): Procurement of vaccines for 472 upazilas; Procurement of vaccination equipment (AD Syringe, Safety Box, Printing, etc.) for 472 upazilas; Cold chain equipment to 472 upazilas; Hib vaccines introduced in 472 upazilas

National Immunization Day (NID)

Procurement of OPV vaccines for 472 upazilas

Integrated Management of Childhood Illness (IMCI)

Expansion of IMCI facilities-100; IMCI Clinical Management Training for Doctors & Paramedics-1351 Nos.; Facilitators Training for Doctor-2 batches; Orientation & Planning workshop for Health Managers-5 workshops; Procurement & distribution of essential drugs to all upazilas; Expansion of C-IMCI-7 upazilas; Development of National Neonatal Health Strategy and Guideline-1; District review meeting on IMCI-2 meetings; Follow up visit after IMCI Training 20 upazilas-100%

School Health (SH)

Printing and Publication for 19 districts; Advertising and Publicity-19 districts; Training-42 Batches; Seminar/Workshop/ Orientation-2 Batches; Distribution of MSRs-19 districts; Distribution of Computers-5 districts; Distribution of Furniture-19 districts

Limited Curative Care

Distribution of Medicine-472 upazilas

Urban Health Services

Training-140 batches; Distribution of Medicine and Equipment-34 Urban Clinics; Seminar/Workshop/Orientation-35 batches

Medical Waste Management (MWM)

Construction of temporary storage/disposal pits-131 pits (2007-08 FY); CMMU is in process of constructing pits in 76 upazila hospitals; Training of trainers and orientation on medical waste management for officials of 34 districts and 108 upazilas; Development of IEC materials for upazila hospitals; Approval of wall writing and instruction posters for upazila hospitals; Procurement and supply of logistics for MWM

Future activities (2009-2010)

- Revitalization of community clinics
- Up-gradation of all 31-bed UHCs to 50-bed UHCs
- Functioning of trauma centers
- Development of a need based National HRH policy/ Strategy for MNCH services
- Expansion of Emergency Obstetric care Services (EmOC), Skilled Birth Attendant (SBA), Integrated Management of Childhood Illness (IMCI), Demand Side Financing (DSF) for poor pregnant, and strengthening Expanded Program on Immunization (EPI)
- Strengthening of other ESD programs - School Health, Support Service and Coordination, Urban Health Services, Limited Curative Care
- Strengthening inter-program coordination and collaboration in GOB, NGO, and private sector in ESD programs

Health Education & Promotion (HEP)

Introduction

The aim of this operational plan is to change health behavior of the individuals which will enable them to take right decisions at the right time in a more dynamic and interactive way in order to address the determinants of health. The underlying belief is that this intervention will enable them to promote social values (conducive to health) to reduce the magnitude of health hazards and increase utilization rate of health services.

Programs

- School health education
- Hospital health education
- Occupational/ Industrial health education
- Environmental health education
- Community health education for selective/ vulnerable groups.

Achievements

- Capacity building and logistic support of BHE (97.3%): 3 trainings held and following goods procured: 28 campaign vans; 102 motor cycles; 75 voltage stabilizers; 5 instant power supply; 12 office equipments
- Health education strategy developed
- Awareness, sensitization and motivation (98.4%): 3 health service packages completed; World Health Day 2009 observed; 3 months' certificate course for 1 batch completed; Community support system implemented for Emergency Obstetric Care Program at 80 villages of 6 upzilas
- Media campaign and transmission of health education and promotion (100%): 6 health education service packages completed
- Production, distribution and display of IEC materials (100%): 2 health education service packages completed; Printed materials (HEP) worth Tk. 2,00,000.00 procured
- Strengthening intersectional and multicultural coordination and advocacy (95.3%): 40 coordination meetings at different levels held
- Technical assistance (100%)
- Survey, monitoring and evaluation of HEP (100%): 2 packages of Health Education Service completed

Future Activities (2009-2010)

- Conduct health education campaign for prevention of non-communicable diseases (NCD), Emergency Obstetric Care
- Conduct health education campaign for promotion of diet, physical exercise, life style, smoking, etc.
- Conduct health education campaign for promotion of Emergency Obstetric Care to reduce maternal and infant mortality and morbidity
- Health education intervention on Adolescent Reproductive Health in hard to reach areas

- Conduct health education campaign to promote breastfeeding and discard breast milk substitute, prevention of iodine deficiency disorder, intake of vitamin A supplementation
- Conduct school health sessions in primary schools and promote school health promotion
- Conduct country wide campaign on road accident and injury prevention
- Organize folk song rendering and community meeting on communicable disease
- Producing wall paintings showing health messages which are to be hung in the community clinics across the country
- Organize nationwide advocacy campaign and community mobilization on arsenicosis, use of arsenic free water and environmental sanitation.

Human Resource Management (HRM)

Introduction

HRM during HNPSP is based on the principle of rational allocation of human resource (HR) and skill mix. Since 1993, GOB realized the need for a strategic and holistic approach for addressing HR issues and enabling the health system to address the health challenges and meet the health needs and expectations of the people. The crucial component of health services delivery is HR- the numbers, quality, and performance of health workforces, with particular regard to their technical, administrative and managerial knowledge and skills, their attitude and commitment towards assigned responsibilities. This operational plan will address those multiple aspects for an improvement in each area.

Programs

- Workforce planning
- Workforce deployment
- Improvement of capacity through training (workshop/ seminar/orientation/ advocacy meeting)
- HR support functions
- Performance management

Achievements

- Job description of personnel and staffs of DGHS, IPHN and NNP revised. Revision of that of DGFP and Nursing was supported by Line Director, HRM, MOHFW
- Effort to improve accountability and performance of personnel is ongoing through a performance management system
- Training of trainers, consultative meeting and workshop held to strengthen HRM function
- Individual performance management orientation on performance management system for health personnel held in 64 districts
- Establishment and utilization of a management information system able to provide gender dosegregated employment data using PMIS under process
- A strong co-ordination discussed with HRMs of MOHFW, DGHS and DGFP on process of establishment of a mechanism for establishment of effective coordination of human resource development
- Piloting started in 63 upazilas under 10 districts on Individual Performance Management (IPM) System

Future activities (2009-2010)

- Revision of Recruitment Rules-1981
- Finalization of gradation list
- Preparation of cadre composition
- Training on Individual Performance Management, Financial Management and computer skill
- Preparation of staff information list

Improved Financial Management (IFM)

Introduction

Financial management is recognized as an important area of sector wide management that needs strengthening in the course of HNPSP. This OP aims to improve the Financial Management in the DGHS particularly for the implementation of HNPSP for institutionalization of financial information system with the help and cooperation of other concerned Line Directors and Financial Management Unit of the MOHFW.

Programs

- Liaison with all Line Directors for submission of the Statement of Expenditures (SOEs), approval and onward submission to the Financial Management & Audit Unit (FMAU) of the MOHFW
- Improvement in budgeting system and practices at all levels
- Capacity building of officers and staffs in financial management and the financial MIS
- Re-organization and strengthening of the finance section of DGHS resulting in improved efficiency, reduced system loss and timely performance of assigned tasks

Achievements

Parentheses show achievements in broad economic heads: Supply and services (48%); Repair and maintenance (100%) and Acquisition of assets (50%)

Future activities (2009-2010)

- To prepare a need based budget and rationalized allocation of fund
- Proper management of fund received as per Government financial rules
- Orientation of office staffs on general financial rules, tender rules and MSR procurements
- Preparation of statements of expenditure (SOEs)
- To conduct internal audit

Improved Hospital Services Management (IHSM)

Introduction

The development of human capital has strong effect in poverty reduction in Bangladesh. Health is the major element of human development. Hospital services constitute the most visible and major component of the health care delivery system and mainly focused at primary secondary and tertiary level. The strategy of comprehensive approach for the poverty reduction already visualizes some target to be achieved by the year 2015 in respect of health and nutrition. Better hospital services can effectively contribute for the achievement of this target. Line Director of Improved Hospital Services Management is looking after the development activities of the secondary and tertiary level hospital. To improve the hospital services, it is needed to address some important issues like proper allocation of resources, more delegation of administrative and financial powers to local authority, timely maintenance of hospital building and equipments, use of user fees, decentralized procurement, improvement of the accessibility of women, children and poor. With all these concepts, the OP for Improved Hospital Services Management has been designed.

Programs

- Continuation of the public sector hospital services

View of the participants in workshop on Risk Management Orientation at Joypurhat

- Capacity development of Line Director of Improved Hospital Services Management
- Introduction of standard waste management
- Action plan for hospital based emergency obstetric care and gender sensitivity
- Strengthening of baby and women friendly hospitals
- Piloting and rollout of hospital referral system
- Hospital accreditation and medical audit
- Strengthening of National Electro Medical Workshop (NEMEW)
- Specialized clinical services (reconstructive surgery), DMCH -Burn unit
- Specialized clinical services (reconstructive surgery), NITOR
- Strengthening of existing artificial limb replacement workshop at NITOR
- Strengthening of National Center for Rheumatic Fever and Heart Diseases
- Construction of Diabetic Hospital at Barisal and Rajshahi
- Strengthening of TEMO
- Hospital Based Eye Care-SSI
- Hospital Improvement Initiative (HII)
- Strengthening of the Postmortem Services at secondary and tertiary level hospitals
- Establishment of Medical Gas Pipeline and Suction unit at secondary and tertiary level hospitals

- Strengthening of poisoning management at secondary and tertiary level hospitals
- WHO-BAN program
- Strengthening of BSMMU
- Support to National Heart Foundation
- Support to Ahsania Mission Cancer Hospital
- Strengthening of MCH at secondary and tertiary level hospitals

Achievements (2008-2009)

- Pay and allowances for officers and staffs under development budget given for 5 district and 2 specialized hospitals; Budget for recurrent cost, repair and maintenance given to district hospitals, medical college hospitals and specialized hospitals; Support provided for procurement of equipment, furniture and MSR to 24 district hospitals, 4 medical college hospitals and 6 specialized hospitals
- Government hospitals in Dhaka City brought under Medical Waste Management program; National committee and other coordination committees for City Corporation, Municipalities and Upazila already formed for facilitating coordination; The Rule on Medical Waste Management published; 6000+ health personnel trained in Medical Waste Management
- Orientation workshops for the service providers on gender held in 4 district hospitals
- Training of assessors done on accreditation process; National accreditation committee approved by MOHFW and assessment of hospitals done; Breast feeding refresher workshop held at 8 district hospitals; Baseline assessment done in 5 district hospitals for women friendly hospital initiative
- Orientation for the service providers for piloting completed and piloting started in three medical college hospitals, and 7 district hospitals and respective upazila hospitals of the districts; Piloting started in 2 maternal and child health facilities and 3 district hospitals; Review and monitoring activities are going on in the piloting area, 9 review workshops done in 2008; All the activities under piloting are going on for the establishment of structured referral system linked to essential service package
- Draft proposal on Clinic and Lab Registration finalized and sent to the MOHFW for further comment; Orientation of the service provider on "Hospital Risk Management" under Hospital Accreditation System done; Finalization of the Tool Kit, and printing and distribution to the piloting area done; Piloting on "Risk Management" in 2 district hospitals and 2 medical college hospitals are going on; Orientation of the service providers on "Quality Assurance" under Hospital Accreditation System done; 10 monitoring workshops done in 2008
- The reflected budget in the operational plan for NEMEW provided and the mentioned activities done
- The authority of reconstructive surgery conducted 23 camps to repair the cleft palates and lips especially for the women and children and provided access to the community for reconstructive surgery; 541 patients were benefited by above camps; The existing workshop at NITOR developed their capacity in providing quality and better service; A good number of patients were benefited with the

program especially through receiving artificial limbs

- TEMO authority repaired a good number of motor vehicles and other machineries with the utilization of provided fund
- Five district hospitals are already equipped for providing better eye care under GO-NGO collaboration; The service provider developed capacity for IOL (cataract) surgery

- Doctors and paramedics working in the blood banks were provided under WHO-BAN program training on blood safety for improving the services; Important documents were produced under APW under WHO-BAN program with an aim to improve the situation
- Fund has been allocated to BSMMU and National Heart Foundation for procurement of necessary equipments
- Extra fund was provided for improving range and quality of services to National Centre for Rheumatic Fever and Heart Diseases which improved coverage of patient care
- Procurement of equipment is under process for strengthening capacity in medical college hospitals, and secondary and tertiary hospitals for improving services
- Working group meeting held in November for improved poisoning management at secondary and tertiary level hospitals; Finalization of module done; 4 workshops held with participants from different divisions.

Future activities (2009-2010)

- Application of Total Quality Management (TQM) concepts in hospital services
- Management development program for hospital service providers
- Development of evidence based practice
- Development of hospital emergency services
- Development of quality assurance program under medical audit
- Other regular activity according to respective operational plan

In-Service Training (IST)

Introduction

The In-Service Training received a high momentum during Health and Population Sector Program (HPSP) and this momentum was kept continuing during Health, Nutrition and Population Sector Program (HNPSP). The suggested goal of IST is thus to support different programs under HNPSP with improved skills of health workforce through provision of quality training.

The following specific objectives describe the nature of the programs of IST:

- Assessment of training needs of different programs under HNPSP and development of a training plan according to those needs
- Co-ordination of in-service training to strengthen the critical knowledge and skills needed by the providers
- Facilitating implementation of the planned training through efficient utilization of the available training resources (financial, manpower and facilities)
- Ensuring effective training and its impact on performance improvements of those trained

- Ensuring that the front line providers have sufficient training in relevant areas to achieve the objectives of the HNPSP
- Facilitating smooth running of different national level institutes to run in-service training in their fields and strengthening them, e.g., National Institute of Preventive and Social Medicine (NIPSOM), National Institute of Cardiovascular Diseases (NICVD), Institute of Epidemiology, Disease Control and Research (IEDCR), Institute of Public Health (IPH), Institute of Child and Mother Health (ICMH), National Institute of Kidney Disease and Urology (NIKDU); and National Institute of Mental Health and Research (NIMHR)
- Promoting health system research as an instrument of public health and development
- Developing monitoring, follow-up, supportive supervision and evaluation process
- Establishing Training Management Information System (TMIS) and District Management Information System (DMIS) database at national, district and upazila level

Programs

- Training: Local Training; Workshop/ Seminars; and Overseas Training
- Technical Assistance (National and International)
- Training Support and Strengthening of Different Institutes
- Administrative and management (Strengthen Technical Training Unit, Salary support, Supply and Services, Repair maintenance and others)

Achievements (2008-2009)

Name of Training	No. planned	No. held
6 days ESP orientation for auxiliary service providers including curriculum review	400	500
6 days ESP refresher training for field service providers including curriculum development	3500	2675
Training for nurses and paramedics on advanced ESP clinical skills from district, upazila and below on reproductive health (10 days)	300	240
Training for nurses and paramedics on advanced ESP clinical skills from district, upazila and below on child health care (6 days)	450	204
6 days Basic Training for Medical Assistants with curriculum development/review (when required)	375	240
3 day TOT for District/ Upazila Managers on 6 days Basic Training for Medical Assistants including curriculum development	70	47
Breast feeding counseling for health care providers (Doctors and Nurses) (6 days) Including curriculum Review	300	66
Training on Lactation Management skills for MOs and Nurses (Reluctance, problem shooting, etc) including curriculum dev./review	150	381
1 day orientation on cervical and breast cancer awareness for opinion leaders including curriculum and teaching aids development	1600	550
6 days training on nutrition for field service providers	3000	2100
2 days Workshop on Medical Biotechnology	200	
Breast feeding counseling training for health care providers (HAs/Field service providers) (3 days)	400	488
2 weeks training on intensive coronary care for junior doctors working in the CCU/cardiology department of medical colleges including curriculum review	125	39
2 weeks training on intensive coronary care for staff nurses working in the CCU/cardiology department of medical colleges including curriculum review.	125	37
3 days training program on primary health care physicians on mental health including curriculum development	350	25
2 days training program on primary health workers on mental health	400	150
Training on primary management & prevention of kidney & urological diseases for primary health care physicians (6 days)	200	60

