**Grant No. 59**

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

**Medium Term Expenditure**

(Taka in Thousands)

|  |  |  |
| --- | --- | --- |
| **Description** | **Budget****2021-22** | **Projection** |
| **2022-23** | **2023-24** |
| 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 the scope of medical education;
* Adopting effective measure to improve quality education in traditional medicines including Homeopathy, Ayurvedic and Unani
* Imparting education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, field workers, technologists and other health related human resources.
 | * Secretariat
* Directorate of Family Planning
* NIPORT
 |
| 1. Expansion of family planning services and reproductive health services
 | * Expansion of family planning services at the doorstep of the recipients by family planning field workers
* Conducting programmes to motivate couples of reproductive age to adopt permanent or longer or short-term contraception methods
* Strengthening family planning activities in areas with a low rate of adopting contraception
* Conducting appropriate awareness building programmes on reproductive health for adolescents and youths.
* Expansion of services related to ante- natal, natal and post-natal care and continue the service of midwifery and community-based skilled birth attendants
 | * Directorate of Family Planning
 |
| 1. Strengthening mother and child care services
 | * Conducting Community Clinic based primary health, nutrition and population programme for rural people
 | * Secretariat
 |
| * Expansion of health services in autonomous and private sector using Government grants through Public-Private Partnership
 |
| * 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
* Encouraging breast feeding and create awareness of its benefits.
 | * Directorate 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
* Directorate 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 Expansion of family planning services and improved reproductive health**

**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 Strengthening mother and child care services**

**Impact on poverty reduction:** As a result of extended immunization programme, integrated management of child illness and MCH programme run by Child and Maternal Care Center, child mortality rate has fallen. Due to the MCH programme of the Maternal Welfare Centre maternal health has improved and maternal mortality rate has dropped. Being motivated to adopt birth control methods due to expansion of family planning programme, men and women have become encouraged to keep family sizes small. This has brought down family expenditure and improved financial solvency which is playing role in alleviation of poverty. Besides, through mainstreaming “national nutrition services” country-wide nutrition services have been provided. To further strengthen and to economize the national nutrition services, the institutions under the Directorate of Health and Directorate of Family Planning have been involved in providing services. This will enable to provide nutritious food to more children and pregnant mothers. As a result, poor people, whether man or woman, will come under the scope of nutrition services and a productive population will emerge. It would be possible to build a healthy and active population, irrespective of gender, by creating awareness about food adulteration and determining food standard. As a consequence, the excessive health care expenditure of the poor people will be under control and good health condition will ensure more income which will ultimately influence on poverty alleviation.

**Impact on Women’s Advancement:** Improvement and expansion of the maternal and child health services are widening the scope for women to access safe childbirth and nutrition. The provision of family planning services, expansion of child and mother care center, provision of necessary medicine, door-to-door visit by the fieldworkers and the provision of useful reproductive health services on demand have played helpful role in improving maternal and adolescent health. Awareness activities on reproductive health issues would reduce adolescent and maternity mortality risk. Increased awareness will protect adolescent and women health. Women, especially poor women, will be ae aware about conceiving on right time and safe motherhood would be ensured. Health and active girls and women will get involved in economic activities at a higher rate.

**3.1.4 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** | **Budget****2021-21** | **Projection** |
| **2022-23** | **2023-24** |
| 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 family planning services and improved reproductive health services
* Strengthening mother and child care 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.  | * Expansion of family planning services and improved reproductive health services
* Strengthening mother and child care 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 family planning services and improved reproductive health services
* Strengthening mother and child care 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 quality health education
* Expansion of the scope of research and training
 |

**4.2 Medium Term Expenditure Estimates and Projection (2021-22 to 2023-24)**

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

(Taka in Thousands)

| **Description** | **Budget** | **Revised** | **Budget****2021-22** | **Projection** |
| --- | --- | --- | --- | --- |
| **2020-21** | **2022-23** | **2023-24** |
|  |  |  |  |  |  |

**4.2.2 Expenditure by Economic Group Wise**

(Taka in Thousands)

| **Economic****Group** | **Description** | **Budget** | **Revised** | **Budget****2021-22** | **Projection** |
| --- | --- | --- | --- | --- | --- |
| **2020-21** | **2022-23** | **2023-24** |
|  |  |  |  |  |  |  |

**5.0 Key Performance Indicator (KPIs)**

| **Indicator** | **Related Strategic Objectives** | **Unit** | **Revised****Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Infant Mortality Rate (under five)
 | 2,3 | Per thousand live births | 31 |  | 30.8 |  | 30.7 | 30.5 |  |
| 1. Maternal Mortality Rate
 | 2,3 | Per thousand live births | 1.72 |  | 1.65 |  | 1.55 | 1.05 |  |
| 1. Delivery rate by Trained Birth Attendant
 | 3,4 | Per hundred | 73 |  | 74 |  | 75 | 76 |  |
| 1. Total Fertility Rate (TFR)
 |  1,2,3 | Per women | 2.05 |  | 2.03 |  | 2.01 | 2.0 |  |
| 1. Child Malnutrition (under five)
 | 3 | Per hundred | 32.8 |  | 31 |  | 28 | 25 |  |
| 1. Expansion of the coverage of the Expanded Programme of Immunisation (EPI)
 | 3 | % of targeted population | 87 |  | 90 |  | 93 | 95 |  |

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:** To establish Chattagram, Rajsahi and Sylhet Medical University, Chattagram Medical University Act -2016, Rajsahi Medical University Act -2016 and Sylhet Medical University-Act 2018 have been enacted. Government medical colleges have been established in Hobigonj in 2017 and in Sunamgonj, Chandpur, Magura, Nilfamari and Netrokona in 2018. Application and results of MBBS/BDS have been published in mobile phone and in web portal. To make Bangabandhu Sheikh Mujib Medical University a center of excellence, necessary infrastructural facilities, BSMMU Institute for Pediatric Neuro-disorder and Autism, and National Center for Cervical and Breast Cancer Screening and Training have been built. Under the Nursing and Midwifery directorate, four nursing colleges, 183 staff, 14,694 nurses and 1,148 midwives have been appointed.Under the Directorate of Health, one Medical Assistant Training School and 3 Institute of Health technology have been established, and staff of different levels have been provided training on different subjects.

