

**Grant No. 23**  
**27 - Ministry of Health and Family Welfare**  
**Medium Term Expenditure**

(Taka in Thousand)

	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-Development	4676,00,00	4994,12,78	5413,52,41
Development	3472,92,00	4241,87,22	5069,47,59
Total	8148,92,00	9,236,00,00	10,483,00,00

## 1. Mission Statement and Major Functions

### 1.1 Mission Statement

Ensure health care for all by improving the health, nutrition and population sector and constitute a healthy, strong and effective workforce.

### 1.2 Major Functions

- (a) Formulation and implementation of policies relating to health and family planning
- (b) Provide health, nutrition and family planning services and the expansion of such services as per aspiration of the people
- (c) Ensure medical facilities, public health, sanitation and the prevention and cure of different communicable and non-communicable diseases
- (d) Quality control of the production, import and export of drugs
- (e) Undertake activities on matters relating to population control, medical education, training of nurses, national population research and training
- (f) Construction, maintenance and expansion of health and family planning installations, nursing institutes and colleges
- (g) Implementation of activities relating to maternal and child health care, Expanded Programme on Immunisation (EPI), alternative medical care and nutrition improvement
- (h) Undertake activities on matters relating to national/international bodies in health and allied fields.

## 2. Medium Term Strategic Objectives and Key Activities

Medium Term Strategic Objectives	Key Activities	Implementing Departments/Agencies
1. Improvement of mother and child health	<ul style="list-style-type: none"> <li>• Continue the Expanded Programme of Immunisation (EPI) and widen its coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> </ul>
	<ul style="list-style-type: none"> <li>• Continue Maternal Health Voucher Scheme and the expansion of it's activities</li> </ul>	<ul style="list-style-type: none"> <li>• Secretariat</li> <li>• Directorate of Health Services</li> <li>• Directorate of Family</li> </ul>

Medium Term Strategic Objectives	Key Activities	Implementing Departments/Agencies
	<ul style="list-style-type: none"> <li>• Provide training and expand the service coverage of community based skilled birth attendants</li> <li>• Provide and expand services related to ante natal, natal and post natal problems</li> <li>• Strengthening the Essential Service Delivery (ESD)</li> <li>• Expansion of the coverage of Integrated Management of Childhood Illness (IMCI) and introduce a School Health Services programme</li> </ul>	Planning <ul style="list-style-type: none"> <li>• Directorate of Family Planning</li> <li>• Directorate of Nursing Services</li> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> <li>• Directorate of Health Services</li> </ul>
2. Population control and improvement of reproductive health	<ul style="list-style-type: none"> <li>• Implementation of National Health Policy</li> <li>• Expansion of family planning services at the doorstep of the recipients by family planning field workers</li> <li>• Ensure procurement, preservation, distribution and storage of contraceptives</li> <li>• Conduct programme to motivate people to adopt permanent and long term contraception methods</li> <li>• Strengthen family planning activities in lower performing areas</li> <li>• Conduct appropriate awareness building programmes on reproductive health for adolescent girls</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Family Planning</li> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> </ul>
3. Provision of general health care services and improvement of health care services	<ul style="list-style-type: none"> <li>• Conduct Community Clinic based primary health, nutrition and population programme for rural population</li> <li>• Procurement of medical surgical requisites (MSR) and medical equipment</li> <li>• Construction, repair and expansion of existing health and family welfare installations</li> <li>• Conduct nursing services at different hospitals</li> <li>• Expansion and strengthening of existing health care services</li> </ul>	<ul style="list-style-type: none"> <li>• Secretariat</li> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> <li>• CMMU</li> <li>• Directorate of Nursing Services</li> <li>• Directorate of Health Services</li> </ul>

Medium Term Strategic Objectives	Key Activities	Implementing Departments/Agencies
	<p>available for senior citizens</p> <ul style="list-style-type: none"> <li>Expansion of health services in the private sector using Government grants through Public-Private Partnership</li> </ul>	<ul style="list-style-type: none"> <li>Secretariat</li> </ul>
4. Provision of specialised health care services	<ul style="list-style-type: none"> <li>Creating an effective referral network among the district hospitals, medical colleges and specialised hospitals</li> <li>Conduct and expand the existing specialised health care services at different levels</li> <li>Provide emergency medical treatment to accident victims at a variety of trauma centres</li> </ul>	<ul style="list-style-type: none"> <li>Directorate of Health Services</li> <li>Directorate of Family Planning</li> <li>Directorate of Health Services</li> <li>Directorate of Nursing Services</li> <li>Directorate of Health Services</li> </ul>
5. Control of communicable, non-communicable diseases and new diseases, which arise from climate change	<ul style="list-style-type: none"> <li>Implementing the national AIDS/STD programme and strengthening targeted intervention among the HIV/AIDS high risk population</li> <li>Implementation of Leprosy, TB, Kalazar, Malaria, Fileria and Dengue control programme including arsenic related illness</li> <li>Initiate programme to prevent new diseases which arise from climate change</li> <li>Formulate and implement a strategy to reduce the number of smokers and tobacco users</li> </ul>	<ul style="list-style-type: none"> <li>Directorate of Health Services</li> <li>Secretariat</li> <li>Directorate of Health Services</li> </ul>
6. Ensure safety of food, determination of the standards of food and nutritional status	<ul style="list-style-type: none"> <li>Conduct nutrition awareness programme with the help of the mass medias and NGOs</li> <li>Provide supplementary foods to pregnant women, nursing mothers and children</li> <li>Ensure the quality and safety of food and creating mass awareness of setting food standards</li> <li>Ensure nutritional food for more males, females and children by strengthening community nutrition programme</li> <li>Distribution of vitamin-A capsules, antihelmenthics and iron tablets</li> <li>Encourage breast feeding and create awareness of its benefits</li> </ul>	<ul style="list-style-type: none"> <li>Secretariat</li> <li>Secretariat</li> <li>Directorate of Health Services</li> <li>Directorate of Health Services</li> <li>Directorate of Family Planning</li> </ul>

<b>Medium Term Strategic Objectives</b>	<b>Key Activities</b>	<b>Implementing Departments/Agencies</b>
7. Improve drug sector and increase the efficiency of the drug sector and ensure availability of essential drugs at a reasonable prices	<ul style="list-style-type: none"> <li>• Update and implement a National Drug Policy</li> <li>• Ensure availability of essential drugs at competitive prices</li> <li>• Initiate programme to enhance efficiency in the drug sector</li> <li>• Ensure production, import-export, preservation, distribution and marketing of quality drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Drug Administration</li> </ul>
8. Increase awareness among the common people about the development and protection of health related issues	<ul style="list-style-type: none"> <li>• Conduct adolescent and youth friendly reproductive health care campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Family Planning</li> </ul>
	<ul style="list-style-type: none"> <li>• Inclusion of health education in school curriculum</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> </ul>
	<ul style="list-style-type: none"> <li>• Create mass awareness about existing and probable new diseases by introducing informative campaign and operating community mobilization programme</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> </ul>
9. Develop and promote alternative medical care along with general medical services	<ul style="list-style-type: none"> <li>• Expansion of alternative medical care in Government health institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure quality education in traditional medicine including Homeopathy, Ayurvedic and Unani and effective measures to improve Herbal medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Department of Drug Administration</li> </ul>
10. Development of medical waste management	<ul style="list-style-type: none"> <li>• Build up an effective waste management system in all healthcare institutions</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Directorate of Family Planning</li> </ul>
	<ul style="list-style-type: none"> <li>• Inclusion of local government institutions in medical waste management activities</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> </ul>
11. Development of human resource in the health sector through education, training and research	<ul style="list-style-type: none"> <li>• Impart education and training to doctors, nurses, paramedics, technologists and other health related human resource</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> <li>• Directorate of Nursing Services</li> <li>• NIPORT</li> </ul>
	<ul style="list-style-type: none"> <li>• Conduct research related to Health, Nutrition, Population and Reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>• NIPORT</li> </ul>
	<ul style="list-style-type: none"> <li>• Introduce a unified medical education system and include the enhanced participation of the private sector in medical education</li> </ul>	<ul style="list-style-type: none"> <li>• Directorate of Health Services</li> </ul>

