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Operational Plan

1. Name of the Operational Plan (OP): Physical Facilities Development (PFD)
2. Name of the Sector Programme: Health, Population & Nutrition Sector Development Programme (HPNSDP).
3. Sponsoring Ministry: Ministry of Health & Family Welfare (MOHFW)
4. Implementing Agency: Health Engineering Department (HED)
Public Works Department (PWD) &
Military Engineering Services (MES)
5. Implementation Period :
 - a) Commencement: July 2011
 - b) Completion: June 2016
6. Objectives of the OP:

A. General Objective:

Establishment of modern Health, Population & Nutrition (HPN) services facilities through new construction and upgradation, renovation, extension, remodeling & conversion of the existing facilities across the country to provide need based HPN services to the communities of different areas/regions of the country.

B. Specific objectives:

- To establish and/or build different new Infrastructure facilities aiming at providing essential HPN services.
- To upgrade and renovate existing facilities such as Union Health & Family Welfare Centres (UHFWCs), Upazila Health Complexes (UZHCs), District Hospitals (DHs), Nurses Training Institute (NTIs), to meet the increasing demand of the population.
- To develop a user and gender friendly physical design for hospital such as children's corner attached to pediatric corner, breastfeeding corner, adolescent corner, privacy for nurses, and cafeteria for patients, family members and care takers, washing and drying facilities and conducive environment for disabled persons.
- To develop need based standard designs of facilities at different levels on the basis of population and demographic characteristics and disease patterns of the particular area along with consideration of the scarcity of land.
- Capacity building of human resources in Procurement, Management, Designing and planning etc. with a view to obtaining maximum efficiency & optimum benefits.
- To introduce online Services including e-procurement.
- To establish Procurement & Logistic Management Cell (PLMC) for promoting the stewardship role of the MOHFW to ensure quality and oversee procurement process.

7. Estimated Cost :

7.1 PIP and OP Cost

		(Taka in lakh)			
Approved cost of the PIP (Development Budget)		Total	GOB	PA (RPA)	Source of PA
		2217666.17	860350.12	1357316.05 (869791.03)	Pool fund & Non Pool fund
Estimated Cost of the OP.		481525.00	366940.00	114585.00 (104785.00)	Pool fund & Non Pool fund
Cost of OP as % of PIP		21.71%	42.65%	8.44% (12.05%)	

7.2 Estimated Cost (According to Financing Pattern):

		(Taka in lakh)					
Source	Financing Pattern	2011-12	2012-13	2013-14	2014-16	Total	Source of fund
GOB	GOB Tk. (Foreign Exchange)	45193.00	99636.00	99964.00	122147.00	366940.00	GOB & Pool Fund
	CD-VAT						
	GOB Others (e.g. JDCAF)						
	Total GOB	45193.00	99636.00	99964.00	122147.00	366940.00	
PA	RPA (Through GOB)	7473.75	23306.10	23456.10	39249.05	93485.00	Pool Fund
	RPA (Others)	870.00	2800.00	2850.00	4780.00	11300.00	Non pool JICA
	Sub-total RPA	8343.75	26106.10	26306.10	44029.05	104785.00	
	DPA	2075.00	2150.00	2150.00	3425.00	9800.00	GAVI USAID & others
	Sub-total DPA	2075.00	2150.00	2150.00	3425.00	9800.00	
	Total PA	10418.75	28256.10	28456.10	47454.05	114585.00	
Grand Total=		55611.75	127892.10	128420.10	169601.05	481525.00	

8. OP Management Structure and Operational Plan Components (Attached Management set up at Annexure-I):

8.1 Line Director : Joint Secretary (Dev. & ME), Ministry of Health & Family Welfare

8.2 Major Components of OP and their Programme Managers / DPM.

	Major Components	Program Manager	Deputy Program Manager
(a)	Up gradation of Facilities:	Superintending Engineer (P&A), HED	Assistant Engineer, HED
(b)	Construction of Facilities:		
(c)	Consultancy Services		Assistant Engineer, PWD
(d)	Periodical Maintenance of Infrastructures:		
		Deputy Secretary (Construction), MOHFW	Senior Assistant Secretary, MOHFW

8.3 Proposed manpower in the development budget: Not Applicable.

9. **DESCRIPTION:**

a. Background information

Bangladesh is a small country with a vast Population of about 150 million. In other words within a total area of 147570 sq.km as many as 150 million Population are presently residing. The density of Population per sq.km is about 1016 which is one of the highest in the world. Furthermore, the population is presently increasing at a rate of 1.48%. The existing facilities under the MOHFW are inadequate to cater to the increasing Health and Family Welfare needs of the people. In view of the rising trend of population, it is apprehended that unless the government goes for a large scale construction of new facilities, up-gradation & remodeling of existing facilities, it would indeed hardly be possible to provide required HNP Services to the People of the country.

In order to meet the increasing Health and Family Welfare needs of the people and to provide them better and/or modern services, Bangladesh will have to construct new facilities with suitable designs. We should inter alia include such facilities as (i) Crèche, prayer room, (ii) Child corner (iii) Breast feeding corner (iv) Changing and washing room for duty nurses (v) Comfortable waiting room (vii) Suitable conference room (viii) Facility for cleaning/washing clothes and drying by the patients & their care takers (ix) Cafeteria with modern amenities, etc. Facilities will be designed taking into consideration the scarcity of land and wherever possible, vertical extension will be given priority to minimize land requirement. In addition, feasibility of construction of all administrative offices under different agencies of MOHFW under the same premise shall be duly assessed depending of course on the availability of land and other related conditions. Construction of hospitals, residential and other facilities would be constructed as a complex, as and where possible.

The existing establishments presently having no such facilities as mentioned, shall however be given necessary support for essential Upgrading, Conversion, Reconstruction, Remodeling, Renovation, etc. While designing new facilities, due consideration will be given to demographic and geographic characteristics with a special focus on building disaster resilient structures. New and upgraded facilities construction will be synchronized with the provision of essential manpower, equipments, logistics and other supplies.

There is no denying fact that for shortage of adequate Nurses, Medical Technicians, Paramedics, etc. in the Health and Family Welfare Sector, the Govt. objective of providing modern and latest health services to its people might remain a myth. Construction of some Institutions/Colleges (NC, MATI, IHT, etc), alongside hospitals shall also be necessary. It will not be out of place to mention here that establishment of new training Institutes/Colleges will help provide skilled and qualified manpower to the public sector owned hospitals and also a source of meeting the need of technical personnel in the private sector. Besides, persons achieved degrees or certificates from these institutions/ colleges might as well be a source of earning valuable foreign exchange for the country by rendering their services abroad.

A huge number of the country's populations (about 76%) are presently living in the villages. Govt. therefore, attaches a high priority to the Construction, Upgrading, Repair, & Maintenance of facilities in the rural areas in particular. To this end, the Govt. has decided to set up physical facilities even at the level of village/ward. By now as many as 11,123 Community Clinics (CCs) have been set up at different villages/wards of the country. The govt. plans to set up one such Clinic for every 6000

population in the rural areas. Thus the total number of 13,500 CCs shall be established in the rural areas of the country.

In the above situation, it is proposed to go for a large scale construction of new facilities, alongside upgrading and renovation of existing facilities from the village to the National level to render required and better Health and Family Welfare facilities to the people in the country under this Operational Plan(OP) covering the period from 2011-2016.

Most of the works related to new construction, up-gradation, repair and maintenance under MOHFW shall be executed by HED. PWD along with Department of Architecture shall also implement some works under MOHFW as per decision of the Ministry. MES shall execute expansion of one hospital.

Current situation

Government of Bangladesh is constitutionally committed to provide health care services to the people of the country. To implement this commitment, the Government has no other option but to make all possible efforts to bring essential health services right to the door steps of the people. To ensure smooth and uninterrupted delivery of health services to the people, there is an urgent need for construction of new facilities with simultaneous upgradation, renovation, repair and maintenance of the existing ones both under the revenue & development budgets.

- a. Under the Operational Plan (OP) of “Physical Facilities Development” within the perview of HNPSP, a good number of infrastructures have been completed by HED, PWD, MES & ICDDR'B. The physical works implemented by HED include 251 Nos. Upgradation of Upazila Health Complex from 31 to 50 Bed, 16 Nos. Upgradation of District Hospital from 50 to 100 Bed, 62 Nos. Upgradation of Mother & Child Welfare Centre (MCWC) from 10 to 20 bed, 09 Nos. Construction of New 31-Bedded Upazila Health Complex, 15 Nos. Construction of 20-Bedded Hospital, 02 Nos. Construction of Nursing College, 65 Nos. Construction Upazila Store, 01 No. Construction of 200-Bedded Dental College & Hospital, 02 Nos. Construction of 100-Bedded Diabetic Hospital, 04 Nos. Conversion of Medical Assistant Training School (MATS) into Medical Assistant Training Institute (MATI), 01 No. New Construction of Medical Assistant Training Institute (MATI), 01 No. Construction of FWVTI, 04 Nos. Construction of Institute of Health Technology (IHT), 01 No. Construction of Fouzderhat Tropical & Infectious Dieses Control Institute under Chittagong District, 19 Nos. Construction of Doctors Quarters in the District Hospitals, 01 No. Construction of 13-Storied Family Planning Bhaban, 01 No. Construction of Mother & Child Health Training & Research Centre, 01 No. Construction of Govt. Tibbia College and 585 Nos. Construction of Union Health and Family Welfare Centers. 01 No. 25 Bed Shishu Hospital, 06 Nos. Nurses Training Institute, Construction of 08 Nos. New 20 Bed MCWCs, 1441 Nos. Upgradation of UH&FWCs, 384 Nos. Periodical Maintenance of Health & Family Planning Facilities, 80 Nos. Repair & Renovation of Health & Family Planning Facilities affected by SIDR in 2007.

