



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

**Operational Plan
Pre-Service Education
July 2011- June 2016**

**Health Population and Nutrition Sector Development Program
(HPNSDP)**

**Directorate General of Health Service
Mohakhali, Dhaka-1212
September -2011**

Pre-Service Education (PSE)

Index

Sl No	Contents	Page No
1.	Name of the OP, Objective of the OP , Estimated Cist, PIP & OP Cost	3
2.	Estimated Cist of the OP (According to Financing Pattern), OP Management structure and operational plan, Major Component of OP and their PM/ DPM, Manpower in development budget	4
3.	Description- Background information	5-6
4.	Component of OP	7
5.	Related Strategy in the PIP	8
6.	Priority activities of the OP, OP level indicators	9
7.	Source and methodology of data collection to measure/preparation of annual progress report.	10
8.	Estimated summary of development budget	11
9.	Estimated detailed budget (Input wise)	12
10.	Year wise physical and financial target during OP period	13
11.	Location wise break up of the major components	14-15
12.	Organogram (Annexure-I)	17
13.	Logical Framework (Annexure-II)	18-19
14.	Procurement Plan of Goods, Annexure-III (a)	20-31
15.	Summary of Cost Estimates of Machineries and equipment (Annexure-IV, a, b, c, d, e)	32-41
16.	Summary of Cost Estimates for Computer & Accessories & other Office Equipment (Annexure-IV (f-1,2,3 & 4), (g-1,2,3 & 4).	42-46
17.	Cost Summary of Furniture and Fixture (Annexure-v)	47-82
18.	List of Vehicles, (Annexure-VI)	83
19.	List of Training & Estimated cost (Annexure-VII)	84
20.	Establishment of Monitoring and Evaluation Mechanism in all medical institutes (Annexure-VIII)	85-86
21.	List of Equipment, Machineries, Computer, Furniture & Vehicles and other materials procured under HNPSP (2003-2011) (Annexure-IX)	87-89

Operational Plan

1. Name of the Operational Plan (OP) : **Pre-Service Education (PSE)**
2. Name of the sector Programme : Health, Population and Nutrition Sector Development Programme (2011-2016)
3. Sponsoring Ministry : Ministry of Health & Family Welfare.
4. Implementing Agency : Directorate General of Health Services
5. Implementation Period
 - a) Commencement : July-2011
 - b) Completion : June - 2016

6. Objectives of the OP:

General objective

To improve the quality of pre-service medical education in both professional and technical areas.

Specific Objectives -

- I. To strengthen capacity for pre-service medical education;
- II. To improve the Medical Education Units & Medical Skill centers at academic institutions;
- III. To update the curriculum of the medical education to international standards.

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 fund
	2,217,666.21	860,350.12	1357316.05 (869,791.03)	Pooled and Non-Pooled
Estimated Cost of the OP	59500.00	23485.00	36015.00 (31515.00)	Pooled Fund including JICA and USAID, WHO, Others
Cost of OP as % PIP	2.68%	2.72%	2.65% (3.62%)	

7.2. Estimated Cost of the OP (According to financing pattern) :

(Taka in lakh)

Financing Pattern		FY: 20011-2012	FY: 20012-2013	FY: 20013-2014	FY: 20014-2015 & 20015-2016	Total	Source of Fund
GOB	GOB Taka	7,498.00	6,213.00	4,943.00	4,831.00	23,485.00	GOB
	CD Vat	-	-	-	-	-	
	Sub total GOB	7,498.00	6,213.00	4,943.00	4,831.00	23,485.00	
PA	RPA(GOB)	7,009.00	8,307.00	8,831.00	7,368.00	31,515.00	Pooled Fund including J ICA
	Other than RPA	-	-	-	-	-	
	DPA	593.00	555.00	1,226.00	2,126.00	4,500.00	WHO
	Sub Total PA	7,602.00	8,862.00	10,057.00	9,494.00	36,015.00	
Grand Total		15,100.00	15,075.00	15,000.00	14,325.00	59,500.00	

8. OP Management Structure and operational Plan Components (Attached Management set up at Annexure-1)

8.1) **Line Director** : Director, Medical Education & HMPD

8.2) **Major Component of OP and their Programme Manager (PM)/Deputy Programme Manager (DPM) :**

Sl. No	Major Components	Programme Manager	Deputy Programme Manager
1.	Supply, services & acquisition of assets in different medical teaching institutions	Deputy Director, Medical Education PM	Assistant Director, Medical Education, DPM
2.	Improvement of Medical Education Units & Medical Skill centers at academic institutions		Assistant Director HMPD, DPM
3.	Capacity building existing and future medical institutions	Deputy Director Medical Assistance PM	Assistant Director Medical Assistance DPM
4.	Quality Assurance Scheme for Public and Private Medical colleges.		Medical Officer, Medical Education, DPM

8.3. Manpower in the development budget :

(Taka in lakh)

Sl. No.	Name of the Post	Number of Post	Pay scale	Grade	Consolidated pay per person/month	Total Month	Total Pay
	A. Officer						
			Nil				
	B. Staff						
	Total (A+B)						

09 . Description:

- a) Background information, Current situation and its relevance to National Policies, Sectoral policy, MDG, Vision 2021, Sixth five year plan, MTBF etc.

i) Background Information:

The Operational Plan of Pre-service Education is mainly concerned with quality education of medical/dental graduates and health technologist. Under previous sector program HNPSP, Pre-service medical education (PSE), was one of the important functional areas of HRD for producing appropriately skilled personnel to meet the health sector needs. During the HPNSDP, previous efforts will be continued to further improve the quality of medical education and of paramedics and other auxiliary personnel and ensure its appropriateness to community needs, monitoring and evaluation of the regular curriculum updating and quality assurance in medical education.

Protecting the health of the public heavily depends on properly prepared and well organized health system which is able and available to meet the community's health needs in all parts of the country. And the performance of health systems depends on the knowledge, skills, motivation and deployment of the people responsible for organizing and delivering these services. To develop a well performing health workforce and meet the increasing need for quality services, it is essential to ensure strong pre-service education and in-service training systems. Efforts to strengthen pre-service education primarily focus on the teaching institutions responsible for its implementation. Although these institutions play a critical role, there are other factors and stakeholders that influence pre-service education that must be recognized and addressed if strengthening efforts are to be effective.

There is increasing consensus globally as well as locally that the education of health professionals is failing to keep pace with the scientific, social and economic changes transforming the healthcare environment and there are increased movement in public and private sector in Bangladesh to tackle the current inadequacies of health professional education.

Bangladesh has a large number of educational and training institutes for producing health professionals in various areas. They provide a congenial environment to those who are interested in conducting research activities, Side by side private medical education facilities are expanding rapidly. At present 65 Medical colleges, (21 public- 18 old and 03 newly created and 44 private), 14 Dental college (01 public & 13 private) & 09 dental unit attached to government medical colleges (02 old & 07 new) and 52 medical assistant training schools (08 public and 44 private) 70 Institute of Health Technology (IHT) (06 public and 64 private) are producing related health services providers.

Health sector requires a large variety of skilled health manpower to support and manage a wide range of health services at all level. Bangladesh needs Physicians (Graduate doctors, dentists, proportionately specialist, Sub specialist & super specialist of different subjects) in a great number to achieve MDG in time. The number of physician graduating each year is inadequate in number. Moreover output of the auxiliary personnel (paramedics, nurses, medical technologists and medical assistants) each year will not meet the doctors paramedics ration at international level within 2021. This vital problem of shortage in health manpower production is to be solved by taking some strategies and activities in Pre service education. Beyond this strengthening in research activities also be stressed to fill the backblock.

There is a felt need for transformation that puts up-gradation and incorporation of advanced knowledge at the centre of health professional education and positions health outcomes as a crucial component by which the educational process is assessed. To achieve this transformation, Pre-service education will not only focus on improvements in educational institutions or but also focus on development of curricula incorporating advancements as well as developing strategies. Support to health professional institutes specially newly created health professional institutes is another area of concern of PSE which may serve to increase the quantity of professional health-workers. Besides it PSE considers quality assurance as one of important objectives of improving the quality and relevance of the health workforce. Planning and providing high-quality human resources education demands the active participation of medical colleges and other providers of medical education and training. There is no single path towards improving the quality of medical education, but to achieve significant and lasting results, PSE OP is committed to scale-up ongoing process of quality development.

The yearly intake of students on the basis of types if institutes are shown below:.

Table: Yearly intake of students on the basis of types if institutes.

Sl No	Govt. Medical College	Private Medical College	Govt. Dental College	Private Dental College	Govt. MATS	Private MATS	Govt. IHT	Private IHT
Institutes functioning at present								
No.of Institutes	21	44	10 (01 Dental College + 9 Dental unit)	13	08	44	06	64
No.of Seats	2760	3665	580	765	700	2975	1991	7666

ii) Components of OP:

Component 1: Supply & acquisition of assets in different medical teaching institutions -

Supply & acquisition of assets in different medical teaching institutions –will support Govt. Medical & Dental Colleges, Dental units, IHT & MATS- according to their felt requirement of Machinery, Equipment, Furniture, Latest books and Journals for up-gradation of Labs, Tutorials, Teaching room and libraries of the respective institutions.

Activities:

- ☐ Up gradation of labs, tutorials & teaching rooms with modern furniture, equipments, accessories.
- ☐ Up gradation of libraries with laboratory equipments, latest books & journals.

Component 2: Quality Assurance Scheme for Public and Private Medical Colleges

National standard of students in different medical teaching institutions like medical colleges, post-graduate institutions, institutions of health technologies & medical assistant training school is required to be standard as to that of same international teaching institutions. For this annual performance report of teaching institution seems to be mandatory every year with due flavor. To assure the quality of students as well as the teachers medical education unit in all the institutions required to be upgraded with modern facilities and equipments. Publication of annual report containing the academic performance and hospital records of medical college. Student's summative assessment procedure and related matters need to be assessed by the external examiner by a suitable pre formed questionnaire. RFST program is strongly recommended to make them community oriented doctor.

Activities:

- ☐ Continuing medical education (CME) program of all health workforces
- ☐ Training of teachers by different program at home & abroad
- ☐ Strengthen research activities in teaching institutions.
- ☐ All teachers will be brought under Quality Assurance program by phases.
- ☐ Medical education units are equipped with latest facilities.
- ☐ Publication of Annual report of teaching institutions

Component 3: Improvement of Medical Education Units & Medical Skill Centers at academic institutions –

Strengthening of facilities of post-graduate medical studies in medical colleges and where post graduate medical studies are running. Improvement in this sector is needed for standard post graduate studies. Pre Service Medical Education on IMCI is being implemented in 21 government medical college and 44 private medical colleges will be expanded in HNPSDP.

Activities:

- ☐ Established medical education unit in each institutions
- ☐ Improvement of services in research activities in post graduate institutions and in colleges where post graduate course is running.
- ☐ Equip medical education unit

Component 4: Capacity building new medical institutions and institutions that will be established –

To combat the growing needs of nation's new medical colleges, IHT & MATS etc is being established and some are under process of establishment.

Activities:

Capacity building in different newly established teaching institutions by all the means.

Improving capacity of health technologists, medical assistant and other paramedical workers

Strengthening the CME and National Health Library & Documentation Center.

Residential Field Side Training for 4th year Medical Students including (AMC).

English Language Training (ELT) for Medical & Dental Students specially development of Spoken English.

Improvement of museum Anatomy and Pathology department in different Medical colleges.

Strengthening the New 8 Institute of Health Technology. (Khulna, Mymensingh, Sylhet, Barishal, Chittagong, Rangpur, Bogra, Faridpur)

Support of Bangladesh College of Physiotherapy in Dhaka.

Arrangement of fellowship for the teachers of Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine & Community Medicine department.

9. b Related Strategy in the PIP :

The institutions for medical and paramedic education will be expanded in both public and private sectors. MOHFW will re-examine the current licensing arrangements for pre and in-service educational institutions in public and non-state sectors to establish a professional accreditation system. Priority will be given to pre-service education to meet shortage and improve service delivery particularly to achieve MDG 4 & 5. Priority interventions to improve health workforce include:

Improving capacity of all academic and training institutes in required areas (quality teachers, laboratory, teaching facilities, ICT, library facilities, etc.) to train health personnel (health technologists, medical assistants, etc).

Carrying out effective quality assurance for medical education and training programs.

10. Priority activities of the OP:

- Supply and Services for Govt. Medical & Dental Colleges, Dental units, IHT & MATS- according to their Requirement of Machinery, Equipment, Latest books and Journals for up-gradation of Labs, Tutorials , Teaching room and digital libraries.
- Capacity building and faculty development of medical institutions.
- Quality Assurance Scheme for Public and Private Medical Colleges, IHT & MATS through continuing medical education (CME) program,
- Improvement of Medical Education through establishing well equipped medical education unit in each institutions,
- Strengthening research activities for undergraduate and post graduate students and orientation of under graduate students.
- Revision and updating of Medical, Dental, paramedical and Other Curricula.
- Establishment of Monitoring and Evaluation Mechanism in all medical institutions;
- Strengthening the CME and National Health Library & Documentation Center.

11. Relevant Result frame work Indicators (RFW) and OP Level indicators:

The activities planned under the OP will increase the number of health providers competent and available to provide health services and should therefore contribute to Result 1.1, increased utilization of essential HPN services.

11.2 OP level indicators:

Sl No	Indicators	Unit of Measurement	Baseline (with Year and Data Source)		Projected Target	
					Mid-2014	Mid-2016
1.	Number of Batches of fourth year Medical and dental students received residential field site (RFST) training	Number of Batches	Medical	65	54	42
			Dental	15	24	16
2.	Number of teachers (Medical and Dental college trained on Quality Medical Education)	Number of teachers	650		1200	2000
3.	Establish Medical Education Unit in Medical College	No. of Unit	03		21 (18 old, 03 new)	21
			08		20	45
4.	Improvement of Laboratory & Library facilities at Govt. Medical and Dental College	No of Institute improved	Medical	18	21	21
			Dental	03	08	08

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

a) Monthly and Quarterly report from Govt. Medical, Dental College & Dental Units, IHT, MATS and different cost centers.

b) Monthly progress report particularly for ADP review meeting;

c) Annual report of Pre-service Medical Education of DGHS.

d) MIS report.

e) IMED report

f) APR/ MTR report

Data generated from implementation of the activities of the OP will be primary sources. Studies, surveys and ME reports will be methods of data collection.

14. Location –wise break-up of the major components

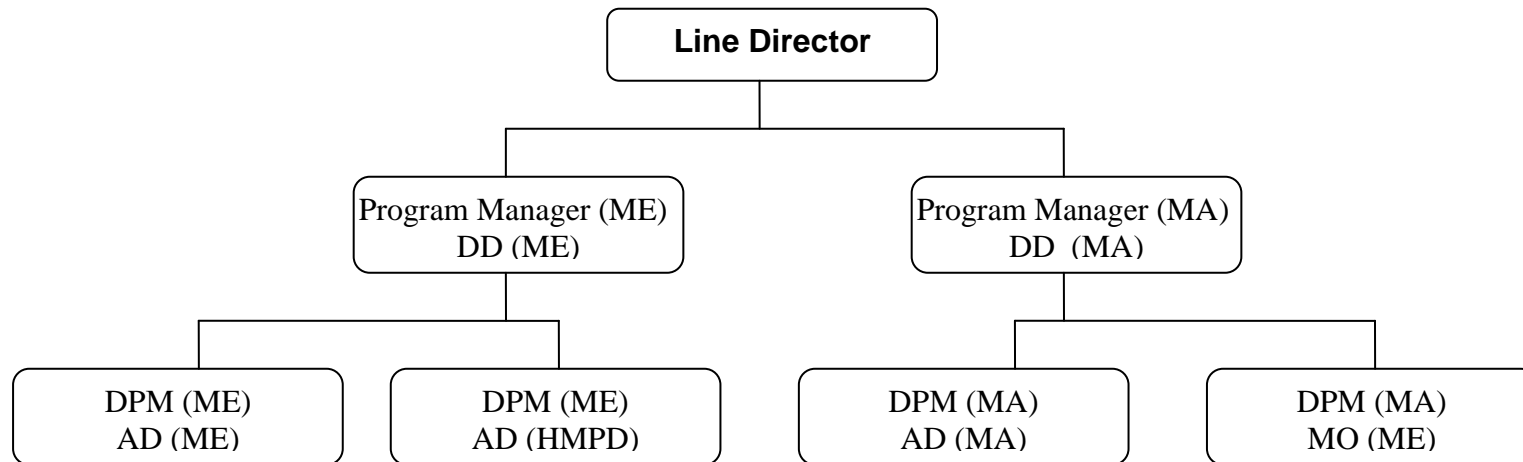
(Taka in Lakh)

Name of the components	National	Estimated Cost	Name of Division	Estimated Cost	Name of District	Estimated Cost	Name of Upazilla	Estimated Cost
Residential Field Side Training for 4 th year Medical Students including Arm Forces Medical College (AMC)					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	485.00		
Vehicles for Supervision of RFST Program of Community Medicine department and bus for students to Visit the Rural areas (RFST Program) for Medical college, IHT					Sathkhira Kustia Kishorgoij Barishal Chittagonj	175.00		
Quality Assurance Scheme For Public and Private Medical Colleges. IHT					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	2675.00		
Improvement of Medical Education: Medical Education Units & Medical Skill Centers at Medical Colleges.					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	2225.00		
Supply and Services for Govt. Medical Colleges & new MC					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	9340.00		
Support of Post-graduate Medical Education in Medical Colleges, Dhaka Dental College and Different post- graduate institutes and improvement of Library facilities.					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij,	1245.00		
Strengthening Facilities for Govt. Medical Assistant Training Schools.					Sirajgong, Bagerhat, Khustia Nowakhali, Tangail, Faridpur, Comilla, Jhenaidah	1535.00		
Strengthen Local Training Facilities for Institute of Health Technology government.					Dhaka, Rajshahi, Bogra, Barishal, Chittagonj, Rangpur	1745.00		
Establishment of Monitoring and Evaluation Mechanism for HRD.	Yes	1415.00						

Name of the components	National	Estimated Cost	Name of Division	Estimated Cost	Name of District	Estimated Cost	Name of Upazilla	Estimated Cost
Revision of Medical Dental, paramedical and Other Curricula .	Yes	995.00						
Strengthening the CME and National Health Library & Documentation Center	Yes	475.00						
Monitoring, Supervise & Evaluation in Medical college & other cost center & RFST Program , Instruments, Supply & Service in different Medical Colleges & Pre-service Education unit, .OPIC, DGHS	Yes	120.00						
English Language Training (ELT) for Medical & Dental Students					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	930.300		
Strengthening of New 8 Institute of Health Technology. (Khulna, Mymensingh, Sylhet, Barishal, Chittagong, Rangpur, Bogra, Faridpur)					Khulna, Mymensingh, Sylhet, Barishal, Chittagong, Rangpur, Bogra, Faridpur	2610.00		
Requirement of Machinery, Equipment, Furniture- Fixture & Transport Vehicles for Post-graduate Medical Education in 8 Medical Colleges/Dhaka Dental College and Different Post- Graduate Institutes and Library facilities.					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	31045.00		
Strengthening the Research Activities for Post-Graduate Students in different Medical Colleges/ Post graduate Institutes;					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal	185.00		
Publish a Annual report containing the Academic performance and Hospital records of Medical College journals.	Yes	365.00						
Improvement of museum of Anatomy and Pathology in different Medical colleges.					Dhaka (DMC, SSMC, ShSMC, DDC), Chittagong, Momonsingh, Rajshahi, Rangpur, Sylhet, Barisal , Comilla, Bogra, Dinajpur, Khulna, Faridpur, Pabna, Noakhali, Cox's Bazar, Jessore , Sathkhira, Kustia, Kishorgoij, Chittagong, Rajshahi Dental Unt	385.00		
Support service for Bangladesh College of Physiotherapy in Dhaka.	Yes	360.00						
Fellowship for the teachers of Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine & Community Medicine department.	Yes	750.00						
Others	Yes	340.00						
					TOTAL:			59500.00

15. Log Frame (As per Annexure-II):
16. Annual procurement plan for Goods, Works, Services (Separate table for a. Goods, b. Services)
: (As per annexure- III a, b).
17. List of Machinery & Equipments (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): NA
22. Name & Designation of officers responsible for the preparation of this OP:
 - a) Prof. Dr. Shah Abdul Latif,
Director, Medical Education and HMPD & Line Director, Pre-service Education
DGHS, Mohakhali, Dhaka.
 - b) Dr. A.N.M. Joynal Abedin
Program Manager, Pre-service Education
DGHS, Mohakhali, Dhaka.
23. Recommendation and Signature of the Head of the
Implementing Agency with seal & date
24. Recommendation of the signature of the
Secretary of the sponsoring Ministry with seal & date:

ORGANOGRAM



Logical Framework of Pre - Service Training, DGHS, July 2011- June 2016 impart

Narrative summary	Objectively Verifiable Indicators	Means of verification	Important Assumptions
Goal: Improved quality of pre-service medical education in professional and technical areas	Enhanced quality education training and attitudes of teachers and students to render quality health services to the general mass especially to poor without discrimination and stigmatalization	Teaching Institution's Annual Report	-
Purpose: Quality of education and physical capacities of the medical institutes improved for contributing overall health services	<ul style="list-style-type: none"> - At least 75% teachers of all medical education institutes utilized training at their own work/education. In house capacity of the training enhanced with adequate skilled trainers, manuals, guidelines and other tools - 100% medical institutes equipped with requisite equipments and logistics within three months after completion of civil works 	Monitoring and Evaluation report of IMED Annual OP Reports	Fund release delayed Change of LD Political unrest New medical Institute established
Outputs: 1) Medical, dental and diploma students received quality education and training. 2) Pre-service training monitored & evaluated by established M&E system. 3) Capacity of pre-service medical education strengthened. .	Within 2011- 2016: <ul style="list-style-type: none"> - About 96 batches of Medical and 40 batches of dental students received residential field site training (RFST) costing 485.00 lac Taka. - Medical students (Medical, Dentists, Technologists, Medical Assistants) received training on Information technology is conducted costing 150.00 lac Taka. - Medical students (Medical, Dentists) received training on English language costing 930.00 lac Taka organized - Quality Assurance Scheme for public and private medical colleges organized costing 2675.00 lac Taka. - Encompassing monitoring and evaluation of pre-service raining, developing tools, periodic evaluation of clients satisfaction, quality of medical students i.e. trainees and trainers costing 120.00 lac Taka. - Ensured regular supply of modern lab equipments and facilities; made available of recently published reputed journals and magazines costing 365.00 lac Taka. - Strengthened museum of Anatomy and Pathology Department costing 385.00 lac Taka. - Strengthened Medical Assistant Training Schools (MATS) costing 1535.00 lac Taka. - Strengthened CME and National Health Library and Documentation center, libraries of different medical colleges costing 475.00 lac Taka. 	Annual Reports of DGHS Quarterly OP report Training Evaluation Report Logistics report Procurement documents Training plan Training strategy	Fund release delayed Change of LD Political unrest New medical Institute established

Narrative summary	Objectively Verifiable Indicators	Means of verification	Important Assumptions
4) Medical education curricula reviewed and up-dated.	<ul style="list-style-type: none"> - Ensured supply of equipments, machineries, to medical institutes costing 2575.00 lac Taka. - Improved medical education curricula costing 2225.00 lac Taka. 		
Input/ Activities Training strategy, detail training plan/calendar developed Medical training curriculum developed M&E system established Logistics support to medical institutes provided.	Within 2011-2016 Costing 1415.00 lac Taka. <ul style="list-style-type: none"> - Costing 995.00 lac Taka. - Established M&E system - encompassing monitoring and evaluation of pre-service raining, developing tools, periodic evaluation of clients satisfaction, quality of medical students i.e. trainees and trainers costing 175.00 lac Taka. - Ensured supply of required logistics and other necessary supplies for newly build medical educational and training institutes Costing 9340.00 lac Taka. - Logistics to museum of Anatomy and Pathology Department supplied Costing 385.00 lac Taka. - Logistics to Medical Assistant Training Schools (MATs) supplied Costing 1535.00 lac Taka - Logistics to CME and National Health Library and Documentation center, libraries of different medical colleges supplied Costing 475.00 lac Taka - Ensured supply of equipments, machineries, to medical institutes costing 9340.00 lac Taka. - Training evaluation is conducted Costing 120.00 lac Taka - Research activities conducted and strengthened Costing 185.00 lac Taka - 05 car Costing 175.00 lac Taka. 	Quarterly OP report TMIS Contract documents Training evaluation report	Fund release delayed