### 3. Poverty and Gender Reporting

#### 3.1 Impact of the Strategic objectives on Poverty Reduction and Women's Advancement

##### 3.1.1 Improvement of mother and child health

**Impact on Poverty Reduction:** The infant mortality rate (IMR) will be reduced through the activities of EPI, ARI, IMCI under the Essential Service Delivery (ESD) and Mother and Child Health (MCH) activities of the Maternal and Child Welfare Centres. Improvements in maternal health and the maternal mortality rate (MMR) will be reduced through the activities of the MCH activities. A Maternal Health Voucher Scheme will further be extended to 45 upazillas to ensure the necessary health care of poor pregnant women. As a result huge number of poor mothers and children's health condition will be improved and a healthy work force will be built which in turn will help poverty reduction.

**Impact on Women's Advancement:** Maternal health services and the maternal health voucher scheme will result in improvements in women's health status especially for pregnant women and nutritional status of women those who are providing breast-feeding. As these activities are targeted for women, it will improve the women health.

##### 3.1.2 Population control and Improvement of reproductive health

**Impact on Poverty reduction:** Expansion of family planning activities will result in motivating to use birth control for both men and women and will encourage maintaining small families. As a result family expenses will be reduced and financial solvency will be increased which will help to reduce poverty.

**Impact on Women's Advancement:** Family planning services, the supply of necessary contraceptives and drugs, home visits from field workers, and reproductive health care services will improve the health of women and adolescent girls. Through these activities awareness of timely pregnancy will be developed among poor females. Working girls and ladies will be more involved in economic activities. In addition, safer pregnancies will be ensured.

##### 3.1.3 Provision of general health care services and improvement of health care services

**Impact on poverty reduction:** Initiatives taken on primary health care services, nutrition and population control for rural areas through community clinics to provide general health care services will improve the health of the population of the country irrespective of religion, community, colour and male-female. This healthy and workable workforce will engage in various economic activities which will help to reduce poverty. Providing health care services to senior citizen will improve social safety of the poor aged people.

**Impact on Women's Advancement:** Improvement and expansion of general health services will increase the scope for rural women to access primary health care, nutrition and population control related services which will facilitate women's development. The health risks of females will be reduced

and their involvement in income generating activities will be increased. Providing preference to aged women in accessing health related activities and taking activities to improve aged women's health, their health-safety will be ensured.

#### **3.1.4 Provision of specialized health care services**

**Impact on Poverty reduction:** The construction and expansion of specialised hospitals will increase the scope of specialised health care services which will further enhance the access to health services and that will improve the health status of the poor. Providing health care to senior citizens will improve the social safety of the poor aged people.

**Impact on Women's Advancement:** The provision and expansion of a variety of specialised health care services will further enhance the opportunities for women to access health care.

#### **3.1.5 Control of communicable and non-communicable diseases and new diseases, which arise from climate change**

**Impact on Poverty reduction:** Poorer communities will be brought within the coverage of the control of communicable and other diseases by the implementation of a national AIDS/STD programme, through necessary medical treatment to Leprosy, TB, Kalazar, Malaria and Dengue sufferers, through the supply of drugs and through awareness building. As a result the scope of access to health care delivery and the improvement of health will be increased for the poor. Besides, poor sex-workers' will also be brought under this coverage. As a result health risks will be reduced.

**Impact on Women's Advancement:** Opportunities for the control of communicable and other diseases including AIDS/STD will be increased for women and it will reduce health risk and possible damage. Especially female sex-workers' will be brought under this service. Females will benefit comparatively more as they are more vulnerable to being affected by these diseases.

#### **3.1.6 Ensure nutrition status and safety of food**

**Impact on Poverty reduction:** Nutrition status has been improved through community nutrition programmes for poor groups at 109 Upazilas through area based nutrition activities and through mass awareness with NGO participation. The National Nutrition Programme (NNP) will be expanded to 53 more Upazilas. As a result, it will be possible to provide nutritious food to more pregnant women and children. Moreover poor communities will be brought within the coverage of the nutrition programme which will create opportunities to build a healthier workforce irrespective of religion, colour or male-female. A healthy workforce will be developed by setting food standards and creating mass awareness of the adulteration of food. As a result, poor people will not be required to incur additional expenditure to maintain health. Better health will ensure more income and reduce poverty.

**Impact on Women's Advancement:** Women will be better protected from malnutrition through the nutrition programme and as a result will be able to participate more in economic activities. As a result, both their working capacity and income will be increased. Safe and quality food will help to

ensure women's health. They will be able to be involved in economic activities. More women and female children will benefit from the programme.

### **3.1.7 Improve drug sector and increase the efficiency of the drug sector and ensure availability of essential drugs with a reasonable prices**

**Impact on poverty reduction:** Procurement of raw materials and standard pharmaceutical equipment, training of human resource and implementation of a national drug policy will enhance the quality and supply of essential drugs. It will help to create a healthier workforce and will reduce medical expenditure. Increases in income will help to reduce poverty.

**Impact on Women's Advancement:** Efficiency in the drug sector will ensure the supply of quality drugs and reduce the problem of access to medicine for the masses including women. Quality drugs will help to improve women's health quickly, and as a result health risks will be reduced. Healthy women will be able to earn more.

### **3.1.8 Increase awareness among the common people about the development and protection of health related issues**

**Impact on poverty reduction:** Health education programmes will increase health awareness among the ultra-poor male and female population. A healthy and strong workforce will be built up and medical costs will be reduced. A population healthy enough to work will be able to earn more which will help to reduce poverty.

**Impact on Women's Advancement:** Reproductive health related programmes will reduce the mortality risk of women and adolescent girl. Awareness will secure the health of the females and adolescent girls. As a result healthy women will be able to earn more and will enjoy greater social status and power. Moreover, health related information will be made available to women.

### **3.1.9 Develop and promote alternative medical care**

**Impact on Poverty reduction:** Quality alternative medical care and treatment programmes will improve Homeopathy, Ayurvedic and Unani medicine. This form of medicine and treatment will be easy accessible to the poor community irrespective of gender.