**6.1.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **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 | 3 | Number | 13861 |  | 14,890 |  | 15,000 | 15,000 |  |
| Beneficiary | Number(in Crore) | 11.25 |  | 11.35 |  | 11.50 | 11.60 |  |
| 1. Expansion of the scope of quality health education
 |  Established Medical universities | 1 | Number of medical universities | 4 |  | 5 |  | 6 | 7 |  |
| 1. Expansion of health services in the private sector using Government grants through Public-Private Partnership (\*)
 | Government grants | 3 | Number | 15 |  | 21 |  | 22 | 23 |  |
| 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** | **Actual****2019-20** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |

**6.2 Directorate of Family Planning**

**6.2.1 Recent Achievements:**  To keep the growth rate of population within a tolerable limit is the purpose of this directorate. According to the commitment of the current government, door-to-door visits and community clinics have been used in providing service to the people. From 2015-2016 to 2017-2018 fiscal year, 28.78 crore tables, 39.15 pieces of condom, 3.7 crores vial injections, 6.66 lacs IEED and 11.55 lacs implants have been distributed to man and woman of reproductive age. On the other hand, 1.79 lac men and 2.79 women, i.e., a total of 4.58 lac people have been brought under permanent family planning scheme. Under the institutional delivery services project, 2,67, 837 normal and 17,494 caesarian operations have been performed. In addition, 3,149 third class employees have been appointed.

**6.2.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| 1. Expansion of the coverage of the Expanded Programme of Immunisation (EPI)\*
 | Rate of Immunized Children | 3 | % | 90 |  | 92 |  | 93 | 94 |  |
| 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 | 50 |  | 50 |  | 50 | 55 |  |
|  |  |  |  |  |  |  |  |  |
| 1. Distribution of vitamin-A capsules and de-worming drugs among children and iron tablets to pregnant women \*
 | Vitamin A capsules to children under 5 years | 3 | Number in Lakh | 195 |  | 198 |  | 200 | 205 |  |
| Anti-helminthes to children | 155 |  | 158 |  | 161 | 164 |  |
| 1. Encouraging breast feeding and creating awareness of its benefits\*
 | Children under 6 months who are exclusively breastfed | 3 | % | 57 |  | 60 |  | 61 | 61 |  |
| 1. Expansion of family planning services at the doorstep of the recipients by family planning field workers
 | Oral pill-cycle | 2 | Number (Million Cycle) | 110 |  | 110 |  | 110 | 110 |  |
| Condom-piece | Number (Million Piece) | 84 |  | 175 |  | 175 | 175 |  |
| Injection-Vial | Number (Million) | 12.5 |  | 13 |  | 13 | 13 |  |
| Implant-set | Number in Lakh | 9.9 |  | 5.5 |  | 5.00 | 5.00 |  |
| IUD | 3.00 |  | 3.00 |  | 3.00 | 5.50 |  |
| 1. Conducting a programme to motivate couples of reproductive age to adopt permanent or long or short-term contraception methods
 | Workshop | 2 | Number | 125 |  | 130 |  | 130 | 130 |  |
| 1. Strengthening family planning activities in areas with a low rate of adopting contraception
 | Workshop | 2 | Number | 120 |  | 120 |  | 120 | 120 |  |
| 1. Conducting appropriate awareness building programmes on reproductive health for adolescents and youths
 | Tanning and education on related subjects  | 2 | Number  | 170 |  | 170 |  | 170 | 170 |  |
| 1. Expansion of activity providing supplementary foods to pregnant women, nursing mothers and children (\*)
 | Coverage area for distribution of supplementary food | 3 |  % | 90 |  | 90 |  | 91 | 91 |  |
| 1. Imparting education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants , paramedics, fieldworkers ,technologists and other health related human resources
 | Workshop | 1,4 | Number | 200 |  | 180 |  | 190 | 200 |  |

\* National target has been shown. The contribution of the division/ directorate has not been estimated separately.

N.B: Family Planning Directorate plays active role in the implementation of activities stated in serial 7,8,9 and 10.

**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** | **Actual****2019-20** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **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, 56,608 managers, trainers, nurse, paramedic and field workers have been trained. During this period 9 curricula and training modules and materials were prepared/revised. In addition, 23 research works/ surveys/evaluations were completed and published and 53 workshops/seminars/meetings and reports /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** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **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 | 4 | Person in thousand | 22.00 |  | 22.00 |  | 23.00 | 24.00 |  |
| Curriculum and training materials | Number | 6 |  | 6 |  | 6 | 6 |  |
| 1. Conducting research and survey related to Health, Nutrition, Population and Reproductive health
 | Research/survey/evaluation | Number | 12 |  | 13 |  | 12 | 10 |  |
| Workshops/seminars/ training of research methodology/capacity development/research brief/bibliography | 30 |  | 30 |  | 30 | 26 |  |

**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** | **Actual****2019-20** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2020-21** | **2021-22** | **2022-23** | **2023-24** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |