



# HPNSDP



**Ministry of Health and Family Welfare  
Government of the People's Republic of Bangladesh**

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# Health, Population and Nutrition Sector Development Program (HPNSDP), July 2011 - June 2016

## 01. Introduction

Health is one of the fundamental rights of human being, and the Government has a constitutional obligation to ensure public health to all citizens. Therefore health, population and nutrition are among the most urgent development issues of the Government of Bangladesh.

Commendable progress has been achieved in the development of the HPN sector. In the 65th UN General Assembly Session, the Honourable Prime Minister of Bangladesh received the MDG award for being on track for reducing infant and child mortality (MDG 4). The government efforts and successes in the use of information and communication



technology for health has been recognized by the South-South ICT Award on health of women and children, which was received by the Honourable Prime Minister on September 19, 2011 during the United Nations General Assembly in New York.

The maternal mortality ratio has declined, indicating that Bangladesh is on track to achieve the primary target of MDG 5. Percentage of delivery by trained persons shows a modest improvement. Considerable progress has also been made in reducing malnutrition

and micro-nutrient deficiencies. Percentage of children 1-5 years receiving vitamin-A supplements in last six months and the EPI coverage for children has also increased. There has been continuous reduction in the annual population growth rate and the total fertility rate. TB case detection and cure rates have almost achieved MDG targets. Gains are also impressive in the areas of malaria, soil transmitted helminths, night blindness and iodine deficiency disorders. Polio and leprosy have been virtually eliminated and HIV prevalence is still very low. Life expectancy at birth has continuously been rising.

The development of a countrywide network of health care infrastructure in public sector is remarkable. Collaborative interventions by Government and NGO service providers, the increase in literacy rate, female participation in income generating activities, incremental utilization of ICT and mobile phone in health care services and mass media portals, e.g., television, radio, newspaper have also contributed to achieving encouraging results.

The Ministry of Health and Family Welfare has been implementing sector wide approach (SWAp) since July 1998 focussing on pro-poor essential service packages, which have resulted in reducing gap between the rich and the poor. However, demand and supply gaps remain with respect to service coverage and quality, management and institutional capacity, governance structure and regulatory framework, needs and resource availability, human resources for health, essential drugs and medical supplies, procurement and distribution systems, maintenance of health facilities and medical equipment. The sector program aims to improve the health status of the country through targeted interventions that would be measurable at the end of the terminal year of the program.

## 02. Challenges

- Despite expansion of emergency obstetric care services at the district and upazila level, deliveries by skilled birth attendant remain quite low.
- In spite of efforts taken by the government, high rates of malnutrition and micronutrient deficiencies along with gender discrimination still remains a challenge.
- The incidence of injuries including emerging and re-emerging diseases, some due to climate change and effects of natural disasters, is on the rise.
- There is steep rise in non-communicable diseases including cardio-vascular diseases, diabetes and cancer leading to causes of morbidity and mortality.
- Diversified and country wide mass scale effective family planning service delivery remains a challenge with considerable discontinuation rate and unmet needs.
- Rapid increase in urbanization has led to a new challenge for effective urban primary health care service delivery.
- Challenges remain for gender sensitive and equity based service delivery, e.g. in terms of geographical location, poverty, literacy, ethnicity, disaster proneness, disability, socially excluded groups, etc.
- Inadequacies in human resources remain a major obstacle to providing quality service delivery.
- Utilization of public health facilities by the poor remains low despite the huge expansion/construction of physical facilities for service delivery.
- Mainstreaming of community clinic (CC) based services and coverage of urban areas needs to be addressed both in public and private sectors.

### 03. The HPNSDP

The Health Population and Nutrition Sector Development Program (HPNSDP) has been initiated by the Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh (GOB) for a period of five years from July 2011 to June 2016. After HPSP (1998-2003) and HNPSP (2003-2011), the HPNSDP is the third Program prepared following the SWAp for overall improvement of health, population and nutrition sub-sectors. The priority of the program is to stimulate demand and improve access to and utilization of HPN services in order to reduce morbidity and mortality, particularly among infants, children and women; reduce population growth rate and improve nutritional status, especially of women and children.

**The Vision** is to see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021.

**The Mission** is to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health.

**The Goal** is to ensure quality and equitable health care for all citizens in Bangladesh by improving access to and utilization of health, population and nutrition services.

**The Development Objective** is to improve access to and utilization of essential health, population and nutrition services, particularly by the poor.