Name of Training	No. planned	No. held
Training on kidney & urological diseases for nurses working at primary health care level (6 days)	350	60
Training on kidney & urological diseases for health workers working at primary health care level (6 days)	350	60
6 days training for doctors on violence against women and girls	300	202
6 days training for nurses on violence against women and girls	400	351
3 days training on management & prevention of substance abuse including alcohol for doctors. (including curriculum development)	350	25
3 days training on management & preventi on of substance abuse including alcohol for nurses and medical assistants (including curriculum development)	350	25
2 days orientation on medico legal activities for CS, DCS, RMO, etc. including Curriculum Review	400	300
1 day Orientation on Continuing Performance Development (CPD) on Medical, Surgical & Management skill for Medical personnel at division level	200	100
3 days training on basic management skill with curriculum development and curriculum review	300	279
6 days Training on Applied Forensic Medicine including post mortem for MOs, RMOs and UH&FPO (including curriculum development)	300	250
5 days training on basic dental health care for primary health care doctors including curriculum development	100	Manual Developed
6 month training for doctors on Obs & Gynea (EmOC) including TOT & curriculum development/review	162	138
6 month training for doctors on anesthesia (EmOC) including TOT & curriculum Development/Review	162	154
6 days training on recent advances in dentistry for dental Surgeons	75	Manual Developed
6 days training on improved financial management for personnel working at Division, District, Upazila and Specialized Institutions, TTU and Others including curriculum Review	400	369
21 days basic service management training for newly recruited doctors including TOT & curriculum development/Review	1150	600
5 days training on office management for office staff including curriculum development	250	Manual Developed
Training on TMIS recording and reporting for personnel of DTCC & DUTT and other related institutions including guide book	200	200

Name of Training	No. planned	No. held
2 days training on monitoring and supportive supervision for supervisors at upazila level and below (HI, AHI, SI, EPI Tech, MA, etc.) including curriculum review.	1000	825
Advanced programming on visual basic 6, SQL server for officer and staff	45	90
Advanced training on computer networking (including Curriculum/Guide book development/ review) (28 days)	60	56
Hardware training on computer operation for officer and staff (including curriculum/Guide book Development/ review) (28 days)	180	173
Computer programming on MS access and SPSS for officer and staff (including Curriculum/Guide book Development/ review.) (28 days)	75	77
Computer programming on Graphics Design and webpage design for officer and staff (including Curriculum / Guide book Development/ review) (28 days)	75	75
28 days basic computer training on operating system, installation, internet, etc. for the persons of MOHFW, DGHS and autonomous institute	450	74
14 days refresher computer training on operating system, installation, internet, etc. for the persons of MOHFW, DGHS and autonomous institute	795	556
2 days PMIS Training for PMIS recording & reporting tools	550	617
2 days Training for service statistics related MIS recording & reporting tools	550	575
5 days Trai ning on standard operating procedures (SOP) regarding IPD, OPD, OT, emergency, housekeeping, record keeping, nursing services, diagnostic services, etc. for service providers of primary, secondary and tertiary Hospitals including monitoring and supervision including curriculum review	500	360
3 days Training on SOP for MLSS, aya, attendant, sweeper, cleaner, security, guard, etc. from primary, secondary and tertiary level hospitals including monitoring and supervision And development/review of hand out.	500	120
15 Days Computer Training on DMIS for Health Personnel from district and Upazila	105	75
3 days women's professional development program for personnel from district/directorate/ Secretariat level managers including curriculum	50	75
5 days Mid level management development program for personnel from district level Health managers & UH& FPO including curriculum development/Review	150	100

Name of Training	No. planned	No. held
3 days training on technique of developing training media and maintenance of audiovisual equipment for audiovisual operator, audiovisual projectionist, audiovisual helper and audiovisual technician including curriculum development	100	43
1 day orientation for awareness building on PAP screening and VIA program	400	150
1 day orientation for awareness building on fistulae prevention and care	400	150
Development of Management Information System (MIS) at Primary, Secondary, tertiary and Specialized Hospitals and developing computer skill of related personnel by providing Basic Computer Training and hands on training on developed software including Curriculum development	225	285
21 days advanced computer training on District Management Information System (DMIS)	150	150
28 days english language course for health personnel	320	145
3 days Training for Paramedics (Nurses, Technologists) on proper use and preventive maintenance of basic medical equipment including curriculum development	125	147
5 days training on store management for store keepers including curriculum development	350	217
2 days training program on reproductive health for health service providers (Doctors, Nurses, HI, AHI, HA, etc.) including curriculum review	50	150
1 day orientation for awareness building on violence against women for community leaders	450	418
1 day orientation for awareness building on violence against women for health workers	200	629
2 days training program on reproductive health for community Gate keeper (UP Chairman, UP member, Imam, School teachers and health volunteers) including curriculum review	800	201
2 days training on infection prevention policy and practice for District & Upazila Health Personnel including Curriculum review	550	1107
Training on updating media and messages in support on HEP for HEO/HE/Other related officers	120	25
3 days Training on gender issue, equity and poverty alleviation for field staff including curriculum development	400	611
1 day training for doctors, medical assistant, MA, Paramedical Health/ Field Staff, Nurses, RMP, Drug distributor, formal and informal leaders etc on filariasis elimination & morbidity control to be held at divisional/ district/ upazila level with field implementation of HH registration, Mass drug administration and coverage survey	500	500

Name of Training	No. planned	No. held
Organization of 2 days joint simulation exercise with BDRCS at most cyclone prone districts (Multi -sectoral approach) on EPR	200	175
Conduct vulnerability and Capacity Assessment at 10 (ten) selected hazard prone areas on EPR	300	87
2 days training for field staff on Disaster Mitigation	250	315
Workshop on Search, Rescue, Evacuation and First Aid for Health workers & volunteers (2 days)	200	326
Training course on Mass casualty management for hospital level staffs	325	400
2 days Orientation on service statistics of MO, MA, MT, HI, AHI and HA	200	109
HEP Training for the mid -level managers (5 days) Health Education officers/Health Educator	125	108
Emergency management Training of Traffic police/Launch driver and Helper/Bus driver and helper/Petrol pump worker	200	910
15 days basic Training for nurses, MTs on patient care and hospital management (including curriculum development)	200	100
28 days Training on Applied Health Statistics for Statistical Personnel working at Different level of Health services including Curriculum Development -curriculum done	50	Curric ulum developed
Overseas Training	243	111
Total	**30262**	**22332**

Future activities (2009-2010)

- Assess training needs of different training programs under HNPSP and develop training plan according to those needs
- Conducting local training, arranging seminar and workshop
- Strengthening technical training unit (TTU)

Management Information System (MIS)

Introduction

The fact "availability of accurate and timely population and program data is essential to planning, implementation and management of health services and programs" states the importance of MIS. During the last year, MIS-Health made significant progress in founding the successful background of an effective health information system for Bangladesh. With the fast growth and affordability of information and communication technology (ICT), the dimensions of MIS (health) have been changed already. MIS (health) is now-a-days looked not merely as management information system (MIS) but as the health information system (HIS) to represent the totality. The developed countries are utilizing the full potentials of the ICT and collecting vast amount of data covering the whole populations in all aspects of life and are undergoing in-depth analyses to find the root causes of the problems. Whether or not realizing the actual situation in the developing countries, the development partners and international agreements are looking for in-depth data on populations, health services, and health personnel. This is creating a challenging situation for the developing countries. While investing in development of health information system will return good dividends ultimately to the developing countries, mobilization of resources and skilled manpower is a great challenge. In the World Health Assembly of 2005, the member states of the WHO agreed to improve the respective country health information systems and announced launching of a new global fund called Health Metrics Network (HMN) to provide guidance to the countries to develop their health information system. HMN set some HIS targets for countries to achieve by 2011. MOHFW, Bangladesh is also receiving fund from HMN for implementing its commitment to undertake HIS assessment and develop a long term HIS plan. No country in the world ignores need for improving HIS, and all countries are investing aggressively to improve HIS to use benefits in realistic health planning and efficient use of available resources of health sector. Bangladesh should maintain the global pace of strengthening HIS, or in other word, MIS (health). The operational plan of MIS-health addresses the above issues.

Programs

- Establishment of a permanent population-based data system to know the population data and estimate status of population-specific health indicators
- Establishment of and strengthening health service MIS
- Establishment of and strengthening Personnel Management Information System (PMIS)
- Development, maintenance and improvement of collaborative web portal as a health information warehouse
- Establishment of and strengthening Logistic MIS
- Introduction of new technology (viz. GPS, SAM, GIS, etc.) and pilot advanced technology for efficiency of health information systems and rapid data exchange; and also to explore opportunities for tele-medicine and/or tele-conference system

- Printing, publishing, documenting and disseminating books, reports, newsletters, information brochures, forms, registers, guidelines, etc.
- Holding local (within country) training, workshops and seminars for (a) capacity building; (b) orientation; (c) advocacy; (d) brain storming to finding appropriate solutions; (e) review of ongoing activities, forms, registers, tools, etc.; (f) development of new tools, forms, registers, etc.; (g) dissemination, etc.
- Building capacity of MIS (health) workforce for improving their knowledge, skill and technical knowhow
- Establishment of monitoring, supervision and feedback system with help of effective communication systems for timely collection of reliable, appropriate and adequate data involving more and more health facilities, organizations and health managers, both in public as well as in private sector
- Building and improving physical infrastructures and ensure continued repair and maintenance functions and supply of logistics for smooth operation of health information systems
- Introduction of Mobile Phone Health Service

Achievements

- GR (Geographical Reconnaissance) chosen as a method for collection of population information; machine readable form designed and given to Central Medical Store and Depot for printing; an electronic citizens' registry will be gradually prepared based on the GR data
- About 800 points of health services given computers and wireless Internet connections; data from almost all government health facilities are coming electronically
- Online Personal Data Sheets established; Staff Information Survey completed; three intelligent character recognition machines and respective software procured for automatic data entry to complete staff information database for all health staffs
- Collaborative web portal further developed, information updated, critical health information distributed and more promotion done
- Logistic information collected from 6 divisions for district and upazila hospitals; software is being developed for logistic MIS
- Global positioning systems procured; pilots on Service Availability Mapping and GIS successfully completed; bulk SMS system developed and implemented for rapid information sharing; web cameras provided to civil surgeons and tele-medicine and tele-conference successfully experimented
- Year Book 2008, Health Bulletin 2009, Voice of MIS Newsletter and IMCI Newsletter published
- All planned workshops, seminars, training, etc. held
- Four staffs trained from abroad on modern health information systems
- Good monitoring, supervision and feedback system established; two vehicles purchased for monitoring and supervision
- MIS-health building extended; strong trouble shooting arrangement for ICT materials, and counseling service established
- Mobile Phone Health Service started from all district and upazila hospitals

Future activities (2009-2010)

- Data collection for GR (Geographical Reconnaissance) will be started
- Internet connections will be maintained; more computers will be distributed to hospitals as low as up to upazila hospitals
- Online Personal Data Sheets will be strengthened; Staff Information Survey data entered in computers and database will be developed for all health staffs
- Bengali interface of collaborative web portal will be developed and web portal contents will be enriched
- Logistic MIS will be made available in place
- Use of global positioning systems will be expanded; more innovative use of mobile phones will be explored; web cameras will be expanded to more and more hospitals for tele-medicine and tele-conference
- Year Book 2009, Health Bulletin 2010, Voice of MIS Newsletter and IMCI Newsletter will be published
- All planned workshops, seminars, training, etc. will be held subject to availability of fund
- More staffs will be trained from abroad on modern health information systems subject to availability of fund
- Monitoring, supervision and feedback system will be further improved
- MIS-health building improvement and extension will be done; strong trouble shooting arrangement for ICT materials and counseling service will be continued
- Mobile Phone Health Service will be continued

Micronutrient Supplementation (MS)

Introduction

Micronutrient supplementation program cares for improving the micronutrient nutritional status of the population of Bangladesh. The program is operated from the Institute of Public Health Nutrition (IPHN), which is responsible for carrying out overall nutrition-related activities for the Directorate General of Health Services. There is a separate operational plan called National Nutrition Program (NNP) which is independent of MS and IPHN. This write up will deal with the activities of MS and IPHN.

Programs

- Control of micro-nutrient deficiencies focusing nutritional blindness of vitamin A
- Control of Protein Energy Malnutrition (PEM)
- Control and prevention of iron deficiency and other nutritional anemia
- Control of iodine deficiency disorders and other micronutrient problems
- School health nutrition education program targeting school children
- Revitalization of existing baby friendly hospitals

Achievements

Control of micro-nutrient deficiencies focusing nutritional blindness of vitamin A

- Two rounds of vitamin A capsules supplementation in children (12-59 m) completed; around 2 crores of children covered in each; in the last round (6th June 2009), the coverage was 99%
- Two rounds of albandazole tablets (400 mg) administration in children (24-59 m) implemented; 1 crore and 71 lakhs of children covered in each; in the last round (6th June 2009), the coverage was found to be 99%
- Coverage of vitamin A capsules supplementation in infants improved from 85% (2007) to 94% (2008)
- Coverage of vitamin A capsules supplementation in postpartum mothers is 35% (2007)
- A series of advocacy, planning meeting, orientations conducted at divisional, district, upazila and union levels prior to each round of vitamin A supplementation and albandazole administration
- Different IEC materials on control of vitamin A deficiency and worm infestation developed
- Training workshop held in 5 districts (Sylhet, Sunamgonj, Barisal, Borguna & Gaibandha) to enhance vitamin A supplementation in under-1 children

Control of Protein Energy Malnutrition (PEM)

- Disseminated information on protein energy malnutrition situation in the country through using the data and resources, such as, Child Nutrition Surveys (CNU) 1995 and 2000, Child and Mother Nutrition Survey (CMNS) 2005 and UNICEF 2008 (State of the World Children 2008)
- Worked with National Nutrition Program (NNP) to improve nutritional status of pregnant and lactating women, malnourished children and adolescent girls to improve PEM situation

Control and prevention of iron deficiency and other nutritional anemia

- Broadly operated through country's entire health service delivery network and National Nutrition Program with key components of distribution of iron-folate supplementation to the target, vulnerable and anemic groups
- Intestinal parasite control through distribution of albendazole tablets done along with vitamin A capsules distribution programs
- IPHN continued advocacy for food fortification
- National Nutrition Program undertook dietary improvement and production of micronutrient-rich foods

Control of iodine deficiency disorders and other micronutrient problems

- Imparted training to 2,197 doctors and health staffs on control of iodine deficiency disorders
- Salt samples (165 Nos.) analyzed in the lab of IPHN to check iodine content under salt law and given feedback
- Trained up managers, chemists and others of salt factories of three zones (Chittagong, Potia, Cox's bazar) on quality control of iodized salt in collaboration with BSCIC
- Developed different IEC materials on control of IDD and distributed
- Although current data are not available, it can be assumed that improvement in following parameters is continuing:
  - The coverage of household iodized salt consumption (increased from 44% in 1995 to 84% in 2006)
  - Prevalence of biochemical iodine deficiency (<100μg/L) among children (decreased from 71% in 1993 to 33.8% in 2004-05)
  - Prevalence of biochemical iodine deficiency among general population (decreased from 70.2% in 1993 to 38.6% in 2005)
  - Prevalence of goiter among children (6-12 years) (reduced from 49.8% in 1993 to 6.2% in 2004-05)
  - Prevalence of goiter among women (15-44 years) (decreased from 55.6% in 1993 to 11.7% in 2004-05)

School health nutrition education program targeting school children

Infant and Young Child Feeding (IYCF) in Bangladesh

- Strategy developed
- Doctors, senior staff nurses, sanitary inspectors, health inspectors, and other officers (2,197 Nos.) trained on Breast Milk Substitutes Codes for Baby Food (Sweet Baby II)
- Registration denied to certain companies due to lack of necessary papers
- Legal cases filed against 11 companies for having melamine contents in their baby food products

Revitalization of existing baby friendly hospitals

- Existing child nutrition units or CNUs (20 Nos.), one located at IPHN and the others in 19 upazila health hospitals of 19 districts, continued
- Steps taken to revitalize and provide more functional support to CNUs
- In first 6 months of FY 2008-2009, malnourished or undernourished mothers and children, 2020 in number, were managed from the CNUs. Among the treated children, 900 were moderately malnourished and 12 were severely malnourished

Future activities (2009-2010)

- Strengthening of control of micro-nutrient deficiencies focusing nutritional blindness of vitamin A
- Strengthening program on Control of Protein Energy Malnutrition (PEM)
- Expansion of programs on prevention of iron deficiency and other nutritional anemia
- Control of iodine deficiency disorders and other micronutrient problems
- School health nutrition education program targeting school children
- Revitalization of existing baby friendly hospitals
- Conduction of health education campaign to promote breastfeeding and discard breast milk substitute, prevention of iodine deficiency disorder and intake of vitamin A supplementation.