**Impact on Women's Advancement:** Women will be able to access locally available alternative medical facilities at a lower cost. This will reduce health risks and build income generating women in the community.

### **3.1.10 Development of medical waste management**

**Impact on Poverty reduction:** Unplanned disposal of medical waste is a serious environmental threat. It is a big problem particularly for low earning men and women. Medical waste harms the environment and spreads communicable diseases quickly particularly the more vulnerable poor people. Coordinated waste management will protect the ecology, and as a result the residence of low income people and any adjacent premises will be safe. They will be at lower risk from sickness from medical waste and treatment costs will therefore be reduced.

**Impact on Women's Advancement:** A healthy environment is women friendly. A comfortable environment will enable women to remain healthy and will increase their participation in income generating activities.

### 3.1.11 Development of human resource in the health sector through education, training and research

**Impact on Poverty reduction:** Appropriately trained human resource will provide quality medical services. This is not directly related to poverty reduction but overall improvements in the quality of medical services provided will also benefit the general population, particularly the poor people.

**Impact on Women's Advancement:** Improved quality of health service through trained manpower will enable easy access to medical care for women. As a result they will suffer less and will get cured more quickly.

### 3.2 Allocation for Poverty Reduction and Women's Advancement

(Taka in Thousand)

Particulars	Budget 2010-11	Projection 2011-12	Projection 2012-13
Poverty Reduction	2785,85,86	3054,71,98	3489,36,00
Gender	1287,00,84	1419,62,97	1625,96,68

## 4. Priority Spending Areas/Programmes

Priority Spending Areas/Programmes	Related Strategic Objectives
<p><b>1. Provide Health and Family planning services to the poor rural people through community clinics and Union health and Family Welfare Centres:</b></p> <p>To ensure the participation of the community in the provision of general health care services, nutrition and family planning activities at the grass-root level, existing community clinics will be revived and new community clinics will be constructed. Therefore, to ensure health, nutrition and family welfare for rural people particularly poor people, this has been given highest priority.</p>	<p><b>Strategic Objective Number 1</b></p> <ul style="list-style-type: none"> <li>Improvement of mother and child health</li> </ul> <p><b>Strategic Objective Number 2</b></p> <ul style="list-style-type: none"> <li>Population control and Improvement of reproductive health</li> </ul> <p><b>Strategic Objective Number 3</b></p> <ul style="list-style-type: none"> <li>Provision of general care health care services and Improvement of health care services</li> </ul> <p><b>Strategic Objective Number 6</b></p> <ul style="list-style-type: none"> <li>Ensure safety of food, determination of standards of food and nutritional status</li> </ul>
<p><b>2. Conducting Family Planning Activities in order to improve Population Control and Reproductive Health Care:</b></p> <p>One of the important targets of the Government is to control of population and reduce child mortality rate, maternal mortality rate, TFR through family planning activities and keep population growth rate at an optimum level by using contraceptives. In order to develop the country, it is one of the important</p>	<p><b>Strategic Objective Number 1</b></p> <ul style="list-style-type: none"> <li>Improvement of mother and child health</li> </ul> <p><b>Strategic Objective Number 2</b></p> <ul style="list-style-type: none"> <li>Population control and Improvement of reproductive health</li> </ul> <p><b>Strategic Objective Number 3</b></p>

Priority Spending Areas/Programmes	Related Strategic Objectives
<p>preconditions to control population and improve reproductive health and also important to implement the Government's development activities. Therefore, these activities are marked as the second highest priority.</p>	<ul style="list-style-type: none"> <li>• Provision of general care health care services and Improvement of health</li> </ul>
<p><b>3. Hospital-based Health Care Service:</b> Further expansion of infrastructure and placement of required personnel in hospitals at the District and Upazila level will be made and by doing so opportunities to access medical care services will be ensured for all classes of people. Better treatment will be provided through the development of a referral system. All classes of people will receive improved medical care through the introduction of the above services, therefore, this is considered as the third highest priority.</p>	<p><b>Strategic Objective Number 1</b></p> <ul style="list-style-type: none"> <li>• Improvement of mother and child health</li> </ul> <p><b>Strategic Objective Number 2</b></p> <ul style="list-style-type: none"> <li>• Population control and Improvement of reproductive health</li> </ul> <p><b>Strategic Objective Number 3</b></p> <ul style="list-style-type: none"> <li>• Provision of general care health care services and Improvement of health</li> </ul> <p><b>Strategic Objective Number 5</b></p> <ul style="list-style-type: none"> <li>• Control of communicable, non-communicable diseases and new diseases, which arise from climate change</li> </ul>
<p><b>4. Specialised Health Care Service:</b> Specialised health care services will be expanded further for the benefit of the general public to provide modern health care facilities against complex and acute diseases through general and referral system. As a result people will receive specialised medical services like developed countries at reasonable costs. By doing this, people will get relief from physical, mental and financial losses and country will be able to save its hard-earned foreign currencies. In order to expand specialised medical services to the people, this area has been given as the fourth priority.</p>	<p><b>Strategic Objective Number 4</b></p> <ul style="list-style-type: none"> <li>• Provision of specialised health care services</li> </ul>
<p><b>5. Medical Education and research programme:</b> A well trained and coordinated health workforce will be developed through appointment, education and training of doctors, nurses, paramedics and other relevant personnel. Improved health care service provision is dependent on a trained workforce and so it is identified as the fifth priority.</p>	<p><b>Strategic Objective Number 11</b> Development of manpower in the health sector</p>
<p><b>6. Production of quality medicine and export enhancement:</b> The drug policy will be revised to produce drugs of international standard, to supply essential drugs to the people at a reasonable cost and to increase export. To achieve self sufficiency in this sector and to increase export of drugs after meeting country's demand are main target of the Government. Therefore this issue is considered as the sixth priority</p>	<p><b>Strategic Objective Number 7</b></p> <ul style="list-style-type: none"> <li>• Improve drug sector and increase the efficiency of the drug sector and ensure availability of essential drugs with a reasonable prices</li> </ul>

### **Key Performance Indicators (KPIs)**

Indicators	Related Strategic Objectives	Unit	Target 2008-09	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
							2010-11	2011-12	2012-13
1. Infant Mortality Rate	1, 6	Per thousand live births	45	52	45		42	39	36
2. Maternal Mortality Rate	1, 2, 6	Per thousand live births	2.06	2.90	2.75	2.65	2.56	2.10	1.80
3. Delivery by trained Birth Attendant	1, 2	Per hundred delivery	30	18	26	30	38	43	45
4. TFR	2, 8	Per hundred	2.6	2.7	2.6	2.5	2.4	2.3	2.2
5. Population Growth Rate	2, 8	Per hundred	1.40	1.43	1.40	1.40	1.35	1.27	1.20
6. Under 5 child malnutrition	6	Per hundred	43	44	42	40	38	35	33

## **5. Recent Achievements, Key Activities and Outputs of the Departments and Agencies under the Ministry**

### **5.1 Secretariat**

**5.1.1 Recent Achievements:** As per the current Government's election manifesto out of 13,500 community clinics 10,723 have started their full-fledged operation. Maternal health voucher scheme was installed in 35 upazillas to provide health services to the poor, destitute and complex pregnant women at upazilla level. A comprehensive Long Term Human Resource Master Plan (2010-2040) has been taken to increase efficiency at all levels of officers/staffs within all departments and agencies under the Ministry. Policies related to the Patient Welfare Fund, distribution of user fees use, doctors appointment on ad-hoc basis, and appointment of nurses on the basis of seniority and merit were formulated. National health policy has been updated and waits approval of the authority.