Sector specific **Strategies** include:

- Streamline and

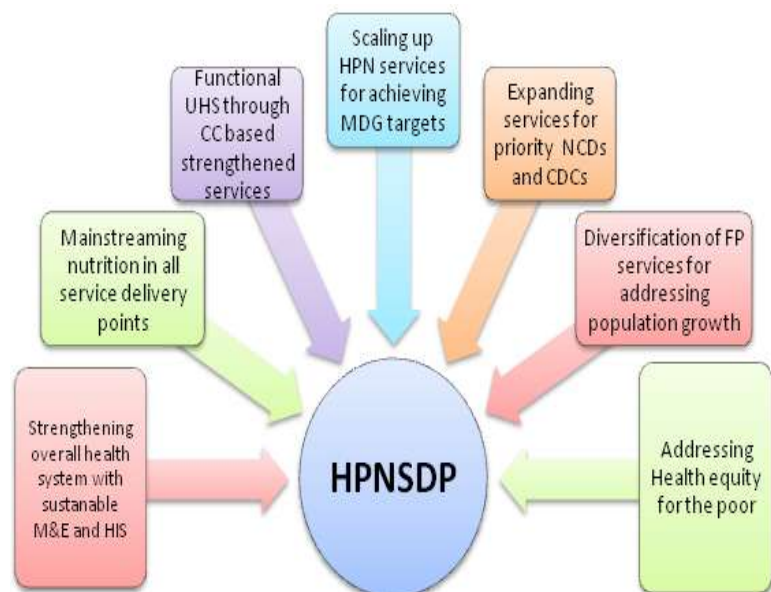


expand the access and quality of MNCH services (MDG 4 and MDG 5).

- Revitalize various family planning interventions to attain replacement level fertility.
- Improve and strengthen nutritional services by mainstreaming nutrition within the regular DGHS and DGFP services (MDG 1).
- Strengthen preventive approaches as well as control programs to communicable diseases (MDG 6).
- Expand NCD control efforts at all levels by streamlining referral systems and strengthening hospital accreditation and management systems.
- Strengthen various support systems by increasing the health workforce at Upazila and CC levels, and increase capacity building, coordination, management information system (MIS) and monitoring and evaluation (M&E) functions.
- Strengthen drug management and improve quality drug provision.
- Pursue priority institutional and policy reforms, such as decentralization and LLP, incentives for service providers in hard to reach areas, PPP, etc.

#### 04. Drivers of HPNSDP

Taking into account the strengths, lessons learned and challenges of implementation of last two sector programs, the HPNSDP has set out the sector's strategic priorities as the seven drivers, which are illustrated in the figure.





## 05. New Elements of HPNSDP

- A new Operational Plan (OP) titled Maternal, Neonatal and Child Health Care has been put in place under DGHS for emphasizing MNCH issues separately.
- MNH services have been prioritized to address preconception, pregnancy, childbirth and the immediate postpartum period by increasing number of skilled birth attendants.
- Facilities to be staffed and equipped to gradually provide 24/7 services, for appropriate management of complications in emergency obstetric care (EmOC).
- Areas with high maternal mortality ratio (MMR), the geographically and socially disadvantaged, and the poor have been prioritized for providing quality MNH services including maternal and peri-natal death audits.
- Community Clinic and domiciliary level services will provide women-friendly preconception and pregnancy care. NGOs will be encouraged to provide similar services where appropriate.
- Detailed guideline will be prepared for functional integration of MNH services, incorporating expertise and facility sharing between DGHS and DGFP.
- FP services will be diversified along with emphasizing long acting permanent method (LAPM) and unmet needs.
- Area based and targeted intervention of FP services will be promoted.
- Home-visit by a trained worker within two days of child birth will be ensured. Sick newborn services will be strengthened at the upazila health complexes (UHCs) and district hospitals with rapid referral systems.
- MNH services for urban slums, in collaboration with MOLGRDC and other health care providers including NGOs will be promoted.
- Nutrition as a priority has been made available country wide in an integrated way through all facilities providing MNCH services under DGHS and DGFP.

- The nutrition service has been housed in the DGHS and implemented through an OP titled “National Nutrition Service (NNS)”.
- Community nutrition activities will be merged with the CCs for effective service provision.
- MOHFW will collaborate with MOLGRDC for providing nutrition services (e.g., awareness creation, vitamin A and other micronutrient supplementation) in the urban areas.

## 06. Other Key Measures to be Pursued

- Piloting of Upazila Health System integrating CC led expansion of PHC services.
- Prepare a map of hard to reach areas for ensuring need-based HPN services.
- Update the accreditation tool for public and private sector hospitals.
- Establish effective hospital waste management system in public and private hospitals.
- Develop an urban health strategy in collaboration with MOLGRDC.
- Revise the mandates of the regulatory bodies for strengthening their supervisory roles.
- Increase HR professionals and streamline their recruitment, transfer and promotion procedures.
- Develop a master plan for construction of health facilities.
- Strengthen field monitoring for quality assurance of drugs.
- Ensure security of contraceptive commodity stock, MSR, equipment, etc.

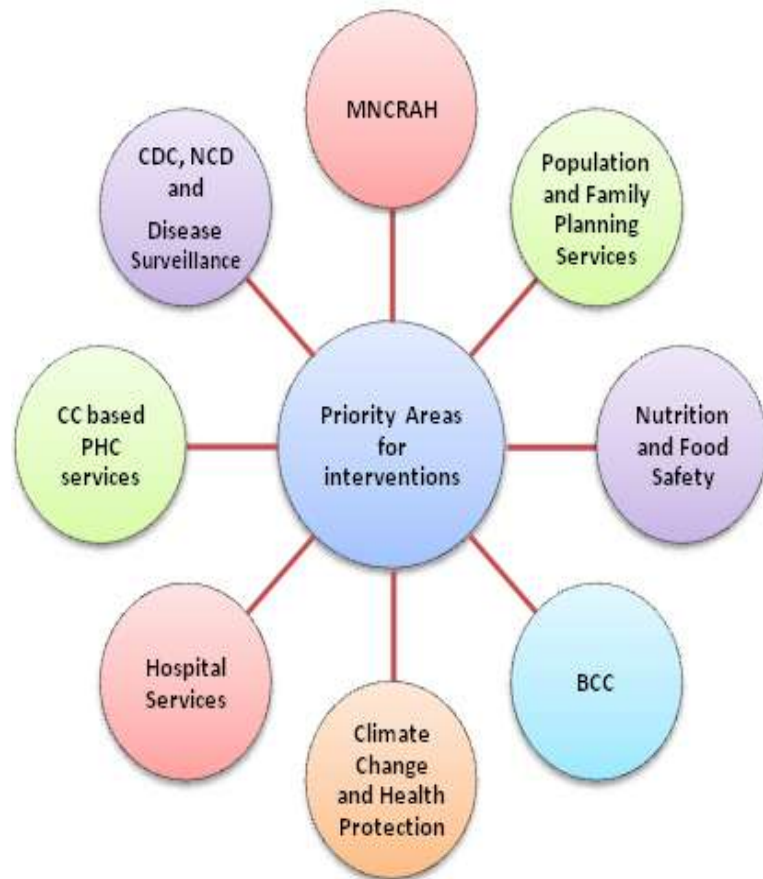
## 07. HPNSDP Components

HPNSDP has two broad components and they are interdependent and mutually reinforcing and will be implemented through 32 Operational Plan.



## 1) Improving Health Services

The component of improving health services aims at improving priority health services in order to accelerate the achievement of the health related MDGs by capitalizing on and scaling up the interventions undertaken by the previous program (HNPSP) as well as introducing new interventions. Priority areas for improving health services are shown in the figure.



The key elements of improving service provisions relate to primary health care through the Upazila Health System (UHS); Community Clinic (CC) led expansion of PHC services, piloting the UHS, making the Union Health and Family Welfare Centres (UHFWC) and union sub-centres (USC) fully functional as part of the UHS. Selected union facilities and CCs will be strengthened with capacity and readiness to conduct normal delivery and refer complicated cases to higher level facilities. The CCs as part of the UHS will be the first contact point and entry to the health system.

Performance of secondary and tertiary level hospital services will be strengthened by deploying skill mixed HR, nurses, midwives, paramedics, etc. Clinical protocols and emergency services along with adequate drugs, consumables and equipment will be provided.

## 2) Strengthening Health Systems

For strengthening the health systems, the priority issues to be addressed are depicted in the figure below.



## 08. Key HPN Services (Community to National Level)

- Antenatal care, assisted delivery, postnatal care, neonatal healthcare.
- Children's treatment for diarrhea, respiratory illness, measles, malaria, etc.
- Vaccination through EPI program.
- Reproductive health and family planning counseling for adolescent and eligible couples.
- Limited curative services.
- Distribution of family planning commodities.
- Providing permanent method of contraception (Sterilization).
- Distribution of oral rehydration salt for diarrheal diseases, folic acid/ iron supplementation.
- Free distribution of essential medicines and ensure drug safety.