- b. Under the same OP, the PWD have executed as many as 12 infrastructure categories which are : 03 Nos. Construction of ICU & Casualty Unit in Medical Colleges, 01 No. Upgradation of Comilla Medical College Hospital from 250 to 500 bed, 05 Nos. Construction of Trauma Centre, 01 No. Construction of 200-Bedded Ladies Hostel at Rajshahi Medical College Hospital, 01 No. Construction of 250-Bedded Sheikh Naser Specialized Hospital at Khulna, 01 No. Construction of 250-Bedded TB Hospital at Shaymoli, Dhaka, 01 No. Upgradation of Mymensingh Medical College Hospital from 500 to 1000 bed, 01 No. Construction of Asthma Centre at Mohakhali, Dhaka, 08 Nos. Construction of Internee Doctors Hostel under Medical College Hospital, 01 No. Establishment of Coronary Unit under Jessore Sadar Hospital, 08 Nos. Construction of Ladies & Nurses Hostel under Medical College Hospital, 05 Nos. Modernization of Rangpur, Rajshahi, Barisal, Chittagong & Sir Salimullah Medical College Hospitals. Over and above MES has executed construction of one 500-Bed Hospital at Kurmitola, and ICDDR, B has executed a construction namely expansion of Hospital at Mohakhali, Dhaka.
- c. Some 277 Nos. of facilities under HNPSP could not however be completed by June, 2011 for various reasons. To ensure continuation and optimum utilization of these incomplete but ongoing activities have been carried over to the HPNSDP as remaining works and will be considered as priority.

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

A survey shall be conducted for the need assessment of new construction and up-gradation of facilities. All the information from the survey report shall be represented through mapping. Previously a base line survey had been conducted by HED (former CMMU) which will have to be updated and enhanced. Besides, a master plan will be developed based on GIS for all construction to address the geographical variation of the physical facilities.

A master Plan of Mohakhali Health Zone will be prepared by the Department of Architecture, Ministry of works for Mohakhali health zone. The works related to new construction, upgradation, remodeling & renovation etc. shall be taken in hand within Mohakhali Health Zone only after completion of preparation of the Master Plan.

Need Assessment & Prioritization

A high power Committee headed by Additional Secretary, Ministry of Health & Family Welfare was formed to scrutinize different demands received from various political leaders and organizations to assess their priority in the context of present health care needs of the people.

This prioritization was made following some criteria which include:

Demography

The areas where density of population is comparatively high was given priority to provide essential services to a larger number of the people.

Geographical situation

The remote areas which are not easily accessible and not adequately linked were considered for selection as it is difficult for the people of those areas to get health services at the time of need.

Disease prone areas of the country were given weight in selection of project and/or work.

Bed occupancy rate

In selecting the hospitals bed occupancy rate was taken into consideration. Areas where the number of patients were more than bed facilities got preference.

Availability of present health care facilities

In recommending projects the existing health care facilities in the areas were properly analyzed/examined.

Cost effectiveness

While recommending project(s) their cost effectiveness was taken into account.

Brief Profile of Physical Facilities:

Sl No	Name of facility	Existing nos. up to June, 2011	Constructed during HNPSP	To be Constructed under HPNSDP	Upgraded up to June, 2011	To be Upgraded under HPNSDP
1	UH&FWC	3860	584	254 (200+54*)	1441	800
2	UZHC/50 Bed Hospital	418	9	16 (13+3*)	251	161(111**+50*)
3	District Hospital	59	-	-	16	18
4	MCWC	98	8	14	62	-
5	10 bed Hospital	14	2	48	-	-
6	20 bed Hospital	23	15	7*	-	-
7	IHT	8	5	13(10+3*)	-	-
8	MATS	8	1	5	4	-
9	NTI	43	6	-	-	15
10	NC	8	2	8(7+1*)	-	-
11	FWVTI	12	-	-	-	8
12	RTC	20		1*	-	
13	Medical College	14		4*	-	-
14	Diabetic Hospital	2		1	-	-
15	Specialized Institutes/Hospital	13		1	-	-

* Remaining Works (On going)

** Out of 111 UZHCS 109 Nos. are to be upgraded from 31 to 50 Bed & 02 Nos. from 50 to 100 Bed

♦ Source: MIS DGHS, DGFP, NIPORT

MOHFW website

Relevance to the National Policies

The Government of Bangladesh has separate Health, Nutrition and Population Policies. The main focus of these policies is to build a healthy Nation. The policies address the issues like access to service, deprivation of nutrition and also gender gaps. With a view to achieving the above targets and to uphold the National Policies, the MOHFW has taken a massive program for construction, up gradation & renovation of facilities at primary, secondary and tertiary levels for adequate preventive, clinical and rehabilitative care.

Relevance to the Sectoral Policy

During the period of HPNSDP, MOHFW will try to strengthen its coordination and functional relationship with other ministries involved in providing health services. It will try to bring gradually new and existing parallel projects of MOHFW under SWAp modalities. A true SWAp would encompass both urban and rural health services (ie. MoLGRDC, MOHFW and MoCHTA), as well as the buy in and participation of other players, including the Ministry of Finance (MoF). In addition, it would include a clear strategy for working with the private sector- something which is essential given that more than half of all health expenditures in Bangladesh takes place in the private sector. It would also include a formal mechanism with the large NGO sector in the country to fill the gap where the MOHFW services are either inadequate or cannot be reached. PFD will do the construction of the facility but the same will be made operational by other players where they have relative advantages.

Relevance with MDG

In line with Millennium Development Goals and targets the strategies of GoB identify the key investments required to accelerate the modernization of the HNP sector of Bangladesh so that it becomes more responsive to clients' need, more efficient in the delivery of services and above all more effective in providing key services to the poor. By reinvigorating program efforts directed at improved maternal health, improved nutrition, reduced child mortality, reduce fertility and disease control, PFD is expected to contribute significantly to the achievement of health related MDGs. The National strategy for economic growth and social development of the Government of Bangladesh is very much related to the poverty reduction. MOHFW have taken up a massive program for renovation and construction of physical facilities at primary, secondary and tertiary levels for providing adequate clinical facilities and residential accommodation. The enhanced public facilities will reduce the abnormally high and casual treatment cost which cause huge financial burden on poor families and their relatives, plunging them into permanent penury. The expansion of general health facilities will increase the scope of access of women to health care, which will greatly facilitate women's development. The health-risk of females be reduced and their involvement in income generating activities will simultaneously be increased. In brief women will have an easy access to different national building activities and this help empowerment of women of the country to a significant extent.

Relevance with Vision 2021

The vision is to see the people healthier, happier and economically productive to make Bangladesh a middle income country by 2021. The strategy inter alia aims at expanding access of people to health services and to increase coverage and quality of services. The Operational Plan is quite in line with the vision and seeks to improve the health of the population of the country. The strategy shall by and large convert a vast section of the country's population into healthy and productive manpower which in turn shall help reduce the present unemployment and poverty in the country.

Relevance with Sixth Five Year Plan

In the Sixth Five Year Plan the strategy of the Government of Bangladesh for economic growth and social development is very much related to the poverty reduction through human development. Government is committed to ensure that its citizens are provided with opportunities to realize their full potential. Reducing poverty and improving health are two pre-requisite to achieve this objective. Better health is a direct outcome of economic development and a stronger economy brings about a radical improvement in the health status of a country's people. Economic growth depends on improved productivity, which is only possible if there is healthy workforce with appropriate education and skill. PFD is going to address these issues by increasing coverage, improving efficiency and effectiveness in resource utilization and improving the distributional effectiveness of its service by targeting public resources better to priority needs.

Relevance with MTBF

The government's key objectives in the health sector are to promote pro-Poor health and to reduce the inequalities in health service provision. The number of health facilities presently existing in the country are inadequate and their distribution across the country is inequitable as well. The Government wants to set up more health facilities in the country in an equitable as well to provide essential health care facilities to its people. While setting up these facilities focus and/or emphasis shall be given to such areas which are inhabited by poor people and where there are no such facilities now. The priority measures taken in the MTBF includes expansion of hospital infrastructures at Upazilla, District and specialized level facilities to provide hospital based service to all classes of people. For the purpose of MTBF budgeting, PFD will formulate single work plan every year by the end of December/January so that both the development and non development programmes budget for the next financial year can be prepared on the basis of such a work plan. The work plan will propose and/or suggest allocations for upcoming financial year and also make projection for the next two years. The proposed single Work Plan will be a useful tool for budget preparation. Efforts will be made to enhance budget for the HPN sector for wider coverage of health care through prevention of resource wastage and improvement of efficiency in the health system.

Related Strategy in the PIP

The government of Bangladesh seeks to create a condition whereby the people have the opportunity to reach and maintain the highest attainable level of health as a fundamental human right and social justice. GoB has targeted to achieve MDG 4, 5, 6 and part of the MDG 1 and 7 and also health related vision 2021 in the next sector program.

To this end government intends to establish a people oriented and people responsive health care, particularly emphasizing the needs of women, children, adolescents, the elderly, the poor and the marginalized through developing an effective, efficient and sustainable health service delivery. The HNSDP PIP document sets out strategies as follows

- Scaling up services for the achievement of the targets of MDG 1, 4, 5 and 6 by 2015
- Expanding access to health services for priority communicable and non communicable diseases
- Improving health equity for the poor and geographically marginalized population

The physical facilities Operational Plan is prepared in line with the above strategies. Need based renovation and upgrading of the existing health facilities will continue along with constructing new facilities and installations. Physical designs of the health facilities need to be gender sensitive i.e. have space for crèche, child corner, breastfeeding corner for the service seekers and for changing and washing of duty nurses. Female patients or nurses should find a homely environment, to feel comfortable in the work place. New and upgraded facilities will be synchronized with the provision of manpower, logistics and supplies. While designing new facilities, consideration will be made of demographic and geographic characteristics with special focus on building disaster resilient structures. They will also ensure adequate infection control and waste disposal systems. Replication of one stop crisis centers needs to be scaled up at district level, first on a pilot basis.

Priority interventions will include:

- Mapping out the need for new constructions and that for upgrading of health facilities.
- Designing need based user and women friendly health facilities.
- Preparing a comprehensive plan for repair and maintenance of health facilities, equipment and vehicles along with budget requirement.

10. PRIORITY ACTIVITIES OF THE OP :

The main objective of the physical facilities development component of HPNSDP is to build and maintain physical facilities at all levels to meet the need of the increasing demand in Health, Population & Nutrition services in the country. In view of the above a massive Programme has been taken up in HPNSDP for overall development of physical facilities in the country. Considering emergent needs and fund limitations following component wise activities will be executed and/or implemented on priority basis during the HPNSDP period (2011-2016).

List of Priority Activities at a glance under PFD:

1. Upgradation of 109 nos. UZHC from 31 to 50 bed.
2. Upgradation of 02 nos. UZHC from 50-100 bed.
3. Upgradation of 18 nos. DH from 50/100/200 to 250 bed.
4. Vertical Extension of BCPS.
5. Upgradation of 15 nos. NTI to Nursing Colleges.
6. Conversion 100 Bed Sylhet Shahid Shamsuddin Hospital into 200 bed Child Hospital.
7. Construction of 200 nos. UH&FWC.
8. Construction of 13 nos. 50-Bed UZHC/Hospitals.
9. Construction of 14 nos. 10- Bed MCWCs.
10. Construction of 250-Bed Hospital at Polashpole, Satkhira.
11. Construction of 48 nos. 10-bed Mother & Child Health Care/ General Hospitals.
12. Construction of Health Bhaban (2nd phase).
13. Construction of 10 nos. IHT.
14. Construction of 02 nos. Shishu Hospital at Rajshahi & Barisal.
15. Construction of 05 nos. MATS.
16. Construction of Central Warehouse to preserve EPI vaccine at Mohakhali, Dhaka.
17. Construction of 100-Bed Child Hospital at Rangpur.
18. Construction of 07 nos. Nursing Colleges.
19. Construction of Nursing & Midwifery Bhaban at Mirpur, Dhaka.
20. Construction of HED Bhaban (1st phase), Dhaka.
21. Construction of 32 nos. Trauma Unit identified in different UZHC.
22. Establishment of Online Service including e-Procurement of HED.
23. Establishment of procurement and logistic management cell (PLMC) in MOHFW.
24. Construction of male and female hostels for Medical College students.
25. Construction of Bangladesh Institute of Health Management (BIHM).
26. Construction of 02 Nos. Male Nurses hostel.
27. Construction & Expansion of 07 Nos. Academic building of Medical Colleges.
28. Modernization & Extension of ICU & Causality Units in Medical College Hospitals 08 Nos.
29. Modernization and extension of medical college hospitals 08 nos.

Description of different components:

Component – 1: Construction & up gradation of work

Activity 1: Upgrading Facilities

Considering the inadequacy of health care facilities and their inequitable distribution between urban and rural areas, a huge number of infrastructures had been constructed from the national to the remote village level. By now about 3860 nos. UHFWC, 413 nos. UZHC and 59 Nos. District Hospital of various capacities have been established in the country. The prototype facilities have been established in union, upazila and district levels respectively though population and catchment area are not identical. As a result population now being served under many facilities are not proportionate and need to be rationalized. Considering population bed ratio, bed utilization and inconvenient communication links, remaining HFWCs, UZHC and DHs are required to be upgraded.

a. Upgrading UHFWCs

UHFWC is the grass root institution built for providing integrated health and family welfare services to the rural people at the union level. At the moment, UHFWCs headed by Medical officers render only outdoor treatment facilities. There is no indoor treatment facility either for mothers & children or for other patients needing emergency treatment. A large number of patients are rushing to the UHFWCs creating pressure on the existing facilities of the UHFWCs. Because of lack of adequate physical facilities, UHFWCs are failing to provide such required health and family welfare services as expected by the people.

In order to make the UHFWC a vital and effective centre for providing coordinated health and family welfare services including MCH services to the rural people, it has been proposed to upgrade UHFWCs. Meanwhile 1441 UHFWCs have been upgraded; remaining 1218 FWCs need to be upgraded in phases. During HPNSDP it is planned to upgrade 800 nos. of HFWC.

Activities:

- Construction of a MCH ward and delivery room.
- Construction of chamber for MBBS Doctor.
- Construction of protective boundary walls around the upgraded UHFWCs and creating separate, improved toilets for female clients.

b. Upgrading Upazila Health Complex (UZHC)

By now a total of 413 UZHC have been established in the country with 31 bed facilities having floor area of 14500-17500 sft and housing facilities covering floor area around 12000 sft varying from centre to centre. The UZHC with its present bed strength of 31 beds, however, finds it extremely difficult to properly serve the population around its catchment areas. As of now 301 nos. UZHC have been taken for upgradation out of which 251 nos. already upgraded. Govt. plans to upgrade another 111(109+2) nos. UZHC in phases for better and expanded health service to meet the growing needs of the people particularly in rural areas. Adequate space for storage of medicines and medical requisites will be ensured, and if required, additional storage place will be constructed.

In upgrading the health complexes particular attention as delineated below will be taken :

- i. Upazila Health Complexes having no Family Planning store, Family Planning office & services facilities shall have to be provided with these facilities.
- ii. Having only store and no offices & Service facilities shall have to be provided with office & service facilities.
- iii. Having only office & store and no service facilities shall have to be provided with service facilities.
- iv. The health complexes which has been identified for providing Trauma management service from among the 109 upazila health complexes which need to be upgraded and shall be provided with necessary trauma units with 10 beds.
- v. The selected upazila health complexes which have already been upgraded and identified for trauma units shall be provided with such unit. As many as 32 numbers of UZHC have been identified where trauma unit need to be established in phases.

Activities:

- Creation of 19/50 additional bed facilities.
- Construction of ramp for disabled persons.
- Establishment of 3 (three) modern OTs, labor room and other related facilities..
- Construction of store to stock vaccines, drugs, other supplies.
- Spacious waiting place for male & female clients/attendants separately at OPD.
- Provision of cleaning facilities.
- Creation of Nurses rest room/dress change room.
- Separate dispensing counter for male & female patients.
- Separate, improved toilets for female clients.
- Residential accommodation for consultants and doctors and other officers and staff.
- Remodeling, Repair & Renovation of the existing facilities.
- Safe medical waste disposal system.

c. Up-gradation of District Hospitals (DHs)

The secondary health care is provided at the district level through district hospitals where the bed strength now varies from 50-250 beds. Most of these district hospitals were constructed quite a long back without adequate provision for future needs and as such most of them presently are not in a position to serve properly the fast growing population. There are only fifteen 250 beded district hospitals in the country. The existing health facilities being inadequate to serve the present needs of the people, there is an imperative need to carryout upgradation of many of these facilities, while remodeling and/or renovation would be necessary in others. Considering the present health needs of the people, the Government has taken a decision to upgrade the existing hospitals up to 250 beds. Upgrading District hospitals will help them treat better the referral cases coming from UZHCs/UHFWCs. Adequate space for storage of medicines and medical requisites will be ensured, and if required, additional storage room will be constructed. Strengthening of District

hospitals will improve delivery of essential health and family welfare services significantly and the load of tertiary care level will be reduced. It is, therefore, proposed to upgrade 18 DHs under the HPNSDP.

Activities:

- Creation of 50/150/200 additional bed facilities.
- Construction of ramp for disabled persons.
- Establishment of modern OTs, labor room and other related facilities.
- Construction of store to stock vaccines, drugs, other medical supplies.
- Spacious waiting space for male & female patients separately at OPD.
- Provision of cleaning utility.
- Nurses rest/dress change room.
- Separate drug dispensing counter for male & female.
- Additional improved toilet facilities for the male & female patient separately.
- Residential accommodation for consultants and doctors and others officers and staff.
- Remodeling, Repair & Renovation of the existing facilities.
- Establish safe medical waste disposal system
- Strengthening emergency, diagnostics services and blood transfusion
- Strengthening services of six selected hospitals on pilot basis.

Activity-2: Construction of facilities

a. Construction of Union Health & Family Welfare Centers (UHFWCs)

Primary Health Care has been identified as an essential element to ensure sound health to the people. In order to bring the essential Primary Health Services at the doorsteps of the people living in rural areas, Government has decided to construct UHFWCs all over the country.

As of now there are as many as 4500 Nos. Union Parishad across the country. So far only 3860 nos. of UHFWCS have been Constructed/RD upgraded. But yet UHFWCs need to be constructed in some 370 union parishads, where presently no such health and family welfare facilities as UZHC, MCWC, UHFWC, etc. exist. During HPNSDP period it is planned to construct 200 Nos. of UHFWC out of 370 remaining unions where these facilities are presently non-existent. UHFWCs shall be constructed in the place of RD where RD presently exist and where there is no RD, the HFWC shall be constructed on selection of new suitable sites.

Activities:

- Two storied building about 3600 sft shall be constructed.
- Providing improved toilet facilities for the male & female patients separately.

b. Construction of 10 Bed MCWCs

The establishment of MCWCs is required to facilitate the delivery of Health & Family Welfare Services to Mothers & Children and to enable them to have an easy access to such essential service facilities. In view of above, a total of 98 MCWCs have since been established in the country out of which 62 are in the District Head Quarters and still 02 Districts are yet to be covered. Considering the inadequacy of Mother & Child Care Health Facilities and their inequitable distribution of services, establishment of 14 MCWCs have been proposed under the next Sector Program. 10 Bed MCWCs might preferably be constructed in the premises of existing HFWCs of that Union, provided necessary lands are available.

Activities:

- Construction of Clinic building, with FWV & Doctors' quarter
- Providing improved toilet facilities for the female patients.

c. Establishment of Nursing Facilities

Nursing profession is an indispensable segment of health system. There are 17,605 posts in the public nursing services and education. Out of which 15,086 are working in the public sector and 2,519 posts are vacant (DNS: Jan 2011). About 3000 are working abroad. For maintaining the minimum standard 76000 more nurses in the country will require to be produced. At present the government has a plan to raise the number of nurses to 33000. There are 8 Nursing Colleges (NCs) and 43 Nursing Training Institutes (NTIs) all over the country in public sector and 22 NTIs in private sector. But there is a negative balance between need and supply of Nurses. Hence more NCs need to be established to meet the existing acute shortage of Nurses in the country. The establishment of NCs aims at providing higher education in the field of Nursing so that they can provide better health care services to the people. These qualified Nurses will be of the International standard and will also be able to get employment abroad. Furthermore, this will considerably help Government aim of empowering women in Bangladesh. Construction of 6 nursing colleges and up gradation of 15 NTIs to Nursing Colleges are proposed to be implemented during HPNSDP period.

Activities:

- Establishment of Nursing College (Academic Building & Admin. Bldg. Hostel Bldg. Staff Quarter, Guest House, Car Garage, Pump House and Sub-Station, Guard Room etc).

d. Establishment of IHT

Establishment of IHT shall help production of Laboratory Technicians. This will on the one hand help reduce the existing shortage of laboratory technicians in the country and on the other hand the technicians will be a source of remitting foreign exchanges to the country by getting jobs abroad. Consequently unemployment & poverty shall be reduced to some extent. In view of above, so far 5 nos. IHT have been established and 3 nos. are under construction. Another 10 (ten) nos. IHT are proposed to be constructed during HPNSDP period.

Activities:

- Construction of academic building with separate male & female hostel and other residences for principal, teacher and staff.

e. Establishment of 10-Bed Mother and Child Health Care/General Hospital

It is observed that in a number of cases some pockets or clusters have naturally been formed with a part of a Upazila and parts of other surrounding Upazilas. These pockets are generally far away from the Upazila Health Complex and difficult to reach particularly during the rainy season. The people living in such pockets or clusters are mostly poor and poverty stricken and can't easily have essential health services from the Upazila Health Complexes which are far away from their houses/homes. The present democratic Govt. attaches a high priority to the improvement of health status of the people and is committed to bring essential health services to the door steps of the

people living in the rural remote and hard to reach areas of the country. Further, some Upazila Health Complexes have been set up at places which are far away from Upazila head quarters. As a consequence, inhabitants of the Upazila Head quarters including govt. & private officials and employees of different commercial enterprises are presently being deprived of essential health services from such Upazila health complexes. The Govt. has, therefore, taken a plan to establish 10 - bed Mother and Child Health Care Hospital in the different pockets or head quarters of the Upazilas so that people living in those areas may get health services close at their door. In order to meet the fast growing Mother and Child health care needs, it is planned to set up 48 Nos. 10-bed Mother & Child Health care hospital with out-door treatment facilities in these hard to reach and/or remote or in accessible area of the country. 10 Bed Mother and Child Health Care Hospital might preferably be constructed in the premises of existing HFWCs of that Union, provided necessary lands are available.

Considering surrounding environment some 10 bed General Hospitals including MCH services are also planed to be established in the different pockets/hard to reach area and in different land port of the country to meet essential health care need of the people there. These Hospitals are to be set up at the places as mentioned in the OP.

The establishment of the above facilities shall on the one hand ensure general health care services to the people at large and on the other hand shall provide improved and special treatment and service facilities to the mother and child. This would invariably have positive impact on child and maternal morbidity and mortality.

Activities:

- Construction of hospital, Consultant's & Doctors quarter & Dormitory, Nurses dormitory and class-II & class-III dormitories. Construction of ramp for disabled persons. Establishment of 2 (two) modern OTs, labor room and other related facilities. Adequate space for storage of medicines and medical requisites will be ensured.

f. Nursing and Midwifery Bhaban

Health is an integral element for the development of a country. Nursing profession is an indispensable segment of health system. Nursing profession is often defined as knowledge based on science for dealing with human in very crucial ailing moment. Nursing and midwifery services are vital for attaining health and development targets. They form the backbone of health systems around the globe and provide a platform for efforts to tackle the diseases that cause poverty and ill health. But it is a matter of regret that nurses have no central office of their own. They are working in a hired houses and facing many serious problems in discharging their assigned duties such as lack of co-ordination, smooth running of administration, office management and monitoring, etc. A central office for the nurses, is therefore, needed to bring about a significant improvement in the smooth functioning of Nursing Sector.

g. Construction of 50 Bed Upazila Health Complex / Hospitals

In the past 31-bed hospitals were set up in the upazila health complex in the country. Subsequently taking into account the population growth, decision was taken to go for construction of 50-bed hospitals at the newly created Upazilas directly. It will be cost effective in as much as construction cost are likely to increase with passage of time. Govt. has , therefore, planned to establish 12 Nos.

50 Bed UZHCs at different newly created Upazilas. Further 01 No. 50 Bed Hospital proposed to be constructed at Khadimpara near shah Poran Mazar, Sylhet.

h. Construction of Shishu Hospitals

The Govt. attaches very high priority to the improvement of child and maternal health. There is only one 25 bed govt. Shishu hospitals in the country which is totally inadequate to serve the increasing number of child patients. To look after the health care needs of the children, govt. has decided to establish Shishu hospitals at every divisional head quarters of the country in phases. To start with govt. plans to set up 3 Shishu hospitals at Barisal, Rajshahi including conversion of 100 bedded Shahid Shamsuddin Hospital to 200 bed specialized children hospital. The establishment of the proposed Shishu hospitals will go a long way towards reducing the child mortality rate in the country to a great extent.

i. Construction of Medical Assistant Training School (MATS)

Govt. has so far set up 8 no. of MATS across the country aiming at bringing out qualified Paramedics to assist the MBBS doctors and to dispense medical services independently to the patients.

The existing number of MBBS doctors and also the Paramedics are by far too small to satisfactorily serve the increasing health needs of the people. Govt. has, therefore, decided to set up 5 more MATS in the country.

J. Different offices

Many of the agencies of DGHS, DGFP & HED have presently no offices of their own, others are working in dilapidated houses of their own and some other are working in hired houses. For satisfactory functioning of these offices and to ensure better co-ordination among them govt. now proposes to set up a total number of 46 offices {(HED circle offices at Khulna, Rajshahi & Chittagong (3), HED Divisional offices at Tangail, Dinajpur, Jessore & Noakhali (4), HED Assistant Engineer's offices at Chandpur & Joypurhat (2), Divisional offices for Directorate of Health Services (2), Civil Surgeon offices (10), Family Planning offices at District & Division Level (25)}. These offices at the Divisional/District levels may be set up in the same premises depending on the availability of land and other conditions. This will not only help cost effectiveness but also ensure better co-ordination and management. Local branch of the DGDA may also be included in these office complexes.

K. HED Bhaban

All most all other departments of the govt. have their own office buildings/Bhabans but HED has no such office building now. For better management of the overall assignment of HED, there is an immediate need for construction of HED office Bhaban at the head quarter. In constructing the head office for HED particular and/or special case shall have to be attached to the selection of site for it. A suitable and sophisticated building taking into care the multiple needs of the Health Engineering Department shall have to be constructed.

L. Other Health and Family Welfare Facilities

Besides the above mentioned facilities, it is proposed to undertake some other facilities such as Construction of Health Bhaban (2nd phase), Dead House and Autoclave room in District Hospitals, Construction of Central Warehouse to preserve EPI vaccine, Construction of Divisional Family Planning office, Construction of Bhola Regional Warehouse, Remodeling & capacity build-up of Central Warehouse (CWH) at Mohakhali, Dhaka, Construction of Fistula Centre at DMC, Extension of FWVTI and construction of 50 bed diabetic Hospital at Gopalgonj Construction of a HED Inspection Banglow at Cox'sbazar. Remodeling and renovation of existing Upazila family planning stores to meet efficiently the increasing need of Heath and Family Welfare Services of the people across the country. Further, in the future it might be necessary to undertake different other physical works as well depending on demands from higher authorities of GOB, after the assessment of their needs.

M. Periodical Maintenance of Infrastructures:

Till date about 16000 different health infrastructures have been constructed and more than 900 are under process of completion. But due to lack of regular repair & maintenance many of the completed facilities are failing to serve the people as per expectation. For regular maintenance and repair, some allocation is made through the revenue budget which is highly inadequate. Therefore, in many of the structures some components such as electric fixtures, water supply and sewerage system are indeed in a dilapidated condition. Furthermore, facilities are not often kept in a neat and clean condition. Thus the situation now prevailing in those facilities are unfavorable for providing quality care. The allocated revenue budget is not sufficient to complete a cycle of maintenance and cleaning of facilities. Day to day cleaning and up-keeping and periodic maintenance at least once in every 2-3 years are of utmost necessity to keep these facilities functional.

A comprehensive maintenance plan would be prepared for the health and family welfare facilities for smooth maintenance, to avoid repetition and attain cost effectiveness. The plan would have a target for total repair and maintenance of all existing facilities in phases inclusive of adequate maintenance budget.

N. Remaining works of HPNSP:

Construction & up gradation works under Physical Facilities Development through HNPSP have been executed by HED, PWD & MES. Some 277 Nos. of facilities under HNPSP could not however be completed by June, 2011 for various reasons. To ensure continuation and optimum utilization of these incomplete but ongoing activities have been carried over to the HPNSDP as remaining works with attachment of due priority. A list of such remaining works which are presently under execution by HED and PWD is furnished as Annexure-C.

Component -2 Procurement of Goods:

Activity -1: Procurement of Vehicles

Jeep: As per approved Organogram of HED there are 31 jeeps for rendering the service of HED out of which 7 were replaced and 10 nos. have been purchased during the financial year 2010-2011 under PFD during HNPSP and remaining 14 jeeps were procured by the CMMU development budget during the period 1989 to 2003. The average age of the old 10 jeeps are around 15 years and they are now in a dilapidated condition and calls for frequent repair & maintenance incurring huge financial burden. The proposed procurement of 10 jeeps will replace the old dilapidated 10 Jeeps.

Pick up: There is provision for procuring 25 Pickups in the OP. These Pickups will be used by the Executive/Assistant Engineers office at the district level for program monitoring, field supervision including emergency repair & maintenances. At present there is however no such vehicles the Pickups will be suitable for multipurpose use like travel, transportation and carriages, etc.

Motor Cycles: There are around 5000 UH&FWCs /Sub-Centers and 13500 Community Clinics throughout the country, most of which are situated in remote places where movement with large vehicles is not convenient. Motor cycles are suitable for the purpose. At present there are 129 Nos. Motor cycles in the possession of HED which were purchased between the year 1986-2000. Out of 129 Motor Cycles 100 need immediate replacement. There is plan to procure 100 motor cycles during OP period. Motor cycles will be used by the field level staff and will be highly useful for field supervision during construction and repair and maintenance.

Microbus: Microbus will be required by large group visitors for survey, site selection, supervision, monitoring of construction, repair & maintenance works. It will be cost-effective in the long run of the program management.

After completion of the HPNSDP the vehicles will be included in the TO&E of the HED according to the government policy. POL and maintenance of the vehicles will be borne from the operational expenses of HED. Manpower will be attached from the department.

Procurement list of the vehicles given in the **Annexure VI**

Activity -2 : Procurement of Furniture & Equipments:

Procurement of furniture & equipments will be done as per the list given in the **Annexure IV &V.**

Component – 3 : Capacity Building

The overall purpose of the OP is to establish modern Physical Facilities all over the country in the HNP sector improving the performance, capacity building, procurement decentralization and hence to improve the health care of the people of Bangladesh. Training will enhance the capacity to identify priority needs, resource mobilization and optimum resource utilization. It will increase efficiency of the health care providers which will ensure service coverage and quality. There will be scope for facility builders to have exposure and experiences on modern health architecture in home and abroad. It will help to bridge the crisis gap of experienced people in modern hospital architecture. Training will develop the ability of comprehensive procurement planning, technical and financial management. This will eventually ensure efficiency, accountability and transparency. As learning is a continuous process there is always ample scope to enhance and/or improve knowledge through effective training.

Procurement Plan of Local & Foreign Training given in the **Annexure VII.**

Component-4 : Procurement of Service

Activity-1: Consultancy services for design, supervision & monitoring of construction & up gradation works:

To ensure proper design, supervision, timely completion, quality of works, etc. it is proposed to hire architect & engage architectural and engineering Consulting Firms. They will assist Health Engineering Department (HED) in the overall quality implementation of the works. Government expertise particularly from PWD, HED and Dept of Architecture would however be considered for the preparation of design and drawing as well as supervision to avoid large scale appointment of

consultants. Numbers of consultants would be kept as minimum as possible throughout the course of implementation and existing PPR/PPA and other related guidelines shall be followed for the consultants' recruitment.

Component-5 : Establishment of procurement and logistic management cell (PLMC):

The government of Bangladesh have promulgated Public Procurement Act 2006 and Public Procurement Regulations 2008. The regulations are accompanied by "The Public Procurement Processing and Approval Procedures" (PPPAP), which stipulate the processing time for the approval of all procurement decisions. Nevertheless, procurement continues to face a challenge to support adequate and timely program implementation in Bangladesh particularly in the health sector. Procurement Performance has shown both strengths and weaknesses.

To address this major challenge, the Ministry of Health and Family Welfare (MOHFW) proposes to establish a Procurement and Logistics management Cell (PLMC) to oversee procurement and supply chain activities within the MOHFW under the five year (2011 – 2016) Health, Population and Nutrition Sector Development Program (HPNSDP) in order to strengthen and assist the office of the Joint Secretary (Dev & Medical Education). The cell would be responsible for coordinating and supervising decentralization, training and capacity building efforts, including those required within key procuring entities. It will also maintain liaison and intervene with parties outside the authority of procuring entities, such as the Central Procurement Technical Unit (CPTU), Finance Ministry, NGOs etc.

Out of seven procuring agencies, only the Central Medical Stores Department (CMSD), the Procurement and Logistics Unit of the Directorate General, Family Planning (DGFP) and the Health Engineering Department (HED) are considered agencies with good procurement capacity based on the World Bank's (WB) experience as well as the number of procurement-proficient staff in those agencies. The other agencies are i.e. NASP, CDC, NNS and ESD. The lack of procurement capacity results in weak procurement management operations which in turn leads to significant delays in project implementation. This coupled with probable exposure of the low capacity procuring agencies to issues resulting in complaints, re-tendering and external influence, may negatively affect the project risk ratings Under the HPNSDP, only CMSD, DGFP Procurement and Logistics Unit and HED are being considered as procurement entities, with oversight and support from the PLMC.

The PLMC will provide technical support to the MOHFW in overseeing functions of all procuring and supply chain entities under the MOHFW. Functions of PLMC is attached as **Annexure-A**.

Component -6 : Procurement Audit:

Procurement audit by the Ministry of Health and Family Welfare will be carried out to ensure effective periodic monitoring of procurement activities in the OP. Two audits will be carried out one at the end of second year and another at the closing of HPNSDP. IMED may be engaged for procurement audit according to existing rules and regulations.

Contract Management and Implementation of physical Facilities Development (PFD) Operational Plan :

Health Engineering Department (HED) under the Ministry of Health and Family Welfare will be responsible for Contract Management and Implementation of the Physical Facilities which are assigned under the OP of PFD. Chief Engineer, HED will act as the Head of Procuring Entity in HED part in respect of Financial delegation of power as per guideline PPA-2006 and PPR-2008 and concerned development partners/Donors.

Public Works Department (PWD) of the Ministry of works shall also be responsible for execution of the works which are assigned and/or entrusted under the OP of PFD. Additional Chief Engineer (Health Wing), PWD will be responsible for overall implementation/execution of health physical facilities.

In the same manner, Military Engineers Services (MES) shall also execute/implement one work namely expansion of Kurmitola 500 bed general hospital.

Line Management: Joint Secretary (Development & Medical Education) MOHFW will work as the Line Director of the OP. She/He will hold the financial & administrative responsibilities of the OP. Superintending Engineer (P&A), HED, Superintending Engineer (PCC), PWD will act as Program Manager from the respective department. Deputy Secretary (Development) will be the Program Manager (Procurement) and Deputy Secretary (Construction) will act as the Program Manager (Coordination). Program Manager (Coordination) will directly report to the LD. PM (Coordination) will be assisted by 3 DPMs, namely 1.DPM (HED) 2.DPM (PWD) 3. DPM (Procurement & Finance). DPM, HED and DPM, PWD will be Assistant Engineer of the respective Implementing Agency. There will be one dedicated office of the LD which will be located within the ministry.

The implementing agencies will be represented by the PM (HED), PM (PWD) respectively who will be preferably a Superintending Engineer and link the LD office & Chief Engineer's office. Necessary manpower of the dedicated LD office will be attached from implementing agencies.

HED & PWD will Plan, implement & monitor the construction, extension & renovation of the facilities. They will be responsible for quality & timely completion of works & other relevant procurement. DPMs will assist PMs in discharging their entrusted responsibilities more effectively. DS (Construction) will act as PM (Coordination) will be responsible for overall Coordination of OP. He will be the focal point in the ministry and maintain link the implementing agencies with the ministry and eventually the LD. PM (Procurement) look after the procurement planning & process of the overall HPNSDP program. She will also be responsible for training programs. DPM (Procurement & Finance) will assist him/her processing the duties.

Miscellaneous:

Strengthening of Health Engineering Department (HED)

Ministry of Health and Family Welfare, established Construction and Maintenance Management Unit (CMMU) in 1992 for construction, upgrading, remodeling and maintenance of different Health and Family Welfare Facilities, merging Construction Maintenance Cell (CMC) established

in 1979 for family planning wing and the Building Planning & Design Unit (BPDU) established in 1974 for the health wing. CMMU has been reorganized now as the Health Engineering Department (HED) with the status of a full-fledged directorate under the Ministry of Health and Family Welfare. The present strength of manpower in different categories as well as available logistics is inadequate compared to their work load. As a result, the strengthening of HED is urgently called for. During the period of HPNSDP (2011-2016), the work load of the HED is supposed to increase as they would be entrusted with most of the construction, upgrading, remodeling & repairing/maintenance of different facilities under Ministry of Health and Family Welfare (MOHFW). In handling the expected enhanced work load, there would be need for further strengthening of HED engaging more personnel in design section as well as at the supervisory level with more logistic support. Furthermore, proper training to the existing manpower will also have to be provided.

On line services will have to be introduced which would include procurement & installation of computers and other accessories. Presently HED has no office building of its own. For better management of the overall assignment of the HED, construction of HED Bhaban at Head quarter and Circle & Division offices at the Circle/Division levels will be required.

Activities:

- Establishment of HED Bhaban and Office Bhaban for Circles & Divisions.
- Procurement of vehicles, computer and others necessary requisites.
- Introducing online services to HED including e-procurement.
- Arrangement of training facilities at home and abroad.

Social Safeguard Issues

The multi-component HPNSDP aims to establish a people oriented and people responsive health care delivery system which will be gender sensitive and concentrate more on children, elderly and adolescent, poor and the marginalized. Furthermore, MOHFW intends to develop an efficient and sustainable health care delivery system with special emphasis on the development of a sustained health service delivery system. The program component II: Strengthening Health Systems aims to strengthen the various health systems required to effectively implement the various service delivery activities. Main activities will include extension/upgrading and renovating existing facilities and build new ones at the Union, Upazila, district and national levels.

It is expected that civil work activities, such as upgrading/renovation of existing facilities and construction of health care and educational facilities, proposed under component II “Strengthening Health Systems” of HPNSDP would involve issues related to the World Bank’s and other Development Partners (DPs) operational policies on social safeguards. Social safeguards issues are generally expected to relate to the DP safeguard principles. The nature and magnitude of impacts will be determined on a continuing basis with finalization of facility location and engineering designs. The proposed Social Management Framework of the MOHFW will provide the basis to prepare and implement Resettlement Plans (RPs) and Indigenous Peoples Plans (IPPs), as and when required to mitigate adverse impacts due to the physical facilities development. The SMF will be applicable to the activities financed by the World Bank and/or the pooled Funds

Basic Principles for Social Safeguard Issues:

In consideration of the potential adverse impacts associated with land acquisition and displacement of authorized and unauthorized private activities from its own (and other public) lands, MOHFW will select, design and implement all development and construction activities in accord with the following principles:

- Prior to selection specific facilities for upgrading or new construction, MOHFW will undertake community and stakeholder consultations about their objectives, scopes, and social safeguard implications, especially with respect to land acquisition and displacement from its own lands (and other public lands, if they are also likely to be used for the development and construction activities). Consultations will be of both formal and informal nature with the various kinds of stakeholders.
- Unless absolutely required, MOHFW will avoid private land acquisition and design the development and construction activities to the extent feasible in ways so that displacement of economic and other activities from private and public lands are minimized.
- MOHFW will avoid, to the extent feasible, development and construction activities that will threaten cultural way of life of IPs; severely restrict their access to common property resources and livelihood activities; and affect places/objects of cultural and religious significance (places of worship, ancestral burial grounds, etc.).
- MOHFW will undertake social screening of all development and construction activities to identify potential social safeguard issues, and adopt and implement impact mitigation measures consistent with the social safeguard policies of GOB and the DPs, including the World Bank.

Implementation Arrangement of Social Safe guard

Joint Secretary (Development and Medical Education) of MOHFW is the person in charge of physical facilities development under the program. With designated staff at the ministry level, the JS would ensure that the provisions of the SMF are implemented as and when the individual healthcare facilities are found to raise social safeguard issues. With regards to construction/improvement works, Health Engineering Department (HED under MOHFW) and the Public Works Department (PWD) will implement the civil works in the health sector. A designated staff/consultant will assist HED and PWD to monitor and coordinate land related issues and impact mitigation activities under the supervision of the JS. At the local level, assisted by the consultants the designated HED and PWD field staff will screen the proposed facilities to identify the potential social safeguard issues, assess impacts and prepare and implement the required impact mitigation plans.

Training and Capacity Building:

HED and PWD have little experience in dealing with resettlement and indigenous people's issues in the manner stipulated in this SMF. It is thus proposed that both organizations will arrange to train their staff who would be designated to oversee SMF implementation, including preparation and implementation of the impact mitigation plans like RPs and IPPs.

Environment Management Issues:

Constructions of Health Care Facilities (along with maintenance activities) involve various activities resulting in degradation of environment in many ways. They involve various steps like

- Clearing of area,
- Excavation of site and disposal of earth,
- Disposal of construction materials,
- Accommodations of labour including their food preparation, water supply, provision of sanitation etc. also include production of wastes which require proper disposal.

Disposal of all these activities during construction period will be done in a Environment-friendly manner. Proper construction management practices will be followed to avoid environmental pollution, ecological degradation along with health and safety concerns to the workers and public health of the vicinity. An environmental guideline during construction (containing technical, social and financial aspects) will be provided to the construction agency during signing of contract, which has to be complied with by the contractor. It will be monitored during construction for ensuring environmental protection.

Scheme Summary:

Experience shows that at times even after completion of physical construction of facilities and/or infrastructures these can not be made functional and remain unutilized. To overcome the situation a self contained scheme summary for each category of health facilities need to be prepared containing overall estimated cost, manpower, vehicles, medical equipment and stores, furniture, MSR, etc. This will help linking up simultaneous actions of other related OPs and ensure full functioning of facilities soon after their completion.

For large and proto-type structures, a scheme summary will be prepared as per PIP budget provision which will be approved by competent authority under MOHFW.

Adherence of Rate Schedule for Works/Goods:

The works shall have to be implemented and/or executed in compliance with the new rate schedule of PWD issued in 2011. Further in the future, works would be executed taking into account the changes rate schedule which might possibly be subsequently made by PWD. Accordingly OP shall have to be revised and/or recast through adjustment of enhanced cost.

Work Execution under IDA Fund :

All works executed under IDA Fund is Prior or Post Review as per Thresholds. Prior Review Thresholds of IDA Fund is as follows:

Sl. No.	Description	IDA (Prior Review)
a.	Each contract for goods and works procured on the basis of International Competitive Bidding .	✓
b.	The first contract for goods by each procuring entity following the National Competitive Bidding method, regardless of value, and thereafter all contracts estimated to cost US\$ 600,000 equivalent or more, regardless of the procedure	US\$ 600,000 equivalent or more
c.	The first contract for works following the National Competitive Bidding method, regardless of value, and thereafter all contracts for works estimated to cost US\$ 1,000,000 equivalent or more, regardless of the procurement method applied;	US\$ 1,000,000 equivalent or more
d.	Each contract for consultants services provided by a firm , estimated to cost the equivalent of US\$ 200,000 or more;	US\$ 200,000 equivalent or more
e.	Each contract for services of individual consultants , estimated to cost the equivalent of US\$50,000 or more	US\$50,000 equivalent or more
f.	All contracts for goods and non-consultant services procured through Direct Contracting , and all contracts for consultants services procured under single source selection .	✓

Cross Cutting Issues:

Coordination is needed regarding construction and maintenance of facilities with the Operational Plan of MNCAH, ESD, CBHC, MCRAH, FPFSD, TRD, NES & Hospital Services Management.

1. Relevant Result Frame Work Indicators and OP level indicator (s): Base line, Projected Target for the planned year:

11.1 Relevant RFW Indicators

Indicators(s)	Unit of Measurement	Base line (with Year and Data Source)	Projected Target (Mid-2016)
(1)	(2)	(3)	(4)
1. % of facilities having separate, improved toilets for female clients	percentage	51% Health Facility Survey(BHFS) 2009	75%

11.2 OP level indicators (Output/Process)

The activities under this OP will work towards the strengthening of the health system. Namely, they will contribute to Results 2.6, Improved infrastructure and maintenance.

