



Government of the People's Republic of Bangladesh

# Annual Performance Agreement (APA)

Between

The Cabinet Secretary  
and

The Secretary, Ministry of Health and Family Welfare

2014-2015

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## Preamble

The Annual Performance Agreement is made and entered into on 09 March 2015

BETWEEN

The Secretary, Ministry of Health and Family Welfare, representing the Minister, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

AND

The Cabinet Secretary, Cabinet Division, representing the Prime Minister, Government of the People's Republic of Bangladesh.

The parties hereto agree as follows:

## Section 1: Ministry's/Division's Vision, Mission, Strategic Objectives and Functions

### 1.1 Vision

A healthier, happier and economically more productive Bangladesh.

### 1.2 Mission

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

### 1.3 Functions

- 1 Formulation and implementation of laws and policies relating to health, population and nutrition services;
- 2 Provide health, population and nutrition services and the expansion of these services as per the requirement of the people;
- 3 Ensure medical care, public health services and the prevention and cure of communicable and non-communicable diseases;
- 4 Ensure quality, production, import and export of pharmaceutical and biomedical products;
- 5 Undertake activities on population control and research;
- 6 Construction, maintenance and expansion of academic institutes and health and family planning service facilities;
- 7 Planning, development and management of human resources for health, population and nutrition sector;
- 8 Undertake activities on national/international matters in health and allied fields.

### 1.4 Strategic Objectives

- 1 Ensuring universal access to primary health care services
- 2 Improving health care for adolescent, mother and child
- 3 Stabilizing the population of the country
- 4 Development of efficient human resources for health, population and nutrition sector
- 5 Control of communicable diseases, non-communicable diseases, emerging and re-emerging diseases
- 6 Strengthening and improvement of pharmaceutical sector
- 7 Improving quality and safety in health care services
- 8 Increasing food safety with nutritional standards

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
Ministry/Division Strategic Objectives										
[1] Ensuring universal access to primary health care services	16.00	[1.1] Revitalization of community clinic (CC)	[1.1.1] Patients attended	No in lakh	3.00	550	525	500	475	450
			[1.1.2] Kit boxes provided (Medicine)	No in thousand	3.00	40	38	35	33	30
			[1.1.3] CHCP received CSBA training	No	3.00	432	410	390	370	350
		[1.2] Enhancing the service delivery of upazila health complex (UHC)	[1.2.1] Patient attended at OPD in PHF	No. in lakh	3.00	1510	1505	1500	1495	1492
			[1.2.2] Normal delivery done	No in thousand	2.00	154	152	150	145	143
			[1.2.3] Diarrheal patient admitted	%	2.00	12.2	12.3	12.4	12.5	12.6
[2] Improving health care for adolescent, mother and child	15.00	[2.1] Strengthening of infrastructure	[2.1.1] SCANU increased at District Hospital	No	2.00	25	24	23	22	20
		[2.2] Equitable, affordable and quality service coverage	[2.2.1] EPI coverage rate (Measles)	%	3.00	87	86	85	84	83
			[2.2.2] EPI coverage rate (Penta-3)	%	3.00	91	90	89	88	87
			[2.2.3] ANC (at least 1 vists) services provided	No in lakh	2.00	19.5	19.3	19.2	19	18.9
			[2.2.4] Cesarean section done	No in thousand	3.00	115	114.5	114	113	112
			[2.2.5] Bed occupancy rate of DH	%	2.00	100	95	90	85	80

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
[3] Stabilizing the population of the country	12.00	[3.1] Ensuring FP Services to decrease TFR	[3.1.1] Eligible couples accepted LAPMs	No. in thousand	3.00	575	570	560	550	540
			[3.1.2] VSC (NSV) performed	No. in thousand	2.00	75	74	73	72	71
			[3.1.3] VSC (tubectomy) performed	No in thousand	2.00	100	98	97	96	95
			[3.1.4] IUDs inserted	No. in thousand	1.00	200	190	180	170	150
			[3.1.5] Implant inserted	No. in thousand	1.00	200	190	180	170	150
			[3.1.6] Personnel trained in LAPM	No	3.00	720	715	710	705	700
[4] Development of efficient human resources for health, population and nutrition sector	12.00	[4.1] Strengthening Medical Education	[4.1.1] Medical and Dental students received RFST	Batch	2.00	32	29	27	25	23
			[4.1.2] Teachers trained on Quality Medical Education	Person	2.00	250	240	235	230	220
			[4.1.3] Laboratory & library facilities improved	No	2.00	45	44	43	42	40
		[4.2] Strengthening nursing education and services (NES)	[4.2.1] BSc. nurses produced	No	2.00	700	690	685	680	675
			[4.2.2] Diploma nurses produced	No	2.00	2580	2500	2475	2450	2425
		[4.3] Skill development of human resources	[4.3.1] Staff trained on GMP	No	2.00	40	38	36	35	34
[5] Control of communicable diseases, non-communicable diseases, emerging and re-emerging diseases	18.00	[5.1] Reducing incidence of malaria cases	[5.1.1] Incidence of malaria/ 10000 population decreased	No.	3.00	10	12	16	20	24

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[5.2] Reducing incidence of filaria cases	[5.2.1] Prevalence of filariasis decreased to <1% in 14 out of 19 districts	No.	2.00	14	13	12	11	10
		[5.3] Deworming of school going children (5-12 years) twice in a year	[5.3.1] Deworming of school going children (5-12 years)	Million	3.00	25	24.8	24.6	24.4	24.2
		[5.4] Reducing incidence of kala-azar cases	[5.4.1] Incidence of Kala-azar/ 10000 population in endemic area decreased	No	1.00	1.0	1.1	1.2	1.3	1.4
		[5.5] Control of tuberculosis	[5.5.1] New case notification rate (sputum positive) increased	No. in thousand	3.00	105	104	103	102	101
		[5.6] Prevention and control of HIV & AIDS	[5.6.1] Prevalence of HIV & AIDS among IDU	%	1.00	0.98	0.99	1.00	1.01	1.02
			[5.6.2] Eligible HIV people on ART	No.	1.00	3150	3000	2900	2850	2800
		[5.7] Facilities for screening and diagnosis of cervical cancer	[5.7.1] Patients screened	No. in thousand	2.00	172	170	168	166	164
		[5.8] Providing health care services on autism and neuro-developmental disabilities	[5.8.1] Service provider trained on autism and neurodevelopment	No.	2.00	400	390	380	370	360
[6] Strengthening and improvement of pharmaceutical sector	4.00	[6.1] Establishing modern drug/vaccine testing laboratory	[6.1.1] New Drug and vaccine testing laboratory to be established	no. of unit	1.00	1.00	0.75	0.50	0.25	0

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
		[6.2] Enhancing post marketing surveillance of drugs	[6.2.1] Drug samples tested as per GMP and standard	no. of unit	1.00	6000	5950	5900	5855	5815
			[6.2.2] Automation of drug registration system	Date	1.00	26/06/2015	27/06/2015	28/06/2015	29/06/2015	30/06/2015
		[6.3] Ensuring quality drugs in the market	[6.3.1] Drug companies inspected and adhered to quality production of drugs	No	1.00	1200	1180	1150	1120	1085
[7] Improving quality and safety in health care services	4.00	[7.1] Determine institutional arrangements for social health protection scheme	[7.1.1] Preparatory activities for SSK plotting completed	% of progress	2.00	100	90	80	70	60
		[7.2] Extension of AMC service facilities	[7.2.1] AMC services extended	No	2.00	200	190	180	170	160
[8] Increasing food safety with nutritional standards	4.00	[8.1] Strengthening food safety program	[8.1.1] Test done in National Food Safety Laboratory	No	1.00	180	175	170	160	150
		[8.2] Implementation of the community nutrition programme	[8.2.1] Vit A supplementation increased	%	1.00	100	99	98	97	96
			[8.2.2] Nutrition corner increased	No	1.00	200	190	180	165	151
			[8.2.3] Breast feeding corner increased	No	1.00	180	170	160	150	145

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
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						100%	90%	80%	70%	60%

#### Mandatory Strategic Objectives

* Improve Service delivery to the Public	6.00	Implementation of Citizens' Charter (CC)	Preparation and approval of CC by the Ministry/Division	Date	1.0	31/12/2014	31/01/2015	28/02/2015	31/03/2015	30/04/2015
			Publication of CC in website or others means	Date	1.0	31/12/2014	31/01/2015	28/02/2015	31/03/2015	30/04/2015
		Implementation of Grievance Redress System (GRS) system	Publishing names and contact details of GRS focal point in the website	Date	1.0	31/12/2014	31/01/2015	28/02/2015	31/03/2015	30/04/2015
			Sending GRS report(s) to the Cabinet Division from January 2015	Number of report(s)	1.0	5	4	3	2	1
		Implementing Innovations	Implemented decisions of the innovation team	%	1.0	100	80	50	30	--
			Unicode used in all official activities	Date	1.0	31/12/2014	31/01/2015	28/02/2015	31/03/2015	30/04/2015
* Improve governance	4.00	Compliance with RTI Act and proactive disclosure	Percentage of information, mentioned in the RTI Act and related regulations, disclosed in the website	%	2.0	80	70	60	50	40
		Preparation and Implementation of the National Integrity Strategy Work Plan	Preparation of NIS Work Plan for 2015 and get approved by the Ethics Committee	Date	2.0	28/02/2015	31/03/2015	30/04/2015	31/05/2015	30/06/2015
* Improve Financial Management	3.00	Improve compliance with the Terms of Reference of the Budget Management Committee (BMC)	Budget Implementation Plan (BIP) prepared and Quarterly Budget Implementation Report	Number of report	1.0	5	4	3	2	1

\* Mandatory Objective(s)

## Section 2:

### Strategic Objectives, Activities, Performance Indicators and Targets

Strategic Objectives	Weight of Strategic Objective	Activities	Performance Indicator (PI)	Unit	Weight of PI	Target / Criteria Value				
						Excellent	Very Good	Good	Fair	Poor
						100%	90%	80%	70%	60%
Mandatory Strategic Objectives										
			(QIMR) submitted to Finance Division (FD) meeting FD requirements							
			Actual achievements against performance targets are monitored by the BMC on a quarterly basis	Number of BMC meetings	1.0	4	3	2	1	--
		Improve audit performance	Percentage of outstanding audit objections disposed off during the year	%	1.0	70	55	40	30	20
* Efficient Functioning of the Annual Performance Agreement (APA) System	2.00	Timely submission of Draft APA for 2014-2015	On-time submission	Date	2.0	01/02/2015	02/02/2015	03/02/2015	04/02/2015	05/02/2015

\* Mandatory Objective(s)

### Section 3: Trend Values of the Performance Indicators

Strategic Objectives	Activities	Performance Indicators	Unit	Actual Value for FY 12-13	Actual Value for FY 13-14	Target Value for FY 14-15	Projected Value for FY 15-16	Projected Value for FY 16-17
<b>Ministry/Division Strategic Objectives</b>								
[1] Ensuring universal access to primary health care services	[1.1] Revitalization of community clinic (CC)	[1.1.1] Patients attended	No in lakh	863	1038	550	1100	1150
		[1.1.2] Kit boxes provided (Medicine)	No in thousand	85	88	38	90	100
		[1.1.3] CHCP received CSBA training	No	0	659	410	650	800
	[1.2] Enhancing the service delivery of upazila health complex (UHC)	[1.2.1] Patient attended at OPD in PHF	No. in lakh	1125	1382	1492	1520	1550
		[1.2.2] Normal delivery done	No in thousand	144	143	152	160	170
		[1.2.3] Diarrheal patient admitted	%	12.24	12.65	12.75	12.85	12.95
[2] Improving health care for adolescent, mother and child	[2.1] Strengthening of infrastructure	[2.1.1] SCANU increased at District Hospital	No	0	6	24	30	36
	[2.2] Equitable, affordable and quality service coverage	[2.2.1] EPI coverage rate (Measles)	%	85	85	86	88	90
		[2.2.2] EPI coverage rate (Penta-3)	%	90	90	90	91	92
		[2.2.3] ANC (at least 1 visits) services provided	No in lakh	19.6	18.5	19.5	20	21
		[2.2.4] Cesarean section done	No in thousand	105	112	115	117	120
		[2.2.5] Bed occupancy rate of DH	%	91	117	100	100	100

### Section 3: Trend Values of the Performance Indicators

Strategic Objectives	Activities	Performance Indicators	Unit	Actual Value for FY 12-13	Actual Value for FY 13-14	Target Value for FY 14-15	Projected Value for FY 15-16	Projected Value for FY 16-17
[3] Stabilizing the population of the country	[3.1] Ensuring FP Services to decrease TFR	[3.1.1] Eligible couples accepted LAPMs	No. in thousand	794	772	800	820	840
		[3.1.2] VSC (NSV) performed	No. in thousand	127	102	110	115	120
		[3.1.3] VSC (tubectomy) performed	No in thousand	122	115	120	125	130
		[3.1.4] IUDs inserted	No. in thousand	281	244	190	210	230
		[3.1.5] Implant inserted	No. in thousand	263	310	320	330	340
		[3.1.6] Personnel trained in LAPM	No	316	802	715	720	750
[4] Development of efficient human resources for health, population and nutrition sector	[4.1] Strengthening Medical Education	[4.1.1] Medical and Dental students received RFST	Batch	23	23	29	35	40
		[4.1.2] Teachers trained on Quality Medical Education	Person	66	217	240	300	350
		[4.1.3] Laboratory & library facilities improved	No	39	39	44	50	55
	[4.2] Strengthening nursing education and services (NES)	[4.2.1] BSc. nurses produced	No	700	700	690	700	700
		[4.2.2] Diploma nurses produced	No	1550	1550	2500	2550	2580
	[4.3] Skill development of human resources	[4.3.1] Staff trained on GMP	No	24	64	40	50	60

### Section 3: Trend Values of the Performance Indicators

Strategic Objectives	Activities	Performance Indicators	Unit	Actual Value for FY 12-13	Actual Value for FY 13-14	Target Value for FY 14-15	Projected Value for FY 15-16	Projected Value for FY 16-17
[5] Control of communicable diseases, non-communicable diseases, emerging and re-emerging diseases	[5.1] Reducing incidence of malaria cases	[5.1.1] Incidence of malaria/ 10000 population decreased	No.	20	24	12	10	9
	[5.2] Reducing incidence of filaria cases	[5.2.1] Prevalence of filariasis decreased to <1% in 14 out of 19 districts	No.	5	4	13	10	9
	[5.3] Deworming of school going children (5-12 years) twice in a year	[5.3.1] Deworming of school going children (5-12 years)	Million	98.5	99	99	99	99
	[5.4] Reducing incidence of kala-azar cases	[5.4.1] Incidence of Kala-azar/ 10000 population in endemic area decreased	No	1.15	1.16	1.1	1.0	0.9
	[5.5] Control of tuberculosis	[5.5.1] New case notification rate (sputum positive) increased	No. in thousand	98.9	106.8	105.5	105.3	105.2
	[5.6] Prevention and control of HIV & AIDS	[5.6.1] Prevalence of HIV & AIDS among IDU	%	0.99	0.99	0.99	0.99	0.99
		[5.6.2] Eligible HIV people on ART	No.	1083	1193	2700	3000	3200
	[5.7] Facilities for screening and diagnosis of cervical cancer	[5.7.1] Patients screened	No. in thousand	112	152	167	170	172
	[5.8] Providing health care services on autism and neuro-developmental disabilities	[5.8.1] Service provider trained on autism and neurodevelopment	No.	120	174	380	400	600
[6] Strengthening and improvement of	[6.1] Establishing modern	[6.1.1] New Drug and vaccine	no. of unit	2	0	1	2	2

### Section 3: Trend Values of the Performance Indicators

Strategic Objectives	Activities	Performance Indicators	Unit	Actual Value for FY 12-13	Actual Value for FY 13-14	Target Value for FY 14-15	Projected Value for FY 15-16	Projected Value for FY 16-17
pharmaceutical sector	drug/vaccine testing laboratory	testing laboratory to be established						
	[6.2] Enhancing post marketing surveillance of drugs	[6.2.1] Drug samples tested as per GMP and standard	no. of unit	3795	5815	5950	6000	6200
		[6.2.2] Automation of drug registration system	Date	--	--	10/07/2015	--	--
	[6.3] Ensuring quality drugs in the market	[6.3.1] Drug companies inspected and adhered to quality production of drugs	No	927	1085	1180	1200	1250
[7] Improving quality and safety in health care services	[7.1] Determine institutional arrangements for social health protection scheme	[7.1.1] Preparatory activities for SSK plotting completed	% of progress	0	0	90	0	0
	[7.2] Extension of AMC service facilities	[7.2.1] AMC services extended	No	0	0	190	85	92
[8] Increasing food safety with nutritional standards	[8.1] Strengthening food safety program	[8.1.1] Test done in National Food Safety Laboratory	No	250	300	350	450	500
	[8.2] Implementation of the community nutrition programme	[8.2.1] Vit A supplementation increased	%	100	100	100	100	100
		[8.2.2] Nutrition corner increased	No	35	150	190	250	300
		[8.2.3] Breast feeding corner increased	No	37	144	170	200	230

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
1	[1.1.1] Patients attended	Community Clinic is a tiny clinic at the grass root level including the remotest and hard to reach area. It is basically meant for health education (on health, nutrition & FP), health promotion and treatment of minor ailments, first aid, and identification of emergency & complicated cases to establish an effective referral linkage with the higher facilities i.e. UHFWC & UHC for better management. Each CC is established for about 6000 population.	RCHCIB, HED	Health bulletin	
2	[1.1.2] Kit boxes provided (Medicine)	Kit boxes contain 29 types of medicine which provided to people at free of cost from CC	RCHCIB	Health bulletin and stock register	
3	[1.1.3] CHCP received CSBA training	CHCP gets CSBA training for conducting normal delivery	RCHCIB	Health bulletin	
4	[1.2.1] Patient attended at OPD in PHF	Patient receive service from out patient department of public health facilities.	DGHS,	Health bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
5	[1.2.2] Normal delivery done	Normal delivery is a spontaneous process of delivering of an infant between 37 and 42 completed weeks of pregnancy. Number of delivery conducted in the public hospitals.	UHC, DH, DGHS	Health bulletin	
6	[1.2.3] Diarrheal patient admitted	For normal and cesarean section at the institute	DGHS and UHC	Health bulletin	
7	[2.1.1] SCANU increased at District Hospital	Special Care New-borne Unit (SCANU) is a facilities in District Hospitals where newborn babies get special services for their diseases.	DH, DGHS	MIS Data and Health Bulletin	
8	[2.2.1] EPI coverage rate (Measles)	Extended Program on Immunization (EPI) coverage (Measles) indicates availability of access to and initial use of Measles Vaccine immunization services by children.	DGHS	MIS, DGHS and Health Bulletin	
9	[2.2.2] EPI coverage rate (Penta-3)	Extended Program on Immunization (EPI) coverage (Penta-3) indicates availability of access to and initial use of Pentavalent Vaccine immunization services by children.	DGHS	MIS, DGHS and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
10	[2.2.4] Cesarean section done	A cesarean section is a surgical procedure in which incisions are made through a woman's abdomen and uterus to deliver her baby.	UHC, DH, MCH. DGHS	MIS, DGHS and Health Bulletin	
11	[2.2.4] ANC (at least 1 visits) services provided	Antenatal care is the care receive from healthcare professionals during pregnancy. A series of appointments with a midwife, or doctor who specialises in pregnancy and birth.	DGHS, DGFP	MIS Data and Health bulletin	
12	[2.2.5] Bed occupancy rate of DH	The number of hospital beds occupied by patients expressed as a percentage of the total beds available in the ward, specialty, hospital, area, or region. It is used to assess the demands for hospital beds and hence to gauge an appropriate balance between demands for health care and number of beds.	DGHS, MOHFW	MIS, DGHS and Health Bulletin	
13	[3.1.1] Eligible couples accepted LAPMs	% of eligible couple accept long-acting permanent methods (LAPM) for birth spacing/ control	DGFP	MIS, DGFP	
14	[3.1.2] VSC (NSV) performed	Voluntary surgical contraception is a permanent contraceptive method for men, also called vasectomy. The No-Scalpel vasectomy (NSV) is a technique used to do the vasectomy	DGFP	MIS, DGFP	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
14	[3.1.2] VSC (NSV) performed	through one single puncture.	DGFP	MIS, DGFP	
15	[3.1.3] VSC (tubectomy) performed	Voluntary surgical contraception is a permanent contraceptive method for women, called tubectomy	DGFP	MIS, DGFP	
16	[3.1.4] IUDs inserted	The intra uterine device (IUD) is a form of long-acting reversible contraception for women. An IUD is a small device that fits inside your womb.	DGFP	MIS, DGFP	
17	[3.1.5] Implant inserted	The contraceptive implant is a small flexible tube about 40mm long that's inserted under the skin of your upper arm. It's inserted by a trained professional, such as a doctor, and lasts for three years.	DGFP	MIS, DGFP	
18	[3.1.6] Personnel trained in LAPM	Number of personnel (Doctors and paramedics) train in long acting permanent method (LAPM)	DGFP	MIS, DGFP	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
19	[4.1.1] Medical and Dental students received RFST	The students of medical and dental students required residential field site training. Number of Batches of fourth year Medical and Dental students received Residential Field Site (RFST) Training	DGHS	MIS, DGHS and Health Bulletin	
20	[4.1.2] Teachers trained on Quality Medical Education	Capacity building and faculty development of medical institutions is necessary. To ensure it teachers (Medical and Dental College) receive training on Quality Medical Education	DGHS	MIS, DGHS and Health Bulletin	
21	[4.1.3] Laboratory & library facilities improved	Improvement of Laboratory & Library facilities at Govt. Medical and Dental Colleges	DGHS	MIS, DGHS	
22	[4.2.1] BSc. nurses produced	Passing out of Nurse who get admitted in BSc nursing course.	DNS	MIS Data, Country Profile, HRD data sheet	
23	[4.2.2] Diploma nurses produced	Passing out of Nurse who get admitted in diploma nursing course.	DNS	MIS Data, Country Profile, HRD data sheet	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
24	[4.3.1] Staff trained on GMP	Number of staff have got training on Good Manufacture Practices(GMP)	DGDA	MIS Data, Country Profile, HRD data sheet	
25	[5.1.1] Incidence of malaria/ 10000 population decreased	The incidence of malaria rate is the number of new cases per population at risk in a given time period. We have to dcrease the rate	CDC, DGHS	MIS, DGHS and Health Bulletin	
26	[5.2.1] Prevalence of filariasis decreased to <1% in 14 out of 19 districts	Prevalence (Prevalence measures reflect already existing disease) of filariasis need to be decreased to <1% in 14 out of 19 districts	CDC, DGHS	MIS, DGHS and Health Bulletin	
27	[5.3.1] Deworming of school going children (5-12 years)	Children in the population are susceptible to worms, a major risk factor for anemia and malnutrition. Deworming of school children is a huge program involving children of 5-12 years twice a year in all school throughout the country.	IPHN, CDC, DGHS	MIS Data and Health Bulletin	
28	[5.4.1] Incidence of Kala-azar/ 10000 population in endemic area decreased	The incidence of Kala-azar rate is the number of new cases per population at risk in a given time period. We have to dcrease the rate.	CDC, DGHS	MIS, DGHS and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
29	[5.6.1] New case notification rate (sputum positive) increased	A patient with at least two initial sputum smear examinations (direct smear microscopy) AFB+; or one sputum examination AFB+ and radiographic abnormalities consistent with active pulmonary tuberculosis as determined by a clinician; or one sputum specimen AFB+ and culture positive for M. tuberculosis.	CDC, DGHS	MIS, DGHS and Health Bulletin	
30	[5.7.1] Prevalence of HIV & AIDS among IDU	Injecting drug use is dynamic. It is responsible for an increasing proportion of new HIV infections in many parts of the world including Bangladesh. The last surveillance conducted in 2007 found national prevalence of HIV < 1%.	NASP, DGHS	MIS, DGHS and Health Bulletin	
31	[5.7.2] Eligible HIV people on ART	Antiretroviral therapy (ART) are medications that treat HIV.	NASP, DGHS	MIS, DGHS and Health Bulletin	
32	[5.8.1] Patients screened	Cervical cancer constitutes 17,686 new cases annually and each year 10,364 women die from it in Bangladesh. It is the most common women cancer. To early detection of gthis cancer screening of ever married women is necessary	National Cervical Cancer Screening Program, DGHS	MIS, DGHS and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
33	[5.11.1] Service provider trained on autism and neurodevelopment	Autism spectrum disorder (ASD) and autism are both general terms for a group of complex disorders of brain development. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors. To address this ASD, we need trained service providers.	DGHS	MIS, DGHS and Health Bulletin	
34	[6.1.1] New Drug and vaccine testing laboratory to be established	In order to ensure the quality standard of drugs and vaccines, the government needs to evaluate the quality standard of each drug / vaccine available in the market on a routine basis. For this establishment of new drug and vaccine testing laboratory would be considered on the basis of priority.	DGDA	MIS, Data and Health Bulletin	
35	[6.2.1] Drug samples tested as per GMP and standard	It is essential for evaluation of manufacturing facilities of drugs and for ensuring use of safe, efficacious and good quality medicine in the country through testing the samples.	DGDA	MIS data and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
36	[6.2.2] Automation of drug registration system	Ensuring safe, efficacious and good quality medicine in the country, automation in the drug administration and management system is required.	DGDA	MIS data and Health Bulletin	
37	[6.3.1] Drug companies inspected and adhered to quality production of drugs	Manufacturing of safe, efficacious and good quality medicine in the country, drug companies inspected and adhered to quality production of drugs.	DGDA	MIS data and Health Bulletin	
38	[7.1.1] Preparatory activities for SSK piloting completed	MoHFW has developed the concept of a social health protection scheme: SHASTHYO SHUROKSHA KARMASUCHI (SSK). Initially the SSK scheme will be piloted in three Upazillas and cover only the Below-Poverty-Line (BPL) population. In the course of the project it will be decided if the scheme can be opened to Above-Poverty-Line (APL) population. On behalf of the BPL population the GoB will pay the premium and they don't have to pay any money at the point of service delivery. Health card will be provided to every BPL household.	HEU	HEU news letter and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
39	[7.2.1] AMC services extended	Strengthen alternative medical care (ayurvedic and homeopathic) services extended to public health facilities	DGHS	MIS, DGHS and Health Bulletin	
40	[8.1.2] Test done in National Food Safety Laboratory	Food safety is an important issue in Bangladesh. Food may not be safe, due to adverse weather conditions, inappropriate handling or inappropriate use of chemicals. There are not sufficient national standards to measure food safety, neither is there an effective institutional mechanism to enforce food safety at different places in the food chain. The National Food Safety Lab and the Bangladesh Food Safety Lab Network is performing test for adulterated foods.	IPH, DGHS	MIS, DGHS and Health Bulletin	
41	[8.2.1] Vit A supplementation increased	Infants and children have increased need of vitamin A to promote rapid growth and help combat infections. Inadequate intake of vitamin A at this age could lead to vitamin A deficiency. In severe cases, it may cause visual impairment (night blindness) or increase the risk of illness and mortality from childhood infections, such as measles and	NNS, DGHS	NNS bulletin and Health Bulletin	

## Section 4:

## Description of Performance Indicators, Implementing Department/Agencies and Measurement Methodology

Sl.No	Performance Indicators	Description	Implementing Department/Agencies	Measurement and Source of Data	General Comments
41	[8.2.1] Vit A supplementation increased	diarrhoea. Preventing these condition government is ensuring Vit A supplementation through national nutrition services.	NNS, DGHS	NNS bulletin and Health Bulletin	
42	[8.2.2] Nutrition corner increased	Nutrition corner is a designated service area at the Upazila Health Complex level and Community Clinics for ensuring the supply of vitamin A supplements (for mothers and children), iron/folic acid, calcium, de-worming tablets.	NNS, DGHS	Health Bulletin, NNS News letter	
43	[8.2.3] Breast feeding corner increased	Breast feeding corner is a specific area for creating ideal environment for the new mothers, in order to support the the nursing mother to continue breast feeding for their baby.	NNS, DGHS	NNS and Health Bulletin	

Section 5 :  
Specific Performance Requirements from other Ministries/Divisions

Organisation Type	Organisation Name	Relevant Performance Indicator	What is your requirement from this organisation	Justification for this requirement	Requirement from this Organisation	What happens if your requirement is not met
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## Section 6: Outcome of Ministry/Division

Outcome/Impact	Jointly responsible for influencing this outcome / impact with the following organisation (s) / division (s) / ministry(ies)	Performance Indicator (s)	Unit	Actual FY 12-13	Actual FY 13-14	Target FY 14-15	Projection FY 15-16	Projection FY 16-17
1 Reduced under five infant mortality		Infant Mortality Rate (under five)	No.	53	41	38	35	33
2 Reduced the maternal mortality		Maternal Mortality Rate	No.	194	170	150	143	138
3 Decrease total fertility		Total fertility rate (TFR)	per hundred	2.20	2.14	2.07	2.00	2.00
4 Child Malnutrition (under five)		Under five child malnutrition rate	per hundred	35.1	34	34	33	32
5 Expansion of the coverage of the Expanded Programme of Immunisation (EPI)		EPI coverage rate	% of targeted population	83	86	88	90	90

Whereas,

I, the Secretary, Ministry of Health and Family Welfare representing the Minister, Ministry of Health and Family Welfare , Government of the People's Republic of Bangladesh commit to the Cabinet Secretary, Cabinet Division, representing the Prime Minister, Government of the People's Republic of Bangladesh to deliver the results described in this agreement.

I, the Cabinet Secretary, Cabinet Division, on behalf of the Prime Minister, Government of the People's Republic of Bangladesh, commit to the Secretary, Ministry of Health and Family Welfare to provide necessary support for delivery of the results described in this agreement.

Signed,



Secretary  
Ministry of Health and Family Welfare

09 March 2015

Date



Cabinet Secretary  
Cabinet Division

09/3/15

Date

## Annex-1

## Acronyms

Sl.	Acronym	Description
1	AIDS	Acquired Immune Deficiency Syndrome
2	AMC	Alternative Medical Care
3	ANC	Ante-Natal Care
4	ART	Anti-Retroviral Therapy
5	BCC	Behavioral Change Communication
6	CAR	Contraceptive Acceptance Rate
7	CC	Citizen Chartered
8	CC	Community Clinic
9	CHCP	Community Health Care Provider

Annual Performance Agreement (APA) for Ministry of Health and Family Welfare -(2014-2015)		
10	CSBA	Community Skill Birth Attendant
11	DGDA	Directorate General of Drug Administration
12	DGFP	Directorate General of Family Planning
13	DGHS	Directorate General of Health Services
14	DH	District Hospital
15	EOC	Emergency Obstetric Care
16	EPI	Expanded Program on Immunization
17	FP	Family Planning
18	GMP	Good Manufacturing Practice
19	HIV	Human Immuno-deficiency Virus
20	IDU	Injectable Drug User
21	IEC	Information, Education and Communication
22	IMCI	Integrated Management of Childhood Illness

Annual Performance Agreement (APA) for Ministry of Health and Family Welfare -(2014-2015)		
23	MR	Maternal Mortality Rate
24	IST	In-service Training
25	LAPM	Long Acting Permanent Method
26	MCH	Medical College Hospital
27	MMR	Maternal Mortality rate
28	MOHFW	Ministry of Health and Family Welfare
29	NSV	No-Scalpel Vasectomy
30	PHF	Public Health Facilities
31	PKDL	Post Kala-azar Dermal Leishmaniasis
32	PNC	Post Natal care
33	RCHCIB	Revitalization of Community Healthcare Initiative in Bangladesh
34	RFST	Residential Field Site Training
35	SBA	Skill Birth Attendant

36	Annual Performance / Score	Annual Performance / Score
37	SSk	Shasthyo Shurokhsha Karmasuchi
38	UHC	Upazila Health Complex
39	VSC	Voluntary Surgical Contraception