- BCC and education program for raising awareness.
- Identification of illnesses, like tuberculosis, emergency obstetric situation, life-threatening influenza, anthrax, etc.
- 24 hour emergency services with ICU/CCU facilities through secondary and tertiary hospitals.
- All sorts of diagnostic tests.
- 24 hour Emergency Obstetric Care (EmOC) service.
- Sputum examination and free medicine for tuberculosis/leprosy patients.
- Diagnosis and management of patients through alternative medical services.
- Nutritional education and micro-nutrient supplements.
- Screening for malnutrition, treatment of complicated cases for severe and acute malnutrition.
- Blood screening and safe blood transfusion.
- Specialized treatment related to medicine, surgery, gynecology, pediatrics, orthopedics, eye, ENT, and other disciplines.
- Super specialized care at medical college hospitals and teaching institutes.
- Referral from CC to higher level centers for management of complicated cases.
- Produce enough number of CSBAs, nurses, midwives, paramedics, and health technologists, etc.
- Continuous skill and capacity development training to the service providers.

## 09. Development of HPN Facilities

In view of increasing trend in population, the government has planned for construction of new facilities and upgrading existing facilities to provide required HPN services through:

- Mapping out the need for new constructions and that for upgrading of facilities;

- Designing need based user and women friendly facilities; and
- Preparing a comprehensive plan for repair and maintenance of facilities, equipment and vehicles along with budget requirement.

The table below shows the major HPN facilities to be constructed under the HPNSDP.

Name of Facility	Existing ( June, 2011)	To be Constructed (by June, 2016)
<b>New construction</b>		
Community Clinics (CC)	10,723	2,777
Union Health & Family Welfare Centre (UH&FWC)	3,860	254
Upazila Health Complex (UHC)/50 Bed Hospital	418	16
Mother and Child Health Care Hospital (10 Bed)	-	48
Maternal & Child Welfare Centre (MCWC)	98	14
Institute of Health Technology (IHT)	8	13
Medical Assistant Training School (MATS)	8	5
Nursing College (NC)	8	8
Medical College	14	4
<b>Up-gradation</b>		
Union Health & Family Welfare Centre (UH&FWC)	1,441	800
Upazila Health Complex (UHC)/50 Bed Hospital	251	161
District Hospital (50/100/200/250)	16	18
Nursing Training Institute ( NTI)	43	15
Family Welfare Visitor Training Institute (FWVTI)	12	8

## 10. Program Management

The implementation responsibilities for HPNSDP are shared by the MOHFW; Directorate General of Health Services (DGHS); Directorate General of Family Planning (DGFP); Directorate of Nursing Services (DNS); Directorate General of Drug Administration (DGDA); Health Engineering Department (HED); National Institute of Population Research and Training (NIPORT) and other relevant institutes/organizations.

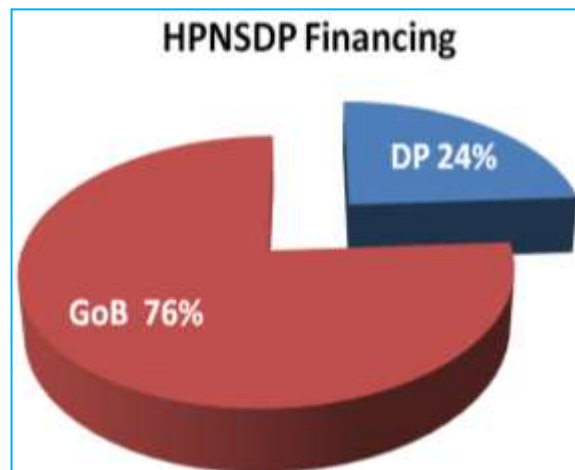


The HPNSDP has set a robust Results Framework and M&E system that will enable effective tracking of results and implementation of progress. The progress will be monitored against results and data from a variety of sources will be used. A program management and monitoring unit (PMMU), equipped with skilled professionals and logistics has already been established in the MOHFW for overall management, coordination, monitoring and evaluation of HPNSDP.

The MOHFW has also formed the Local Consultative Group (LCG) on health for improving GOB-DP coordination. Formal relationship between the DPs and the MOHFW will continue to be addressed through the LCG and work-related various technical task groups.

## 11. Budget

Budget	Amount (Taka in crore)	Amount (USD Billion)
Total Estimated Cost	56,993.54	7.7
Revenue Budget	34,816.88	4.7
Development Budget	22,176.66	3.0
GOB Contribution	43,420.38	5.9
DP Contribution	13,573.16	1.83



The World Bank and JICA are providing credit; other DPs (DFID, SIDA, USAID, CIDA, EC, AusAID, Kfw, JICA, WHO, UNICEF, UNFPA, GIZ, UNAIDS, GFATM, GAVI etc.) are providing grants.

All activities of HPNSDP will be implemented through 32 operational plans (OPs). Agency wise name along with estimated cost of the OPs are given in the table below.

Sl. No.	Name of the Operational Plan	Budget (Core Tk.)	Sl. No.	Name of the Operational Plan	Budget (Core Tk.)
<b>DGHS</b>			<b>DGFP</b>		
1	Maternal, Neonatal, Child and Adolescent Health (MNCAH)	3,019.25	18	Maternal, Child, Reproductive and Adolescent Health (MCRAH)	879.04
2	Essential Services Delivery (ESD)	445.56	19	Clinical Contraception Services Delivery (CCSD)	1358.14
3	Community Based Health Care (CBHC)	1,657.19	20	Family Planning Field Services Delivery (FPFSD)	1614.10
4	TB and Leprosy Control (TB-LC)	321.84	21	Planning, Monitoring and Evaluation of Family Planning (PME-FP)	10.00
5	National AIDS And STD Program (NASP)	272.92	22	Management Information Systems (MIS)	58.00
6	Communicable Diseases Control (CDC)	603.42	23	Information, Education and Communication (IEC)	135.00
7	Non-Communicable Diseases (NCD)	519.11	24	Procurement, Storage and Supplies Management (PSSM-FP)	80.31
8	National Eye Care (NEC)	22.13	<b>Others</b>		
9	Hospital Services Management (HSM)	1,862.16	25	Training, Research and Development (TRD)	111.27
10	Alternate Medical Care (AMC)	79.05	26	Nursing Education and Services (NES)	300.00
11	In-Service Training (IST)	337.48	27	Strengthening of Drug Administration and Management (SDAM)	31.55
12	Pre-Service Education (PSE)	595.00	<b>MOHFW</b>		
13	Planning, Monitoring and Research (PMR-DGHS)	53.00	28	Physical Facilities Development (PFD)	4815.25
14	Health Information Systems and E-Health (HIS-EH)	608.87	29	Human Resources Management (HRM)	147.47
15	Health Education and Promotion (HEP)	146.15	30	Sector-Wide Program Management and Monitoring (SWPMM)	72.00
16	Procurement, Logistics and Supplies Management (PLSM-CMSD)	437.74	31	Improved Financial Management (IFM)	35.76
17	National Nutrition Services (NNS)	1,490.09	32	Health Economics and Financing (HEF)	57.81

## 12. Key Results to be Achieved

- Reduce infant mortality rate from 52 to 31 per 1000 live births.
- Reduce under-5 mortality rate from 65 to 48 per 1000 live births.
- Reduce neonatal mortality rate from 37 to 21 per 1000 live births.



- Reduce maternal mortality ratio from 194 to <143 per 100,000 live births.
- Increase percentage of delivery by skilled birth attendant from 26% to 50%.
- Reduce total fertility rate from 2.5 to 2.00 per eligible woman.
- Increase contraceptive prevalence rate from 61.7% to 72%.
- Reduce prevalence of stunting among children (under-5) from 43.2% to 38%.
- Reduce prevalence of underweight among children (under-5) from 41.0% to 33%.
- Increase TB case detection rate from 72% to 75%.
- Increase percentage of children (under-1yr) fully immunized from 78% to 90%.
- Provide additional 3,000 midwives at health facilities.
- Number of nurses to be increased from 27,000 to 40,000.
- Number of CSBA to be increased from 6,500 to 13,500.
- Number of registered physicians to be increased from 53, 063 to 70,000.

### 13. Way Forward

Keeping the momentum of all achievements in the HPN sector and to address the upcoming challenges, the MOHFW has identified the strategies and areas of focus in the HPNSDP. The collaborations among the GOB, Development Partners, NGOs, Private Sector Organizations and their ultimate participation at all stages are required for successful implementation of HPNSDP.

This program would ensure development of the HPN sector and help improve overall health and nutrition status of the people, particularly of vulnerable groups, including women and children.

