Health Population and Nutrition Sector Program (HPNSP)

Duration : January/2017 - June/2022

Contains 29 Operational Plans (OP): DGHS(14); DGFP(7); MOHFW(5); and other agencies (one each for DGDA, DGNM and NIPORT)

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- **Vision: To see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021.**
- **Mission: To create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health.**
- **Goal: To ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy environment.**

Strategic Objectives of HPNSP

Strategic objective 1	➢ To strengthen governance and stewardship of the public and private health sectors
Strategic objective 2	➢ To undertake institutional development for improved performance at all levels of the system
Strategic objective 3	➢ To provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage
Strategic objective 4	➢ To strengthen the capacity of the MoHFW's core health systems (Financial Management, Procurement, Infrastructure development)

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Strategic objective 5	➢ To establish a high quality health workforce available to all through public and private health service providers
Strategic objective 6	➢ To improve health measurement and accountability mechanisms and build a robust evidence-base for decision making
Strategic objective 7	➢ To improve equitable access to and utilization of quality health, nutrition and family planning services
Strategic objective 8	➢ To promote healthy lifestyle choices and a healthy environment

Program Cost & Financing pattern

(Taka in Cr)

Sl no	Financing pattern	Total	% of Grand Total	Source of PA
1.	GOB Non-Development (Revenue)	72,000.00	62.34%	Credits from IDA & JICA and grants from DPs (DFID, GAC,USAID, SIDA,EKN WHO,UNIC EF,GFATM, Gavi-HSS, WB(GFF), UNFPA etc)
2.	GOB Development	24,639.13	21.34%	
3.	Sub-Total of GOB (1+2)	96,639.13	83.68%	
4.	RPA	11,676.07	10.11%	
5.	DPA	7171.16	6.21%	
6.	Sup-Total of PA (4+5)	18,847.23	16.32%	
7.	Total of Development (2+6)	43,486.36	37.66%	
8.	Grand Total (1+7)	1,15,486.36	100.00%	

Components of HPNSP

1. Governance and Stewardship

2.Health systems strengthening

3.Provision of quality health services

Challenges for Population Sector program

- *Readiness of FP Service Facilities:*

only 25% of the public facilities that offer FP services are ready to provide quality FP services; Half of the NGO facilities were found to be ready; in private sector 5% facilities are ready to offer quality FP services(BUFS,2014)

- *Shortage of Human Resources:*

The vacancy situation is high in facilities located in hard-to-reach areas, including coastal belt, chars, hill tracts, etc

- *Use of Contraception Methods:*

Only 8% LARC acceptors ; almost 90% users are female

- *Fragmented MIS:*
- *Menstrual Regulation (MR) and Post-abortion Care (PAC) Services:*

Information on MR and PAC is not readily available in health facilities, especially regarding post-MR care.

key activities

- *Strengthen FP service delivery*
- *Implement the National PPFP Action Plan*
- *Intensify demand generation for FP services*
- *Improve the quality of FP counseling and service delivery*
- *Regional service package for FP*

Budget of 7 Ops under DGFP

(taka in crore)

SL No of OP,s	Name of op	GOB	RPA	DPA	Total
	Governance and Stewardship				
03.	Planning Monitoring and Evaluation	5.52	19.34	0	24.86
	Health Systems Strengthening				
07.	Management Information System	60.68	72.72	0	133.40
09.	Procurement, Storage and Supply Management-FP	149.35	7.10	0	156.45

Budget of 7 Ops under DGFP

(TK in crore)

SL No of OP,s	Name of op	GOB	RPA	DPA	Total
	Provision of Quality Health Services				
17.	Maternal, Child, Reproductive and Adolescent Health	386.51	807.38	173.62	1367.51
25.	Clinical Contraception Services Delivery Programme	1070.74	402.65	25.03	1498.42
26.	Family planning Field Services Delivery	353.46	1092.42	3.50	1449.38
28.	Information, Education and Communication	150.07	134.69	8.70	293.46
	Total	2176.33 (44%)	2536.30 (52%)	210.85 (4%)	4923.48 (100%)

DGFP's share is 11% of total HPNSP budget

Disbursement Linked Indicators(DLIs)

DLI 5. Procurement process is improved using information technology-us$ 19.8 million						
PERIOD	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
DLRs		DLR 5.1 e-gp is initiated for Procurement by MOHFW (1)	DLR 5.2 NCTs using e-gp as percentage(%) of all specified NCTs issued by MOHFW(2)			
Targets			25% of NCTs	35% of NCTs	50% of NCTs	75% of NCTs
Allocated Amounts		DLR 5.1 us$ 5 million	DLR 5.2 us$ 14.8 million(us$ 0.08 million per 1% of NCTs) (2)			

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DLI 9. Post-partum family planning services are improved -us$ 32.725 million						
PERIOD	**FY 2017**	**FY 2018**	**FY 2019**	FY 2020	FY 2021	FY 2022
DLRs	**DLR 9.1 Facility re adiness criteria and assessment instrument for PPFP services are approved(1)**	**DLR 9.2 Reporting and training guidelines for PPFP services are approved**	**DLR 9.3 Assessment and action plan are completed for expansion of PPFP services in targeted health facilities in SY & CHI divisions**			
			DLR 9.4 percentage (%) of targeted Public Health Facilities meeting readiness criteria for delivery of PPFP services in SYL & CHT division, reported for previous CY (2)			
Targets			**5%**	**15%**	**25%**	35%
Allocated Amounts	**DLR 9.1 us$ 5 million**	**DLR 9.2 us$ 3 million**	**DLR 9.3 us$ 5.205 million**	**DLR 9.4 us$ 19.52 million(us$ 0.244 million per 1% of targeted facilities)**		

Indicators related to DGFP OPs

Sl no	Indicators	Means of verification & timing	Baseline & source	Target June 2022	Responsible OPs
1.	% of women age 15-19 who have begun childbearing	BDHS,every 3 years/UESD	30.8% BDHS 2014	25%	FPFSD, CCSDP, IEC
2.	Contraceptive Prevalence Rate(CPR)	BDHS,every 3 years/UESD	62.4%, BDHS 2014	75%	FPFSD, CCSDP,MCRAH ,IEC
3.	CPR (modern methods) in lagging regions	BDHS,every 3 years/UESD	Syl:40.9%,Ctg: 47.2% BDHS 2014	60%	FPFSD, CCSDP, MCRAH,IEC
4.	Reduce discontinuation rate	BDHS,every 3 years/UESD	30%, BDHS, 2014	20%	FPFSD,CCSDP, IEC

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Sl no	Indicators	Means of verification & timing	Baseline & source	Target June 2022	Responsible OPs
5.	Unmet need for Family Planning	BDHS,every 3 years	12%, BDHS 2014	6%	FPFSD,CC SDP, IEC
6.	% of delivery by skilled birth attendant	BDHS,every 3 years/UESD	42.1%, BDHS, 2014	65%	MCRAH, IEC
7.	Antenatal care coverage (at least 4 visits)	BDHS,every 3 years/UESD	31.2%, BDHS,2014	50%	MCRAH, IEC

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Sl no	Indicators	Means of verification & timing	Baseline & source	Target June 2022	Responsible OPs
8.	% of newborn received essential newborn care(ENC)	BDHS,every 3 years/UESD	6.1% BDHS 2014	25%	MCRAH, IEC
9.	Number of UHFWCs under e-MIS scale-up	Admin records, every year	30, 2016 (e-MIS/DGFP)	1500	MIS
10	% of public health facilities/public service delivery points without stock-outs of essential medicine/FP supplies	Essential medicines, BHFS,every 2 years; FP supplies. e-MIS/DGFP	Drugs:66%, BHFS,2014 FP methods> 98%, e-LMIS/DGFP	Drugs: 75%, FP methods : >98	PSSM

Challenges (Demand side)

- Early marriage, early child bearing and low contraceptive use
- Reliance on temporary methods
- Declining use of LAPM
- High discontinuation of contraceptive use
- High unmet need
- Regional variation of TFR

Challenges (Supply side)

- Lack of Supervision of monitoring
- Inadequate number of service providers at all levels
- Lack of accountability
- Inadequate training of service providers
- Lack of counseling
- Lack of proper side affect management

Major Activities

- Strengthen domiciliary visits and center based services
- Intensification of Satellite clinic service
- Recruitment of volunteers to increase service coverage at HtR and low performing areas
- FP services in selected urban slums
- Family Planning services to the RMG workers
- Quality LARC services, including Post Partum Family Planning(PPFP), PAC & Post MR FP Services.

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- Re-vitalization of Model FP clinic at Medical College Hospital.
- LARC & PM client fair activities in hard to reach and low performing areas.
- Create demand for FP-MNCH information and services through massive SBCC activities using different innovative channels
- Introduce e-FWA register, e-facility register

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- Strengthening of comprehensive and basic EmoNc services
- Improving quality ANC, PNC services
- Providing 24/7 delivery services at facility level
- Ensuring adolescent health care services
- Implementation of comprehensive New born care packages
- Regional service package

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- Implementing e-procurement and on line procurement tracking system
- Scale up e-FWA register & e-monitoring to Strengthening field level activities.
- monitoring and performance review
- Partnership with GO-NGO and private sector collaboration
- Co-ordination between DGHS & DGFP.
- Co-ordination with different partners for Public Private Partnership (PPP).

- 24/7 Call center
- Mobile based monitoring and supervision at the field level
- Family Planning Clinical Services – Quality Improvement Team at the district level
- Recruitment of Family Planning Facilitators and Counsellors

Thank you