**Grant No. 59**

**162 - Medical Education and Family Welfare Division**

**Medium Term Expenditure**

(Taka in Thousands)

|  |  |  |
| --- | --- | --- |
| Description | Budget2024-25 | Projection |
| 2025-26 | 2026-27 |
| Operating Expenditure |  |  |  |
| Development Expenditure |  |  |  |
| **Total** |  |  |  |
|  |
| Recurrent |  |  |  |
| Capital |  |  |  |
| Financial Asset |  |  |  |
| Liability |  |  |  |
| **Total** |  |  |  |

**1.0 Mission Statement and Major Functions**

**1.1 Mission Statement**

Building a healthy, strong and active workforce through improvement of health, population and nutrition sector by ensuring an affordable and quality medical education and family planning services for all.

**1.2 Major Functions**

* + 1. Formulation and implementation of acts, rules and policies on medical education;
		2. Formulation and implementation of acts, rules and policies related to health education, nutrition and family planning;
		3. Expansion of scope of affordable and quality health education;
		4. Providing health education and family planning services and expansion of services as per need of the people;
		5. Activities related to population control, medical education, nursing education, researches and training related to national population and health related national issues;
		6. Construction, maintenance and expansion of health and family planning, nursing institute and college related structures;
		7. Implementation of mother and child health care services, expanded programme of immunization, alternative health care and nutrition development programme.

**2.0 Medium Term Strategic Objectives and Activities**

| Medium Term Strategic Objectives | Activities | Implementing Departments/Agencies |
| --- | --- | --- |
| 1 | 2 | 3 |
| 1. Expansion of the scope of quality health education
 | * Expansion of scope of medical education.
* Modernization, expansion and supply of existing infrastructure
* Ensure effective measures to improve alternative medical care of traditional medicines including Homeopathy, Ayurvedic and Unani.
* Preparation/updating the acts, rules, policies related to health education.
* Impart education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, fieldworkers, technologists and other health related human resources.
* Expansion of nursing Education
* Initiate B.Sc. degree in nursing education..
 | * Secretariat
* Department of Family Planning
* NIPORT
* Department of Medical Education
* Department of Nursing & Midwifery
 |
| 1. Strengthening Universal family planning services and maternal, child care and reproductive health services
 | * Birth control content and MSR Procurement, inventory, distribution and supply;
* Provide training to family planning fieldworkers for population control and improve reproductive health services;
* Conduct a programme to motivate couples of reproductive age to adopt permanent or longer short-term contraception methods
* Conduct appropriate awareness building programmes on reproductive health for adolescents and youths.
 | * Department of Family Planning
 |
| * Expansion of services related to ante- natal, natal and post-natal care and continue the service of midwifery and community-based skilled birth attendants (CBSA)
 | * Department of Family Planning
* Department of Nursing and midwifery
 |
| * Conduct Community Clinic based primary health, nutrition and population programme for rural population
* Expansion of health services in autonomous and private sector using Government grants through Public-Private Partnership
 | * Secretariat
 |
| * Expansion of activity providing supplementary foods to pregnant women, nursing mothers and children
* Expansion of immunization programme.
* Distribution of vitamin-A capsules and de-worming drugs among children and iron tablets to pregnant women
* Encourage breast feeding and create awareness of its benefits
 | * Department of Family Planning
 |
| 1. Expansion of scope of research and training
 | * Imparting education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, field workers, technologists and other health related human resources.
* Conducting research and survey related to Health, Nutrition, Population and Reproductive health
 | * NIPORT
* Department of Family Planning
 |

**3.0 Poverty and Gender Reporting**

**3.1 Impact of Strategic Objectives on Poverty Reduction and Women's Advancement**

**3.1.1 Expansion of the scope of quality health education**

**Impact on Poverty Reduction:** Expansion of quality health education would increase health consciousness among the people, which, as a result, would increase the number of doctors, nurses and paramedics in proportion to the size of population. It will also reduce the number of people having difficulties in accessing to medical facilities or people financially affected due to maltreatment, thus ultimately reducing the number of illness induced poverty. At the same time, the improvement of quality alternative medical care will make the health services more affordable and easily reachable to the poorer section of the society, irrespective of the gender identity. Safety net of the elderly people will improve due to expansion of care for the elderly. Consciousness on healthy life of the ultra-poor population group is increasing due to health communication activities. As a result, a healthy, strong and active population will emerge and per capital medical expenses will decline. Increase in income will bring down poverty for all irrespective of their gender identity.

