**Grant No. 24**

**127- Health Services Division**

**Medium Term Expenditure**

(Taka in Thousands)

|  |  |  |
| --- | --- | --- |
| **Description** | **Budget****2020-21** | **Projection** |
| **2021-22** | **2022-23** |
| Operating Expenditure |  |  |  |
| Development Expenditure |  |  |  |
| **Total** |  |  |  |
|  |
| Recurrent |  |  |  |
| Capital |  |  |  |
| Financial Asset |  |  |  |
| Liability |  |  |  |
| **Total** |  |  |  |

**1.0 Mission Statement and Major Functions**

**1.1 Mission Statement**

Ensure affordable and quality health care services for all by improving the health, population and nutrition sectors and building a healthy, strong and effective workforce.

**1.2 Major Functions**

* + 1. Formulation and implementation of time-bound policy regarding health related matters;
		2. Formulation and implementation of policy regarding management of nursing care;
		3. Providing health and nutrition services and expansion of services as per need of the people;
		4. Improving of public health including health and medical facilities;
		5. Production and distribution of quality medicine and maintenance of standard for importable and exportable drugs;
		6. Construction, maintenance and expansion of health facilities;
		7. Implementation of programmes of child health care and maternal care, EPI and nutrition improvement activities; and
		8. Control of communicable and non-communicable and newly emerging diseases.

**2.0 Medium Term Strategic Objectives and Activities**

| **Medium Term Strategic Objectives** | **Activities** | **Implementing Departments/Agencies** |
| --- | --- | --- |
| **1** | **2** | **3** |
| 1. Ensuring improved health care for mother and child
 | * Expansion of coverage of the Expanded Programme on Immunization (EPI)
 | * Directorate General of Health Services
 |
| * Continuation of Maternal Health Voucher Scheme (DSF) and expansion of its coverage
 |
| * 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 General of Health Services
* Directorate General of Nursing and Midwifery
 |
| * Expansion of the coverage of Integrated Management of Childhood Illness (IMCI) and continue the School Health Services programme
 | * Directorate General of Health Services
 |
| * Distribution of vitamin-A capsules and de-worming tablet among children and iron tablets to pregnant women
* Encourage breast feeding and create awareness of its benefits
 |
| 1. Improving quality health care services for all
 | * Conduct Community Clinic based primary health, nutrition and population programme for rural population
 | * Secretariat
 |
| * Implement the Essential Service Delivery (ESD) activities
 | * Directorate General of Health Services
 |
| * Expansion of health facilities
 | * Secretariat
* Health Engineering Department
 |
| * Expansion of nursing services
 | * Directorate General of Nursing and Midwifery
 |
| * Expansion of alternative medical care in Government health institutions
 | * Directorate General of Health Services
 |
| * Expansion of existing health care services for senior citizens
 | * Directorate General of Health Services
 |
| * Expansion of health services in autonomous and private sector using Government grants through Public-Private Partnership
 | * Secretariat
 |
| * Improvement of health care services through NGOs for the poor and vulnerable population including those residing in remote and inaccessible areas
 | * Directorate General of Health Services
 |
| * Inclusion of health education in school curriculum
 |
| * Create mass awareness about existing and probable new diseases by introducing information campaigns and operating community mobilization programme
 |
| 1. Ensuring quality specialized health care services
 | * Creating an effective network of referral system including setting up of ICU and Cardiac Units to provide specialized services in district hospitals, medical college hospitals and specialized hospitals
* Provide training for specialized health care services
* Provide emergency medical treatment to accident victims at trauma centres
 | * Directorate General of Health Services
 |
| 1. Controlling communicable, non-communicable diseases and new diseases, arising out of climate change
 | * Implementing the national AIDS/STD programme and strengthening targeted interventions among the HIV/AIDS high risk population
* Implementation of control programmes for Arsenic, Leprosy, TB, *Kalazar*, Malaria, Fileria and Dengue related diseases and provide services to affected people
* Initiate programme and formulate strategies to prevent new diseases , arising out of climate change
 | * Directorate General of Health Services
 |
| * Formulate and implement a strategy to reduce the number of smokers and tobacco users
 | * Secretariat
* Directorate General of Health Services
 |
| 1. Increasing food safety with nutritional standards
 | * Implementation of the community nutrition programme
 | * Directorate General of Health Services
 |
| * Expansion of activity providing supplementary foods to pregnant women, lactating mothers and children
 |
| * Formulate and implement strategy to ensure food safety and to determine food standards
* Conduct nutrition awareness programmes with the help of media and NGOs
 |
| 1. Establishment of improved and efficient pharmaceutical sector
 | * Initiate programmes to ensure availability of essential drugs at competitive prices
* Initiate programmes to enhance efficiency in the drug sector to ensure the production, import-export, preservation, distribution and marketing of quality drugs
* Ensure quality in traditional medicine including Homeopathy, *Ayurvedic* and *Unani*
 | * Directorate General of Drug Administration
 |
| 1. Development of efficient human resources in health, population and nutrition sector
 | * Impart education and training to managers, doctors, nurses, midwives, community-based skilled birth attendants , paramedics, fieldworkers, technologists and other health related human resources
 | * Directorate General of Health Services
* Directorate General of Nursing and Midwifery
 |
| * Ensure quality education in traditional medicines including Homeopathy, *Ayurvedic* and *Unani* and effective measures to improve herbal medicines
 | * Directorate General of Health Services
 |

**3.0 Poverty, Gender and Climate Change Reporting**

**3.1 Impact of Medium Term Strategic Objectives on Poverty Reduction, Women's Advancement and Climate Change**

**3.1.1 Ensuring improved health care for mother and child**

**Impact on Poverty Reduction:** Infant mortality rate (IMR) has been reduced through intervention like EPI, IMCI and Mother and Child Health (MCH) programmes of the Maternal and Child Welfare Centres. Improvements in maternal health along with reduced maternal mortality rate have taken place due to the activities of the MCH. In addition, at present, poor, vulnerable and pregnant women with complications have been supported by maternal health voucher scheme, which are being run in 55 upazilas. The Maternal Health Voucher Scheme will be further extended to 20 *Upazilas* to ensure the necessary health care for poor pregnant women. These activities will improve the health of mother and child, create effective manpower and thus will have an impact on poverty reduction.

**Impact on Women’s Advancement:** Maternal health services and the Maternal Health Voucher Scheme is contributing to the improvement in women’s health and nutrition status, especially for pregnant women and lactating mothers.

**Impact on Climate Change Adaptation and Mitigation:** The ultra-poor often faces the negative impacts of climate change. To ensure better healthcare for children and pregnant women, voucher schemes has been introduced. As a result, good health of children as well as safe motherhood will ensure human resources development those are capable of adapting to climate change.

**3.1.2 Improving quality of health care services for all**

**Impact on poverty reduction:** Steps taken to improve primary health care services, nutrition and population control for rural areas through the general health care services of community clinics is contributing to the health of poor and vulnerable population of the country irrespective of religion, color and gender. Providing health care services to senior citizens will improve social safety of the aged and poor people. Inclusion of health related study in school curriculum and health education programmes are increasing awareness on health issues among the ultra-poor male and female population. This will ensure them a healthy and productive life. These people can contribute to the economic well being of the country.

**Impact on Women’s Advancement:** Improvement and expansion of the General Health Services are widening the scope for rural women to access primary health care, nutrition and family planning related services. Preference given to aged women in accessing health related services and initiatives to improve the health situation of aged women, would contribute to their social security. Awareness will improve the health condition of women. As a result healthy women will be able to earn more and will enjoy better social status.

**Impact on Climate Change Adaptation and Mitigation:** Through the community clinics and Upazila health complexes, primary healthcare for the poor is being ensured. As a result, the capacity of the poor to deal with climate change is increasing.

**3.1.3 Ensuring quality specialized health care services**

**Impact on Poverty reduction:** The construction and expansion of specialized hospitals are widening the scope of specialized health care services which will further enhance access to health services and improve the health status of the poor.

**Impact on Women’s Advancement:** Expansion of a variety of specialized health care services will further enhance the opportunities for women to access health care.

**Impact on Climate Change Adaptation and Mitigation:** In the specialized hospitals, at least 30% of the patients are poor. The capacity of these poor people to cope with climate change is being increased through the healthcare they are receiving at these specialized hospitals.

**3.1.4 Controlling communicable, non-communicable diseases and new diseases, which arise from climate change**

**Impact on Poverty reduction:** Poorer communities are being brought within the coverage of the control of communicable and other diseases by the implementation of a national AIDS/STD programme, through necessary medical treatments for Leprosy, TB, *Kalazar*, Malaria and Dengue fever, through the supply of drugs and awareness campaigns. As a result, access to health care and the improvement of health will be increased for the poor. In addition, sex-workers will also be brought under coverage of the health care programme which will reduce health risks.

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

**Impact on Climate Change Adaptation and Mitigation:** Over the last decade, mosquito borne diseases such as dengue, chikungunya etc. spread in Bangladesh. According to experts, vector borne diseases are increasing due to climate change and relevant plans and policies are being adopted.

**3.1.5 Increasing food safety with nutritional standards**

**Impact on Poverty reduction:** Nation-wide nutrition service is being provided through the National Nutrition service (NNS).Directorate General of Health taking measures to strengthen the nutrition service and making it cost effective. 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, color or gender. Increasing public awareness as to food quality as well as adulteration of food will contribute to build healthy and strong population. Reduced health expenditure and more earning will be ensured due to their well health and as such it will effect on poverty reduction.

**Impact on Women’s Advancement:** Women are being better protected from malnutrition through the nutrition programme, which will ensure greater participation of them in economic activities. As a result, their work efficiency and income will increase. Health of the women will be protected due to taking of safety and standard foods. Healthy and workable women will more involve in economic activities. Work efficiency, income, social dignity and prestige will increase. More women and female child will be benefited from this activities.

**Impact on Climate Change Adaptation and Mitigation:** No direct impact.

**3.1.6 Establishment of improved and efficient pharmaceutical sector**

**Impact on poverty reduction**: Procurement of raw materials and standard pharmaceutical equipment, training of human resources (male and female) and implementation of a national drug policy will enhance the quality and supply of essential drugs at affordable prices through price rationalization. This will benefit both men and women and will help cost minimization.

**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 improve women's health and reduce health related risks.

**Impact on Climate Change Adaptation and Mitigation:** No direct impact.

**3.1.7 Development of efficient human resources in the health, population and nutrition sector**

**Impact on Poverty Reduction:** Well trained and skilled health workers will strengthen the quality of medical services, especially to the poor. Though this service is not designed to serve the poor only, however all people of the country will be benefitted from this service.

**Impact on Women’s Advancement:** Improved quality of health services through trained manpower will enable effective medical care for women. As a result women's suffering will be less and will get quick service.

**Impact on Climate Change Adaptation and Mitigation:** Through the development of trained and skilled health workers at the grassroots level, quality healthcare will be ensured which will help develop a climate resilient nation.

**3.2 Poverty Reduction, Women’s Advancement and Climate Change Related Spending**

(Taka in Thousand)

|  |  |  |
| --- | --- | --- |
| **Description** | **Budget****2020-21** | **Projection** |
| **2021-22** | **2022-23** |
| Poverty Reduction |  |  |  |
| Gender |  |  |  |
| Climate Change |  |  |  |

**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, 13783 community clinics have been launched so far. This has therefore been given the highest priority. | * Ensuring improved health care for mother and child
* Improving quality health care services for all
* Increasing food safety with nutritional standards
 |
| **2. Hospital-based Health Care Services:**Further expansion of infrastructure and appointment of required personnel in hospitals at District and Upazila levels will be made and by doing so opportunities to access medical care services will be ensured for all strata of people. Better treatments will be provided through the development of a referral system. General people will get the opportunity of improved of health services as a result of taking above mentioned activity. This is, therefore, considered as a priority. | * Ensuring improved health care for mother and child
* Improving quality health care services for all
* Controlling of communicable, non-communicable diseases and new diseases, which arise from climate change
 |
| **3. Specialized Health Care Services:** Specialized health care services against complex and acute diseases, provided in modern heath care facilities, will be expanded further for the benefit of the general public through a general and referral system. As a result, people will receive specialized medical services similar to those available in developed countries at reasonable costs. By doing this, people will be relieved from physical and mental anguish and financial losses and the country will be able to save its hard-earned foreign currencies. In order to expand specialized medical services to the people, this area has been given a priority.  | * Ensuring quality specialized health care services
 |
| **4. Enhancement of the production and export of quality medicine:**The Drug Policy, 2016 has been promulgated to produce drugs of international standards, to supply essential drugs to the people at a reasonable cost and to increase exports. Achieving self- sufficiency in this sector and to increase export of drugs are the main targets of the Government. Therefore this area is considered as priority. | * Establishment of improved and efficient pharmaceutical sector
 |

**4.2 Medium Term Expenditure Estimates and Projection (2020-21 to 2022-23)**

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

(Taka in Thousands)

| **Description** | **Budget** | **Revised** | **Budget****2020-21** | **Projection** |
| --- | --- | --- | --- | --- |
| **2019-20** | **2021-22** | **2022-23** |
|  |  |  |  |  |  |

**4.2.2 Expenditure by Economic Group Wise**

(Taka in Thousands)

| **Economic****Group** | **Description** | **Budget** | **Revised** | **Budget****2020-21** | **Projection** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2021-22** | **2022-23** |
|  |  |  |  |  |  |  |

**5.0 Key Performance Indicator (KPIs)**

| **Indicator** | **Related Strategic Objectives** | **Unit** | **Revised****Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| 1. Infant Mortality Rate (under five)
 | 1,5 | Per thousand live births | 31 |  | 30.8 |  | 30.7 | 30.5 |  |
| 1. Maternal Mortality Rate
 | 1,2,5 | Per thousand live births | 1.72 |  | 1.65 |  | 1.55 | 1.05 |  |
| 1. Delivery rate by Trained Birth Attendant
 | 1 | Per hundred | 73 |  | 74 |  | 75 | 76 |  |
| 1. Total Fertility Rate (TFR)
 | 2 | Per women | 2.05 |  | 2.03 |  | 2.01 | 2.0 |  |
| 1. Child Malnutrition (under five)
 | 5 | Per hundred | 32.8 |  | 31 |  | 28 | 25 |  |
| 1. Expansion of the coverage of the Expanded Programme on Immunisation (EPI)
 | 1 | % 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:** The Human Organ Transplant (Amendment) Act, 2018; The Mental Health Act, 2018; The Community Clinic Health Services Act, 2018; The Communicable Diseases Prevention, Control and Eradication Act, 2018: The Human Organ Transplant (Amendment) Rules, 2018; The Community Vision Centre Trust Fund Operation Guidelines, 2018 have been promulgated. Shashthay Shuroksha Karmashuchi (SSK) has been introduced to give free treatment to the people living below poverty line. At present SSK is being implemented in 3 upazilas of Tangail district and so far 81,220 families have been registered. Till date 36,560 SSK card holders received outdoor services from health facilities and 6,176 SSK card holders received indoor services. Besides, 679 people has been refereed to District Sadar Hospital Tangail for better treatment.

**6.1.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **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 | 13,861 |  | 14,890 |  | 15,000 | 15,000 |  |
| Beneficiary | Number(in Crore) | 11.25 |  | 11.35 |  | 11.50 | 11.60 |  |
| 1. Expansion of health facilities
 | Constructed health facilities | 2 | Number | 70 |  | 70 |  | 70 | 70 |  |
| 1. Expansion of health services in the private sector using Government grants through Public-Private Partnership(\*)
 | Government grants | 2 | Number | 46 |  | 53 |  | 55 | 58 |  |
| 1. Formulate and implement a strategy to reduce the number of smokers and tobacco users
 | Manpower training | 4 | Number | 500 |  | 500 |  | 500 | 500 |  |
| Research activities | 1 |  | 1 |  | 1 | 1 |  |

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

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

(Taka in Thousands)

| **Name of the Institutional Unit/Scheme/ Project** | **Related Activity** | **Actual****2018-19** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |

**6.2 Directorate of Health**

**6.2.1 Recent achievements:** To provide healthcare services to the doorsteps of rural poor and marginal people 13,783 community clinics have been functioning among the target of 14,890 Community Clinics; 30 types of medicines is given from Community Clinics amounting 180 crore taka annually. To strengthen the activities of CC The Community Clinics Health Services Act has been in operation. 3 vaccines have been added in the existing 7 vaccines of EPI. Full vaccination rate under 1 year children is 82.3%. Under 5 mortality rate is now 46 per 1,000 live births. DSF e-post has been introduced in 53 Upazilas to reduce maternal mortality. Vitamin A capsule intake rate is 98.8%, which was 88% in 2007, as a result night blindness dropped to 0.04%. Health Window (Shashthay Batayan 24/7) has been opened using information technology bearing no 16263. The number of beds in the old 8 Medical College Hospitals has been increased to 1,000 or above. The other Medical College Hospitals have been upgraded to 500 beds gradually. 28 District Hospitals of the country have been upgraded to 250 beds. To control the non-communicable diseases the Multi-Sectoral Action Plan 2018-19 has been adopted. 15 Child Development Centres have been established to treat Autism, Neuro-Developmental Disorders, Epilepsy and other diseases.

**6.2.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| 1. Expansion of the coverage of the Expanded Programme on Immunisation (EPI)\*
 | Rate of Immunized Children | 1 | % | 86 |  | 89 |  | 92 | 95 |  |
| 1. Continue Maternal Health Voucher Scheme (DSF) and expansion of its coverage
 | No of upazilas under maternal voucher scheme  | 1 | Number | 57 |  | 59 |  | 61 | 63 |  |
| Beneficiary | Person in lakh | 1.38 |  | 1.40 |  | 1.42 | 1.44 |  |
| 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 received health care services | 1 | Person in lakh | 28.00 |  | 28.25 |  | 28.50 | 28.75 |  |
| Women received postpartum care | 7.50 |  | 7.60 |  | 7.70 | 7.80 |  |
| 1. Expansion of the coverage of Integrated Management of Childhood Illness (IMCI) and Continue the School Health Services programme
 | Neonatal mortality rate | 1 | Per thousand live births | 22 |  | 21 |  | 20 | 19 |  |
| 1. Distribution of vitamin-A capsules and de-worming drugs to children and iron tablets to pregnant women\*
 | Vitamin A capsules to children under 5 years | 1 | Number in lakh | 205 |  | 209 |  | 210 | 210 |  |
| Anti-helminthes to children | 158 |  | 160 |  | 163 | 163 |  |
| 1. Encourage breast feeding and create awareness of its benefits\*
 | Children under 6 months who are exclusively breastfed | 1 | % | 65 |  | 60 |  | 65 | 65 |  |
| 1. Implementing the Essential Service Delivery (ESD) activities
 | Health facilities with effective  waste management  | 2 | Number | 60 |  | 60 |  | 74 | 100 |  |
| 1. Expansion of alternative medical care in Government health institutions
 | Health facilities with capacity to deliveralternative medical care | 2 | Number | 432 |  | 482 |  | 510 | 530 |  |
| 1. Expansion of health care services available for senior citizens
 | Health facilities providing organizations | 2 | Number | 116 |  | 200 |  | 200 | 200 |  |
| 1. Improvement of health care services through NGOs, for the poor and vulnerable population including those residing in remote and inaccessible areas
 | Inaccessible areas under NGO activities | 2 | Number | 100 |  | 200 |  | 200 | 200 |  |
| 1. Inclusion of health education in school curriculum
 | Primary school teachers received training in health services | 2 | Number | 2550 |  | 2600 |  | 2650 | 2700 |  |
| Secondary school teachers received training in health services | 2100 |  | 2150 |  | 2200 | 2250 |  |
| 1. Create mass awareness about existing and probable new diseases by introducing information campaigns and operating community mobilization programme
 | Campaign  | 2 | Number | 125 |  | 100 |  | 100 | 100 |  |
| Community Mobilisation | 95 |  | 95 |  | 95 | 95 |  |
| 1. Creating an effective network to establish referral system including setting up of ICUs and Cardiac Units to provide specialised services in district hospitals, medical colleges and specialized hospitals
 | District hospital under the piloting of structural referral system  | 3 | Number | 18 |  | 30 |  | 40 | 64 |  |
| 1. Provide training for specialized health care services
 | Trained specialist surgeon | 3 | Number | 245 |  | 245 |  | 245 | 245 |  |
| 1. Provide emergency medical treatment to accident victims at a variety of trauma centres
 | Trauma management center | 3 | Number | 10 |  | 100 |  | 190 | 190 |  |
| 1. Implementing the national AIDS/STD programme and strengthening targeted interventions among the HIV/AIDS high risk population
 | High risk population under AIDS/HIV control programme | 4 | Personin thousand | 60.06 |  | 60.06 |  | 70 | 70 |  |
| 1. Implementation of Arsenic, Leprosy, TB, *Kalazar*, Malaria, Fileria and Dengue related diseases and provide services to affected people
 | Identification rate of suspected tuberculosis patients | 4 | Number in lakh | 2.45 |  | 2.57 |  | 2.70 | 2.82 |  |
| Cure rate of tuberculosis disease | % | 95.37 |  | 95.40 |  | 95.45 | 95.50 |  |
| 1. Initiate programme and formulate a strategy to prevent new diseases which arise from climate change
 | Training on infectious diseases derived from climate change  | 4 | Number of batches | 21 |  | 30 |  | 35 | 40 |  |
| 1. Formulate and implement a strategy to reduce the number of smokers and tobacco users
 | Training and workshop on prevention of Tobacco use  | 4 | Number of batches | 82 |  | 95 |  | 100 | 100 |  |
| 1. Implementation of community nutrition programme
 | Coverage of community participation in nutrition program | 5 | Number of upazilas of target group | 125 |  | 150 |  | 120 | 125 |  |
| 1. Expansion of activity providing supplementary foods to pregnant women, nursing mothers and children\*
 | Coverage area for distribution of supplementary food | 5 | % | 32 |  | 40 |  | 44 | 48 |  |
| 1. Formulate and implement a strategy to ensure food safety and to determine food standards
 | Awareness building | 5 | % | 75 |  | 85 |  | 80 | 75 |  |
| 1. Conduct nutrition awareness programme with the mass media and NGOs
 | Coverage of Campaign activities | 5 | % | 90 |  | 100 |  | 100 | 100 |  |
| 1. Impart education and training to manager, doctors, nurses, midwives, community-based skilled birth attendants , paramedics, fieldworkers, technologists and other health related human resource
 | Total trained health workers(local) | 7 | Number of batches | 1608 |  | 1608 |  | 1608 | 1608 |  |
| Total trained health workers (foreign) | Number | 570 |  | 570 |  | 570 | 570 |  |
| Orientation on health education | Number of batches | 1608 |  | 1608 |  | 1608 | 1608 |  |
| 25. Ensure quality education in traditional medicines including Homeopathy, *Ayurvedic* and *Unani* and effective measures to improve herbal medicines | Curriculum of alternative medicine improved | 7 | % | 98 |  | 100 |  | 100 | 100 |  |

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

**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****2018-19** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |

**6.3 Directorate of Health Engineering (DHE)**

**6.3.1 Recent achievements:** In 2015-16, 2016-17, 2107-18 fiscal year 7 Nursing Colleges, 5 Institute of Health Technologies, 5 Medical Assistants Training Schools, 1 Health Bhaban, 7 Family Planning Offices, 3 Civil Surgeon’s Offices, 1 Family Welfare Visitor’s Training Institutes, 5 nos 50 bedded Hospitals, 2 nos 31 bedded UHC, 2 nos 20 bedded hospitals, 2 Civil Surgeon's Office and 1 no 20 bedded Mother and Children Welfare Centre, 1 ladies hostel in Dhaka Dental College, 61 nos 10 bedded Mother and Children Welfare Centre have been built. 3 nos 50 bedded hospitals upgraded to 100 beds, 1 no 20 bedded hospitals upgraded to 50 beds and 30 nos 31 bedded hospitals upgraded to 50 beds. In last 3 years 26 Union Health and Family Welfare Centres, 6 EPI stores, 8 EPI stores have been renovated and 2,763 Community Clinics have been built. Besides these Sheikh Sayera Khatun Medical College Hospital and Satkhira Medical College Hospital are being build by Health Engineering Department.

**6.3.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| 1. Expansion of health facilities
 | Constructed union, upazila and district level hospitals/ health center | 2 | Number | 95 |  | 100 |  | 300 | 300 |  |
| Constructed other health facilities | 8 |  | 9 |  | 11 | 11 |  |

**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****2018-19** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |

**6.4 Directorate of Drug Administration**

**6.4.1** **Recent Achievements:** The National Drug Policy, 2106 has been promulgated. Essential Drug List has been updated according to the Model List of WHO. An Inspection Check List has been published and supplied according to the GMP Guidelines of WHO. Posters, ADR forms, Code of Pharmaceutical Marketing have been re-printed and distributed to create awareness on rational use of drugs. Medical Device Registration Guideline and Critical Trials Guideline, Biosimilar Registration Guideline, 2018; and Animal Vaccine Registration Guideline, 2109 have been prepared and distributed. Bangladesh National Formulary (BDNF) 4th edition has been printed and distributed to doctors and concerned. Training on GMP has been imparted to pharmacists and chemists working in the drug industry. The Drug Testing Laboratory at Mohakhali, Dhaka has been reconstituted to Drug Wing and Vaccine Wing. The drug laboratory has been upgraded at international standard and it has been declared as National Control Laboratory (NCL). The NCL has got American National Accreditation Board (ANAB) certificate AT-2627 and Bangladesh Accreditation Board certificate 01.045.17. Model Pharmacies and Model Medicines Shops have been established in the country to provide high class service and control of fake drugs. So far 243 Model Pharmacies in 24 districts and 233 Model Medicines Shops have been inaugurated.

**6.4.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| 1. Initiate a programme to ensure availability of essential drugs at competitive prices
 | Inspection of production and sales unit of drug industries | 6 | Number in thousand | 80 |  | 90 |  | 110 | 120 |  |
| 1. Initiate programme to enhance efficiency in the drug sector and to ensure production, import-export, preservation, distribution and marketing of quality drugs
 | Issuing production license | 40 |  | 42 |  | 45 | 48 |  |
| Issuing and renewal of retail license | 55.00 |  | 60.00 |  | 70.00 | 80.00 |  |
| Sample collection for examination | 7.00 |  | 7.50 |  | 8.00 | 8.50 |  |
| 1. Ensure quality of traditional medicine including Homeopathy, *Ayurvedic* and *Unani*
 | New product registration | 4.00 |  | 4.50 |  | 5.00 | 5.50 |  |

**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** | **Actual****2018-19** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |

**6.5 Directorate of Nursing and Midwifery**

**6.5.1** **Recent Achievements:** The rank of the Diploma Nurse has been upgraded from 3rd class to 2nd class and the rank of the Nursing Supervisor has been upgraded from 3rd class to 2nd class to develop the quality of nursing profession. District Public Health Nurse and Nursing Superintendent have been upgraded to 1st class. In 2018 5,098 senior staff nurses have been recruited through Bangladesh Public Service Commission. 1,200 midwives have been recruited to attain target of SDG and declaration of Hon’able Prime Minister to bring child and maternal death during delivery into zero.

**6.5.2 Activities, Output Indicators and Targets**

| **Activities** | **Output Indicator** | **Related Strategic Objectives** | **Unit** | **Revised Target** | **Actual** | **Target** | **Revised Target** | **Medium Term Targets** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018-19** | **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **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
 | Midwifery students | 1 | Number | 975 |  | 975 |  | 975 | 975 |  |
| 1. Expansion of nursing services
 | Nursing institute upgraded as nursing college | 2 | Number | 04 |  | 05 |  | 06 | 07 |  |
| Establishment of Nursing Institute | 03 |  | 04 |  | 05 | 06 |  |
| 1. Impart education and training to manager, doctors, nurses, midwives, community-based skilled birth attendants, paramedics, fieldworkers, technologists and other health related human resource
 | Students received diplomas in Nursing | 7 | Number in thousand | 2.58 |  | 2.58 |  | 3.00 | 3.00 |  |
| Students received B.Sc in Nursing | 11.00 |  | 11.00 |  | 11.00 | 11.00 |  |

**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** | **Actual****2018-19** | **Budget** | **Revised** | **Medium Term Expenditure Estimates** |
| --- | --- | --- | --- | --- | --- |
| **2019-20** | **2020-21** | **2021-22** | **2022-23** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  |  |  |  |  |  |  |