Mycobacterial Disease Control (MBDC)

Introduction

The Operational Plan for Mycobacterial Disease Control (MBDC) comprises of two major programs, viz. National Tuberculosis Control and National Leprosy Control. Tuberculosis is one of the most significant health problems in Bangladesh since long. About more than 50% of the adult population is infected with Mycobacterium tuberculosis. Every year more than 300,000 people develop active TB; nearly 50% of them show infectious pulmonary disease and can spread the infection to others. Introduction of DOTS strategy has already reduced the numbers of death, but more than 64,000 people continue to die every year from this disease. Under the Mycobacterial Disease Control (MBDC) unit of the Directorate General of Health Services (DGHS), the National Tuberculosis Control Program (NTP) is working with a vision of eliminating TB from Bangladesh. The NTP adopted the DOTS strategy and started its field implementation in November 1993. The program progressively expanded to cover all upazilas by mid-1998. By 2003, 99% of the country's population including metropolitan cities was brought under DOTS services and by 2007, the geo-administrative coverage was 100%. Bangladesh is implementing Stop TB Strategy since 2006. High treatment success rates were achieved from the beginning and the target of 85% treatment success has been met since 2003. The program has successfully treated 92% of the new smear positive cases registered in 2007 and has detected 73% of the estimated new smear positive cases in 2008. During 1991, at the time of adaptation of WHO resolution, Bangladesh was estimated to have 136,000 leprosy cases, giving a prevalence of 13.6/10,000 population. Country wide expansion of MDT including all upazila hospitals, integration of leprosy services into the general health services, establishing model partnerships with NGOs, effective collaboration with some key groups like village doctors, religious leaders, Bangladesh Scouts and implementation of some focused activities like SAPEL, LEC, etc. have resulted in remarkable reduction of registered prevalence. At the end of December 1998, the registered prevalence came down for the first time to less than one case per 10,000 population nationally (0.87/10,000 population). The registered prevalence is gradually declining in each year and has reached at 0.51/10,000 population by end of 2003. But still there are 8 districts and 2 metros where prevalence is more than 1/10,000 population. These are Dhaka and Chittagong metropolitan cities and Nilphamari, Rangpur, Lalmonirhat, Gaibandha, Dinajpur, Khagrachari, Rangamati and Bandarban districts. Another important indicator for leprosy elimination which has not been achieved in National Leprosy Elimination Program (NLEP) of Bangladesh is grade II deformity rate among newly detected cases is about 8.92% at the end of 2003 and it should be reduced to less than 5%. Now NLEP is consolidating its efforts to achieve sub-national (district level) elimination and to sustain elimination status with further reduction of prevalence at national level and to achieve grade II deformity among new cases to less than 5%. The main objectives of NLEP are to detect leprosy cases and ensure whole course of treatment. As a result, the leprosy patients will be cured and will get rid of development of physical deformity or disability and thus economic destitution.

On the other hand, treatment of cases will cut the chain of transmission and will thus ensure healthy environment for other people.

A number of partner NGOs is working with NTP which include BRAC, Damien Foundation, UPHCP, Danish Bangladesh Leprosy Mission (DBLM), NSDP, Health Education & Economic Development (HEED), LAMB Hospital, RDRS, Salvation Army, Youngone Ltd., Friends of Bangladesh, British Leprosy Relief Association (LEPRA), Ashar Alo Society, PIME SISTERS, Gonoshasthaya Kendra, NATAB, and ICDDR,B.

Programs

- National Tuberculosis Control Program (NTP)
- National Leprosy Elimination Program

Achievements

Tuberculosis

- DOTS coverage-100%
- DOTS centers (Reporting unit)-774
- Microscopy centers-958
- TB case detection rate-74%
- TB treatment success rate-92%
- Establishing EQA centers-35
- Supervision and Monitoring- Nationwide supervision done from 3 levels (Central, Divisional and District), Quarterly monitoring meeting held regularly at district level and Annual monitoring meeting held at divisional level. Monthly Coordination meeting with PR 2 & WHO, Quarterly Monitoring with NGO Partners of City Corporation
- MDR-TB: Establishing Tuberculosis Reference Laboratory- One National (at NIDCH) and one regional (at CDH Rajshahi)
- Management of drug resistant TB cases: DOTS-Plus committee is functioning. DOTS-Plus manual has been developed; 198 MDR patients enrolled since July 2008 in NIDCH and 65 at CDH Rajshahi: since May 2008
- TB/HIV: National coordination committee formed, TB/HIV operational guideline developed, involved persons trained; VCT center at NIDCH established
- Training for capacity building of health managers and field level staff since 1999 to till date 148,302
- NTP Guidelines & operational manuals revised- 4th edition developed
- Public-Private-Mix (PPM): PPM operational guideline made available. Linkage with several NGOs, medical colleges, private practitioners, prisons, combined military hospitals and corporate health sectors established.
- ACSM: Print materials, traditional media (folk song & street drama), electronic media (TV & Radio spots), entertainment-educational program (TV serials)- National strategic plan for ACSM developed; Material developed-airing and displaying of ten different items on going.
- Research: Nation-wide TB prevalence survey - Data collection completed and dissemination of preliminary analysis done; NTP completed 15 operational researches related to TB control in collaboration with different institutes; Drug resistance survey protocol developed
- Procurement of X-Ray & Photocopier Machines: 14 X-Ray machines and 44 photocopier machines procured (100%)
- Procurement of computers: 125 (100%) computers procured and distributed in all districts

- Motor cycles for field workers: 46 (100%) procured and distributed

Leprosy

- Implementation of leprosy control program through NGOs in 28 districts covering 231 upazilas and three metropolitan areas
- Formation of partnerships for awareness creation, referral of suspects and case finding and case with Bangladesh Scouts, general medical practitioners, and religious leaders
- Drugs for MDT treatments are being donated free of charge by Novartis

Future activities (2009-2010)

Tuberculosis

- DOTS coverage sustained at 100%
- DOTS centers (Reporting unit)- 800
- Microscopy centers- 965
- TB case detection rate- 75%
- TB treatment success rate- 93%
- Establishing EQA centers- 36
- Supervision and monitoring will be expanded down to upazila level (cross supervision)
- MDR-TB: Establishing Tuberculosis Reference Laboratory; Establishing more regional reference labs; human resource development in this relation
- Management of drug resistant TB cases- Total 400
- TB/HIV- Execution interventions as per guideline, human resource development
- Training for capacity building of health managers and field level staff- 200,000
- Public-Private–Mix (PPM): Potential Partners to be identified and will be linked
- ACSM: Print materials, traditional media (folk song & street drama), electronic media (TV & Radio spots), entertainment-educational program (TV serials): Displaying and airing will be continued
- Research: Continue operational researches by NTP

National AIDS/STD Program (NASP) & Safe Blood Transfusion Program (SBTP)

Introduction

HIV prevalence in Bangladesh is currently low, less than 0.1% of the reproductive age population which are positive attributes of several socio-cultural background of this country. There is consensus, however, that there are risk factors for the spread of HIV in Bangladesh: a high sex community, low levels of condom use, increasing injecting drug use, and rising prevalence levels among injecting drug users. The 7th Serological Surveillance (HSS Round 7, 2005-2006) shows that the HIV rate has crossed the concentrated epidemic among IDUs. Rates in Central Bangladesh rose from 1.4% to 7.0% since 1999, up to as high as 10.8% in one neighbourhood of Dhaka. Hepatitis C prevalence among IDU reaches 83%, indicating that needle sharing is common. Data also show that 44 percent of female IDUs are also sex workers. In sum, HIV infection remains at negligible levels in all the major risk groups except for injecting drug users. However, while localized, there are some initial signs that it is beginning to spread to other IDUs and sex workers. The number of reported HIV diagnoses stood at 1,207 as of 2007. Many are migrant workers who were screened before or during employment. Estimates of the total number of people with HIV estimated by NASP stood at 7,500. A recent modelling suggests that adult prevalence levels could be over 2% by 2012, and reach 8% among the general population by 2025 if no interventions are conducted among IDUs and sex workers. Unsafe blood transfusion services in the public and private sector are considered to contribute to the spread of HIV. Commercial and replacement donations account for the majority of transfusions in the government sector, while the non-profit orgauization like the sandhani, Red Crescent Society achieve universal voluntary donation. Licensing of private blood banks and quality assurance are not fully effective yet. Finally, clinicians are not trained in rational use of blood and blood products, resulting in unnecessary transfusions and unsafe practices.

The National Strategic Plan for HIV and AIDS (NSP 2004-2010) guides the national response. The NSP aims to halt the spread of HIV and reverse the epidemic by 2015. This is the AIDS related target of the 6th Millennium Development Goal. The NSP's five program objectives are: (a) Providing support and services to priority groups of people; (b) Preventing vulnerability to HIV infection in Bangladesh society; (c) Promoting safe practices in the health care system; (d) Providing care and support services to people living with HIV and AIDS; and (e) Minimizing the impact of the HIV epidemic.

Prevention services are implemented mainly by NGOs, especially those interventions targeting the most vulnerable groups such as injecting drug users, sex workers and men who have sex with men. NASP through "The HIV/AIDS Prevention Project (HAPP)" coordinates targeted interventions, and SBTP to improve safe blood transfusion services. The GFATM Round2 supports a prevention program focusing on adolescents, which increasingly targets those adolescents who are at risk for HIV infection. GFATM R6 has started to cover the gaps of targeted intervention, notably among IDUs and female sex workers. Comprehensive care and support services for people with HIV are very limited. Two NGOs implement care and support projects, including some support for private medical treatment. Antiretroviral medication (ARV) is available in the market, and even produced in

Bangladesh, but public sector HIV treatment services do not exist. Levels of stigma and discrimination of HIV affected people is high, especially in families, the workplace and the health sector.

Youth Friendly Health Services (YFHS) intends to resolve the health related issues (physical, mental, Psycho-social, sexual) encountered by the 15-24 year old young people of Bangladesh, in a friendly manner, through the government, NGO and private Health Service Delivery Points (HSDPs). Since 2004, YFHS is implemented in selected 184 HSDPs of 32 districts. Technical Support of YFHS component is assigned to Ad-din Welfare Center.

A National Blood Transfusion Council and Committee were established by law in 1992, to provide advice and represent stakeholders. The 1997 National AIDS Policy called for establishment of an executive body, resulting in the Safe Blood Transfusion Program (SBTP). A National Blood Transfusion Law is about to be approved by parliament, regulating licensing and audits of private and public blood transfusion centres. UNDP and WHO provided TA to establish, equip and train 97 blood transfusion centres and a reference lab for quality control. The Operational Plan for NASP has been designed to oversee all of those issues.

Programs

- Strengthening of research capacity
- Funding of research proposal
- Dissemination of research

The program designed for 2006-2011 focuses on targeted intervention, national advocacy, care and support of HIV-positive people. The objectives of the programme are:

- Increased access and use of quality targeted interventions for the most vulnerable groups
- Increased access and use of prevention services for the general population
- Increased access to and quality of blood transfusion services
- Increased access and use of quality treatment, care and support services for people with HIV
- Increased and concerted action to reduce the impact of HIV on society and communities
- Increased NASP capacity and action to coordinate a national, multi-sectoral response

Achievements

- 242 Drop-in-Centers provided services and implemented by 119 NGOs across 55 districts
- Current coverage of vulnerable populations = Injecting Drug Users: 21,534 (54%); Brothel Sex Workers: 3,817 (96%); Street Sex Workers: 41,294 (63%); Residence and Hotel Sex workers: 25,650 (128%); Clients of Sex Workers: 192,895; Men having Sex with Men: 25,964 (17%); and Transgenders: 5,833 (39%)
- As per latest sero-surveillance (8th), HIV prevalence among all the vulnerable groups remains <1% except IDUs; STI prevalence shows declining trends
- During the period following IEC activities conducted: Development and broadcasting of 104 Radio episodes; Development and broadcasting of 20 TV serial episodes; Development and broadcasting of 8 TV spots; Implementation of 43 Bus panelling;

Development and broadcasting of Tele film, Nayika; Installation of 242 Billboards; Printing and distribution of booklets, Nijeke Jano; Development and broadcasting of street drama

- 114 Blood Transfusion centers strengthened to attain capacity for screening HIV, hepatitis B and C, Syphilis and Malaria; 6 centers equipped to level 1 and now producing blood components; 6 centers equipped with Modern Mobile Blood collection Vans; 50 centers expanded up to upazila level; Establishment of Reference Laboratory in Dhaka Medical College Hospital
- National OI treatment guideline developed
- Training organized for doctors and nurses for selected organization and institutions
- ART recipient data base developed
- 200 PLWHA has started receiving ARV
- National M&E Technical Working Group formed
- HIV/AIDS-positive reporting system and PLWHA database developed
- VCT database developed
- ART database developed
- HIV/AIDS Module for Health Managers developed and approved

Future activities (2009-2010)

- Preventions and interventions for most as risk groups: external migrants, all types of sex workers, harm reduction program, drug substitution
- Prevention for general population: advocacy, communication
- Safe blood transfusion: voluntary counseling and testing services
- Capacity of NASP to coordinate the national response: training, capacity building of STI/AIDS network, conduction of integrated bio-behavioral surveillance, development of guidelines and other activities, development of three outreach centers as model learning and training sites, hiring support staffs and procurement of services
- Treatment, care and support: functional collaboration between TB and HIV programs, training on OI management to selected clinicians, operationalize PEP guidelines, training of nurses, inclusion of HIV care in curricula of health training institutions, sensitization-orientation-involvement of national TB clinics staffs
- Impact mitigation: involvement of PLWHA and their family members in different awareness activities, organizing orientations/workshops for reducing HIV related stigma and discrimination for field workers of health and family planning departments
- Procurement of NASP goods.

National Eye Care (NEC)

Introduction

The National Eye Care Plan, which was formally adopted and launched by the Ministry of Health and Family Welfare, has prioritized three major areas of disease control such as (a) cataract surgery; (b) childhood blindness prevention; and (c) correction of refractive errors and low vision, while recognized the need for focusing on the sub-specialty service such as cornea, retina, glaucoma, etc. as the emerging problems priorities. The operational plan emphasized the need for capacity building for secondary care stretched down to upazila level and primary care to community level with effective referral chain from primary to tertiary level of eye care. This will demand increased government investment in eye care infrastructure and development of various categories of ophthalmic manpower. The plan further emphasized the need for effective national coordination as well as district level coordination through establishing national and district coordination committee bringing all active eye care providers to work together for common goal.

Programs

- A nationwide program for the prevention and control of blindness
- Special stress for the control of childhood blindness
- Development and modernization of secondary and tertiary level hospitals with eye infrastructure which includes facility, equipment and manpower support
- Making secondary level hospitals the nucleus of all eye care activities including surgical services particularly cataract surgery in each district
- Focus to the people with unnecessary blindness particularly for the elderly poor, women and children; around 30% of the ophthalmic surgical patients (particularly cataract for poor and disadvantaged which can be identified through various methods like: VGF/VGD cards, certificate from elected public representatives/local elites /Local District Vision 2020 committee) will be provided free care
- Strong GO-NGO-Private partnership and collaboration
- Adequate training of eye care personnel and staffs
- Measures to ensure national level leadership of the Vision 2020 advisory committee, deployment and retention of eye care manpower in district level hospitals, supply of ophthalmic equipment and supplies, development of eye care infrastructure at tertiary-secondary and primary level, establishment of a strong referral chain, mobilization of additional resources and above all political commitment of government in the forms of administrative and financial support

Achievements

- Twenty ophthalmologists from different eye care service centers trained on micro-surgery (SICS)
- 1,500 primary health care workers trained on primary eye care
- 30 nurses trained on eye OT and ward management
- One billboard developed and installed at NIO&H

- Vision 2020 District Committees formed and functioning in 3 districts (Gopalganj, Kishoreganj, Jhalokathi)
- Eye care equipment procured, distributed and installed in 10 districts

- MSR support to district hospitals (Brahminbaria, Satkhira, Narayanganj, Sariatpur, Madaripur, Bhola, Rajbari, Chandpur, Munshiganj, Netrokona, Pirojpur, Gopalganj, Kishoreganj, Jhalokathi, Gazipur, Laxmipur, Jamalpur, Manikganj, Chapai Nowabganj, Nilphamari, Noakhali, Jenaidah, Jhalokati, and Dinajpur)
- Vouchering scheme for intraocular lens (IOL) surgery in district of Manikganj sustained
- World Sight Day 2008 observed in collaboration with INGOs and WHO
- Vision 2020 National Advisory Committee meeting held
- PSP and Free Cataract Surgery Camp held at Gopalganj of Tungipara, Kaliganj of Satkhira

Future activities (2009-2010)

- Performing cataract surgery for adults and children
- Eye care capacity assessment
- Conducting BNCB meetings, formation and functioning of National Vision 2020 Committee
- Development of Training manuals, IEC materials, and TV/Radio spots for awareness
- Observation of World Sight Day at national/district level
- Printing of booklets containing eye care messages and distributing to the schools across the country
- Formulation, adoption and dissemination of national eye care policy
- Development of district eye care plan and monitoring tools for eye care performance
- Doing publication on eye care
- Conducting research on various aspects of eye care service in Bangladesh
- Development of eye care service related infrastructure at district level hospitals
- Expansion of specialized eye care, e.g., pediatric eye care at tertiary level hospital
- Conducting screening for cataract patients, sight testing for school children of primary level
- Establishing four eye care centers through GO-NGO collaboration and maintaining the service to prevent childhood blindness
- Procurement and supply of capital equipments, vehicles, etc. and repair/maintenance of the instrument
- Continuing human resource development
- MSR support to eye care service centers
- Regular monitoring and supervision of the performance of the respective operational plan

Non-communicable Diseases & Other Public Health Interventions (NCD&PHI)

Introduction

Bangladesh is passing a transitional phase through significant social and demographic changes, including rapid urbanization, expanding industrialization, rising incomes and improved control of communicable diseases. Life expectancy has risen to above 60 years. Cardiovascular diseases are now among the leading causes of morbidity and mortality. The incidence of ischemic heart diseases is 14 per thousand. About 20 to 25 percent of adult populations in Bangladesh are hypertensive. In Bangladesh, there are 85.6 deaths per 10,000 vehicles which are five times more than in Vietnam and Laos, four times more than in Sri Lanka and two times more than in Myanmar. Moreover, women and children are being victims of violence, and abuse of narcotic and other addictive drugs pose serious threat to complete well being of the nation. In 1994, the Department of Occupational and Environmental Health of NIPSOM confirmed 8 patients with visible sign of skin lesions caused by high arsenic levels in drinking water and which then opened up our eyes to fact of serious arsenic poisoning in ground water. The total number of registered arsenicosis patients as of now (Year 2009) is 38,320. On this background, the Operational Plan of Non-Communicable Disease and Other Public Health Intervention (NCD&OPHI) includes programs on occupational and environmental health, non-communicable disease like diabetes, COPD, cardiac problems, mental health, cancer, road safety, injury prevention, and arsenicosis.

Programs

- Environmental and Occupational Health
- Health of Senior Citizens
- Support to Institute of Public Health
- Arsenicosis, NCD and Injury Prevention

Achievements

- Awareness raising activities done through interpersonal communication of health workers, miking, billboards, posters, video shows, etc. at village markets and other growth centers, and through folksongs and other traditional methods and techniques

- Training on arsenicosis control and mitigation given to: 128 Civil Surgeons and Deputy Directors of Family Planning at district level; 64 Deputy Civil Surgeons and Medical Officers of Civil Surgeons' Offices; 472 Upazila Health and Family Planning Officers; 472 Upazila Family Planning Officers; 1,116 Resident Medical Officers and Medical Officers at Civil Surgeons' offices; and 2,345 Medical Officers and 4,712 Nurses from Medical College, District and Upazila Hospitals
- Training on arsenicosis also given to 60,095 health workers from upazila and union levels

- Basic and refresher provided to 1,088 statisticians from upazilla and district hospitals
- Training on store management of arsenicosis drugs given to 564 store keepers
- Training on water testing for arsenic given to 1,120 Lab Technologists
- Training on health education for arsenicosis given to 162 Senior and Junior Health Education Officers
- Training on arsenicosis management given to 1,358 Medical Assistants at upazilla level
- Arsenic Mitigation Committees oriented 6,050 officers at 48 districts and 9,480 officers, 9,480 teachers at 316 Upazilas
- House to house searching has been completed. In 2008, 24,389 arsenic patients identified by the health workers; the number rose to 38,320 in 2009.
- A training module developed
- Treatment cards and treatment registers introduced in all health facilities
- Medicines worth BDT 94 lakhs supplied and worth BDT 4 crores in process of purchasing
- A monitoring evaluation team constituted at central level and monitoring and evaluation meetings held in 6 divisions
- Four researches completed by eminent researchers from BSMMU & NIPSOM
- Instituted of Public Health conducted training on Good Laboratory Practice & Laboratory Management and Basic Computing
- 52 batches (30 in each batch) completed town surveys on occupational and environmental health
- Study on fluoride in drinking water and its toxic effects in human health done
- Preparatory work of a national strategic paper on Occupational and Environmental Health completed
- 167 workshops on senior citizens, adolescents and disabled organized at upazila level
- Surveys on 14 diseases among the senior citizens completed
- National Risk Behavior Survey for non-communicable diseases titled National NCD Risk Factor Survey initiated

Future activities (2009-2010)

- Active surveillance like house to house searching of arsenicosis patients in every upazila of the country
- Capacity development and training of staffs of DGHS and people working with arsenic problem
- Awareness building among the general people
- Conducting research and survey on arsenicosis
- NCD piloting in rest 80 selected upazilas
- Capacity development on NCD and injury prevention
- Conducting research on NCD and injury
- Creating mass awareness about NCD risk factors like smoking, obesity, physical exercise and injury prevention.

Pre-service Education (PSE)

Introduction

Health sector is not only labor intensive but it requires a large variety of skilled health manpower to support and manage a wide range of health services. Bangladesh has a large number of educational and training institutes for producing health professionals in various areas. They also provide a congenial environment to those who are interested in conducting research activities. Although most of the educational and training institutes are located in Dhaka, many, particularly those institutes that provide postgraduate, graduate, technological and medical assistants' training and education are situated in other cities and districts of the country. While the number of physicians graduating each year may be just adequate in terms of country's present need, output of the auxiliary personnel, i.e., nurses, technologists and medical assistants is not sufficient. Substantial progress has been made in the field of medical education. The annual intake and output of 17 medical colleges in the public sector are about 2,310 and 1,700 respectively; those in private sector are 3,055 and 1,500 respectively. The annual intake and output of 3 dental colleges in public sector are about 210 and 200; those in 11 private dental colleges are 700 and 500 respectively. It may be noted that the number of female graduates has been steadily increasing and the ratio is about 50:50. The annual intake and output of health technology institutes in public sector are 1,010 and 1,000 respectively. To enable medical technologists make further careers, BSc course in health technology has been introduced in 3 government and 13 private institutes. Masters course has been introduced in two Institutes. In private sector, total annual intake is 5,946 and output is 2,500. In the 7 government medical assistants' training schools, annual intake is 650 and output is 350; and in 25 private sector schools, annual intake is 1,855. Pre-service Education also strengthens the postgraduate education in different medical colleges and institutes by providing research grants and supplying teaching aids, instruments, furniture, multimedia projects, etc. The Operational Plan of Pre-service Education is mainly concerned for the education of medical graduates, health technologists and medical assistants. By producing skilled health manpower according to the recommendation of the 'Human Resource Strategy' of the MOHFW, it will contribute to the poverty alleviation target of PRSP by improving the health status of the people.

Programs

- Residential Field sitc Training for 4th year Medical Students
- Quality Assurance Scheme for Public and Private Medical Colleges
- Improvement of Medical Education: Medical Education Units and Medical Skill Centers at Medical Colleges
- Establishment of Teaching Morgue at Chittagong Medical College
- Strengthening of Postgraduate Medical Education in Government Medical Colleges and other Postgraduate Institutes and improvement of Libraries
- Establishment of New Medical Colleges, Medical Assistants' Training Schools and Institute of Health Technology
- Establishment of Monitoring and Evaluation Mechanism for HRD

- Revision of Medical Dental, Paramedical and other Curricula
- Strengthening the CME and National Health Library & Documentation Center
- English Language Training (ELT) for Medical & Dental Students
- Establishment of new Institutes of Health Technology (Khulna, Mymensingh, Sylhet, Barisal, Chittagong), Medical Colleges, Postgraduate institute, Dental College, IHT and MATS
- Fulfillment of requirement of Machinery, Equipment, Furniture-Fixture & Transport Vehicles for Post-graduate Medical Institutes in Government Medical Colleges/ Dhaka Dental College and different Postgraduate Institutes and Library facilities
- Strengthening the Research Activities for Postgraduate Students in different Medical Colleges/ Institutes
- Publication of Annual Report containing the Academic Performance and Hospital Records of Medical College Hospital
- Improvement of Museum in Anatomy and Pathology Departments in different Medical Colleges
- Development of Medical Biotechnology in Bangladesh
- Establishment of Bangladesh College of Physiotherapy in Dhaka

Achievements

- 12 vehicles (11 cars and 1 jeeps) procured for institute heads
- English language training given to 2,520 first year medical and dental students (2,310 MBBS and 205 BDS students)
- Assistance given for residential field site training (RFST) of the fourth year students in the government medical colleges
- Basic and advance computer training given to staffs and officers of medical and dental colleges, IHT and MATS (300 persons)
- Computers, laptops, and multimedia supplied to 3 new medical colleges

Future activities (2009-2010)

- Procurement of vehicles (one car and two microbuses for each government medical colleges, one car and one microbus for each of the IHT and MATS. Car for principal and microbus for residential field site training program
- Revision of MBBS and MATS curriculum
- Development of learning museum of each medical college
- Upgrading of libraries to e-library. Computer, furniture, equipments, books and chemicals and further expansion and strengthening of above-mentioned program

Procurement, Logistics & Supplies Management

Introduction

Under HNPSP, the major procurement responsibility has been shifted to CMSD. The CMSD provides logistic supports to all line directors. This operational plan aims to facilitate all procurement process under HNPSP.

Programs

Logistics Management

- Improving the operational capability of CMSD
- Maintaining office utility services of CMSD
- Developing library of CMSD
- Organizing/ conducting lectures, orientations, seminars, workshops, etc. on different issues/ topics related to logistics, procurement, reforms, IT, finance, planning, etc.
- Enhancing/ building capacity on procurement, storage, repair and maintenance, office management and computer skills.

Procurement and clearance

- Conducting tender evaluation by Technical Evaluation Committee; paying honorarium to the members
- Open-letter of credits for procuring goods
- Conducting pre and/or post shipment inspections to ensure the quality checks of goods procured
- Unloading goods at port of entry
- Clearing goods at port of entry
- Carrying goods (freight and transport charges)
- Taking delivery of goods at suppliers' premises in case of EXW contracts
- Conducting insurance survey
- Conducting tests of goods procured to ensure quality
- Ensuring local agents' performance obligations
- Training people on procurement from both abroad and locally
- Organizing seminars and workshops on topics related to procurement and clearance, etc.
- Developing procurement management capacity.

Storage and Distribution

- Expanding the storage capacity of CMSD for accommodating goods
- Procuring the goods for handing, storage and distribution of equipment
- Constructing cold chain room and install air conditioners in port clearance office
- Protecting stores when kept in open space
- Developing logistics management system.

Achievements

Achievement in 2008-2009 and target 2009-2011

Component			FY : (2008-2009) Achieved		FY : 2009-2010 (Target)		FY : 2010-2011 (Target)	
			Physical Qnty.	Financial	Physical Qnty.	Financial	Physical Qnty.	Financial
1			5	6	11	12	13	14
a)	**Physlcal Works**							
	1	Equiment & Accessories	Photocopier, Laminating machine, Computer, Furniture etc. are procured	16.63	Photocopier, Laminating machine, Computer, Furniture etc. are procured	7.00	Photocopier, Laminating machine, Computer, Furniture etc. are procured	7.00
	2	Computers Accessories		5.00		8.00		8.00
	3	Software		-		6.50		6.50
	4	Fumiture & Fixture		5.65		2.00		2.00
	5	Telecommunication		-		0.50		0.50
	6	Legal Fees & Engineer		-		2.00		2.00
	7	a) Biomedical Engineer				17.00		17.00
		b) Procurement Specialist				16.50		16.50
		c) Specification Specialist				16.50		16.50
	8	others		-		43.50		23.50
		Sub-total (a)		**27.28**		**119.50**		**99.50**
b)	**Non-Physical Works**							
	1	Supplies & Services		819.84	Ex. Factory VAT, Bank charge for L.C,C & F agent's commission, transport charge paid	770.50	Ex. Factory VAT, Bank charge for L.C,C & F agent's commission, transport charge paid	740.50
	2	Storage & Distribution		43.84	Printing done, Logistics management system developed	50.00	Printing done, Logistics management system developed	-
	3	Repair & Distribution		11.73	Repairable Moter Vehicle, fumiture & computer repaired.	33.04	Repairable Moter Vehicle, fumiture & computer repaired.	8.00
	4	Import Tax & VAT		3,100.00	All the goods deatred from the port in time.	4,000.00	All the goods deatred from the port in time.	4,000.00
		Sub-total (b)		**3,975.41**		**4,853.54**		**4,748.50**
		Total (a+b) (taka in Lakh)		**4,002.69**		**4,973.04**		**4,848.00**
	Total (a+b) (taka in million			**400.27**		**497.30**		**484.80**

Future Plan

- Continuation of logistics management
- Conducting procurement and clearance
- Expansion of storage capacity and development of logistics management
- Develop procurement management capacity

Quality Assurance (QA)

Introduction

Quality Assurance Program has been taken as a support service to improve health care quality. Quality assurance program plans to intervene in some priority areas, such as, service improvement, creation of positive staff attitude, shortening patient waiting time, adequate seats for patient waiting, adequate consultation time, improving privacy arrangement, improving doctors' behavior with patients, improving providers' behavior with the poor, cleanliness, etc. Standards have been developed for 19 areas (9 for hospitals and 10 for field services) which cover most of the quality issues identified except medicine and service regulation. Service regulation is planned to approach by medical audit, accreditation and benchmarking initiatives. Medicine issue is out of the scope of this program.

Programs

- Health care quality assurance

Achievements

- Workshops, TOT and training on quality assurance in 9 district hospitals and 56 upazila hospitals
- Two workshops for GO-NGO and private hospital representatives on updating of the TOT, training module and standard operating procedures
- One survey on client satisfaction done
- Monitoring and supervision done in 18 district hospitals and 45 upazila hospitals
- Printing of updated TOT, training module and standard operating procedures
- Purchase of one computer and computer spares

Future activities (2009-2010)

- Re-organization of Quality Assurance Cell-1
- Updating & dissemination of Standards / Standard Operating Procedures-8 functional areas
- Standards of structure and process for 31, 50 and 100 bed hospitals-3 sets
- Printing and publication of booklets-5,000 Copies
- TOT on QA training-36 Sessions
- Training on QA-80 Sessions; Awareness building-20 Sessions
- Advocacy sessions-15 Sessions
- Orientation sessions-10 Sessions
- BCC training-20 Sessions
- Refreshers training-15 Sessions
- Workshops on Quality decisions-2 workshops
- Consultative meeting-10 meetings
- Capacity building through foreign training-4 persons
- Monitoring and supervision-120 visits
- Developing model hospital-2 hospitals
- Small scale surveys-2 surveys
- Limited scale medical audit system-1
- Acquisition of assets: Computer (Laptop); Computer (Desktop); Photocopier; Accessories (Computer & office); Color printer; Scanner; Pen drive; Multimedia Projector with LCD & Accessories.

Research & Development (R&D)

Introduction

The purpose of this operational plan is research capacity building, research funding and dissemination of research results. It aims to contribute towards accomplishment of national goals and targets set in PRSP and MDGs.

Programs

- Strengthening of research capacity
- Funding of research in selecled aneas
- Dersimination of research
- Development of reseasch information and management system

Achievements

- A 10-member Research Unit formed at the DGHS to provide technical support to the Line Director, identify research topics on priority areas, prepare bid documents, assist in bidding process, assist in managing contracts, review research proposab conduct institutional need assessment for conduction of research, undertake activities to strengthen research capacity based on need assessment in institutes, organizations and offices of the DGHS, and conduct research related local trainings and workshops
- Developed a research guideline, which reflects on all research related activities with special focus on area prioritization and funding process and thereby aims to streamline researches
- Conducted 8 training workshops on research methodology in collaboration with BMRC
- Conducted training workshops for capacity building of the research Unit members
- Held consultative meetings on research related activities
- Conducted 2 training workshops on research methodology in collaboration with NIPSOM and IPH
- Conducted 5 dissemination workshops with the stakeholders
- Funded 25 research programs.

Future activities (2009-10)

- Prioritizing research areas in the light of the objectives of HNPSP, PRSP and MDG goals
- Giving special focus to research related to policy making and strategy development
- Disseminating research findings for formulating policy and strategy in the health sector
- Maintaining an archive for all the reviewed and approved research protocols
- Ensuring cross-cutting lines are taken into account, both in specific research and integrated generally
- Establishing contact with local and international research institutes and organizations and establish link with them
- Relating research work more closely to the ongoing work of the Global Forum for health research

Sector-wide Program Management (SWPM)

Introduction

The purpose of the Operational Plan on Sector-wide Program Management is to improve the capacity of the government health sector to set policy and strategies that are then translated into plans. It would also facilitate the improvement of the efficiency of resource utilization, service coverage and service quality. Another important purpose is to enhance the co-ordination for planning of development activities for health sector. The principle of decentralization in planning process through local level planning (LLP) is in its core.

Programs

- Central level coordination and development
- Liaison with Ministry of Health & Family Welfare, Planning Commission, Implementation Monitoring and Evaluation Division (IMED), External Resources Division (ERD) and Development partners
- Planning and monitoring of development program performance
- Organizing coordination meeting with relevant line directors
- Co-ordination and development of Local Level Planning (LLP)
- Organize orientation and training for central, district and upazila health managers on planning and management
- Co-ordination and support of LLP at upazila and district level
- Interaction and mutual consultation between planning unit and line directors
- Development of database of health facilities

Achievements

- 460 upazila LLP teams have developed the capacity to prepare their Local Level Plans
- 64 district LLP teams have been strengthened to support the respective upazila LLP teams
- Community views were incorporated and reflected in the upazila local plan
- 6 districts selected for pilot LLP and budgets placed to MOHFW for approval and allocation
- 12 LLP workshops, 6 at central level and 6 in divisional level (one in each) were done to build up the concept of sector-wide program and decentralized planning among the high and mid level managers of DGHS
- 12 monitoring meetings were held with the line directors and project directors to coordinate and monitor the program implementation
- 200 officers and staffs were trained to develop computer skill and management capacity

Future activities (2009-2010)

- Introduction of a system for review and monitoring, strengthening feedback and improving the quality of LLPs in order to maximize the impact of key health priorities
- Development of operational guidelines for the exercise of delegated authority and responsibilities at the upazila and district level with stakeholder participation. This will include identification of logistics needs suggested mechanisms for their financing, procurement and distribution
- Hospital improvement initiative with necessary delegation of financial and management authority and autonomy
- Setting up mechanisms for resource generation at local level, with provisions for accountability and transparency

PROJECT

Establishment of 250-bed National Institute of Ophthalmology & Hospital

Introduction

A 100-bed National Institute of Ophthalmology & Hospital was established on 22 December 1979 within the Shaheed Suhrawardy Hospital Complex, Sher-e-Bangla Nagar, Dhaka. The institute and the hospital started functioning temporarily within the limited space, which was so small that the academic activities of the Institute and service delivery of the hospital became difficult. In this situation, the Government decided to establish it in a separate space. Three acres of land were allocated in health zone of Sher-e-Bangla Nagar, Dhaka for establishment of a 250-bed National Institute of Ophthalmology & Hospital. The foundation stone of the building was laid down on 17 April 2002. After commissioning of the institute, approximately 15,000 patients will get service from the out-patient department, 25,000 from in-patient department and 6,000 from the emergency department annually. The project received approval from MOHFW on 17 January 2004 and the National Economic Executive Council provided approval on 16 August 2003.

Estimated Cost (Lakh Taka)

13,287.43 (Government of Bangladesh: 8,117.70; Saudi Development Fund-DPA: 5,169.73)

Location of the Project

Health Zone, Shere Bangla Nagar, Dhaka-1207

Land area

3 acres

Implementation period

July 2003 to June 2009

ADP allocation (2008-09)

BDT 469.00 Lakh (GOB)

Construction supervisor

PWD (Work order issued on 14 June 2004)

Physical progress

Almost completed (function started in new building on 18 December 2007)

Financial progress

BDT 370.99 Lakh in FY 2008-09 (79.1%)

Establishment of National Institute of ENT (1st phase) in Dhaka

Introduction

The World Health Organization developed a program for "SOUND HEARING 2030" for prevention of deafness and hearing impairment in the regional countries and requested the national governments of the South-East Asia region to incorporate the concept of Primary Ear and Hearing Care (PEHC) through the existing primary health care (PHC) services. WHO believes that by implementation of this program, 95% of the existing deafness and hearing impairments can be eliminated by 2030. The Ministry of Health and Family Welfare undertook the project titled "Establishment of National Institute of ENT (1st phase) in Dhaka" to implement the recommendations and guidelines given by the WHO. This project was approved by National Economic Executive Council (ECNEC) on 22 May 2008, which followed issuance of administrative approval by the MOHFW on 8 June 2006. The foundation stone of the project was laid down on 24 December 2008.

Estimated Cost (Lakh Taka)

4126.96 (Government of Bangladesh: 1621.39; Saudi Development Fund-DPA: 2505.57

Location of the Project

Tejgaon Health Complex

Land area

2 bighas

Implementation period

July 2008 to June 2011

ADP allocation (2008-09)

BDT 300.00 Lakh (GOB); Revenue-15 Lakh; Capital-285 Lakh

Saudi Development Fund not yet received

Construction supervisor

PWD (Work order issued on 11 February 2009)

Physical progress

Basement completed up to roof level

Financial progress

BDT 284 Lakhs (95.2%)

Establishment of National Institute of Neurosciences (NINS) (1st phase) in Dhaka

Introduction

Bangladesh is showing a transition in its population pyramid with increasing number of elderly population. As a consequence, cases of stroke, paralysis, senile dementia, parkinsonism, spinal cord injury, neuropathy, brain tumor, etc. are on increasing trend. Death rates are increasing among the patients of acute head injury, acute stroke, GBS, respiratory insufficiency, meningitis and encephalitis, status epilepticus, brain space occupying lesion, etc. if the patients are not treated immediately, although modern medicine has options for treatments for these cases. It is assumed that about 3 million cases of paralyses are leading unproductive lives creating burdens on their families due to improper or lack of treatment. It was a dire need to expand the treatment facilities as well as manpower development in neurosciences. Being aware of this situation, the Government of Bangladesh decided to implement this project. The ECNEC gave approval to the project on 25 January 2005 and MOHFW issued administrative approval on 5 September 2009. Foundation stone was laid down on 23 October 2006.

Estimated cost (Lakh Taka)

10848.06 (GOB)

Location of the project

Health Zone, Shere Bangla Nagar, Dhaka-1207

Land area

3 acres

Implementation period

July 2003 to June 2010

ADP allocation (2008-09)

BDT 1125 Lakh (GOB)

Construction supervisor

PWD (Work order given on 22 October 2006)

Physical progress

Main Building (brick work, lintel and plaster of levels 7 and 8 are underway; works for doors, grills and fittings of levels 3 to 6 are underway; wall tiles and sanitary works of levels of 1 to 4 are ongoing; tender for boundary wall is under process). Residential Building (roof casting for ground, first and third floors are completed).

Financial progress

BDT 1124.96 Lakh in FY 2008-09 (99.9%)

Establishment of 100 Bed Sarkari Karmachari Modern Hospital

Introduction

The project "Establishment of 150 Beded Sarkari Karmachari Modern Hospital" is located at Fulbaria, Dhaka. The Sarkari Karmachari Hospital started functioning since 1985 to provide improved health care services for the officers & staffs working in the government organizations. This project is to provide modern treatment facility for Govt. employees and their dependents, to ensure cost effective health care services by providing specialized treatment to reduce morbidity and mortality of govt. employees & their dependents by regular medical checkup and proper treatment & advice.

Estimated cost (Lakh Taka)

BDT 4239.00 lac (Government of Bangladesh)

Location of the project

Fulbaria, Dhaka

Land area

2.03 acres

Implementation period

July 2007 to June 2010

ADP allocation (2008-09)

BDT 710.00 Lakh Taka (GOB)

Construction supervisor

PWD

Physical progress

25%

Financial progress

BDT 562.46 Lakh (79.22%)

Up-gradation of National Institute of Cancer Research & Hospital from 50- to 300-beds

Introduction

The up-gradation of National Institute of Cancer Research and Hospital from 50- to 300-bed was undertaken for project period of July 2003 to June 2006; but it was later extended up to June 2010. The aim of this project is to establish modern detection and treatment facilities for cancer patients in both out-doors and in-doors. Other objectives of this project are to: provide specialized training facilities for nurses and paramedics; provide postgraduate courses and training facilities for the doctors; introduce registry of cancer and tumor cases; create awareness for prevention and control of cancer cases through information, education and communication activities; expand research activities on cancer and create cancer related awareness among general people; and rehabilitate cancer cases after recovery.

Estimated cost (Lakh Taka)

29,552.30; (Government of Bangladesh: 19,067.00; Direct Project Aid- Saudi Development Fund: 10,484.70)

Location of the project

Current campus of National Institute of Cancer Research and Hospital, Mohakhali, Dhaka-1212

Land area

Within existing NICR campus

Implementation period

July 2003 to June 2010

ADP allocation (2008-09)

BDT 2220.00 Lakh (GOB: 1220.00 Lakh Taka; DPA: 1000.00 Lakh Taka). Saudi Development Fund not yet received

Construction supervisor

PWD

Physical progress

70%

Financial progress

BDT 879.69 Lakh Taka (72.1% within GOB)

Expansion and Modernization of Dhaka Medical College Hospital

Introduction

Dhaka Medical College Hospital was established initially as a general hospital with 250-bed in March 1947 to cater the treatment facilities for the people of Dhaka city. As the people of far-flung areas of the country started to consider DMCH as a treatment center where affordable treatment of all diseases are provided, consequentially increasing the bed capacity become a burning need. Gradually the bed capacity of DMCH was increased in May 1947, in 1973, in 1994 and finally in 2003, has been increased to 1700 through an administrative order providing only drugs and MSR, without increasing the manpower, infrastructure and other ancillary facilities, which often creates jeopardy in treatment delivery. With the increasing demand, the expansion and renovation of the hospital become an essential. In this context ECNEC gave approval to the project named "Expansion and Modernization of Dhaka Medical College Hospital" with the aim to establish a 600 bed hospital in the existing DMCH campus and will run under same administration. The hospital will provide services and will be utilized as a teaching hospital for under graduate and post-graduate students and the students of nursing institutes as well.

Estimated Cost (Lakh Taka)

6000.00 Lakh (Government of Bangladesh)

Location of the Project

Dhaka Medical College and Hospital Campus, Dhaka city area, Dhaka

Land area

1.5 acre (4.5 Bigha) of existing land of the Dhaka Medical College Hospital

Implementation period

July 2008 to June 2011

ADP allocation (2008-09)

BDT 700.00 Lakh (GOB)

Construction supervisor

PWD

Physical progress

88.20%

Financial progress

BDT 692.40 Lakhs in FY 2008-09

Summary Financial Statement of 19 Operational Plans of DGHS (July 2008 to June 2009) (Lakh Taka)

Operational Plan	Fund Allocation (RADP 2008-2009)					Fund Release (2008-2009)					Expenditure (2008-2009)						Progress Against Release %	Progress Against Allocation %
	Total	GOB & JDCF	RPA		Other than RPA	Total	GOB & JDCF	RPA		Other than RPA	Total	GOB & JDCF		RPA		Other than RPA		
			GOB	Other				GOB	Other					GOB	Other			
AMC	995	800	195	0	0	995.00	800.00	195.00	0.00	0.00	894.08	760.91	0.00	133.17	0.00	0.00	89.86	89.86
CDC	9413	2125	7000	288	0	9413.00	2125.00	7000.00	288.00	0.00	6427.93	1790.81	464.49	4172.63	464.49	0.00	68.29	68.29
CMSD	4007	3907	100	0	0	4007.00	3907.00	100.00	0.00	0.00	4002.69	3904.00	0.00	98.69	0.00	0.00	99.89	99.89
ESD	39600	7500	9557	0	22543	35685.27	7500.00	9557.45	0.00	18627.82	31778.96	6259.40	0.00	6891.74	0.00	18627.82	89.05	80.25
HEP	2306	716	1540	0	50	2306.00	716.00	1540.00	0.00	50.00	2265.87	695.68	0.00	1520.19	0.00	50.00	98.26	98.26
HRM	150	50	100	0	0	150.00	50.00	100.00	0.00	0.00	107 .05	24.43	0.00	82.62	0.00	0.00	71.37	71.37
IFM	50	12	38	0	0	25.00	6.00	19.00	0.00	0.00	25.00	6.00	0.00	19.00	0.00	0.00	100.00	50.00
IHSM	15100	5100	9900	0	100	14325.00	5100.00	9125.00	0.00	100.00	11879.58	4069.25	0.00	7717.71	0.00	92.62	82.93	78.67
IST	4683	600	4083	0	0	3512.25	450.00	3062.25	0.00	0.00	4139.00	335.17	0.00	2545.55	0.00	1258.00	117.84	88.38
MBDC	11991	600	495	10031	865	7956.69	600.00	371.25	6829.02	156.42	7544.41	294.00	6829.02	264.97	6829.02	156.42	94.82	62.92
MIS	1549	169	1300	0	0	1549 .00	169.00	1300.00	0.00	80.00	1267.37	124.51	0.00	1062.88	0.00	79.98	81.82	81.82
MS	1945	540	1255	0	150	1757.00	502.00	1255.00	0.00	0.00	1706.08	210.29	0.00	1213.79	0.00	282.00	97.10	87.72
NASP	11865	131	10469	0	1265	6540.00	40.50	5234.50	0.00	1265.00	5057.40	18.26	0.00	3774.14	0.00	1265.00	77.33	42.62
NCD&PHI	5066	204	4862	0	0	4913.00	51.00	4862.00	0.00	0.00	3769.47	17.84	0.00	3751.63	0.00	0.00	76.72	74.41
NEC	500.00	273	123	0	104	440.00	273.00	63.75	0.00	104.00	336.88	168.00	0.00	64.88	0.00	104.00	76. 43	67.38
PSE	7500	2500	5000	0	0	7500.00	2500.00	5000.00	0.00	0.00	7235.21	2412.70	0.00	4822.51	0.00	0.00	96.47	96.47
QA	160	17	143	0	0	160.00	17.00	143.00	0.00	0.00	152.46	12.82	0.00	139.64	0.00	0.00	95.29	95.29
R&D	423	23	400	0	80	313.75	13.75	300.00	0.00	0.00	252.75	8.23	0.00	244.52	0.00	0.00	80.56	59.75
SWPM	390	20	370	0	0	273.75	12.75	261.00	0.00	0.00	193.32	10.32	0.00	183.00	0.00	0.00	70..62	49.57
Total=	117693	25287	56930	10319	25157	101822.46	24833.00	49489.20	7117.02	20383.24	89035.51	21122.62	7293.51	38703.26	7293.51	21916.12	87.44	75.65

Summary financial Statement of 6 Investment Projects of DGHS (July 2008 to June 2009) (Lakh Taka)

Name of the Project	Project cost	ADP Allocation, (2008-2009)				Fund Release (2008-2009)				Expenditure (2008-2009)				Progress Against Release%	Progress Against Allocation%
		Total	GOB	RPA		Total	GOB	RPA		Total	GOB	RPA			
				GOB	Other			GOB	Other			GOB	Other		
Establishment of 250-Bed National Institute of Ophthalmology & Hospital	13369.00	1469.00	469.00	1000.00	0.00	469.00	469.00	0.00	0.00	370.99	370.99	0.00	0.00	79.10	25.25
Up-gradation of 150-Bed National Cancer Research Institute & Hospital to 300-Bed	29552.00	2220.00	1220.00	1000.00	0.00	11.82	11.82	0.00	0.00	8.80	8.80	0.00	0.00	74.45	0.40
Establishment of National Institute of Neuro-Science	10848 00	1125.00	1125.00	0.00	0.00	1125.00	1125.00	0.00	0.00	1124.96	1124.96	0.00	0.00	100.00	100.00
Establishment of 100 Bedded Sharkari Karmochari Hospital	4239.00	710.00	710.00	-	-	657.50	657.50	-	-	562.46	562.46	0.00	0.00	85.55	79.22
Establishment of National Institute of ENT in Dhaka	4127.00	300.00	300.00	-	-	300.00	300.00	-	-	285.59	285.59	0.00	0.00	95.20	95.20
Expansion & Modernization of Dhaka Medical College Hospital	6000.00	700 00	700.00	-	-	700.00	700.00	0.00	0.00	617.40	617.40	0.00	0.00	88.20	88.20
Total =	68135.00	5824 00	3824.00	2000.00	0.00	1605.82	1605.82	0.00	0.00	1504.8	1504.75	0.00	0.00	93.71	25.84

Common Problems

Weak coordination & collaboration	Weak inter-stakeholders and inter-sectoral coordination
	Absence of sustainable GO-NGO collaboration
Financial	Complex fund release mechanism
	Complicated procurement rule. CMSD's lengthy and complicated procurement system hampers the program activities. Lack of standard chart for procurement of items. Procuring entity is always afraid of audit objection; World Bank's clearance mechanism is very much unclear
	Dual funding (revenue & development) in a single institution create complications
	Budget allocation in Annual Development Program does not strictly consider the planned activities of operational plans
	Inadequate cash in hand to implement a program in time; Strong monitoring and supervision are not possible due to absence of adequate fund
	Delay in submitting Statement of Expenditure (SOE) by the cost centers causes delayed reconciliation leading to delayed fund release for next quarter
Human resource	Shortage of skilled manpower
	Weak compliance of health managers and staffs
	Frequent transfer of trained manpower specially in managerial positions, transfer of EOC trained manpower to Non-EOC facilities
	Considerable number of vacant posts both in facilities and communities
	Non-stay of trained manpower in the vital positions
Infrastructure, transport & logistics	Shortage of working space
	Shortage of vehicles both in central and field level
	Inadequate fuels for vehicles and generators
Monitoring	Weak monitoring and supervision
Policy support	Inadequate interest and support from policy level
	Lack of political commitment to implement some programs like decentralization
Research	Inadequate capacity to conduct operational research necessary for assessing program outcomes

Problems stated by specific line directors

People's awareness	Lack of awareness of people due to inadequate Information, Education and Communication program (mentioned by ESD, MBDC CDC & MS)
Financial	Inadequate fund for ensuring safety net for poor (mentioned by NEC)
Health Systems	Weakness in curative care (mentioned by MBDC)
	Weakness in health information system (mentioned by MBDC)
	Operation Plan revision system is complex and time consuming (mentioned by MIS-health)
Infrastructure & Logistics	Limited infrastructure for eye OT in district hospitals (mentioned by NEC)
	In adequate laboratory facilities (mentioned by NEC)
	Inadequate logistic supplies (mentioned by ESD)
Natural calamities	Interruption of activities due to natural calamities (mentioned by ESD)
Coordination	Lack of involvement of local government functionaries in implementing health programs, e.g. outhouse management of hospital waste (mentioned by IHSM)

Challenges

Alternative Medical Care (AMC)

Increase of skilled manpower specific for alternative medical care services from the current number of only 45 medical doctors (15 for unani, 15 for ayurvedic and 15 for homeopathic discipline).

Communicable Disease Control (CDC)

Avian influenza: The unusual congested situation of Dhaka city increases the threat of H1N1 outbreak, creating the slum areas specially vulnerable. Widespread increasing outbreaks of H1N1 in poultry and continued human infections have increased the chance of evolving a mutated strain or another novel virus having pandemic potentiality.

Filariasis: Elimination of lymphatic filariasis by 2015; Timely procurement and distribution of logistics; Weak disease surveillance system.

Kala azar: Vector control and weak surveillance system.

Malaria: Improvement of diagnostic and treatment facility especially in the remote areas; Expansion of coverage of prevention and control methods (IRS, ITN /LLIN) in the community; Creation of good malaria referral system and facilities for managing severe malaria in different categories of hospitals.

Essential Service delivery (ESD)

Expanded Program on Immunization (EPI): Maintenance of polio free status, neo-natal tetanus elimination validation status, controlled level of measles outbreak, introduction of new vaccines like pneumococcal, and rotavirus vaccines.

Integrated Management of Childhood Illness (IMCI): Ensuring presence of IMCI trained manpower at upazila level; improving care seeking attitude by people; improving rational use of drugs.

School health clinics: Improving supply of logistics in school health clinics; repair or maintenance of damaged school health clinics; improving monitoring and supervision of school health clinics.

Medical waste management: Timely Implementation of the medical waste management system in all upazila hospitals; Involvement of community, patients and attendants improving hospital waste management.

Reproductive Health: Ensuring round the clock functioning EmOC services; Keeping skilled manpower in EOC centers; Timely supply of EOC equipments and drugs.

Support services: Making the community clinics functional in full swing; Creation and recruitment of posts for newly constructed facilities.

Urban Health Services: Improvement of health services in the peri-urban and slum area; Improvement of coordination between LGRD, non-government organization and DGHS.

Health Education & Promotion (HEP)

Increasing awareness of people about the increasing burden of non-communicable diseases.

Human Resource Management (HRM)

Establishing an effective real time "Human Resource Information System" to support comprehensive, reliable, accessible and

credible information about staff development, deployment and career planning for health sector.

Improved Financial Management (IFM)

Improved budgeting system and practices at all levels; Capacity building of officers and staff in financial management in the directorate; Timely preparation of FMR and OP; Prompt replies to previous audit objections on both revenue and development expenditures relating to the directorate.

Improved Hospital Services Management (IHSM)

Establishment of accountability framework in all spheres; Mobilization of proper resources according to need; Introduction of structured performance appraisal system; Ensuring 100% accessibility of the children, women and the poor to the hospital; Regular maintenance of equipment and building; Timely procurement of equipment, installation and maintenance; Providing quality care in the hospitals; Introduction of structured referral system for patients; Retention and utilization of user fees in the hospitals; Introduction of hospital autonomy for big hospitals; Community involvement in the management process of hospitals; Change of attitude of the service providers in hospitals; Development of proper health manpower deployment system with incentives for the hard to reach areas.

In-service Training (IST)

Ensuring training of 90% of health manpower for capacity improvement by the year of 2015; Establishment of National Training Academy.

Management Information System (MIS)

Ensuring availability of fund for procurement of ICT equipment for (i) implementing government's digital health vision; (ii) providing Internet bandwidth specially for larger hospitals; (iii) introduction of electronic health records in hospitals; (iv) training of health manpower on ICT; Improvement of compliance of health managers and staffs on use of ICT and reporting.

Micronutrient Supplementation (MS)

Strengthening GO-NGO collaboration; Quality control of Iodized salt; Strengthening of Infant and Young Child Feeding (IYCF) through increasing Child Nutrition Units.

Mycobacterial Disease Control (MBDC)

Maintenance of DOTS activity at the high level; Strengthening of TB-related Health Information System.

National AIDS/STD Surveillance Program (NASP)

Creation of permanent physical structure for office with adequate space. Ensuring sufficient permanent manpower.

Non-communicable Diseases (NCD)

Reaching the hard to reach areas for surveillance of arsenicosis patients; Fulfillment of people's expectation to get arsenic free safe water, which is beyond mandate of DGHS; Collection of data on road traffic accidents; Improvement of inter-departmental coordination as well as GO-NGO collaboration.

National Eye Care (NEC)

Retaining skilled manpower at service centers; Keeping eye equipment functional; Accessibility of services to the rural poor.

Pre-service education (PSE)

Mobilization of adequate number of health professionals in all categories for need of the country; Offering quality education to the students for different health courses particularly in the private institutions.

Procurement, Logistics and Supplies Management (CMSD)

Timely and coordinated procurement, distribution of the logistics to different line directors.

Quality Assurance (QA)

Establishment of fully fledged QA cell under DGHS backed by strong technical support team; Ensuring proper supervision and monitoring; Activation of QA committees, proper staffing and accountability frameworks at all levels.

Research & Development (R&D)

Simplifying the funding procedure; Ensuring proper supervision and monitoring; Establishment of a research cell for proper review of the research proposals and giving more emphasis on policy research.

Sector-wide Program Management (SWPM)

Decentralization of health planning, allocation of fund for the implementation of local level planning by other line directors.

Lessons learned

Alternative Medical care (AMC)

AMC services delivered at district level are increasingly becoming popular. It should now be expanded at the upazila level too.

Communicable Disease Control (CDC)

LLIN supplied to community by malaria program is really been used by community which may have a major role in reducing malaria mortality and morbidity though the program has not yet achieved the 100% coverage of LLIN. Effective treatment and control of vector could reduce number of Kala-azar and PKDL cases. Annual work plan and its timely implementation and availability of fund in time are required for successful filariasis program. As pandemic influenza occurs worldwide, which is usually unpredictable and occurs once every few decades and several times in each century, we should always prepare ourselves ready to face the situation.

Essential Service Delivery (ESD)

Support Services and Coordination: Different types of reporting formats and also voluminous and uncoordinated reports seem to be a burden, which hamper activities resulting in diminution in output. OP does not coincide with ADP. Experienced manpower under development budget who have been working in the program for years together are not being absorbed in revenue budget.

Reproductive Health: Due to less job satisfaction and less attractive carrier planning and absence of incentive for good performance, doctors are not interested to attend in the EOC training. At least house rent of the EOC service providers may be exempted. Expansion of EOC services to all upazilas is needed to reduce maternal mortality rate.

Child Health: Strengthening of routine EPI with RED strategy at the upazila level by preparing pragmatic micro-plan each year. Successful implementation of IMCI depends on the commitment of local manager. IMCI is running smoothly, where managers are committed. Trained manpower, repair of damaged school health clinics and logistic supports are very much essential for smooth implementation of school health clinics activities.

Medical Waste Management: Local MWM committees need to be made functional. Supervision and monitoring activities should be strengthened. Pit design and environmental issues are to be closely monitored.

Health Education & Promotion (HEP)

Model Health Education & Promotion village (Community participatory approach) is the best way to achieve MDG.

In-service Training (IST)

Early planning for the activities of next year, early requisition for fund for advance, establishment of a monitoring system for quality training and coordination with human resource management unit are the key elements of success.

Human Resource Management (HRM)

Engage professional and staff associations in more constructive manner to develop an effective communication system between the directorate and the representatives of staff and officers of professional groups.

The important steps those are necessary to follow: (i) Reviewing organizational goals to associate preferred organizational results in terms of units of performance inclusive of quantity, cost and timeliness; (ii) Developing a performance plan including desired results, measures and standards; (iii) Conducting ongoing observations and measurement to track performance; (iv) Exchanging ongoing feedback about performance; (v) Conducting a performance appraisal; and (vi) Rewarding for performance.

Improved Financial Management (IFM)

Monthly monitoring meeting in DGHS and ministry on progress of OP may play effective role in improving program implementation. Monthly IMED report should be sent to the ministry within first week of every month.

Improved Hospital Services Management (IHSM)

Funding from a single source reduces administrative constraints. If repair and maintenance can be done by supplier, there may be more accountability and precision. For procurement, institutional package may be introduced to reduce hassle. Centralized procurement delays the whole process. Skilled manpower if recruited in time, reduces workload and saves time. Proper utilization of user's fee in repair and maintenance reduces administrative delay. Proper posting guideline for emergency obstetric care trained manpower needs to be ensured by the authority. If women friendly hospitals can be made effective, then "violence against women" management may be expedited. Healthcare waste management issue needs to be addressed properly.

Management Information System (MIS)

Quick development of a sustainable and effective health information system is possible to build with political commitment.

Management Supplementation (MS)

Increasing GO-NGO collaboration and proper monitoring from the GOB side may increase the OP output. Timely fund release may also increase the quality of the programs.

National AIDS/STD Surveillance Program (NASP)

For smooth implementation of program, timely fund release is important. Approval process needs to be simplified and quick. Multi-sectoral collaboration is needed to be strengthened. Multi-sectoral forums need to be developed and keep functional. Frequent field level monitoring and supervision is essential for quality assurance (Regular monitoring visit and reporting planned). MIS needs to be strengthened for HIV/AIDS program (MIS strengthening planned). Coordination with NGOs and other stakeholders brings enhanced impact (Regular coordination meeting planned).

National Eye Care (NEC)

Public-private partnership works well. Support to private/INGOs can make a difference.

Non-communicable Diseases (NCD)

Appropriate monitoring and follow up from central level can add value in improving program quality. Awareness through traditional method contributes in producing community enthusiasm. Inter-departmental

coordination is the key to address non-communicable diseases. Strong political commitment is necessary for smooth program implementation.

Pre-service Education (PSE)

Higher training of officers and staffs within the country and abroad can boost quality of medical education.

Quality Assurance (QA)

Maintaining warm relation with managers can convince them to practice quality assurance method in hospital management. There is a need to design a training package on communication skills for service providers. This may bring out positive attitudinal change, thereby increasing client's satisfaction level.

Research & Development (R&D)

Funding of research projects based on merit of the proposals increases quality and outcome of research. Monitoring mechanism should be introduced for completion of research within specified time. Research results should be dissemination.

Sector-wide Program Management (SWPM)

Planning unit should play the central role in coordination with the other line directors. Persons related to SWPM should undergo training for skill development.

HNPSP Results Framework for the Operational Plans under DGHS

Major category	Indicator	Bench mark (year)	Current (year)	Target Mid-2011
Impact or outcome indicators	Infant mortality rate per 1,000 live births	65.0 (BDHS 2004)	41.3 (SVRS 2008)	37.0
	Neonatal mortality rate per 1,000 live births	31(SVRA 2007, BBS) 37 (BDHS 2007)	30.95 (SVRS 2008)	20
	U5 mortality rate per 1,000 live births	88.0 (BDHS 2004)	53.8 (SVRS 2008)	52.0
	Maternal mortality rate per 100,000 live births	320 (BMMS 2001)	275 (ESD-HS 2005)	240
	%U5 underweight	50.9 (CMR 2000)	46.3 (BDHS 2007)	36.0
	%U5 stunted			
	Total fertility rate	3.0 (BDHS 2004)	2.3 (SVRS 2008)	2.2
Output indicators	TB case detection rate%	38.0 (NTP 2003)	72.0 (NTP 2007)	70
	TB cure rate%	83.7 (NTP 2003)	92.0 (NTP 2007)	85
	Immunization rate%			
	%birth attended by skilled personnel	15.5 (BDHS 2004)	24.4 (UNICEF-BBS 2009)	43.0
	%ANC by medically trained providers	70 (1990)	24.4 (UNICEF-BBS 2009)	43.0
Tobacco use among %men & women (15+ yr) & NCD strategy developed	Smoking tobacco			15%
	Smoking smokeless tobacco			15%
	NCD strategy developed		Yes	Yes
Budget management	%serious audit objections settled within last 12 months		5	100
Monitoring and evaluation	Coverage of disease profile preparation by upazila health facilities by MIS (health)	NA	95%	100%
	Coverage of disease profile preparation by district health facilities by MIS (health)	52% (2006; M&E unit, MOHFW)	95%	100%
	%of districts with facility based disease surveillance reports to MIS (health)	56.5% (2006; M&E unit, MOHFW)	95%	100%

Alternative Medical Care (AMC)

Indicator	Target 2009	Achievement 2009
No. of survey on alternative medical care	3	3
No. of service providers trained for skill development	20	16
No. of personnel given fellowship for postgraduate study	6	1
No. of institutions supplied medicines and MSR	49	49
No. of persons given overseas training	6	0
No. of Registration Councils established	3	0
No. of Alternative Medical Care Pharmacopoeia prepared	3	3
No. of herbal garden at national level established	1	0
No. institutes supplied materials for research units	3	0

Communicable Disease Control (CDC)

Indicator	Benchmark (Year)	Target (Mid-2009)	Present Status (2009)
No. of reported Kala -azar cases	6,113 (DGHS 2003)	6000	5000
No. of districts covered with Mass Drug Administration (MDA)	6 (2003, DGHS)	20	20
No. of districts under STH Program	NA (2003, DGHS)	64	64

National Malaria Control Program

Indicator	Baseline Year-2005	Year 2008-2009	
		Target	Achievement
Malaria death per 1000/population	0.05 (501 deaths)	0.13 (1,417 deaths)	0.0085 (93 deaths)
Incidence of malaria cases per 1000/ population	4.4 (48,121 malaria cases)	11 (120, 302 malaria cases	7.43 (80,955 malaria cases
Proportion of households owning at least one ITN/LLIN	4% (92,329 HHs)	38%	41%
Proportion of children under 5 who slept under an ITN/LLIN the previous night	N/A	60%	81%
Proportion of pregnant woman who slept under an INT/LLIN the previous night.	N/A	50%	88%

Essential Service Delivery (ESD)

Indicator (s)	Benchmark (Year)	Target (2011)	Status (2009)
Expanded Program on Immunization (EPI)			
% of children age 12 -23 months who received three doses of Oral Polio Vaccine (OPV), three d oses of DPT and one dose each of BCG and measles vaccines before age 12 months.	52 CES, 1991	85	75.2% CES, 2009
% of 1 year children Vaccinated with BCG	86 (CES-1991)	99	98 (CES-2009)
% of 1 year children Vaccinated with OPV	62 (CES-1991)	99	95 (CES-2009)
Percentage of newborn protected at birth against tetanus (mothers taken TT vaccination)	83 CES, 1995	95	93 CES 2009
% of 1-year old children Vaccinated against measles	52(1991)	90	83 (2009)
Number of districts with MCVI coverage> 90%		60	40 (2008)
Non Polio AFP rate 2 per one lakh children below 15 year	2.34 (2001)	2	3.07 (2007)
Support Services & Coordination			
No. of upazila hospitals upgraded from 31-bed to 50-bed		277	156
No. of community clinics made functional			9,525
No. of trauma centers made functional			10
No. of ambulances given to upazila hospitals			20
No. of facilities provided furniture			83

Indicator (s)	Benchmark (Year)	Target (2011)	Status (2009)
Reproductive Health A need based National HRH Policy/Strategy for MNCH services complementary to the National HRH strategy 2003 Expansion of Emerg ency Obstetrics Care services Community Based SBA services and IMCI to cover whole country Expansion of DSF program to reach the poor pregnant women Strengthening Inter -program coordination and collaboration in GOB, NGO, private section in MNCH field			
IMCI			
No. of upazilas with facility IMCI	48 (2004)	472 (2011)	334 (2009)
No. of upazilas with community IMCI	5 (2004)	103 (2011)	15 (2009)
Medical Waste Management			
Plan of Activities of Medical Waste Management 2008-2009 under ESD			
1. Training of Trainer (TOT) on M W M done in 106 upazilla in 09 Batches. **Participants :** CS, DCS, MOCS, UH&FPO, RMO, MO.			
2. Practical Training on M W M done in 76 upazilla. **Participants :** MO & all Hospital Stuffs.			
3. Orientation on M W M in 106 upazilla in 212 Batches. **Participants :** MO & all Hospital Stuffs.			
4. Constraction of Disposable Pit Medical Waste Management in 76 upazilla.			
5. No of upazilas for whien CMSD Proured logeatie : 133 Ultes.			

Health Education and Promotion

Indicator	Benchmark (Year)	Target (2008-2009)	Cumulative till 2009
No. districts with one model village in each developed for target specific health education activities	NA	128	128
No. of pers ons given foreign training		2	2
No. local training held		24	24
No. of audiovisual equipments & computer with accessories procured		93	93
No. of furniture procured		185	185
No. of motor cycles procured		122	122
No. of cinema vans procured		28	28
No. of voltage stabilizers procured		75	75
No. of IPS procured		5	5
No. of National Health Education & Promotion Strategy developed		1	1
No. of inter country workshop held		3	3
No. of health education sessions, EOC meetings, orientation for health & family pl anning workers held		764	764
No. of CWC held		2	2
No. of anti-smoking & other rallies held		45	45
No. of World Health Day Observed		1	1
Folk songs		60	60
Video shows		60	60
Health rallies		90	90
Uthan baithak		256	256
Film shows		170	170

Improved Hospital Services Management (IHSM)

Indicator	Bench mark 2008	Present status (2009)	Target Mid-2011
No. of district hospitals given pay & allowances of staffs	-	7	7
No. of district hospitals, medical college hospitals & specialized hospitals provided recurrent costs	21	21	30
No. of coordination meetings held	-	-	8
No. of district hospitals introduced standard in -house waste management	1	13	46
No. of medical college hospitals introduced standard in -house waste management	-	4	14
No. of specialized hospitals introduced standard in -house waste management	-	3	10
No. of district hospitals introduced structured referral system	-	3	30
No. of medical college hospitals introduced structured referral system	-	2	-
No. of district hospitals providing services as women friendly hospital	-	4	21
No. of upazila hospitals providing services as women friendly hospital	-	3	-
No. of medical college hospitals providing services as Baby friendly hospital	13	13	14
No. of district hospitals providing services as Baby friendly hospital	59	59	59
No. of foundations giving service as Baby friendly hospital (BBF)	1	-	-
No. of district hospital developed EOC micro plan	42	42	52
No. of district hospitals strengthened for EOC services	-	59	59
No. of medical college hospitals strengthened for EOC services	-	14	14
No. of district hospitals where service providers developed gender sensitivity	-	4	21
No. of personnel of NEMEW whose capacity developed for medical equipment repair through training	-	-	18
No. of documents review & updated for the improvement of process (Registration, renewal, monitoring of private clinics , hospitals and lab)	Previously developed checklist	4 checklists	6 documents
Draft proposal prepared & introduced hospital accreditation system in Bangladesh for private clinics/ hospitals/laboratories	-	Developed & sent to MOHFW for approval	1 document
No. of orientation completed for the service providers working at private hospital, clinics, laboratories on registration, renewal, monitoring, hospitals, lab and QA	-	6 divisions	10 institutions
No. of hospitals where personnel developed knowledge on clinical governance	-	9 district hospitals & medical college hospitals	25 district hospitals
No. of district hospitals where orientation of the service providers, development of toolkits and finally piloting of the hospital risk management program held	-	2	10
No. of medical college hospitals where orientation of the service providers, development of toolkits and finally piloting of the hospital risk management program held	-	2	10
No. of district hospitals introduced QA program	5	1	20
No. of different type of vehicles repaired by TEMO	-	255	465
No. of reconstructive surgery provided by the hospital (NITOR)	-	530	1430
No. of clinical camps on specialized clinical services provided to the patients (DMCH part))	-	52	1350
No. of district hospitals provided MSR support	-	6	59
No. of medical college hospitals provided equipment for maternal & child health care	-	-	14
No. of batches of service providers trained for capacity	-	2	21

Management Information System (MIS)-Health

Indicator	Benchmark 2008	Status 2009	Target Mid-2011
GR conducted	Y2008: GR conducted but report not published	GR forms designed & given to CMSD for printing	GR conducted in improved methodology
%of upazila and district health facilities in public sector from which disease profiles are received by MIS (health)	50%	95%	100%
%Districts with disease surveillance reports (bed occupancy, ALS, # of outpatients, # of in-patients)	56.5% (M&E Unit, MOHFW)	95%	100%
Web based PMIS developed	PMIS maintained in online computer	PMIS maintained in online computer and data collection for staff information survey completed	Web based PIMS fully functional
Dynamic web portal developed & content updated frequently	Dynamic web portal exists	Dynamic web portal serves as information warehouse	Dynamic web portal serves as information warehouse
Web based Logistic MIS developed and is in operation	Paper-based LMIS without routine update	LMIS in static computer database	Web based Logistic MIS developed and routinely updated
No. of LDs whose reports on performance received	No such system	LDs sending summary information	100% LDs will send report with adequate information on respective OP performance annually
Year Book and Health Bulletin published and distributed	Year Book 2008 ; Health Bulletin 2009	Year Book 2009 ; Health Bulletin 2010 ; Voice of MIS (EOC) Newsletter ; IMCI Newsletter	Year Book & Health Bulletin* (or other reports optional) published each year
No. of planned training/ workshops held	Almost all planned training & workshops held	Almost all planned training & workshops held	No. of the planned training/ workshops held
Monitoring & supervision cell in place	Cell just started	Cell functioning	Cell continues
Upazila & district Hospitals use mobile phone health service	Not in place	In all district & upazila hospitals	Upazila & district hospitals Mobile Phone Health Service continues

Micronutrient Supplementation (MS)

Indicator	Benchmark (Year; Source)	Present Status (2009)
Prevalence of Night Blindness	-	0.04%
Prevalence of anemia among adolescent girls	52.4% (2004; HKI)	43.5% (2007; HKI)
Exclusive breast feeding rate up to 6 months	37.0% (UNICEF)	-

Mycobacterial Disease Control

Indicator (s)	Benchmarks (Year)	Target (Year)	Status (Year)
TB case detection rate	72% (2007-08)	73% (2008-09)	74% (2008-09)
TB cure rate	92% (2007-08)	92% (2008-09)	91.42% (2008-09)
No. of DOTS Center	654 (2007-08)	780 (2008-09)	774 (2008-09)
Rate of new TB case reduction at national level per year	-	-	10% (2008-09)
Leprosy Prevalence rate	0.63/10,000 (2002)	0.4/10,000 (Mid-2010)	0.28 (2008-09)
No. of districts/metropolitan cities with leprosy prevalence <1/10,000 population	10 (2002)	2 (Mid-2010)	5 (2008-09)
%newly detected leprosy cases with visible deformity	7.23% (2002)	<5% (Mid-2010)	10.73 (2008-09)

National Eye Care (NEC)

Indicator	Bench mark 2004	Status 2007	Target 2011
No. of cataract surgeri es for adults (per million adults per year)	900	1150	1500
No. of cataract Surgeries for children per year	400	1000	2500
No. of BNCB meetings held per year	2	2	2
No. of National Vision 2020 Committees functioning	-	1	1
No. of Vision 2020 District Commit tees functioning	5	5	60
No. of districts with posters, billboards & IEC materials	-	-	64
No. of TV spots//Radio spools produced	1 radio spool	1 radio spool	6 TV spots; 12 radio spools
Observance of World Sight Day nationally each year	Done	Done	Done
Observance of World Sight Day at district level each year	20 districts	20 districts	64 districts
No. of copies of booklets containing eye care messages printed & distributed to the schools across the country	-	-	100,000
National eye care policy developed, adopted, printed & circulated in line with the policy issues addressed in National Eye Care Plan	-	-	Done
District toolkit for eye care	-	-	Developed
No. of districts having eye care plan	-	-	64
No. of study on capacity assessment of eye care services in Bangladesh conducted, printed & circulated	1	1	1
No. of monitoring tools for eye care performance developed	-	-	3
No. of publications on eye care per year	2	-	2
No. o0f study on hospital service utility for eye care	-	-	1
No. of study on corneal ulc er & treatment pattern	-	-	1
No. of study on eye diseases pattern study for school children	-	-	1
No. of study on pattern of ocular trauma in Bangladesh	-	-	1
No. of need assessment done for training need assessment of 03 categories of eye service providers (Doctor, MLEP, PEC) in order to provide quality eye care services	-	-	1
No. of training manuals for the Doctors , Nurses and Field Workers which were reviewed & revised	-	-	3
No. of training manuals for Low vision Technician, Bio Medical Technician and Counselor developed	-	-	3
No. of standard protocols for modified day care cataract surgery developed	-	-	1
No. of Standard protocol for Ocular examination developed	-	-	1
No. of district hospitals where establishment of Eye OT&OPD done	5	5	54
No. of secondary & tertiary level hospitals where establishment of Pediatric ophthalmic facilities (OT & OPD) done	5	5	16
No. of Patient Screening Camps for identification of Cataract Patients held	-	-	80
No. of primary school students for whom Sight Testing done	-	-	200
No. of cataract surgeries for which vouchers given	-	-	1500
No. of district hospitals with refraction service	-	-	59
No. of upazila hospitals with refraction service	-	-	153
No. of tertiary hospitals made facilities (equipment & supplies) for providing special eye care on Childhood blindness	1	1	4
No. of district hospitals supplied/replaced eye equipment	59	6	46
No. of vehicles procured for conducting field visits & mobile eye camp	-	-	4
No. of district hospitals given computer	-	1	59
No. of tertiary level hospitals given Low vision equipment	2	-	13
No. of eye training institutes (Go/NGO) given standard eye equipment	3	3	5
No. secondary eye care centers for which equipment repaired	-	2	40
No. of doctors given 2 - 3 months' local trainin g on microsurgery	50	65	150
No. of mid level eye care personnel developed	618	628	818
No. of ophthalmologists trained on pediatric ophthalmology (Local training)	05	15	15
No. of ophthalmologists working in tertiary level hospital given	-	-	3

Non-communicable Diseases and Other Public Health Interventions (NCD&OPHI)

Indicator	Benchmark (Year)	Target 2011	Status 2009
Smokeless Tobacco Use in %adults	20.9% (WHO 2004)	15%	NA
Smoking in %adults	19.7% (WHO 2004)	15%	NA
Eligible Women% screened for early detection of cancer	NA	30%	NA
%hypertensive patients detected	NA	20%	NA
NCD strategy development	NA	Implementation	Developed
No. of workers trained on NCD	NA	7200	6450
No. of upazilas where training held for care for senior Citizen	NA	70	37
No. of arsenic patient s identified and treated	15000 (DPHE 2003)	100% patients	38320
No. of upazilas where training held for NCD & Arsenicosis	NA	All upazilas	All upazilas

Pre-service Education (PSE)

Indicator	Benchmark 2009	Target 2010	Target 2015
No. of doctors produced	1244	1650	2310
No. of medical technologists produced	1000	1000	6256
No. of medical assistants produced	350	350	2515
No. of doctors trained for monitoring and evaluation mechanism for HRD	350	450	1000
No. of 4th year medical students given residential field side training	1400	1400	2310
No. of first year medical 7 dental students given English Language Training (ELT)	2310	2410	2410

Procurement, Logistics & Supplies Management

Indictors(s)	Unit of Measurement	Benchmarks with Year and Data Source	Target (2008-2009)	Status (2008-2009)
No. of packages in procurement plan	No. of packages prepared by the CMSD as per the requirement submitted by different LDs		98 nos.	34 nos. completed

Quality Assurance

Indicator	Bench mark 2003	Target Mid-2011
No. of Awareness Workshop conducted	332	524
No. of TOT con ducted on QA and SOP	140	400
No. of training at district hospitals & upazila health complexes of service providers held	35	342
No. of health facilities practicing SOPs after getting AW, TOT &Training	35	342
No. of small scale surveys on hospitals and communities for finding out quality gaps and level of client satisfaction	-	6
No. of workshops on QA policy decisions and strategy development.		6
No. of consultative meetings with other organizations related to quality issues and organizations working (GO, private & NGO s) on health care quality		10
No. of workshops at national level on finding out medical audit and benchmarking process		5

Research & Development (Health)

Indicator	Benchmark 2003	Status 2003-2009	Target Mid-2011
No. of persons trained	300 (1998 - 03)	272	700
No. of research proposals developed	515 (1998 -03)	320	500
No. of research projects funded	166 (1998 -03)	248	490
No. of research studies completed	146 (1998 -03)	248	450
No. of scientific reports submitted	146 (1998 -03)	248	450
No. of scientific conferences/ seminars/workshops conducted	9 (1998 -03)	13	30
No. of journals, information bulletins, etc. published	30 (1998 -03)	3	10

Sector-wise Program Management (SWPM)

Indicators	Benchmark-2003	Target Mid-2011	Status-2009
No. of district hospitals where pilot on management autonomy initiated	-	6	6
No. of upazila hospitals where pilot on management autonomy initiated	-	14	14
No. of districts with its upazilas and below where pilot LLP initiated & budget reflected	-	6	6
No. of LLP district workshops conducted	64	64	64
No. of LLP upazila workshops conducted	64	475	-
No. of upazilas prepared local level plans	461	475	100
No. of upazilas where community participation meetings held	461	475	100
No. of personnel trained for capacity building on sector-wide management	284	80% to be completed by Feb each year	344
No. of database developed	1	3	Nil
No. of workshop /seminars for capacity development of health personnel at different level in respect of planning & implementation	0	80% to be completed April each Year	42

Basic Information of the OP/Project : CMSD

1. Name of the Operational Plan (OP) : Procurement, Logistics & Supplies Management

2. Sub-Sector of the Programme : Health

3. Name of the Programme : Health, Nutrition and Population Sector Programme (HNPSP)

   Phone Number : 880-2-8115479
   Fax : 880-2-9126547
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4. Name of the Sponsoring Ministry : Ministry of Health and Family Welfare.

5. Name of the Implementing Agency : Line Director, PLSM & Director Stores and Supplies, CMSD, DGHS.

6. Implemention Period
   a) Commencement : 1 July 2003
   b) Completion : 30 June 2011

7. Approved Cost Estimate of the OP (Development) (in million taka) (2003-2006) :

Total	GOB	PA	Sources of PA
735.51	678.05	57.46	Pool Fund

8. 1st revision (approved) Cost of the OP 2003-2010 (in million taka) :

Total	GOB	PA	Sources of PA
1,740.93	1,686.53	54.40	Pool Fund

9. 2nd revision (Proposed) Cost of the OP 2003-2011 (in million taka) :

Total	GOB	PA	Sources of PA
3,210.49	3,123.37	87.12	Pool Fund

10. Description

a) Background information, Current Situation and its relevance with HNPSP, National Policies, Strategies, IPRSP/MDFGS, Rolling Plan, etc.

Under the new programme HNPSP, this is the Operational Plan (OP) of Line Director, for Procurement, Logistics & Supplies Management, DGHS for implementing the activities. Experience gathered through the previous programme has enriched this OP considerably.

As one of the important support services, CMSD's relevance is significantly assigned in achieving health related Millennium Development Goals as well as GOB's Poverty Reduction Strategy through extending its support of the Service Delivery Programmes, which are expected to re-invigorate their programme efforts directed at improved maternal health, reduced child mortality, reduced fertility and disease control.

The MDG addresses the health, nutrition and population related targets, focusing upon in the IPRSP, as to (i) reduce infant mortality and under-five mortality rates by 65% and eliminate gender disparity in child mortality; (ii) reduce the proportion of malnourished children by 50% and eliminate the gender disparity in child malnutrition; (iii) reduce maternal mortality by 75% and (iv) ensure availability of reproductive health services to all. The Service Delivery Programmes, with the assigned targets for 2006 in the with MDG based on IPRSP, outlines in their OPs interalia with required inputs of logistics during the programme period delineating support from CMSD. In relevance to that and on formal requests form concerned Line Directors CMSD attempts to put forward this blueprint, the operational plan, in achieving the targets ad delineated in PIP.

Logistics Management Under HPSP : Under the Health and Population Sector Programme (HPSP) the Government of Bangladesh has combined logistics management systems of tow separate directorates (Health Services and Family Planning) programmes in a single system to ensure unified arrangements for forecasting, procurement, storage, distribution and transportation for delivering Essential Services Package (ESP). This unification was planned to reduce cost through bulk procurement, common storage, combined transportation and controlling system loss at different points; to improve quality of services in terms storage, procurement and distribution; and reduce time to meet the requirements of service providers. The present structure has three tires-CMSD, DRS or CS Stores and Upazila Stores. The pre-HPSP system of procurement by the individual project director and DGHS and DGFP was replaced by a system of centralized procurement of goods.

The major procurement responsibility has been shifted to CMSD. The CMSD provides logistic supports for other ESP, support services and hospital services. On the other hand, Director (Logistics) of DFP in liaison with the Director PHC and Director MCH services does procurement of logistics for ESP (RH).

The CMSD has the responsibility to supply necessary materials for ESP to the DRS or CS Stores at district levels. The Upazila Stores receive supplies from district level facilities and have the responsibilities to supply the same to UHFWC, CC and

MCWC. In addition to this, Civil Surgeons have been maintaining their authority to buy MSR for the district hospitals. The present logistics system is characterized by centralized procurements with some decentralized provisions.

B. Related HNPSP Strategy

Government aims to unbundle the procurement packages and delegate increased authority for procurement to the level of Line Directors and institutions. Each LD will procure his/her own items reflected in the OP. Procurement will also be handled at the district level, the CS/DDFP in charge of the district given authority to procure those hospital.

Commodities/materials which are locally available and which are needed for the day-to-day operation of the hospitals. CMSD and Family Planning Logistics and Supply Unit will provide technical assistance, including training, to other LDs and the district level authorities to speed up their procurement actions.

The equipment/materials available within the country should be procured locally. Procurement of goods and equipment will be classified and packaged based on local availability and other criteria. CMSD/FP Logistics will procure some sophisticated equipment (e.g. x-ray machines, dialysis machines, Family Planning commodities etc.).

The ceiling of International Competitive Bidding (ICB) and Local Competitive Bidding (LCB) will be raised at the time of appraisal so that unnecessary delay can be avoided. Timing of procurement of medical and hospital equipment will be synchronized with the construction schedule of the hospitals, so that hospitals do not remain non-functional due to lack of equipment after the construction is process of procurement of goods, works and services, the government guidelines of the period will be followed. Unbundling procurement package, decentralizing procurement, delegation of more financial powers will be certainly increase absorption capacity during HNPSP.

The Central Procurement Technical Unit (CPTU) of the Planning Commission has reformed the whole public sector procurement system with the assistance from the World Bank and prepared a complete guideline for it. The guidelines not only state the procedures but also contain the various forms : standard requests for proposals, standard bidding documents and other standard documents that would be used to procure in the public sector. The guideline are equally acceptable both to the Government and the Development Partners. The guidelines are approved by the competent authority and came into effect from 2003-2004.

Procurement & Storage under the Directorate of Health Services-more commonly known as Central Medical Stores Depot (CMSD), the name of its Dhaka headquarters and Central Warehouse-was established with the objective of timely procurement and supply of the necessary drugs, equipment and supplies to the end-users. The overly centralized procurement procedures even for commonly used, locally available goods, created, however, bottlenecks for HPSP implementation.

Procurement has received major focus in the PIP of HPSP. Several changes have been identified and proposed in the Programme Implementation Plan (PIP) of

HPSP in Order to improve efficiency of logistical management in the sector. The separate logistical management systems of health services and family planning services prior to HPSP were replaced by an integrated logistical system including unified arrangements for forecasting, procurement, storage distribution and transportation. It acknowledge the requirement for augmented logistical management capabilities to optimize availability of commodities at al levels in the integrated distribution system for successful implementation of HPSP. The review of the planning documents has suggested that procurement was considered as a strategic activity for the health services. Procurement was planned as sourcing function rather than merely purchasing.

Logistics Management prior to HPSP : Prior to HPSP, the Directorate of Health Services (DGHS) and the Directorate of Family Planning (DFP) had two separate logistics system under the Ministry of Health and Family Welfare (MOH & FW). The systems were in force parallel to each other. The health logistics system had four tiers-Central Medical Stores Depot (CMSD), Medical Sub-Depots (MSD), District Reserve Stores (DRS) or Civil Surgeon's (CS) Store and UHCs Store. Similarly, the DFP maintained another system with four tires. In addition to these two parallel logistical management system, Medical college Hospital and other specialized hospitals had separate logistical management system.

11. Objectives of the OP

- To Improve the Operational Capability of CMSD
- To Maintain utility services of CMSD
- To procure goods of all Line Directors in time.
- To ensure proper handling of goods
- To ensure proper storage of the procured goods
- To ensure proper distribution of the goods
- To keep Warehouse equipment, Office equipment, Vehicles, of CMSD operational so as to perform adequate services.
- To keep Electro-medical Equipment of Govt. Hospitals (District & Thana Level) Operational by repairing as & when reported.

12. Activities of the OP :

- Improve the operational capability of CMSD including Port Clearance Office, Chiggagong & Maintain office Utility Services
- Enhance/Build Capacity on Procurement, Storage, Repair & Maintenance, Office Management & Computer
- Conduct Procurement of Goods
- Expand the Storage capacity of CMSD for accommodating Goods.
- Conduct periodic maintenance & repair of vehicles, equips of CMSD as and when required.
- Repair Electro medical Equip. all Govt. Hospitals, except those of Dhaka City, as and when required.

13. Management Structure and Operational Plan Components

a) Line Director	:	Line Director, Procurement, Logistics and Supplies Management & Director, Stores & Supplies.
b) Reporting to	:	Secretary, Ministry of Health & Family Welfare through Director General, Directorate of Health Services, DGHS.
c) OP Components with their program Managers	:	
Component		**Programme Manager**
a. Logistics Management	:	Programme Manager, Logistics Management [Deputy Director (CMSD)]
b. Procurement & Clearance	:	Programme Manager, Procurement & Clearance [Deputy Director (P & C)]
c. Storage & Distribution	:	Programme Manager, Logistics Management [Deputy Director (CMSD)]
d. Repair & Maintenance	:	Programme Manager, Logistics Management [Deputy Director (CMSD)]

Introduction

Under HNPSP, the major procurement responsibility has been shifted to CMSD. The CMSD provides logistics supports to all line directors. This operational plan aims to facilitate all procurement process under HNPSP.

Major Components of the Programme

i) Logistics Management

- Improve the operational capability of CMSD;
- Maintain Office Utility Services of CMSD;
- Develop Library of CMSD;
- Organise/ Conduct Lectures, orientations, Seminars, Workshops, etc. on different issues/topics related to Logistics, Procurement, Reforms, IT, Finance, Planning, etc;
- Enhance/Build Capacity on Procurement, Storage, Repair & Maintenance, Office Management & Computer;

ii) Procurement & Clearance

- Conduct Tender Evaluation by TEC; pay honorium to the members;
- Open Letter of Credits for procuring Goods;
- Conduct Pre & or Post Shipment Inspections to ensure the Quality Checks of Goods procured;
- Unload Goods at port of entry;
- Clear Goods at port of entry;
- Carry goods (Freight & Transport charges);
- Take delivery of Goods at Supplier's Premises in case of EXW Contracts;
- Conduct insurance Survey;
- Conduct Tests of Goods procured to ensure quality;

- Ensure Local Agents' performance obligations;
- Train people on Procurement both abroad & locally;
- Organize Seminar, Workshops on topics related to procurement & clearance, etc;
- Develop Procurement Management Capacity.

iii) Storage & Distribution

- Expand the Storage capacity of CMSD for accomodating Goods;
- Procure the goods for handing, Storage & Distribution of equipment;
- Construct Cold Chain Room & Install A/C in Port Clearance Office;
- Protect Stores when kept in open space;
- Develop Logistics Management System.

iv) Repair & Maintenance

- Conduct periodic maintenance & repair as follows of CMSD as and when required;
- Repair Elector-medical Equip. of Govt. Hospitals as and when required;

v) TA to CMSD

To strengthening the procurement capacity of CMSD, the technical assistance is needed in the sectors like as Biomedical Engineering, specification of procurement and legal activities.

Indicators

Operational Plan :

Indictors(s)	Unit of Measurement	Benchmarks with Year and Data Source	Target (2008-2009)	Status (2008-2009)
No. of packages in procurement plan	No. of packages prepared by the CMSD as per the requirement submitted by different LDs	Targets should be in nos.	98 nos.	34 nos. completed

Indicator (s)	Benchmark (Year)	Target	Status 2008-2009
No. of Upazilas with facility IMCI	48 (2004)	50	46
No. of Upazilas with community IMCI	5 (2004)	10	10

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