Under the digital health programme, computers were provided to medical colleges and specialised hospitals, district hospitals, upazilla hospitals including other related offices of the health directorate. A mobile phone set was given to all upazillas of the country so that local people can receive health related advices.

### **5.1.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives**

Key Activity	Output related to the Activity	Related Strategic Objectives
1. Continue and expand Maternal Health Voucher Scheme	<ul style="list-style-type: none"> <li>Financial assistance will be given to poor pregnant women in 45 upazillas so that safe birth can be ensured</li> </ul>	1

Key Activity	Output related to the Activity	Related Strategic Objectives
2. Conduct Community Clinic based primary health, nutrition and population programme for rural population	<ul style="list-style-type: none"> <li>• Health services will be made available at doorstep to mass people by re-establishing and making 13,500 community clinics operational</li> <li>• Provide primary health care services to mass rural people which will help them enhance their prevention capacity against common diseases</li> </ul>	3
3. Expansion of health services by the private sector using Government grants through Public-Private Partnership	<ul style="list-style-type: none"> <li>• Service will be expanded to one autonomous and one private health institution</li> <li>• Provide grant to 46 private/autonomous institutions</li> </ul>	3
4. Initiate programme to prevent new diseases which arise from climate change	<ul style="list-style-type: none"> <li>• Prevention against breakout of climate change related diseases</li> </ul>	5
5. Formulate and implement a strategy to reduce the number of smokers and tobacco users	<ul style="list-style-type: none"> <li>• Provide training for related personnel and conduct research</li> <li>• Increase campaign against the uses of tobacco and tobacco related products</li> </ul>	5
6. Strengthening community nutrition programme and bringing more males, females and children under its coverage	<ul style="list-style-type: none"> <li>• 4 crore and 50 lakh people will receive this nutrition service</li> <li>• Create awareness about nutrition among mass people</li> <li>• Increase participation of the community about nutrition programme</li> <li>• People of 162 Upazillas will receive the nutrition service</li> </ul>	6
7. Provide supplementary foods to pregnant women, nursing mothers and children	<ul style="list-style-type: none"> <li>• Supplementary food will be distributed in programme areas and as a result the consumption of supplementary food will be increased</li> <li>• Simplification of supplementary food taking for 2.05 lakh beneficiaries</li> </ul>	6
8. Conduct nutrition awareness programmes with the help of mass media and NGOs	<ul style="list-style-type: none"> <li>• Nutrition awareness among the public will be increased</li> </ul>	6
9. Setting standards of quality and creating mass awareness of the quality and safety of food	<ul style="list-style-type: none"> <li>• Greater awareness of food safety and quality will be created</li> </ul>	6

### 5.1.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Reduction in extreme malnutrition (6months-5yrs)	Per thousand	9	8	8	7	<6	<5

### 5.1.4 Forward Budget Estimates

(Taka in Thousand)

	Budget 2009-10	Revised 2009-10	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-development	992,09,68	912,80,82	900,87,40	869,43,41	901,69,06
Development	146,80,00	184,64,00	614,19,00	4241,87,22	5069,47,59
Total	1138,89,68	1097,44,82	1515,06,40	5111,30,63	5971,16,65

### 5.1.5 List of Projects, Programmes and Operational units

Operational Unit/Project/Programme	Related Key Activity
Operational Unit	
1. Secretariat	1-9
Approved Project/Operational Plan (OP)	
1. Revitalisation of Community Health Care Initiative in Bangladesh	2
2. National Nutrition Programme (NNP)	6
3. Improved Health for the Poor: Health, Nutrition and Population Research Project (OP, HNPSP)	1, 2, 6
4. Sector-Wide Management (OP, HNPSP)	1-9
5. Improved Financial Management (OP, HNPSP)	
6. Human Resource Management (OP, HNPSP)	
7. Health Economics Unit (OP, HNPSP)	
8. Policy Reform (OP, HNPSP)	
9. Improving Food Safety, Quality and Food Control in Bangladesh (Project)	9
10. Upgrading the BSMMU into a Centre of Excellence	3
11. Establishment of ENT and Head-Neck Cancer Hospital and Institute	3
12. Avian Influenza Surveillance in Bangladesh	4
Unapproved Projects	
1. Health, Nutrition and Population Sector Programme	1-9
2. Extension of Dhaka Children Hospital, Dhaka	3

## 5.2 Directorate General of Health Services

**5.2.1 Recent Achievements:** 875 beds were added at 18 District Hospitals. Number of beds was upgraded to 50 from 31 in 135 upazilla hospital complexes. In order to provide health services at doorsteps to underprivileged

rural communities out of 13,500 community clinics 10,723 have started its full operation as per the election pledges of the Government's. Under the coverage of EPI, 75.2% children under the age one received all vaccines and the same reached 92% under the age of 2 years.

A Maternal health voucher scheme has been introduced in 35 upazillas. Poor, destitute women and women with complex pregnancy are receiving these vouchers and are getting health services from upazilla health complexes.

50 bed burn unit of Dhaka Medical College Hospital was upgraded to 100 beds. National Institute for Cancer Research and Hospital (NICRH) was established as a provider of services, research. and education oriented institute. It was upgraded from 50 beds to 300 beds. Step were taken by the government to establish 7 more institutes of health technologies in various parts of the country. 133 upazilla health complexes were brought under medical waste management system. To receive health related information quickly, the website of the health directorate was transformed into a dynamic web portal.

### 5.2.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives

Key Activity	Outputs related to the Activity	Related Strategic Objectives
1. Continue the Expanded Programme of Immunisation (EPI)	<ul style="list-style-type: none"> <li>• Neo natal Mortality will reduce from 32 to 26 (per thousand live births)</li> <li>• Infant Mortality Rate (IMR) will reduce from 52 to 32 (per thousand live births)</li> <li>• Under 5 mortality will be reduced from 65 to 45</li> </ul>	1
2. Continue and expand activities under Maternal Health Voucher Scheme	<ul style="list-style-type: none"> <li>• Essential health care services for poor and destitute pregnant women will be ensured</li> </ul>	1
3. Provide services related to ante natal, natal and post natal problems and expand these services	<ul style="list-style-type: none"> <li>• Ante Natal Care service will be increased from 50% to 77%</li> <li>• Skilled Birth Attendants assisted delivery will be increased from 18% to 45%</li> <li>• The number of women friendly hospital will be increased</li> <li>• The crude death rate will be static at 8 (per thousand)</li> <li>• Post Natal Care will be increased from 30% to 55%</li> </ul>	1
4. Strengthening the Essential Service Delivery (ESD)	<ul style="list-style-type: none"> <li>• MMR will be reduced from 2.75 to 1.80 and average life expectancy will be increased</li> </ul>	1
5. Expansion of services related to Integrated	<ul style="list-style-type: none"> <li>• Neonatal mortality and IMR will be reduced and the expected</li> </ul>	1

<b>Key Activity</b>	<b>Outputs related to the Activity</b>	<b>Related Strategic Objectives</b>
Management of Childhood Illness (IMCI) and Introduction of School Health Services programme	<p>target will be achieved</p> <ul style="list-style-type: none"> <li>• Health care services to school going students will be increased</li> <li>• Female students will be receive the TT vaccine</li> </ul>	
6. Conduct appropriate awareness building programme on reproductive health for adolescent girls	<ul style="list-style-type: none"> <li>• Knowledge on reproductive health will reduce adolescent pregnancies</li> </ul>	2
7. Conduct Community Clinic based primary health, nutrition and population programme for rural population	<ul style="list-style-type: none"> <li>• Expansion of health services to rural areas by starting 13,500 Community Clinics</li> </ul>	3
8. Procure MSR and other medical equipment	<ul style="list-style-type: none"> <li>• With the availability of medicines and equipments the quality of health services will be improved</li> </ul>	3
9. Expansion and strengthening of existing health care services for senior citizens	<ul style="list-style-type: none"> <li>• Health care services for the older age group will be ensured</li> </ul>	3
10. Creating an effective referral network among the district hospitals, medical colleges and specialised hospitals	<ul style="list-style-type: none"> <li>• All district hospitals will be brought under a structured referral system</li> </ul>	4
11. Conduct and expand the existing specialised health care services at different levels	<ul style="list-style-type: none"> <li>• Specialised health care services will be introduced at the district level hospitals</li> </ul>	4
12. Provide emergency medical treatment to accident victims at a variety of trauma centres	<ul style="list-style-type: none"> <li>• Death rate from accident will be reduced</li> <li>• Faster emergency service delivery will be ensured</li> </ul>	4
13. Implementing the National AIDS/STD programme and strengthening targeted intervention among the HIV/AIDS high risk population	<ul style="list-style-type: none"> <li>• High risk population will be brought under control and prevalence of disease will be reduced</li> </ul>	5
14. Initiate programme to prevent new diseases which arise from climate change	<ul style="list-style-type: none"> <li>• Effective measures to prevent new diseases which arise from climate change will be ensured</li> </ul>	5
15. Implementation of Leprosy, TB, Kalazar, Malaria, Fileria and Dengue control programme including arsenic related illness	<ul style="list-style-type: none"> <li>• Reduce arsenic related illness</li> <li>• Suspected case detection of TB to increase from 61% to 90%</li> <li>• Maintain 95% cure rate of TB</li> </ul>	5

Key Activity	Outputs related to the Activity	Related Strategic Objectives
	<ul style="list-style-type: none"> <li>• Reduce prevalence of Leprosy from 3.8/10,000 to 1/10,000</li> <li>• Reduce mortality rate from Malaria by 50%</li> <li>• Reduce incidence of filarial by 30%</li> </ul>	
16. Formulate and implement a strategy to reduce the number of smokers and tobacco users	<ul style="list-style-type: none"> <li>• Control of tobacco and alcohol use will be possible through training of human resource and a health education campaign</li> </ul>	5
17. Setting standards of safety and quality of food and creating mass awareness about these	<ul style="list-style-type: none"> <li>• Mass awareness will be created through publicity using the mass media including advertisement, feature films and TV ads</li> </ul>	6
18. Ensure nutritional food for more males, females and children by strengthening community nutrition programme	<ul style="list-style-type: none"> <li>• Increase community participation in nutrition activities</li> <li>• Ensure nutrition for more males, females and children</li> <li>• Increase health status of the population</li> </ul>	
19. Distribution of vitamin-A capsules, antihelmenthics and iron tablets	<ul style="list-style-type: none"> <li>• VAC and antihelmenthics drugs will be distributed to 98% of the under 5 children</li> <li>• Night blindness patient to be reduced to 0.04%</li> </ul>	6
20. Encourage breast feeding and create awareness of its benefits	<ul style="list-style-type: none"> <li>• Breast feeding until 6 months will increase further from the present 42%</li> <li>• Colostrums feeding to children will increase from 92% to 100%</li> </ul>	6
21. Inclusion of health education in school curriculum	<ul style="list-style-type: none"> <li>• Health related subject will be included at class X, as a result students awareness about health related matter will be increased</li> </ul>	8
22. Create mass awareness about existing and probable new diseases by introducing information campaign and operate community mobilization programme	<ul style="list-style-type: none"> <li>• Awareness will be created through seminars/workshops/ introductory sessions etc.</li> <li>• Health information and awareness campaigns will reach households through different types of media</li> <li>• Health consciousness will be increased through advertisement and by installing</li> </ul>	8

Key Activity	Outputs related to the Activity	Related Strategic Objectives
	billboards	
23. Expansion of alternative medical care in Government health institutions	<ul style="list-style-type: none"> <li>One Graduate Unani, Ayurvedic and Homeopathic physician will be appointed at every District hospital</li> </ul>	9
24. Ensure quality education in traditional medicine including Homeopathy, Ayurvedic, and Unani and undertake effective measures to improve Herbal medicine	<ul style="list-style-type: none"> <li>Quality of education in Unani, Ayurvedic and Homeopathic related institutions will be upgraded</li> </ul>	9
25. Build up an effective waste management system in all healthcare institutions	<ul style="list-style-type: none"> <li>Improve environment in both public and private hospitals</li> <li>A modern waste management system will be established in 133 upazilla</li> </ul>	10
26. Inclusion of local government institutions in medical waste management activities	<ul style="list-style-type: none"> <li>Local government institutions will create necessary infrastructure for waste management</li> </ul>	10
27. Impart education and training to doctors, nurses, paramedics, technologists and other health related human resource	<ul style="list-style-type: none"> <li>Efficiency of doctors, nurses and other related professionals will increase</li> <li>Creation of more qualified paramedics and technologists</li> <li>Provide standard treatment for the people</li> </ul>	11
28. Introduce a unified medical education system and enhanced participation of the private sector in medical education	<ul style="list-style-type: none"> <li>Expansion of medical education and improve standard</li> <li>A unified medical education system established</li> </ul>	11

### 5.2.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Appointment of new doctors	Number	1,518	1,518	1,041	5,022	303	500
2. Ratio of patients to doctor	Ratio	2,900:1	2,900:1	2,850:1	2,800:1	2,800:1	2,800:1
3. Foundation training for doctors	Number	700	800	<b>800</b>	<b>1,500</b>	<b>1,700</b>	<b>2,000</b>
4. Appointment of Technologists	Number	700	370	370	400	300	400
5. Additional beds in Hospitals	Number	1,530	1,530	2,500	1,200	2,500	875
6. Rate of EOC service receiver	Per hundred pregnant mother	40	50	55	70	75	75

#### 5.2.4 Forward Budget Estimates

	<b>Budget 2009-10</b>	<b>Revised 2009-10</b>	<b>Budget 2010-11</b>	<b>Projection 2011-12</b>	<b>Projection 2012-13</b>
Non-development	92,03,45	107,44,20	121,50,31	133,01,97	145,53,30
Development	0	0	3,07,00	0	0
<b>Total</b>	<b>92,03,45</b>	<b>107,44,20</b>	<b>124,57,31</b>	<b>133,01,97</b>	<b>145,53,30</b>

#### 5.2.5 List of Projects, Programmes and Operational units

<b>Operational Unit/Project/Programme</b>	<b>Related Key Activity</b>
Operational Unit	
1. Directorate General of Health Services	1-28
Approved Project/Operational Plan (OP)	
1. Essential Service Delivery (ESD)	4
2. Communicable Disease Control	10, 14, 15
3. T.B and Leprosy Control	15
4. Health Education and Promotion	5, 6, 14, 16, 17, 18, 20, 21, 22
5. Improved Hospital Services Management	6, 10, 25
6. Alternative Medical Care	23, 24
7. Non-Communicable Diseases and Other Public Health Intervention	14, 15
8. Pre-Service Education, DGHS	27
9. In-Service Training	27
10. Procurement Logistic and Supplies Management	8
11. Research and Development-Health	27
12. MIS (Health)	27
13. Quality Assurance	27
14. Sector-Wide Programme Management	27
15. Human Resource Management	27
16. Improved Financial Management	27
17. Micronutrient Supplementation	18, 19, 20
18. National Eye Care	10, 11
19. Construction of 250-bed National Institute of Ophthalmology and Hospital	10, 11
20. Expansion of 50-bed Cancer Institute and Research Hospital to 300-bed	10, 11, 16
21. Construction of National Institute of Neurosciences	10, 11
22. Construction of 150-bed Modern Hospital for Government Employees at Fulbaria, Dhaka	10, 11
23. Expansion and Modernisation of Dhaka Medical College Hospital.	10, 11

Operational Unit/Project/Programme	Related Key Activity
24. National AIDS/STD Programme and Safe Blood Transfusion	13
25. Construction of National Institute of ENT	10, 11
26. Surveillance and Response to Avian and Pandemic Influenza in Bangladesh	11, 14, 15
Unapproved Projects	
1. Construction of National Institute of Laboratory Medicine and Referral Centre	10, 11
2. Begum Fazilatunneasa Eye Hospital and Training Institute, Gopalganj	10, 11
3. Establishment of Sheikh Lutfor Rahman, father of the Father of Nation Sheikh Mujibur Rahman 50-bed Dental Hospital, Gopalganj	10, 11
4. Extension of Dhaka Shishu (Children) Hospital, Sher-e-Banglanagar, Dhaka	5
5. Kushtia Medical College	10, 27
6. Establishment of a Neonatal Unit at Chittagong Medical College Hospital	5, 10, 11
7. National Institute of Digestive Diseases and Research	11
Probable projects/programme	
1. Establishment of Bangladesh Institute of Physiotherapy	11, 12

### 5.3 Directorate General of Family Planning

**5.3.1 Recent Achievements:** Condoms were distributed to 13 lakh 61 thousand couples, 31 crore 4 thousand oral contraceptive pills were given to couples, contraceptive injections was given to 35 lakh 28 thousand couples and IUDs was given to 7 lakh 28 thousand couples. In addition, contraceptive implants was provided to 3 lakh 78 thousand couples. 11 thousand women and 15 thousand men were brought under permanent contraceptive methods. Permanent contraceptives use for men has been increase one and half time higher than women. Uses of CPR have increased to 60 percent from 55 percent.

#### 5.3.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives

Key Activity	Outputs related to the Activity	Related Strategic Objectives
1. Continue the Expanded Programme of Immunisation (EPI)	<ul style="list-style-type: none"> <li>Child health will be improved and the mortality rate of new born babies and children will be reduced</li> </ul>	1
2. Continue and expand activities under the Maternal Health Voucher Scheme	<ul style="list-style-type: none"> <li>Poor pregnant mothers will have access to proper treatment and they will be at lower risk from poor quality medication</li> </ul>	1

<b>Key Activity</b>	<b>Outputs related to the Activity</b>	<b>Related Strategic Objectives</b>
3. Provide training and expand the service coverage of community based skilled birth attendants	<ul style="list-style-type: none"> <li>Trained BAs will be able to serve the pregnant mothers during pregnancy and to ensure safe delivery</li> </ul>	1
4. Provide and expand services related to ante natal, natal and post natal problems	<ul style="list-style-type: none"> <li>Receiving these services the possibility of being affected by the related diseases will be reduced and maternal mortality rate and child mortality rate will also be reduced</li> </ul>	1
5. Implementation of National Health Policy	<ul style="list-style-type: none"> <li>Socio-economic development of the country by keeping its population in an acceptable range along with by utilising its limited resources</li> </ul>	2
6. Expansion of family planning services at the doorstep of the recipients by family planning field workers'	<ul style="list-style-type: none"> <li>CPR will be increased and TFR will be decreased</li> </ul>	2
7. Ensure procurement, preservation, distribution and storage of contraceptives	<ul style="list-style-type: none"> <li>Timely supply of MSR and contraceptives to the recipients as per requirement</li> <li>Reduce gap between demand and supply of contraceptives</li> </ul>	2
8. Conduct programme to motivate people to adopt permanent and long term contraception methods	<ul style="list-style-type: none"> <li>Drop-out rate and TFR will be reduced</li> </ul>	2
9. Strengthening family planning activities in lower performing areas	<ul style="list-style-type: none"> <li>Number of CPR will be increased in low-performing areas</li> </ul>	2
10. Conduct appropriate awareness building programmes on reproductive health for adolescent girls	<ul style="list-style-type: none"> <li>Understanding on reproductive health, family planning and communicable diseases among the adolescent girls will be improved</li> </ul>	2
11. Conduct Community Clinic based primary health, nutrition and population programme for rural population	<ul style="list-style-type: none"> <li>Provide primary health care services at the doorsteps of all families in the rural areas</li> </ul>	3
12. Procurement of MSR and medical equipment	<ul style="list-style-type: none"> <li>The availability of medicine as well as the quality of family welfare service will be increased</li> </ul>	3
13. Creating an effective referral network among the district	<ul style="list-style-type: none"> <li>A hospital referral system will be activated</li> </ul>	4

Key Activity	Outputs related to the Activity	Related Strategic Objectives
hospitals, medical colleges and specialised hospitals		
14. Distribution of vitamin-A capsules, antihelmenthics and iron tablets	<ul style="list-style-type: none"> <li>• Reduce anaemia/blood-deficiency of pregnant women and adolescents</li> <li>• Improvement in child health</li> </ul>	6
15. Encourage breast feeding and create awareness of its benefits	<ul style="list-style-type: none"> <li>• Build awareness among mothers so that they are encouraged to continue breast feeding up to six months after birth</li> <li>• Improvement in child health</li> </ul>	6
16. Conduct adolescent and youth friendly reproductive health care campaign	<ul style="list-style-type: none"> <li>• Overall improvement in health status of adolescents and youths by acquiring knowledge about reproductive health care</li> </ul>	8
17. Create mass awareness about existing and probable new diseases by introducing information campaign and community mobilization programme	<ul style="list-style-type: none"> <li>• Improvement in health status of mothers, children and adolescents</li> </ul>	8
18. Build up an effective waste management system in all healthcare institutions	<ul style="list-style-type: none"> <li>• Successful removal/destruction of medical waste by using modern waste management system</li> <li>• Create awareness about reusing of ineligible medical waste</li> </ul>	10

### 5.3.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. CPR	%	60	65	65	72	72.5	73
2. Rate of EOC service receivers	Per hundred pregnant mother	30	31	31	38	42	46
3. Prenatal services received by pregnant women	%	52	54	54	60	63	66
4. Postnatal services received by pregnant women	%	22	24	24	30	33	36

**Source:** Bangladesh Demographic and Health Survey (BDHS)-2007.

### 5.3.4 Forward Budget Estimates

	Budget 2009-10	Revised 2009-10	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-development	17,87,36	19,42,87	65,77,62	87,85,16	99,04,97
Development	0	0	0	0	0
Total	17,87,36	19,42,87	65,77,62	87,85,16	99,04,97

### 5.3.5 List of Projects, Programmes and Operational units

Operational Unit/Project/Programme	Related Key Activity
Operational Unit	
1. Directorate General of Family Planning	1-18
Approved Project/Operational Plan (OP)	
1. Family Planning Field Services Delivery Program	4, 5, 10
2. Family Planning Clinical Contraception Services Delivery Program	4, 5, 11
3. Maternal, Child and Reproductive Health Services Delivery Program	1, 4, 5, 11
4. Procurement, Storage and Supply Management	7, 12
5. Information, Education and Communication (IEC)	3, 8, 10, 15
6. Management Information System (MIS) Services and Personnel Management	3, 5, 9, 17
7. Sector-Wide Program Management	5
8. Human Resource Management, Planning and Development	3
9. Improved Financial Management	5, 7, 12
10. Establishment of Maternal and Child Health Training and Research Institute (MCHTI) Lalkuthi, Mirpur, Dhaka.	3

## 5.4 Construction and Maintenance Management Unit (CMMU)

**5.4.1 Recent Achievements:** 60 Mother and Child Care Centre (MVWC) were upgraded from 10 to 20 beds, 198 Upazila Health Complexes were upgraded from 31 to 50 beds, 6 District Hospitals were upgraded from 50 to 100 beds, 8 District Hospitals have been upgraded from 100 to 250 beds, 250-bed Comilla Medical College was upgraded to 500-bed and 500-bed Mymensingh Hospital was upgraded to 1000-bed. In addition, establishment of 451 Union Family Welfare Centres, 25 FWCs, 15 20-bed hospitals, 9 new 31-bed hospitals, 5 trauma centres, 5 new medical colleges, 2 100-bed diabetic hospitals, 1 asthma centres at Mahakhali in Dhaka, 100-bed dental college and hospital at Mirpur in Dhaka, Shekh Abu Naser Specialised Hospital in Khulna, 250-bed TB hospital at Shyamoli in Dhaka, a tropical hospital at Fouzdarhat in Chittagong and a general hospital at Khilgaon in Dhaka were also constructed. Besides, ICU & Causality Unit at 3 medical colleges, 200-bed ladies hostel in Rajshahi medical college hospital, doctors quarters in 20 district hospitals, intern doctors hostel in 8 medical college hospitals, 1 Family Welfare home Visitors Training Institute (FWVTI), 4 IHTs, 1 nursing college

and 30 30 Upazila Stores were also completed. Meanwhile modernisation of Rangpur, Rajshahi, Chittagong and Sir Sallimullah Medical College Hospital was completed. Upgrading of 4 Medical Assistant Training Schools (MATS) into Medical Assistant Training Institutes (MATI) and expansion of existing medical college and hospitals were taken place. Under repair and reconstruction activities 4,389 community clinics were repaired and/or reconstructed.

#### 5.4.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives

Key Activity	Output related to the Activity	Related Strategic Objectives
1. Construction, repair and expansion of existing health installations	<ul style="list-style-type: none"> <li>• Daily, routine and periodical maintenance of existing hospitals</li> <li>• Increasing the number of beds in hospitals</li> <li>• Construction of new hospitals</li> </ul>	3

#### 5.4.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2008-09	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Construction of New clinics and hospitals at Union, Upazila and District level	Number	582	164	150	28	65	80
2. Increasing the number of beds at the existing hospitals	Number	248	136	110	32	50	65
3. Construction of new Medical Colleges	Number	-	02	01	02	02	-
4. Construction of general hospital, diabetic hospital, IHT, Nurses Training Institute/College, MATI and other health related infrastructure	Number	06	07	05	03	01	-

#### 5.4.4 Budget Estimates

	Budget 2009-10	Revised 2009-10	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-development	234,07,75	184,30,30	160,57,11	283,23,34	319,28,17
Development	0	0	0	0	0
Total	234,07,75	184,30,30	160,57,11	283,23,34	319,28,17

#### 5.4.5 List of Projects, Programmes and Operational units

Operational Unit/Project/Programmes	Related Key Activity
Operation Unit	
Approved Projects	
1. Construction and Maintenance Management Unit (CMMU)	1
2. Physical Facilities Development (HNPSP)	1

### 5.5 Department of Drug Administration

**5.5.1 Recent achievement:** Department of Drug Administration was upgraded to a Directorate. A National Drug Policy-2005 was revised and updated. The necessary amendment has now been carried out on the Drug (Control) Ordinance, 1982. A compilation of all drug legislation (Drug Act 1940, Drug Rules 1945 and 1946, Drug Ordinance 1982 and the National Drug Policy 2005) was also published. The Essential Drug List was updated according to the WHO model list. An inspection check-list was printed following WHO GMP guidelines and distributed among the Drug Manufacturers. Posters, ADR Forms, Codes of Pharmaceuticals Marketing, etc. were printed and/or reprinted and distributed in order to increase awareness among the public in relation to Rational Use of Drugs (RUD). Training on GMP was provided to experienced pharmacists and chemists working in the pharmaceutical industries.

#### 5.5.2 Key Activities, Outputs related to the Activity and related Strategic Objectives

Key Activity	Outputs related to the Activity	Related Strategic Objectives
1. Update and implement a National Drug Policy	<ul style="list-style-type: none"> <li>Efficiency in the drug sector will be increased</li> </ul>	7
2. Ensure availability of essential drugs at competitive prices	<ul style="list-style-type: none"> <li>Availability of essential drugs at a competitive price will be ensured</li> </ul>	7
3. Initiate programmes to enhance the efficiency in the drug sector	<ul style="list-style-type: none"> <li>Efficiency and quality will be increased in drug production</li> </ul>	7
4. Ensure production, import, export, preservation, distribution and marketing of quality drugs	<ul style="list-style-type: none"> <li>Un-licensed drug manufacturers will be brought within a legal framework</li> <li>Proper drug storage and distribution will be ensured</li> <li>An increased market for Bangladeshi medicines will be created overseas</li> </ul>	7
5. Ensure quality education in traditional medicine including Homeopathy, Ayurvedic and	<ul style="list-style-type: none"> <li>The quality of locally produced herbal medicines and its distribution will be ensured</li> </ul>	9

Key Activity	Outputs related to the Activity	Related Strategic Objectives
Unani and effective measures to improve Herbal medicine		

### 5.5.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Registration of new products (allopathic, unani, ayurvedic, homeopathic and herbal medicine)	Number	1,200	1,500	1,450	2,000	2,500	3,000
2. Issuance of production licenses	Number	05	07	06	10	12	15
3. Issuance of licenses to retailers and renewal	Number	44,500	45,000	45,500	46,000	46,500	47,000
4. Drug Sampling	Number	3,954	5,000	5,000	6,000	7,500	9,000
5. Inspections of drug factories and Pharmacy	Number (thousand)	28.32	35.00	35.00	40.00	45.00	50.00
• Drug Production	Million Tk	61,646	70,000	70,000	80,000	95,000	1,10,000
• Drug Export	Million Tk	3,277	4,000	2,347	5,000	5,500	6,000
• Drug Import	Million Tk	10,871	2,300	2,824	2,200	2,100	2,000

### 5.5.4 Forward Budget Estimates

	Budget 2009-10	Revised 2009-10	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-development	4,18,05	4,49,78	8,25,47	9,80,80	10,23,93
Development	0	0	0	0	0
Total	4,18,05	4,49,78	8,25,47	9,80,80	10,23,93

### 5.5.5 List of Projects, Programmes and Operational units

Operational Unit/Project/Programmes	Related Key Activity
Operational Unit	
1. Department of Drug Administration	1-5
Approved projects	
1. Strengthening of Drug Administration and Management	1, 2, 3, 4, 5
Unapproved projects	
1. Establishment of National Drug Laboratory	3, 4

## 5.6 National Institute of Population Research and Training (NIPORT)

**5.6.1 Recent Achievements:** In the FY2009-10, training was imparted to 8,245 managers, trainers, paramedics and field workers at district, upazila and field level. 25 research, survey and evaluation reports were published after

completion. 20 reports/disseminations were published and 11 workshops/seminars were organized. Final report on Bangladesh Demography and Health Survey 2007 was published and its result was disseminated to stakeholders at national and divisional level.

### 5.6.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives

Key Activity	Outputs Related to the Activity	Related Strategic Objectives
1. Impart education and training to doctors, nurses and other health related workforce	<ul style="list-style-type: none"> <li>46,025 managers, trainers, paramedics and field workers will be trained at various levels and for different periods</li> <li>45 training curricula/materials will be modernised</li> </ul>	11
2. Conduct research related to Health, Nutrition, Population and Reproductive health	<ul style="list-style-type: none"> <li>67 research/survey/ evaluation activities will be conducted</li> <li>125 workshops/seminars will be arranged</li> </ul>	11

### 5.6.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Basic and Refresher Training	Person	8,385	12,784	9,987	9,680	13,179	13,179
2. Curriculum and Training Materials	Number	8	7	15	8	12	10
3. Research/survey/ evaluation	Number	25	19	17	15	15	20
4. Workshop/seminar/ research brief/bibliography	Number	31	48	30	30	30	35

### 5.6.4 Forward Budget Estimates

	Budget 2009-10	Revised 2009-10	Budget 2010-11	Projection 2011-12	Projection 2012-13
Non-development	14,21,52	15,08,12	18,94,56	19,77,66	22,29,36
Development	0	0	0	0	0
Total	14,21,52	15,08,12	18,94,56	19,77,66	22,29,36

### 5.6.5 List of Projects, Programmes and Operational units

Operational Unit/Project/Programme	Related Key Activity
Operational Unit	
1. National Institute of Population Research and Training (NIPORT)	1-2
Approved Project/Operational Plan	
1. Training, Research and Development (OP,HNPSP)	1, 2
2. Support for Policy Planning and Implementation for Research and Development	1, 2

## 5.7 Directorate of Nursing Services

**5.7.1 Recent achievements:** Construction of 11 more new nursing institutes was completed and enrolment process of 330 students was completed. Opportunities were created to achieve diploma in nursing from all nursing institutes for 1860 students, B. Sc. in nursing from 4 basic nursing colleges for 400 students and postgraduate degree from 1 post basic nursing college for 120 students. Continuous training programmes were arranged for nurses who are working for government hospitals in 4 divisional continuing education centres and in 2 rural nursing centres. Medical college attached four nursing institutes were upgraded as basic nursing colleges and by doing this opportunity was created to study B. Sc. in nursing for 400 nursing students. Construction of two other nursing colleges in Bogra and Chittagong has been completed. 4000 senior staff nurses were appointed against permanent posts on a temporary basis.

### 5.7.2 Key Activities, Outputs related to the Activity, and related Strategic Objectives

Key Activity	Outputs related to the Activity	Related strategic objectives
1. Provide training and expand the service coverage of community based skilled birth attendants	<ul style="list-style-type: none"> <li>Recruitment of 2,500 nurses</li> </ul>	1
2. Conduct nursing services at different hospitals	<ul style="list-style-type: none"> <li>Promote the ratio of doctor and nurse from 1:0.5 to 1:0.75</li> </ul>	3
3. Conduct and expand the existing specialised health care services at different levels	<ul style="list-style-type: none"> <li>Efficiency enhancement of nurses</li> </ul>	4
4. Impart education and training to doctors, nurses and other health related workforce	<ul style="list-style-type: none"> <li>Provide training to 2,000 nurses</li> </ul>	11

### 5.7.3 Output Indicators and Targets

Output Indicators	Unit	Actual 2008-09	Target 2009-10	Revised Target 2009-10	Medium Term Targets		
					2010-11	2011-12	2012-13
1. Converted Nursing Colleges	Number	4	3	3	3	6	10
2. Construction of Nursing Institutes	Number	8	4	3	2	4	4
3. Number of diploma nursing students	Number	1,350	1,860	1,860	1,960	2,020	2,160
4. 3. Number of B. Sc. nursing students	Number	400	400	400	1,075	1,675	2,675
4. Number of midwives	Number	150	250	250	300	350	450

#### 5.7.4 Forward Budget Estimates

	<b>Budget 2009-10</b>	<b>Revised 2009-10</b>	<b>Budget 2010-11</b>	<b>Projection 2011-12</b>	<b>Projection 2012-13</b>
Non-development	26,52,57	26,59,34	31,00,30	36,41,73	40,23,15
Development	0	0	0	0	0
<b>Total</b>	<b>26,52,57</b>	<b>26,59,34</b>	<b>31,00,30</b>	<b>36,41,73</b>	<b>40,23,15</b>

#### 5.7.5 List of Projects, Programmes and Operational units

<b>Operational Unit/Project/Programmes</b>	<b>Related Key Activity</b>
Operational Unit	
1. Directorate of Nursing Services	1-4
Projects/programme	
1. Nursing education and services programme (OP, HNPSP)	1,2,3,4
2. Construction of 5 Nursing Institutes	4