**Impact on Women’s Advancement:** With the expansion of quality health education the number of doctors, nurses and paramedics will increase. As a result, the number of child deliveries by trained personnel and institutional level will increase, and maternal mortality will decrease. Women will be able to get easy and affordable regular and alternative health care services. It will reduce their health risk and increase their involvement in income generating activities. Maternal health services will contribute to the improvement in women’s health and nutrition status, especially for pregnant and lactating mothers.

**3.1.2 Strengthening universal family planning services and maternal, child care and reproductive health services**

**Impact on Poverty reduction:** This will be achieved through the expansion of motivational schemes on family planning for both men and women. This will keep family size small. As a result, family expenditure and poverty will fall.

**Impact on Women’s Advancement:** Family planning services, the supply of necessary contraceptives and drugs, home visits of field workers, and access to reproductive health care services are playing important role to improving the health of women and adolescent girls. Awareness activities are proven to be very effective in this context. Health case services for women and adolescent population can provided from government and private hospitals. Women, particularly the poor ones would be aware about the right timing of conceiving and safe motherhood can be ensured. Healthy and active women and adolescent girls can involve themselves in economic activities at a higher rate.

**3.1.3 Expansion of the scope of research and training**

**Impact on Poverty reduction**: Trained human resources will provide quality medical services. Although this activity is not directly targeted to poverty alleviation, the general improvement in the standard of medical services will benefit the poor man and women of racial identity.

**Impact on Women’s Advancement:** Women will be able to get better health care due to increase in the quality of care. As a result, their sufferings will be reduced and will be cured quickly.

**3.2 Poverty Reduction and Women’s Advancement Related Spending**

(Taka in Thousands)

| Description | Budget2024-25 | Projection |
| --- | --- | --- |
| 2025-26 | 2026-27 |
| Poverty Reduction |  |  |  |
| Gender |  |  |  |

**4.1 Priority Spending Areas/Schemes**

| Priority Spending Areas/Schemes | Related Strategic Objectives |
| --- | --- |
| **1. Provide Health, Nutrition and Family planning services to rural poor through community clinics and Union Health and Family Welfare Centres:** To ensure participation of the community in general health care services and nutrition and family planning activities at the grass-roots level, 13,783 community clinics and 39,500 Union Health & Family Welfare Centers have been launched so far. This sector has therefore been given the highest priority to achieve the health, nutrition and family planning services to the poor people in the grassroot level.  | * Expansion of the scope of quality health education
* Strengthening universal family planning services and maternal, child care and reproductive health services
 |
| **2. Conducting Family Planning Activities in order to improve Population Control and Reproductive Health Care:**One of the important targets of the Government is the control of population and reduction in child mortality and maternal mortality rates, TFR through family planning activities and uses of contraceptives, keep population growth rate at a manageable level. In order to develop the country, one of the important preconditions is to control population and to improve reproductive health as well as to implement the Government’s development activities. Therefore, these activities are marked as a priority.  | * Strengthening universal family planning services and maternal, child care and reproductive health services
 |
| **3. Hospital-based maternal care, reproductive health care & child health care services:**By expanding infrastructure and posting of required human resources at the district and upazila Maternity and Child Welfare Centre and Maternity and Child Hospitals, the opportunity for treatment of general and complex diseases of children and women in these hospitals will be ensured. Improved medical services will be provided through effective and fair referral system. This sector has been given priority since undertaking of the stated activities will enable ordinary people, especially poor women and children, to get the opportunity for improved medical services.  | * Expansion of the scope of quality health education
* Strengthening universal family planning services and maternal, child care and reproductive health services
 |
| **4. Medical Education and training programmes:**A well trained health workforce will be developed through education and training of doctors, nurses, paramedics and other relevant personnel. In order to reduce maternal mortality rate, midwifery/TBA training activities will be strengthened. As, a trained and efficient workforce is necessary to ensure quality medical care, this activity has been given priority. | * Expansion of the scope of research and training
 |

**4.2 Medium Term Expenditure Estimates and Projection (2024-25 to 2026-27)**

**4.2.1 Expenditure by Department/Agencies/Institutional Units**

(Taka in Thousands)

| Description | Budget | Revised | Budget2024-25 | Projection |
| --- | --- | --- | --- | --- |
| 2023-24 | 2025-26 | 2026-27 |
|  |  |  |  |  |  |