Sl.	Indicators	Baseline (June'2011)	Projected Target	
			Mid 2014	Mid 2016
1	Number of Hospitals/health facilities constructed/renovated to make them gender and disability friendly (ramp, separate commode toilet and sitting arrangement)	NA	50%	90%
2	Percentage of Contracts awarded within initial Bid validity period	NA	70%	85%
3	Percentage of procurements used “online procurement system”	NA	50%	100%
4	Number of existing FWC physically upgraded to UHFWCs for improved MCH services	1441	400	800
5	Number of UZHC upgraded from 31 – 50/ 50 to 100 bed hospitals	251	60	161 (111***+50*)
6	Number of Hospitals upgraded to 250 bed hospitals	16	4	18
7	Number of newly HFWCs constructed	3860	75	254 (200+54*)
8	Number of MCWC constructed	98	4	14
9	Number of 10 bed Mother & Child Health Care/General Hospital constructed	37	27	55 (48+7*)
10	Health Engineering Department (HED) Building constructed	NA	50%	100%
11	Number of Nursing Institute Upgraded/ constructed	43	7	15
12	Number of Facilities maintained / repaired of different category.	NA	UHFWC: 100 UZHC:10 DH: 03	UHFWC: 200 UZHC: 30 DH: 08

Along with other criteria gender and disability friendly hospitals/ facilities also include provision of Ramp, improved toilet facilities, separate sitting arrangements etc.

* Remaining works (ongoing)

** 109 Nos. UZHCs upgraded from 31 to 50 BED & 02 Nos. from 50 to 100 Bed.

Reason for Change of Indicator : Indicators as furnished in the PIP have been Changed in the OP taking into account the changes occurring in between the preparation time of PIP & OP. These has been done to make the indicators rational and realistic.

11.3 Source and methodology of data collection to measure/preparation of annual progress report

The two main engineering department namely H ED & PWD and also MES will be the major source of data collection. DGHS, DGFP, PLMC and field level offices of different agencies under MOHFW will also act as a source. The methodology will be Monthly progress report and direct information collection and development of a web portal.

15. Log-frame:

	NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE Indicator	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Programme/OP Goal	<p>The Goal is to ensure quality and equitable health and family planning services established for the citizens of Bangladesh with special attention to the disadvantaged and the underserved – poor, women, children, elderly, marginalized and disabled through the development of modern health and family planning facilities.</p>	1. All the planned construction, renovation, up gradation, repair & maintenance completed from 2011 to 2016.	1. Progress report 2. verification report	<p>1. Construction cost may increase 2. Coordination among the stakeholders exists 3. No substantial change in the government policy 4. Litigation will not arise Land Acquisition & Contract management 5. Natural calamities like flood, cyclone does not occur. 6. Political un stability may hamper 7. Quality & quantity may hamper due to faulty design & Lack of adequate & close monitoring 8. Delay in fund disbursement 9. Noh of DPs commitment 10. Timely appointment of consultant & contractors/supplier 11. Retention of management staffs</p>
OP Purpose	<p>1. Establishment and/or creation different new facilities aiming at providing essential health and family welfare services keeping in view the rising trend of population in the country.</p> <p>2. Upgradation and renovation of existing facilities such as Union Health & Welfare Centres (UHFWCs), Upazila Health Complex (UZHC), District Hospitals (DHs), Nurses Training Institute (NTIs), in order to meet the increasing demand based on bed utilization, communication link and over all fundamental requirement of the catchments area.</p> <p>3. Develop a user and gender friendly physical design for hospitals such as children's corner attached to pediatric corner, breastfeeding corner, adolescent corner, privacy for nurses, cafeteria for patients, family members and care takers, washing and drying of clothes and conducive to disabled persons and as men's comers.</p> <p>4. Develop standard designs for various levels of care as per the population and demographic characteristics and disease patterns of the particular area.</p> <p>5. Ensure to develop a proportionate health care facilities considering the size, number and category of the construction to suit the requirement of people in a given area.</p> <p>6. Development of capacity building of human resources in the office (procurement, management, designing etc.) as well as in the field with a view to obtain optimum benefits.</p> <p>7. During implemented period of construction, upgradation, renovation, extension, remodeling & conversion of the existing Health and Family Welfare facilities. a large number of poor people will get jobs as labour, mason, carpenter, plumber, electrician etc. which would help a alleviate poverty.</p> <p>8. Through construction of community clinics primary health care services shall be provided to the rural people at their door steps.</p> <p>9. Through establishment of hospital and medical colleges opportunity of health services shall be improved and a larger number of female doctors/nurses shall be employed. This will help empowerment of women.</p> <p>10. Establishment of NCs shall provide opportunities to acquire higher degrees in nursing and in consequence the highly trained nurses shall be able to get jobs abroad and remit available foreign exchange to the country. This too will help empowerment of women and poverty.</p> <p>11. Establishment of IHT shall help production of Laboratory Technicians. These will on the one hand help reduce the existing shortage of laboratory technicians in the country and on the other hand the technicians will be a source of remitting foreign exchanges to the country by taking jobs abroad. Consequently unemployment & poverty shall too some extent be reduced.</p> <p>12. As a result of increase in the number of beds increasing population of the country shall get essential health care services and standard of services too shall be improved.</p> <p>13. Through daily, routine & periodical maintenance of existing facilities shall be kept functional and ensuring their hygienic condition at all the time.</p> <p>14. Ensuring health care services to the people of remote and in accessible areas through construction of facilities such as 20-bed general hospitals including MCH services in those areas.</p> <p>15. Service rendered by the newly constructed MCWCs and upgraded UHFWCs the rate of maternal & neonatal death shall be reduced.</p> <p>16. Overall improvement in quality of life through modern treatment facilities.</p>	To reach from the existing number to the expected number within 2011-2016	1. Physical verification 2. Inventory verification	

	NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE Indicator	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
OUTPUTS	<p>1. Upgradarion & renovation of 800 UH&WC</p> <p>2. Upgradation of 109nos. 31 bedded UZHC to 50 beds.</p> <p>3. Upgradation of 02 UZHC from 50 to 100 bed</p> <p>4. Up gradation of 50/100/200 bedded district hospital to 250 beds 18 nos</p> <p>5. Vertical extension of existing BCPS Bhaban.</p> <p>6. Conversion of nursing training institute to nursing college 15 nos</p> <p>7. Upgradation of FWVTI through vertical extension 8 nos</p> <p>8. Upgradation of Bangladesh Korea Friendship Hospital From 30 bed to 50 bed 1 no</p> <p>9. Further Development of 500 bed Kurmitola Hospital 1 no</p> <p>10. Remodeling of central warehouse in Mohakhali (FP) 1 no</p> <p>11. Up gradation of UZHC (2nd Phase) 5 nos.</p> <p>12. Conversion of 100 bed Shahid Samsuddin General Hospital to 200 bed Child hospital in sylhet 1 no</p> <p>13. Remodeling of Upazila FP store 100 no</p> <p>14. Remodeling & renovation of existing HED office in Coxbazar 1 no</p> <p>15. Remodeling of Store of District hospital 10 nos.</p> <p>16. UH&FWC constructed 200 nos.</p> <p>17. 50 bed UZHC /Hospital constructed 13 nos.</p> <p>18. Upz Family planning office cum store and service established through expansion of UZHC 100 nos.</p> <p>19. Construction of MCWC 14 nos.</p> <p>20. Regional Ware House at Bhola Constructed 1 No</p> <p>21. Construction of 250 bed Hospital at Satkhira 1 no</p> <p>22. 10 bed Mother & Child Health Care/ General Hospital 48 nos.</p> <p>23. Construction of Institute of Health Technology 10 nos.</p> <p>24. Construction of Shishu Hospital in Barisal & Rajshahi 2 nos</p> <p>25. Construction of 100 Bed Child Hospital at Rangpur 1 no</p> <p>26. Construction of MATS 5 nos</p> <p>27. Construction of Nursing College 7 nos</p> <p>28. Establishment of National Fistula centre in Dhaka 1 no</p> <p>29. Construction of Tibbyia College at Sylhet 1 No</p> <p>30. Construction of Male & Female hostels in different Medical Colleges 8 nos</p> <p>31. Construction of Male Nurse Hostel in Chittagong & Rajshahi 2 nos</p> <p>32. Construction of Dead body house at different hospital 4 nos</p> <p>33. Construction of Trauma Unit in Selected UZHC 32 nos</p> <p>34. Construction of Central Vaccine Warehouse at Dhaka 1 no</p> <p>35. Construction of Health Bhaban (2nd phase) 1 no</p> <p>36. Construction Nursing & Midwifery Bhaban 1 no</p> <p>37. Construction of HED Bhaban 1 no</p> <p>38. Construction of different administrative offices 48 nos</p> <p>39. Construction of Inspection Bunglow at Coxsbazar 1 no</p> <p>40. Procurement of vehicles 137 nos.</p> <p>41. Appointment of Consultant 12 nos.</p> <p>42. Capacity building of Officers & Staffs of MoH&FW on procurement 1050 nos</p> <p>43. Establishment of PLMC in the MoH&FW 1 no</p> <p>44. Construction of boundary wall & installation of gas in FWVTI Sylhet 1 no</p> <p>45. Construction of 50 Bed Diabetic Hospital at Gopalgonj 1 No</p>	Nos. of facilities upgraded/constructed.	<p>1. Progrsss report</p> <p>2. Physical verification report</p>	<p>1. Construction cost may increase</p> <p>2. Coordination among the stakeholders exists</p> <p>3. No substantial change in the government policy</p> <p>4. Litigation will not arise Land Acquisition & Contract management</p> <p>5. Natural calamities like flood, cyclone does not occur.</p> <p>6. Political un stability may hamper</p> <p>7. Quality & quantity may hamper due to faulty design & Lack of adequate & close monitoring</p> <p>8. Delay in fund disbursement</p> <p>9. Noh of DPs commitment</p> <p>10. Timely appointment of consultant & contractors/supplier</p> <p>11. Retention of management staffs</p>

	NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE Indicator	MEANS OF VERIFICATI ON	IMPORTANT ASSUMPTIONS
INPUTS	<ol style="list-style-type: none"> 1. Preparation of a realistic procurement plan 2. Allocation of resources 3. Recruitment of staffs 4. Consultants support 5. Capacity building of management personnel 6. Preparation of realistic procurement plan. 7. Selection of site after assessing their priority. 8. Selection of construction contractor. 9. Procurement of goods for necessary logistic support. 10. Strengthening of HED by way providing additional Man-Power in design section as well as in the supervisory level with more logistic support. 	<ol style="list-style-type: none"> 1. To have a procurement plan 2. ADP allocation 3. No of staffs recruited as per OP. 4. No of consultant recruited as per OP 5. No of training awarded. 	<ol style="list-style-type: none"> 1. Document review 2. Service contract 3. Physical verification 	<ol style="list-style-type: none"> 1. Ambitious procurement plan 2. No substantial change ADP allocation in DPs commitment 3. Delay in appointment of consultants & project staffs due to procurement barriers 4. Frequent turn over of the trained staffs

TOR of PLMC(Draft).

The PLMC will be headed by the Joint secretary (ME & Development), MOHFW and overall guidance by the Secretary, MOHFW comprising of several technical team members having expertise in all aspects of procurement management, both national and international particularly World Bank. PLMC will work in the following areas.

a. Procurement

- Develop standard documents (e.g. Bidding Documents, Bid Evaluation Reports, Contract Formats, Notification letters etc.) for use by procuring entities of HPNSDP;
- Prepare General Procurement Notices (GPN) on behalf of MOHFW for publication and assist MOHFW in responding to all queries and requests from the development partners;
- Support MOHFW to play the stewardship role to ensure quality procurement plan preparation, bidding document preparation and bid evaluation;
- Provide Technical support to all entities on procurement of services, including – reviewing of Term of Reference, EOIs, Request for Proposals and evaluation and award of contract for services.; and
- Technical Review for all procurement proposals and documents for processing required approvals by MOHFW in accordance with PPR & Donor's guideline.
- Review procurement documentation to ensure compliance to PPA, PPR and all Donor Guidelines and Rules/procedures
- Assist the MOHFW in contracting out for consultants and non-consultancy services.
- Facilitate procurement of relevant items of OP's under MOHFW;
- Set up a system to receive and manage complaints on contract packages and assist MOHFW in documenting and resolving all complaints expeditiously.

b. Logistics and Coordination

- Establish system to monitor stock levels of key commodities (goods, medicine, furniture & equipment) on a regular basis;
- Facilitate the establishment of appropriate manual and/or electronic inventory control and warehouse management systems at all levels
- Oversee on time installation and commissioning of equipment;
- Develop and maintain a database to track the status of equipment in the MOHFW to facilitate repair, maintenance and breakdown reporting.

c. Planning, Monitoring, Evaluation and Reporting:

- Ensure preparation of the annual consolidated procurement plans for both GOB and RPA funding and facilitate the submission to the World Bank for prior review;

- Provide technical support for realistic needs assessment of the different procurements under HPNSDP;
- Prepare annual Procurement report;
- Introduce an online procurement tracking system to monitor the procurement process and provide updates and suggestions for action to the Joint Secretary (ME and Development) of MOHFW;
- Generate quarterly PROMIS status reports to DPs;
- Facilitate annual independent post procurement audits;

d. Capacity Building

- Provide technical and strategic guidance on effective procurement management for the HPNSDP of the MOHFW;
- Provide technical advice and support to all procuring entities and assist MOHFW in overseeing their functions.
- Recommend a set of mitigation measures and actions to improve the efficiency of the procuring entities;
- Develop Procurement Procedures Manual for the MOHFW in line with PPA, PPR and WB guidelines;
- Develop comprehensive training program to build capacity for procurement and supply chain management
- Conduct training and other capacity building activities for all procuring entities as well as all LD offices in line with CPTU procedures;
- Facilitate the introduction of e-Procurement systems in the MOHFW

Organization of PLMC:

Joint Secretary (development & ME) will be the head of PLMC. Permanent and temporary consultants will be hired by the USAID through MSH. For the development of the ministry expertise and sustainability, officers from the ministry will be posted/ deputed there. Supporting staffs will also be hired or deputed from the ministry.

Detailed Description:

Technical Assistance: Technical assistance for the setting up and activities of the PLMC will be provided initially by MSH/SPS with funding support from USAID. Full time procurement consultant will be hired in the PLMC for this purpose. In addition short term consultants will also be provided from time to time for specific capacity building measures. For the sustainability of PLMC ministry will take initiative for permanent post creation.

Supply Chain Information Portal: PLMC will maintain a supply chain information portal for the MOHFW. It will monitor procurement plan implementation through an on-line tracking system until the supply, installation and/or delivery of goods, works and services are completed. A

standard specifications data base, product catalogue and an updated list of drugs registered with the Department of Drug Administration will also be available on this portal.

Monitoring Stock Levels of Health Commodities: The PLMC will set up a mechanism to track the stock-status of key commodities.

Capacity building: PLMC will arrange capacity building activities including training programs in procurement and Logistics for the officers of the entities in line with the provision of PPR and World Bank guidelines. There will also be a focus on strengthening institutional capacity for procurement and supply chain management activities.

Management of Medical Equipment: Medical equipment management has been a major challenge for the MOHFW. PLMC will set up and maintain a database for major equipment that will track their life cycle histories (purchase dates, price, company, condition, installation, repair, maintenance, rejection, etc.); secondly, the PLMC will create and maintain an inventory of procurement and supplies from the stores to the end users, through a tracking system. These inventories can be placed in all the government hospitals, major offices, and academic training facilities of the ministry. It will monitor installation and maintenance of all major Medical Equipments in health facilities including idle equipments.

Bidding Documents and Bid Evaluation Reports: The PLMC will be responsible for reviewing all Bidding documents. It will examine the documents to ensure that they are in compliance with the provisions of PPA/PPR and WB guidelines and also as per the qualification criteria specified in the bidding documents.

MOHFW Procurement: The PLMC will be a facilitator for procurement of items of OPs under MOHFW by offering technical support and also assist in the procurement of consultancy services. Usually Line Directors will do their own procurement but if it crosses the threshold value they will send it to the Joint Secretary (Development & Medical Education) for completing the procedure.

Coordination with Development Partners: Procurement plans will be referred to World Bank for 'No objection'. The PLMC will coordinate with the World Bank and other DPs regarding Procurement Plans and other matters. All the queries of DPs will be routed through the PLMC. Quarterly PROMIS status report to DPs will also be generated and distributed by the PLMC.

Central Complaint Registry: Complaint management is an important activity in the procurement process. A central registry of complaints will be maintained by the PLMC to register and facilitate expeditious resolution of all complaints.

Procurement Audit: The PLMC will facilitate procurement audits and monitor the actions on the points raised in the audit process.

Procurement Notices: The PLMC will be responsible for sending the General Procurement Notices for publication and prepare annual procurement report of MOHFW.

14. Location wise break-up of the components (Attached as Annexure-B)

Name of the components	National	Estimated cost	Name of division	Estimated cost	Name of District	Estimated cost	Name of Upazila	Estimated cost

15. Log-frame (As per Annexure-II)

16. Annual Procurement Plan for Goods, Works, Services (Annexure-III a,b,c).

17. List of Machinery & Equipment (Annexure -IV):

18. List of Furniture- Fixture (Annexure -V):

19. List of Vehicle (Annexure - VI):

20. List of training and estimated cost (Annexure VII) :

21. Related Supporting Documents (if any) : Comparative Statement of Works Executed under HNPSP (2003-2011) and Proposed Works under HPNSDP (2011-2016)- Attached as Annexure-D.

22. Name & Designation of officers
Responsible for the preparation
Of this OP

: M. A. Rahim Moral
Superintending Engineer (P&A)
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Head Quarter, Dhaka.

: Md. Mahabob Hassan
Superintending Engineer (PCC)
Public Works Department (PWD).
Segun Bagicha, Dhaka.

: Dr. MD. Shajedul Hasan
Deputy Secretary (Construction)
Ministry of Health & Family Welfare

: A S M Syedul Alam
Executive Engineer
Health Engineering Department (HED)
Head Quarter, Dhaka.

: Abul Quiyum Khan
Assistant Engineer (Electrical)
Health Engineering Department (HED)
Head Quarter, Dhaka.

23. **Recommendation and Signature of the Head of the Implementing Agency**
With seal & date

: Signature of the Head of the Executing Authority
Joint Secretary (Dev. & ME) and Line Director

24. **Recommendation of the Signature of the Secretary of the sponsoring Ministry**
With seal & date

: Signature of the Secretary of the Ministry of Health & Family Welfare.