**4.2.2 Expenditure by Economic Group Wise**

(Taka in Thousands)

| EconomicGroup | Description | Budget | Revised | Budget2024-25 | Projection |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2025-26 | 2026-27 |
|  |  |  |  |  |  |  |

**5.0 Key Performance Indicator (KPIs)**

| Indicator | Related Strategic Objectives | Unit | RevisedTarget | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 1. Infant Mortality Rate (under five)
 | 2,3 | Per thousand live births | 27.60 |  | 27.40 |  | 27.20 | 27 |  |
| 1. Maternal Mortality Rate
 | 2,3 | Per thousand live births | 1.29 |  | 1.2 |  | 1.10 | 1.00 |  |
| 1. Delivery rate by Trained Birth Attendant
 | 3,4 | Per hundred | 52.5 |  | 52.2 |  | 52.1 | 52 |  |
| 1. Total Fertility Rate (TFR)
 |  1,2,3 | Per women | 2.02 |  | 2.01 |  | 2.01 | 2.0 |  |
| 1. Child Malnutrition (under five)
 | 3 | Per hundred | 23 |  | 22 |  | 21.5 | 21.00 |  |
| 1. Expansion of the coverage of the Expanded Programme of Immunisation (EPI)
 | 3 | % of targeted population | 95 |  | 95.5 |  | 96 | 96.5 |  |

1. Source of actual achievement of data for undernourished children under 5 is as per BDHS 2014 and data on expanded immunization programme is as per EPI-CES 2016. All other data about the actual achievements on 4 indicators are as per SVRS 2017.
2. Medium Term Targets are prepared on the basis of SDG, 7th Five Year Plan, Development Result Framework for Monitoring and the Ministry of Health& Family Welfare’s own estimates and projections
3. National figure has been shown. Contribution of Division/ Directorate has not estimated separately.

**6.0 Recent Achievements, Activities, Output Indicators and Targets and Expenditure Estimates of the Departments/Agencies**

**6.1 Secretariat**

**6.1.1** **Recent Achievements:** Maternal Mortality Rate decrease to 1.62 in birth per a thousand alive in the fiscal year 2020-21, which was 1.94 in 2014.Sylhet Medical University Act, 2018 and Sheikh Hasina Medical University Act, 2021 has been enacted. Common admission test has been initiated in all government/non-government health education institutions. The publication of results of MBBS/BDS courses has been done using web portal. Total number of students for admission in MBBS course in government medical colleges has been increased to 4350 by increasing 282 seats in 2020-21. Academic programme in 4 medical universities and education programme in 5 medical colleges have been started. National Institute of Advanced Nursing Education and Research (NIANER), Lalkuti mother and child health training institute, Directorate of medical education have been established in last three years.

**6.1.2 Activities, Output Indicators and Targets**

| Activities | Output Indicator | Related Strategic Objectives | Unit | Revised Target | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1. Conduct Community Clinic based primary health, nutrition and population programme for rural population (\*)
 | Eastablished Community Clinic | 2 | Number | 14650 |  | 15,000 |  | 15,000 | 15100 |  |
| Beneficiary | Number(in Crore) | 12.25 |  | 11.50 |  | 11.60 | 11.65 |  |
| 1. Expansion of the scope of quality health education
 |  Established Medical universities | 1 | Number of medical universities | 8 |  | 6 |  | 7 | - |  |
| 1. Expansion of health services in the private sector using Government grants through Public-Private Partnership (\*)
 | Government grants | 2 | Number | 20 |  | 22 |  | 23 | 24 |  |
| 1. Adopting effective measure to improve the standard of medical education including alternative medicine: Homeopathy, Unani and Ayurbadic
 | Curriculum development of alternative medicine | 1 | Percent | 100 |  | 100 |  | 100 | 100 |  |

(\*) National figure has been shown. Contribution of Division/ Directorate has not estimated separately.

**6.1.3 Medium Term Expenditure Estimates by Institutional Unit, Programmes and Projects**

(Taka in Thousands)

| Name of the Institutional Unit/Scheme/ Project | Related Activity | Actual2022-23 | Budget | Revised | Medium Term Expenditure Estimates |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |

**6.2 Directorate of Family Planning**

**6.2.1 Recent Achievements:**  From fiscal year 2019-20 to 2021-22 a total of 19.08 crore cycle pills (Sukhi) 84.95 lakh cycle pills (Apan), 29.36 crore pieces of condoms were distributed and 2.94 crore vial injections have been pushed. IUD procedure has been applied to 4.43 lakh women and implant procedure was applied on 10.31 lakh women. Besides, a total of 2.61 lakh people including 75.38 thousand men and 1.86 lakh women were brought under permanent methods. A total of 24.66 lakhs doses of Misoprostol pills were distributed to control maternal mortality rate caused due to bleeding after delivery. Under institutional delivery 5,26,106 normal deliveries and 18,131 Caesarian operations were performed. Online digital monitoring activities have been expanded in order to strengthen the monitoring activities at field level.

**6.2.2 Activities, Output Indicators and Targets**

| Activities | Output Indicator | Related Strategic Objectives | Unit | Revised Target | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1. Expansion of services related to ante- natal, natal and post-natal care and continue the service of midwifery and community-based skilled birth attendants
 | Pregnant women receiving health care services | 2 | Person in Lakh | 30 |  | 35 |  | 35 | 36 |  |
| 1. Birth control contents, and MSR procure, inventory, distribute and supply
 | Oral pill-cycle | 2 | Number (Million Cycle) | 39 |  | 110 |  | 110 | 72 |  |
| POP |  |  |  | 0 |  | 4 | 0 |  |
| Condom-piece | Number (Million Piece) | 51 |  | 120 |  | 120 | 120 |  |
| Injection-Vial | Number (Million) | 0 |  | 9 |  | 5 | 10 |  |
| Implant-set | Number in Lakh | 7 |  | 4 |  | 6 | 6 |  |
| IUD | 0 |  | 0 |  | 3 | 3 |  |
| 1. Conducting a programme to motivate couples of reproductive age to adopt permanent or long or short-term contraception methods
 | Workshop | 2 | Number | 125 |  | 135 |  | 135 | - |  |
| 1. Strengthening family planning activities in areas with a low rate of adopting contraception
 | Workshop | 2 | Number | 200 |  | 200 |  | 200 | 200 |  |
| 1. Conducting appropriate awareness building programmes on reproductive health for adolescents and youths
 | Tanning and education on related subjects | 2 | Number | 115 |  | 150 |  | 150 | 150 |  |
| 1. Imparting education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, field workers, technologists and other health related human resources
 | Workshop | 2 | Number | 100 |  | 185 |  | 190 | 190 |  |
| 1. Expansion of the coverage of the Expanded Programme of Immunisation (EPI)\*
 | Rate of Immunized Children | 2 | % |  |  | 93 |  | 94 |  |  |
| 1. Expansion of activity providing supplementary foods to pregnant women, nursing mothers and children (\*)
 | Iron folic acid | 2 | No. of service receiver (thousand) | 65 |  | 66 |  | 66 | 66 |  |
| 1. Broadcast Newly immerge diseases including covid and awareness for breast feeding
 | Promotion through of 44 Audio Visual Van | 2 | Number of mobile audio-visual display (Thousands) | 10560 |  | 10560 |  | 10560 | 10560 |  |

**6.2.3 Medium Term Expenditure Estimates by Institutional Unit, Schemes and Projects**

(Taka in Thousands)

| Name of the Institutional Unit/Scheme/ Project | Related Activity | Actual2022-23 | Budget | Revised | Medium Term Expenditure Estimates |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |

**6.3 National Institute of Population Research and Training (NIPORT)**

**6.3.1** **Recent Achievements:** In the last three years (2019-20 to 2020-21, 2021-22) 43,077 managers, trainers, nurse, paramedic and field workers at the districts, upazilas and field levels were trained. During this period 9 curricula and training modules and materials were prepared/revised. In addition, 34 research works/surveys/evaluations were completed and published and 68 workshops/seminars/meetings and reports/data collection /publications were completed.

**6.3.2 Activities, Output Indicators and Targets**

| Activities | Output Indicator | Related Strategic Objectives | Unit | Revised Target | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1. Imparting education and training to manager, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, fieldworkers, technologists and other health related human resource
 | Basic, refreshers and other training activities | 1, 3 | Person in thousand | 16.83 |  | 17.34 |  | 18.34 | 19.84 |  |
| Curriculum and training materials | Number | 4 |  | 5 |  | 6 | 7 |  |
| 1. Conducting research and survey related to Health, Nutrition, Population and Reproductive health
 | Research/survey/ evaluation | Number | 11 |  | 12 |  | 12 | 10 |  |
| Workshops/seminars/ training of research methodology/capacity development/research brief/bibliography | 12 |  | 20 |  | 22 | 24 |  |

**6.3.3 Medium Term Expenditure Estimates by Institutional Unit, Schemes and Projects**

(Taka in Thousands)

| Name of the Institutional Unit/Scheme/ Project | Related Activity | Actual2022-23 | Budget | Revised | Medium Term Expenditure Estimates |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |

**6.4 Department of Medical education**

**6.4.1 Recent Achievements:** The number of government Institutes of Health Technology (IHT) has been increased to 23 and Government Medical Assistant Training Schools (MATS) increased to 16. Admission procedure for foreign students in the medical college has been conducted online in lieu of manual system. Information of all students in medical and dental education institutions has been started to be registered in online database.

**6.4.2 Activities, Output Indicators and Targets**

| Activities | Output Indicator | Related Strategic Objectives | Unit | Revised Target | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1. Impart Training
 | Start E-learning course on teaching methodology | 1 | Number of Batch | 08 |  | 09 |  | 10 | 11 |  |
| Training on office management and D-nothi for principal/vice principal | Number ofmedical college | 37 |  | 34 |  | 35 | 36 |  |
| Training on procurement for principal/vice principal | 37 |  | 34 |  | 35 | 36 |  |
| Training on procurement for officers and staffs | 37 |  | 34 |  | 35 | 36 |  |
| 1. Expansion of the scope and updradation of education in medical college
 | Inspection of government medical college by (QSS) tools and forward it to ministry for qualitative education in the colleges | 1 | Number ofmedical college | 10 |  | 11 |  | 12 | 13 |  |
| 1. Journal publication
 | Management for publication of PR review journal | 3 | Number of Journal | 2 |  | 2 |  | 2 | 2 |  |
| 1. Conduct research
 | Conduct research in medical universities and medical/dented colleges | 3 | Number of Resarch | 07 |  | 08 |  | 09 | 10 |  |

**6.4.3 Medium Term Expenditure Estimates by Institutional Unit, Schemes and Projects**

(Taka in Thousands)

| Name of the Institutional Unit/Scheme/ Project | Related Activity | Actual2022-23 | Budget | Revised | Medium Term Expenditure Estimates |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |

**6.5 Directorate of Nursing & Midwifery**

**6.5.1 Recent Achievements:** To address the pandemic Covid situation 5,054 senior staff nurses have been appointed in March 2020. Eight new nursing colleges have been established in Norail, Jalkhati, Rajoir, Bandarban, Pabna, Lalmonirhat, Gazipur and Kishorgonj. In the year 2019, 10% seats for nursing course have been increased due to inadequacy of nurses. Subject-based training has been provided for 5,000 in-service nurses in the four divisional nursing education centers from 2020 to 2022.

**6.5.2** **Activities, Output Indicators and Targets**

| Activities | Output Indicator | Related Strategic Objectives | Unit | Revised Target | Actual | Target | Revised Target | Medium Term Targets |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2022-23 | 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 1. Initiate Pre-delivery, Emergeny obstratics and post delivery service activities including midwifary and community-based skilled birth attendants services
 | Student of midwifary | 1 | (Number) | 1,800 |  | 1,800 |  | 1,800 | 1,800 |  |
| 1. Expansion of scope of nursing education
 | Transform nursing institutions in to nursing colleges | 1 | (Number) | 11 |  | 10 |  | 08 | 05 |  |
| Establishment of nursing colleges | 08 |  | 03 |  | 04 | 05 |  |
| 1. Impart education/training to manager, nurses, midwives, community-based skilled birth attendants.
 | Educated diploma nursing students | 1, 3 | Number(hundred) | 2,730 |  | 2,730 |  | 2,730 | 2,730 |  |
| 1. Provide training student at B.Sc. nursing course
 | Number of educated B. Sc. nurses | 1 | Number(hundred) | 1200 |  | 1200 |  | 1200 | 1200 |  |

**6.5.3 Medium Term Expenditure Estimates by Institutional Unit, Schemes and Projects**

(Taka in Thousands)

| Name of the Institutional Unit/Scheme/ Project | Related Activity | Actual2022-23 | Budget | Revised | Medium Term Expenditure Estimates |
| --- | --- | --- | --- | --- | --- |
| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |