



Government of the People's Republic of Bangladesh

# Operational Plan Health Economics and Financing (HEF)

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

Health Economics Unit  
Ministry of Health and Family Welfare  
November 2011

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# OPERATIONAL PLAN

**1. Name of the Operational Plan (OP): Health Economics and Financing (HEF)**

**2. Name of the Sector Programme: Health, Population and Nutrition Sector Development Programme (HPNSDP)**

**3. Sponsoring Ministry: Ministry of Health and Family Welfare**

**4. Implementing Agency: Ministry of Health and Family Welfare**

**5. Implementation Period**

**a) Commencement: 01 July, 2011**

**b) Completion: 30 June, 2016**

**6. Objectives of the OP:**

- To conduct policy oriented research on health economics and GNSP issues in the Health Sector and to provide policy support to the Ministry
- To provide policy guidance for cost-effective, gender responsive, efficient health care service delivery;
- To develop health financing framework for the country and explore health financing options;
- To develop resource allocation formula;
- To Institutionalize health expenditure tracking process
- To build overall Health Economics and GNSP capacity in the country; and
- To identify the programs and activities where NGO, stakeholder participation and PPP can be utilized to improve efficiency, enhance accountability and transparency in the health sector.

## 7.1 PIP and OP Cost

	<b>(Taka in lakh)</b>			
	<b>Total</b>	<b>GOB</b>	<b>PA (RPA)</b>	<b>Source of PA</b>
<b>Approved cost of the PIP (Development Budget)</b>	<b>2,217,666.21</b>	<b>860,350.12</b>	<b>1,357,316.05 (869,791.03)</b>	
<b>Estimated Cost of the OP.</b>	<b>5,781.00</b>	<b>842.00</b>	<b>4939.00 (570.00)</b>	<b>Pool, GIZ, KfW &amp; Rockefeller Foundation</b>
<b>Cost of OP as % of PIP</b>	<b>0.26%</b>	<b>0.10%</b>	<b>0.36%</b>	

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

**8.1 Line Director:** Joint Chief (Joint Secretary), Health Economics Unit, Ministry of Health and Family Welfare.

### **8.2 Major Components of OP and their Programme Managers / DPM:**

<b>Major Components/Areas of activities</b>	<b>Program Manager</b>	<b>Deputy Program Manager</b>
<b>Component-1: <i>Health Economics &amp; Financing</i></b> a) Conduct policy relevant studies b) Capacity Building in Health Economics issues c) Dissemination workshops, seminars and conferences	Deputy Chief (HEU)	Senior Assistant Chiefs/ Assistant Chiefs – 1, 2 & 3 (HEU)
<b>Component-2: <i>Gender, NGO &amp; Stakeholder participation</i></b> a) Policy & technical support b) Conduct policy relevant studies c) Capacity Building on EGVNP Issues for policy planners, managers, providers and stakeholders d) Knowledge dissemination and networking	Deputy Chief (GNSPU)	Senior Assistant Chiefs/ Assistant Chiefs – 1, 2 & 3 (GNSPU)

The Health Economics Unit (HEU) and GNSP Unit of MOHFW will carry out implementation of the programme of the HEF OP. A Joint Secretary/Joint Chief will be the Line Director (whenever appointed by the MOHFW) and implement the programme of the OP. He/she will be responsible to the Secretary. The Line Director will get line support from MOHFW. Two Deputy Chiefs (one of HEU and One of GNSP) are responsible as Program Manager for implementation of activities under the direct supervision of the Line Director. Six Senior Assistant Chiefs/Assistant Chiefs will assist Deputy Chiefs as Deputy Program Manager.

Operational Plan Implementation Committee (OPIC) will review the activities of the OP time to time and will make the necessary adjustments.

### 8.3 Proposed manpower in the development budget:

(Taka in Lakh)

Sl. No.	Name of the Post	Number of post	Pay Scale (2009)	Grade	Consolidated Pay per Person/month	Total Months	Total Pay (Taka in Lakh)
	<b>A. Officer</b>						
1.	Deputy Chief	01	22250-31250	5	1.00	60	60.00
2.	Assistant Chief/Senior Assistant Chief	03	18500-29700 & 11000-20370	6 & 9	0.95	60*3=180	171.00
	<b>B. Staff</b>						
1.	Computer Operator	03	5500-12095/6400-14255	11	0.40	60*3=180	72.00
2.	Computer Operator (New post)*	01	5500-12095/6400-14255	11	0.40	60*1=60	24.00
2.	Driver **	01	-	-	0.30	60	18.00
4.	MLSS***	03	-	-	0.25	60*3=180	45.00
	<b>Total(A+B)=</b>	<b>12</b>					<b>390.00</b>

1. The manpower of GNSP Unit has been carried over from HNPSP and they have been drawing their pay & allowances as per pay-scale from the period of HNPSP.
2. \* The new post of Computer Operator will be recruited directly on consolidated pay.
3. \*\* Driver will be recruited through outsourcing
4. \*\*\* The MLSS will be recruited through outsourcing
5. The class-III and class-IV staff of GNSP Unit will get the time scale benefit after completion of eight, twelve and fifteen years of service in a post on satisfactory service records.
6. The officers and staff of GNSP will draw their pay and allowances from the GOB-Dev. budget until the process of transferring the manpower of GNSP Unit to revenue budget is completed.

## 9. Description

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

### Background information:

Health Economics Unit (HEU) was established in 1994 as a Project under the Fourth Population and Health Project (FPHP) of Ministry of Health and Family Welfare. The project was established with the support of the then Overseas Development Administration (ODA), now Department for International Development (DfID) of UK. The Health Economics Project aimed at developing an overall health economics capacity in the country. This capacity was necessary to ensure delivery of cost-effective health care services, efficiency in providing health care services and providing policy guidance to the government.

The major activities of the project included training (local & overseas), research and research findings dissemination and networking with National, Regional and International Health Economics Institutions/Organizations with the aim of developing local capacity in the field of Health Economics. The project could achieve the target during the period of FPHP, HPSP and HNPSP.

The Government of Bangladesh also established the Institute of Health Economics during the Fourth Population and Health Project (FPHP) period to institutionalize health economics in Bangladesh with support from the then British ODA. It is now an affiliated institute of University of Dhaka.

The Health Economics and Financing OP has two components – a. Health Economics Unit (HEU) and b. Gender, NGO and Stakeholders Participation Unit (GNSPU).

## **Current situation and its relevance to HPN:**

Government spending on health has grown rapidly in absolute and relative terms. It now accounts for about one percent of the GDP in Bangladesh and its share of GDP is projected to continue to grow. The growth in health care spending is attributable to more services, higher quality services and relative increases in the price of health care services. A major goal of health economics is to determine the underlying causes of these phenomena. There are significant policy implications not only for the growth of spending but also for access and quality.

With about **142** million populations Bangladesh faces a big challenge of how to extend health care services to the people, especially the most vulnerable and disadvantaged groups – women, children, the poor and elderly. Keeping in mind the Millennium Development Goals (MDGs) and the need and importance of developing a pro-poor strategy for directing health resources and services, the health sector is receiving increased attention from policymakers. For this reason, the MOHFW requires in-house capacity for conducting health policy research, understanding the economic implications of current health care initiatives, proper utilization of pay backs of research and converting research outputs into appropriate policy and actions.

Exploring health care financing issues are very important and therefore, HEU is now working on it. MOHFW has developed a preliminary model of health insurance piloting in Bangladesh and decided to go forward with the pilot as soon as possible in three districts simultaneously.

It is known to all that efficiency does not lie with the expenditure alone. We need to know from where we are receiving the resources, the destination and users of those funds. Therefore, it demands some sorts of expenditure tracking tools like Public Expenditure Review (PER), National Health Accounts (NHA), etc.. HEU, by this time, has started the process of institutionalization of PER and NHA with the aim to produce PER and NHA on regular basis.

## **Relevance to National Policies, Strategies:**

The Government of Bangladesh is constitutionally committed to "the supply of basic medical requirements to all levels of the people in the society" (Article 15(A)) and the "improvement of nutrition of the people and public health" (Article 18(A)).

This objective has the perfect relevance within the context of national policies/PRSP/MDGs.

The Government seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. It is a vision that recognizes health as a fundamental human right and, therefore, stresses the need to promote health and to alleviate ill health and suffering in the spirit of social justice. This vision derives from a value framework that is based on the core values of access, equity, gender equality, and ethical conduct.

The National Population Policy has given emphasis on current and long-term implications of continued population growth, reduce unwanted fertility, counteract the effect of population momentum and to avoid childbearing in adolescence. The National Policy on AIDS has aimed to reduce exposure to AIDS among high-risk groups, limit its spread into the general population, reduce the personal, economic and social impact of HIV/AIDS, and mobilize national and regional/international response to the threat of HIV/AIDS. One of the main thrusts of the National Drug Policy is to control the quality and price of drugs so as to keep within the purchasing power of the poor. The National Food and Nutrition Policy has formulated with a view to improve the nutritional status of the people, particularly women, children and other vulnerable groups, and thereby contribute to the improvement in the quality of life. The goal of the National Strategy for Maternal Health is to reduce maternal mortality and morbidity.

There is a greater need/scope of further policy-oriented researches to address these policy issues. The HEU can play a vital role in identifying the cheaper interventions; disease of the poor, innovative approach to address the issues laid down in the different national policy documents.

The HEU will set or prioritize its activities in line with the national policies of the sector.

#### **b) Related Strategy in the HPNSDP:**

The Government seeks to create conditions whereby the people of Bangladesh have the opportunity to reach and maintain the highest attainable level of health. It is a vision that recognizes health as a fundamental right and, therefore, the need to promote health and to alleviate ill health and suffering in the spirit of social justice. This vision derives from a value framework that is based on the core values of access equity, gender equality and ethical conduct.

There are as many as 09 (nine) HPNSDP strategies determined by the Ministry of Health and Family Welfare and reflected in the Strategic Plan of HPNSDP. The future work and significance of HEU has also been emphasized in the Strategic Plan. The role of HEU to contribute implement these strategies and ensure whether the services are accessible to the most vulnerable groups, the quality of services are improved, the services are provided effectively and efficiently and the equity issue is maintained properly, etc.

#### **Gender, NGO and Stakeholder Participation Unit (gender, equity, voice, NGO and PPP issues)**

The Government of Bangladesh has made it a priority to eliminate discrimination against women and girls and promote gender equity. This will continue to be reflected in the next health sector programme. Various disparities between girls and boys, women and men has been reduced in Bangladesh, such as life expectancy, primary school enrollment rates, and early childhood mortality but still there are differences regarding access to health services. There still exist a number of areas with serious inequalities and discrimination for girls and women. This is manifested in the high mortality rates, malnutrition rates, incidences of violence, and lack of access to health services. Often women are dependent on their husband's and In-Laws' decision about the access to and use of health care facilities. There is a lack of women friendly health facilities (ensuring privacy, addressing violence against women, addressing Emergency Obstetric Care). This not only put the woman's health and life at jeopardy, but also affects the health of the child. Access to hospital care is influenced by gender, as shown by a BIDS/ HEU study in 2003. Only between 20-49 years do women use out-patient facilities in any numbers in public sector health facilities, with a similar trend for in patient services. Between 15-19 years, attendance rates are higher. Women's use of public services decreases as one goes up through the levels of care from HFWC to UHC to district hospital. This is most obvious in the case of young infants. The study showed that utilization of in-patient facilities was 62% for males compared to 38% for females, with the chance that the younger the child the higher the disparity. The same scenario emerges at the age of 65 years and above.

Women are still disproportionately responsible for the rearing and care of children, as well as for taking birth control measures. Early marriage, early pregnancies, heavy household responsibilities are some of the factors that increase their disadvantage and discrimination. Girls and women should be enabled to take their own decision regarding their family planning. One of the main reasons for the higher drop-out rate of school girls than boys (BBS 2008) is early marriage and consequently early pregnancies. The longer girls and young women can attend school, the better will be their education and thus they will be better able to 'negotiate' their marriages and pregnancies.

On the service delivery side there are various gender related issues of concern that will need to be addressed. There is gender imbalance regarding Human Resource planning, development and management at facility level.

More than 50% of new doctors are women, but their drop-out rate is very high and only few female doctors carry on their work in the facilities (APR 2009). Issues of postings, housing and promotion for women need to be addressed in order to ensure better retention. There are gender dimensions also in the doctor: nurse ratios, as most nurses are still women. The ratio is the reverse of what is recommended internationally, having more doctors than nurses. Their scope for employment, career opportunities, professional development and roles and responsibilities in their work place has gender dimensions. Reforms whereby they could be given better formation, better supervision and more responsibilities, would enable them to carry out their functions more effectively. Such measure could make nursing a more attractive profession. At the lower levels, the HAs and FWVAs are mainly women with men being at the supervisory levels. This is a matter for concern, as are the processes of recruitment and training.

Various attempts are being made to improve the monitoring and evaluation systems so that adequate sex disaggregated and gender appropriate data is available and used by planners and implementers. Also at the institutional side there are now various attempts being made to assess how gender responsive budget allocations can be included within the MTBF (Mid-Term Budget Framework) initiatives of the Ministry of Finance. In order to assess how equitably resources are being allocated to women and men, girls and boys, there is a need to monitor resource allocations and expenditures according to whom the services are reaching.

In this regard, GNSP Unit conducts researches and helps the Ministry of the Health and Family Welfare design gender responsive policies and activities. It also organizes various gender sensitization workshops, training programs and seminars for enhancing the professional capacity of the health care providers and stakeholders in implementing the gender responsive policies and programs.

The Government has initiated different mechanisms to promote voice of the stakeholders, for instance the National Health Users' Forum, the Health Advisory Committee; and the Citizen's Charter of Rights. But all these mechanisms provide very limited contribution to ensure incorporation of voice and accountability in the health system, due to non-functionality and/or follow up of planned activities.

There is a number of local and international NGOs, civil society organizations, consumer associations and media which play a role in the health sector, trying to amplify voices of the poor, demand greater and better service accountability, and generate information through public disclosure.

These NGOs are not coordinated and do not exchange their experiences with each other with the result that there is little effective coordination in terms of lessons learned, advocacy and targeting of efforts. There is no mechanism of linking them to government initiatives, and there is little response from DPs as well. As a result, relevance and impact on government and government initiatives is limited.

In this perspective, GNSP Unit will help the Ministry of Health and Family Welfare constitute an Advisory Committee to guide and identify areas of NGO participation and develop a strategy for NGO participation in the health and population sector. It will identify the programs and activities where NGO participation can be utilized to improve the efficiency of the health sector.

This unit will also identify the areas for stakeholder participation and determine policy strategies to enhance accountability and transparency in the health sector.



GNSPU Unit, under the new program, will reinvigorate its roles to strengthen Bangladesh health system in the area of equity, gender, voice, NGO participation and PPP (EGVNP) related issue as identified in the Strategic Document. MOHFW has already transferred all activities of the erstwhile Gender Issues Office (GIO) to GNSPU. Through this, GNSPU has been entrusted with the implementing role along with the exiting technical and policy support role. In line with this, GNPPU will redefine its purview to implement the program priorities. It will be assigned with the role of focal point/secretariat of EGVNP, especially the NGO Unit will be reconstituted as NSPU (NGO and Private Sector Unit).

GNSPU will continue the role of policy support, policy research, capacity development, and knowledge dissemination and networking. It will provide technical support and help MOHFW (i) to develop relevant policy options and (ii) to design and implement strategies, programs and activities to make HNP sector more responsive to and mainstream EGV issues. It will also identify the programs and activities where NGO participation can be utilized to improve the efficiency of the HNP sector. This Unit will categorize the areas for stakeholder participation and determine policy strategies to enhance accountability and transparency in the sector. In this respect, priority focus will be to reconstitute and reactivate the Gender Advisory Committee, and to constitute an Advisory Committee on NGO and PPP issues to guide, identify and implement appropriate actions in the relevant areas.

As a part of policy support, existing Gender Equity Strategy will be updated, a new strategy to facilitate NGO and PPP participation will be formulated and EGVNP related innovative interventions will be piloted. Responding to the needs of the victims of VAW will be a priority issue to develop policy options. Piloting will be initiated for making health centres responsive to victims. In addition, networking and coordination with One-stop Crisis Centres (OCC) and Women Friendly Hospital

Initiative (WFHI) will be strengthened. GNSPU will undertake policy research/studies to guide and develop evidence based policy options for HNP sector on EGVNP issue.

To strengthen sector's knowledge base, GNSPU will regularly communicate with its policy and field level stakeholders and disseminate acquired and available information. It will also develop and maintain formal networks with relevant stakeholders/experts on EGVNP issues.

GNSPU will revitalize its role in capacity building of the HNP policy planners, managers, service providers and stakeholders on EGVNP issues through arranging long as well as short term training/research opportunities, workshops and seminars.

### **Cross Cutting Issues**

(i) Managing activities with the overall PPP policy and strategy. OP-NGO Bureau, OP-TB-LC, NASP, CDC, NCD, HSM, PSE, NNS, PME-FP, SDAM

(ii) The OP will have cross cutting issues linked with service delivery OPs particularly MNCAH, ESD, HEP, MCRAH, IEC.

(iii) The research activities will have interfaces with Planning and Research OP.

## **10. Priority activities of the OP:**

### **HEF:**

- developing a national health financing strategy that would guide the nation in adopting and choosing from amongst a variety of options, leading to a more effective channeling of public resources towards the achievement of better outcomes for the poor, women, children, disabled persons and older people, and by
- Review and reach agreement on the resource allocation formula, pilot sites, allocations for each pilot site and identification of additional funding, and mechanisms for accelerating local resource availability including new directives for financial delegation.

- Review different health financing instruments currently being discussed (demand side health financing, supply side financing, mixed systems, etc) on their inherent principles and in their capacity to contribute to an effective decrease of out-of-pocket expenditure and identify critical health financing constraints for their solutions.
- Review and evaluate health financing approaches (e.g. role of pre-payment mechanisms (including community health financing), user fees (with and without retention), private sector financing and PPP, and various types of donor financing.
- Institutionalize NHA, and public expenditure tracking system
- Piloting Health Insurance

#### **GNSP:**

- Redefining roles as focal point/secretariat for EGVNP issues
- Reconstituting and activating the Gender Advisory Committee: The Gender Equity Strategy 2001 stipulates that a Gender Advisory Committee (GAC) would be constituted during HPSP (Pl check with the document). No further information is available from the erstwhile GIO Office of MOHFW about this GAC. In this context, under HPNSDP the GAC will be reconstituted with the Secretary, MOHFW as its Chair.
- Constituting an Advisory Committee on NGO and PPP: In line with the Strategic Document, this Committee will be constituted and made functional for developing related strategy.
- Updating existing Gender Equity Strategy: The Gender Equity Strategy (GES) 2001 was developed during HPSP. During HNPSP, neither it was updated nor was a new one developed. In this context, the GES 2001 will be updated to match with HPNSDP.
- A Strategy for facilitating NGO Participation and PPP in HPN sector will be developed. Moreover, a database on NGOs working in the HPN sector will be developed in collaboration with relevant agencies including NGO Affairs Bureau.
- Developing a Strategy for facilitating stakeholder participation in service delivery and program planning in HPN sector
- Developing EGVNP responsive policy options, programs and activities
- Designing and piloting EGVNP related innovative interventions: this will be initiated through wider consultations with relevant stakeholders and approval of the related Advisory Committees to be constituted during HPNSDP
- Sensitization on collection and use of sex disaggregated data
- Development of indicators for measuring gender responsiveness and monitoring progress
- Gender analysis of different OPs
- Identify and conduct research/studies which have significant policy implications; EGVNP related research/study topics and areas will be identified in consultation with relevant stakeholders in HPN sector (priority areas will be VAW, RH, child health, nutrition, health of the PWD and the poor, hard to reach area, stakeholder participation, accessibility, equity, gender issues in health and population services/outcomes, female service providers etc)
- Designing of a mechanism for deployment and retention of service providers especially female (doctors, nurses, paramedics) in collaboration with HRD Unit
- For addressing health needs of victims of VAW/GBV, coordination with OCC and WFHI will be improved and piloting an innovative intervention will be explored in consultation with the key stakeholders and Gender Advisory Committee (to be constituted). In addition, research activities will be conducted, capacity building of doctors and nurses for handling victims of VAW will be initiated, sensitization of field level stakeholders about health care needs of victims will be done, review and updating existing tools/mechanism related to VAW will be undertaken and other awareness raising and educational materials (like IEC) materials will be completed.
- Reviewing and improving the level of contribution of different stakeholders' committees in HPN sector

- Organize local and foreign trainings/workshops/seminars (short, certificate, postgraduate and research courses/degrees) for improving the capacity of the policy makers/service providers on EGVNP issues
- Organize and attend local and international level dissemination seminars/workshops/conferences/exchange programs
- Develop and maintain formal and informal networks with national and international practitioners, stakeholders, experts on EGVNP issues
- Establish a resource center on EGVNP issues
- Publish newsletter/periodicals/policy briefs/journals

For strengthening capacity in Health Economics and mainstreaming the gender issues in the HPNSDP the HEU and GNSP unit will organise foreign as well as local training, study tour, seminar, workshop on different health economics and policy relevant issues. The mid-level officials of HEU-GNSP, Planning Wing, MOHFW, Planning Commission/Division, IMED, ERD, DGHS, DGFP, NIPORT and NIPSOM will participate in the short-term fellowships and customised training. The senior level policy makers as well as some mid-level officials of HEU-GNSP, Planning Wing and MOHFW will participate in the study tour programme.

Some research of HEU-GNSP unit will be contracted out to reputed firms, some will be done by HEU-GNSP GOB professionals under the technical guidance of the consultants, some will be done jointly with different national and international universities, and some will be commissioned to young professionals in the public sector, universities, research institutes, etc. Officials working in the Unit will be encouraged to actively involve in these research activities and will get honorarium and allowances as per prescribed instructions/circulars relevant to expenditure of training/workshop/seminar/research under HPNSDP and TORs of the contracts of outsourcing.

### **Adaptation of Resource Allocation Formula:**

One of the priority activities of HEF component of the OP is: to review and reach agreement on the resource allocation formula, pilot sites, allocations for each pilot site and identification of additional funding, and mechanisms for accelerating local resource availability including new directives for financial delegation. This activity has been included as one of the 5 Disbursement for Accelerated Achievements of Results (DAAR) Indicators in the first year of HPNSDP. The cost of implementing of this DAAR indicator will be bore through GIZ TA support. The Action Plan for implementation of the indicator is given below:

<b>Priority areas</b>	<b>Indicator</b>	<b>Inputs</b>	<b>Action</b>
Health Systems (budgeting and planning)	Resource Allocation Formula for the non salary recurrent budget is adopted to be applied to the FY: 2012-13 budget	1. Sharing Draft Resource Allocation formula with key stakeholders. 2. Conduct workshop to discuss and reach consensus among key stakeholders. 3. Organize TOT training and provide training to relevant staff of the selected cost centers and budget personnel at directorates on applying the formula.	1. Select poorer districts to apply the formula. 2. Select cost centres/05 bigger OPs (focusing on service delivery) for implementing the formula. 3. Provide fund in the concerned OP and organization. <b>Responsibility:</b> <b>JC(HEU)/JC(PW)/JS(Admin)/Agency Heads</b>

**11. Relevant Result Frame Work Indicators (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 MoHFW budget allocated to upazila level or below	%	52% , Public Expenditure Review 2006/07	60%

**HOW OP LINKS TO RFW**

The activities under the OP of Health Economics, Financing and GNSP contribute to ensuring the quality and equitable health care for all citizens of Bangladesh. It will contribute to the strengthening of the health system and, in particular, Result 2.1, strengthened planning and budgeting procedures, and Result 2.10 strengthened financial management systems.

**During the period of HNPSF the following major researches/studies were conducted:**

1. **National Health Accounts - III (NHA-III)**
2. **Public Expenditure Review (PER) – 2003/04, 2005/06, 2006/07 & 2007/08 – 2008/09**
3. **Rapid Assessment of Demand Side Financing (DSF) Pilot**
4. **Measuring hospital performance: An initial analysis of MIS data**
5. **Facility Efficiency Study (FES)**
6. **Beneficiary Incidence Analysis (BIA)**
7. **Economic Evaluation of DSF**
8. **Costing of Maternal Health Services in Bangladesh**
9. **Design Incentives for Health Human Resource**
10. **Baseline survey on the perception and knowledge of community regarding Women Friendly Health Services**
11. **An analysis of Hospital MIS data: Measuring performance from Gender Perspective**

The findings/results of the researches/studies were disseminated to the policy makers, planners, program managers, implementers and relevant stakeholders through organizing seminars/workshops, preparing CDs, reports, policy briefs, establishing networks, hosting in the HEU web-site ([www.heu.gov.bd](http://www.heu.gov.bd)), etc. The main objective of HEU/GNSPU is to conduct policy related studies and provide evidence based policy guidelines to the MoHFW only. But, the implementation of the recommendations of the researches depends totally on the MoHFW/Government. HEU is not an implementer and does not have that kind of authority to implement. Yet, the findings of some of the studies, such as: NHA, PER are widely used by MoHFW and the Development Partners to prepare Resource Envelope, Program Implementation Plan (PIP), Strategic Plan (SIP), Project Appraisal Document (PAD), etc.

## 11.2 OP level indicators (Output/Process)

### HEF:

Sl. No.	Indicators	Base line (with year and Data Source)	Projected Target	
			Mid-2014	Mid-2016
(1)	(2)	(3)	(4)	(5)
1.	Number of training Conducted/ organized, by batch/ local and foreign	Local training – 04 course Foreign training – 01 post graduation HEU	20 local batches Foreign Training-10 persons Local long training- 3 persons	30 local batches Foreign training-20 persons Local long- 5 persons
2.	Number of study/ research conducted	09 researches/ studies HEU (2010)	15 Studies reports	25 Studies reports
3.	Number of workshops/ seminars/ conferences conducted	09 dissemination workshops HEU (2010)	15 workshops/ seminars	27 workshops /seminars/ conferences
4.	Health care financing framework designed and implemented	N/A HEU (2010)	Designed	Implemented
5.	Health insurance Piloted and results disseminated	N/A HEU (2010)	Piloted	Implemented
6.	Advisory committees on health financing constituted and activated	N/A HEU (2010)	2 committees 4 meetings at least 2 decisions	2 committees 8 meetings at least 4 decisions
7.	Institutionalization of public expenditure tracking system	NHA-01, PER-01 HEU (2010)	NHA-01, Annual PER with 1 focus area	NHA-03, PER-05
8.	Adaptation of Resource Allocation Formula RAF)	N/A HEU (2010)	Designed	Applied

**GNSP:**

Sl. No.	Indicators	Base line (with year and Data Source)	Projected Target	
			Mid-2014	Mid-2016
(1)	(2)	(3)	(4)	(5)
8.	EGVNP strategies developed	NA	2	3
9.	Number of training conducted (EGVNP)	Local training – 04 batches HEU, 2010	15 local batches (250 participants) Foreign training (6 participants)	25 local batches (400 participants) Foreign training (10 participants)
10.	Policy research conducted (EGVNP)	01, HEU, 2010	8 studies with reports	15 studies with reports
11.	Workshops conducted (EGVNP)	05, HEU, 2010	15 workshops	25 workshops
12.	EGVNP and stakeholders issues piloted	NA, HEU, 2010	Piloting started	Piloting completed
13.	7. Analyzing health expenditure, service utilization, HR etc from gender and equity perspectives	NA, HEU, 2010	01	5

**iii) Source and methodology of data collection:**

- Conducted policy relevant study /research
- Organized training, workshops, seminars and conferences.
- Research Reports
- Training Reports
- Workshop/seminar/conference Reports

#### 14. Location-wise break-up of the components

The Health Economics Unit of the Ministry of Health and Family Welfare is located at the National level. The outcomes of the activities of the unit have an important role to the *HPNSDP* sector from the national level to the upazila and below level.

(Taka in lakh)

Name of the components	National	Name of Division	Name of District	Name of Upazilla	Estimated cost
Health Economics & Financing	14/2 Topkhana Road	Dhaka	Dhaka	-	3190.50
Gender, NGO and Stakeholders Participation (GNSP)	14/2 Topkhana Road	Dhaka	Dhaka	-	2590.50
<b>Total:</b>					<b>5781.00</b>

#### 15. Log Frame: Annexure – II, page no. 20-22

#### 16. Annual Procurement Plan for Goods, Works & Services

Detailed procurement plans for goods, works and services are shown in the page nos. 23 - 30 (Annexure- III (a) for Goods, Annexure III (b) for Works and Annexure III (c) for Services)

#### 17. List of Machinery, Equipment, Furniture-Fixture & Vehicle

Detailed lists of Machinery, Equipment, Furniture-Fixture & Vehicle are shown in the page nos. 31 – 43 (Annexure-IV for Machinery & equipments and Annexure- V for Furniture)

#### 18. Related Supporting Documents (if any):

- Strategic Plan for Health, Population and Nutrition Sector Development Program (HPNSDP), April 2011.
- Program Implementation Plan (PIP) of HPNSDP
- Steps Towards Change: National Strategy for Accelerated Poverty Reduction II (Revised), FY 2009 – 11.
- National Health Policy 2011

#### 19. Name & Designation of officers responsible for the preparation of this OP:

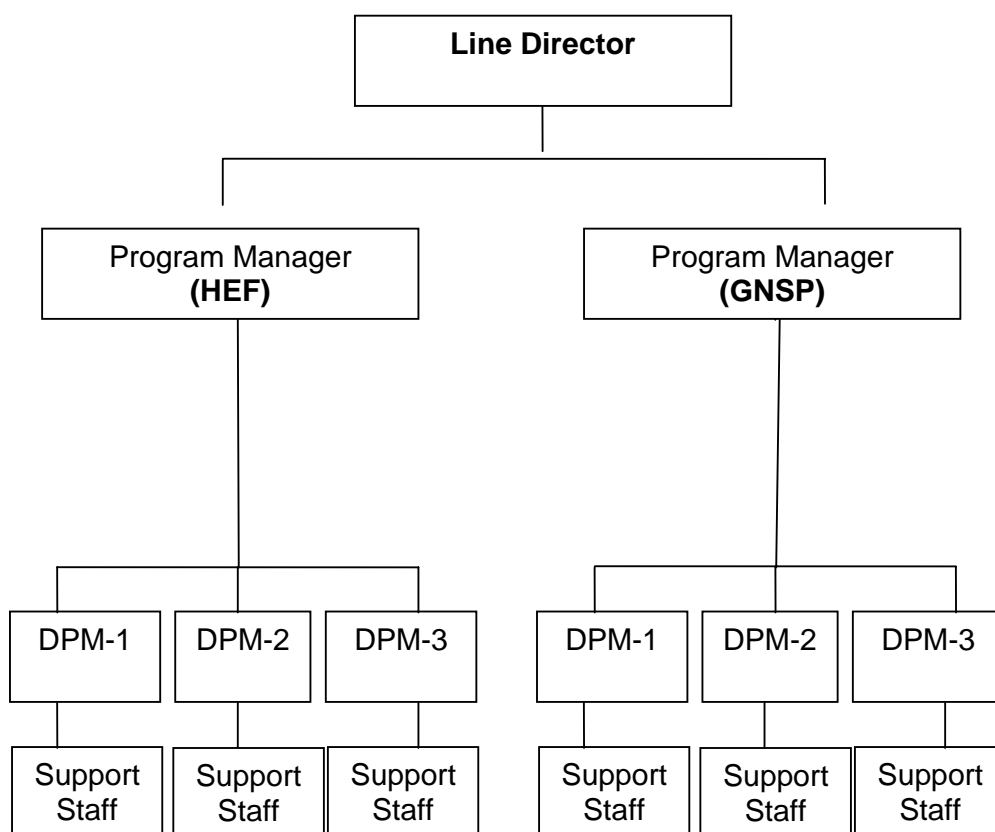
1. Prasanta Bhushan Barua, Joint Chief (Joint Secretary) & Line Director
2. Md. Mahbub Hossain, Deputy Chief (Deputy Secretary), GNSP Unit
3. Md. Hafizur Rahman, Deputy Chief (Deputy Secretary), HEU
4. Abdul Hamid Moral, Assistant Chief, HEU

**20. Recommendation and Signature of the Head of the Implementing Agency with seal & date:**

**21. Recommendation of the Signature of the Secretary of the sponsoring Ministry with seal & date:**



**Management setup of the OP**  
**Organogram**





**Annexure – II****Logical Framework of Health Economics and Financing, MOHFW, July 2011- June 2016**

<b>Narrative summary</b>	<b>Objectively Verifiable Indicators</b>	<b>Means of verification</b>	<b>Important Assumptions</b>
<b>Goal:</b> Contributed ensuring equitable health services for the citizens of Bangladesh through strengthening health financing	By 2016 <ul style="list-style-type: none"><li>- Increased MoHFW allocation to upazila and below from 52% - 60% by 2016</li><li>- Developed and utilized institutional mechanisms for addressing Equity Gender and Voice (EGV) issues</li></ul>	NHA PER	
<b>Purpose:</b> Developed national health financing strategy that would guide leading to an effective channeling of public resources towards achieving better outcomes for the poor, women, children, disabled and older people	By 2016 <ul style="list-style-type: none"><li>- Health care financing framework developed and implemented</li><li>- Constituted Health Users Forums and used as mechanism to ensure citizen's voice in the health system both at policy and field level</li><li>- Sex disaggregated data generated and utilized for gender responsive and equitable health planning</li></ul>	HF Framework  Sex disaggregated data	Active participation of members of Health Users Forum
<b>Outputs:</b>  1) Developed overall Health Economics capacity to ensure equitable health services 2) Strengthen MOHFW's institutional and technical capacity in	By 2016 <ul style="list-style-type: none"><li>- Conducted health financing studies and provided policy advice to the MOHFW</li><li>- Provide short term fellowship in abroad and long term scholarship in Bangladesh in the area of Health Economics</li><li>- Developed resource allocation formula for efficient resource allocation</li><li>- Developed health financing framework and explore health financing options</li><li>- Institutionalized health financing expenditure tracking process</li><li>- Facilitated gender mainstreaming in HPN sector</li><li>- Developed and implemented evidence based policy options on EGVNSP</li><li>- Developed policy framework on stakeholder participation, GO-NGO collaboration and PPP</li><li>- Gender Equity and Voice strategy developed</li></ul>	Quarterly OP report  PER NHA  Gender Equity and Voice strategy	Support received from HPNSDP and MOHFW

addressing equity gender and voice in health services			
<b>Input/ Activities (Component wise)</b>  <b>1) Health financing</b> including piloting of health insurance and innovative models  <b>2) Addressing Equity</b> Gender and Voice and NGO Stakeholder Participation for health service planning and utilization	<p>Component 1: Health Financing By 2016</p> <ul style="list-style-type: none"> <li>- Conduct need based studies and setting priorities (PER, NHA, Costing &amp; Economic Evaluation, Benefit Incidence Analysis, Facility Efficiency Study, Health Insurance studies)</li> <li>- Dissemination of study findings and make policy guidance</li> <li>- Make available various health-financing and health-economics related research/studies/policy notes</li> <li>- Organize Professional Development Training</li> <li>- Re-activate country-exchange and/or university exchange programs</li> <li>- Activate Health Financing Resource Group (HFRG)</li> <li>- Piloting Health Insurance Model in Bangladesh</li> <li>- Institutionalize expenditure tracking process</li> <li>- Link and promote HEU website data warehouse</li> </ul> <p>Component 2: Equity Gender and Voice, NGO Stakeholder Participation By 2016</p> <ul style="list-style-type: none"> <li>- Conduct policy research on Equity Gender and Voice, NGO Stakeholder Participation issues</li> <li>- Update strategies on EGVNSP issues</li> <li>- Coordinate with relevant OPs, departments, ministries in relation to EGVNSP</li> <li>- Constitute and activate Advisory Committees on EGVNSP issues</li> <li>- Activate stakeholder committees at different levels</li> <li>- Organize professional training courses on EGVNP issues</li> <li>- Strengthen research capacity on EGVNP issues</li> <li>- Piloting innovative interventions on EGVNSP issues</li> <li>- Develop linkage with national and international organizations</li> <li>- Establish networks with experts and professionals</li> <li>- Organize national and international level conferences/workshops</li> <li>- Dissemination of research findings and policy briefs</li> <li>- Publish journals/newsletters/periodicals/policy briefs</li> <li>- Strengthen partnership with Multi-sectoral program on violence against women (MSPVAW) of Ministry of Women and Children Affairs (MOWCA) to make HPN centers responsive to victims of VAW</li> </ul>	<p>Quarterly OP report</p> <p>PER NHA Policy briefs</p> <p>Meeting minutes of HFRG</p> <p>Health insurance model documents</p> <p>HEF website</p> <p>Gender Equity and Voice strategy</p> <p>Study Report</p> <p>Policy briefs</p>	<p>TA on Health Insurance in place</p> <p>Support received from other OPs, and other ministries</p>

	<ul style="list-style-type: none"> <li>- Conduct gender analysis of PER and other relevant studies/publications/ interventions of MOHFW</li> <li>- Transferring GNSPU to revenue setup from development budget</li> <li>- Generate sex-disaggregated data and analysis for policy analysis.</li> </ul>		
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**Annexure- III (a)**

**PROCUREMENT PLAN FOR DEVELOPMENT PPROJECT/PROGRAMME**

**HEU:**

Ministry/Division	Ministry of Health and Family Welfare
Agency	Health Economics Unit
Procuring Entity Name & Code	Health Economics Unit
Project/Programme Name & Code	Health Economics, Financing & GNSP 8550

Project Cost (in lakh Taka)

5781.00	Total
842.00	GOB
4939.00	PA

Pack age No.	Description of procurement package as per OP <b>GOODS</b>	Uni t	Quantity	Procurem ent method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Request for Quotation	Signing of Contract	Completi on of Contract
1	2	3	4	5	6	7	8	9	10	11	12
GD1	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2011	Octo/2011	Nov/2011
GD2	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2013	Octo/2013	Nov/2013
GD3	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2015	Octo/2015	Nov/2015
GD4	Laptop	No.	01	RFQ	JC & LD	GOB	0.60		Oct/2011	Nov/2011	Dec/2011
GD5	Laptop	No.	01	RFQ	JC & LD	GOB	0.60		Oct/2013	Nov/2013	Dec/2013
GD6	Photocopier	No.	01	RFQ	JC & LD	GOB	2.00		Jan/2013	Feb/2013	March/2013
GD7	Scanner	No.	01	RFQ	JC & LD	GOB	0.50		Mar/2013	April/2013	May/2013
	<b>Total of Goods:</b>						<b>5.50</b>				
V1	Vehicle for HEU	No.	01	SSS	HOPE	GOB	31.50		Sept/2011	Octo/2011	Dec/2011
	<b>Total of Vehicle:</b>						<b>31.50</b>				
	<b>Grand Total:</b>						<b>37.00</b>				

**GNSP:**

Pack age No.	Description of procurement package as per PIP <b>GOODS</b>	Uni t	Quantity	Procurem ent method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Request for Quotation	Signing of Contract	Completi on of Contract
1	2	3	4	5	6	7	8	9	10	11	12
GD1	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2011	Octo/2011	Nov/2011
GD2	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		August/20 13	Sept/2013	Oct/2013
GD3	Desktop Computers and Accessories	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2015	Octo/2015	Nov/2015
GD4	Laptop	No.	01	RFQ	JC & LD	GOB	0.60		Oct/2011	Nov/2011	Dec/2011
GD5	Laptop	No.	01	RFQ	JC & LD	GOB	0.60		Sept/2013	Oct/2013	Nov/2013
GD6	Photocopier	No.	01	RFQ	JC & LD	GOB	2.00		Oct/2011	Nov/2011	Dec/2011
GD7	Multimedia	No.	01	RFQ	JC & LD	GOB	2.00		Sept/2012	Octo/2012	Nov/2012
GD8	Scanner	No.	01	RFQ	JC & LD	GOB	0.50		Sept/2011	Octo/2011	Nov/2011
	<b>Total of Goods:</b>						<b>7.50</b>				
V1	Vehicle for GNSP	No.	01	SSS	HOPE	GOB	31.50		Sept/2011	Octo/2011	Dec/2011
	<b>Total of Vehicle:</b>						<b>31.50</b>				
	<b>Grand Total:</b>						<b>39.00</b>				

**Annexure- III (b)****PROCUREMENT PLAN FOR DEVELOPMENT PROJECT/PROGRAMME**

Ministry/Division  
 Agency  
 Procuring Entity Name & Code  
 Project/Programme Name &  
 Code

Ministry of Health and Family Welfare
Health Economics Unit
Health Economics Unit
Health Economics, Financing & GNSP 8550

Project Cost (in lakh Taka)

5781.00	Total
842.00	GOB
4939.00	PA

**-Not Applicable-**

Pack age No.	Description of procurement package as per PP/TAPP <b>Works</b>	Unit	Quant ity	Procurem ent method & (Type)	Contrac t Approv ing Authori ty	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitatio n for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
WP-1											
WP-2											
WP-3											
WP-4											



**Annexure- III (c)**

**PROCUREMENT PLAN FOR DEVELOPMENT PPROJECT/PROGRAMME**

Ministry/Division Agency Procuring Entity Name & Code Project/Programme Name & Code			Ministry of Health and Family Welfare						Project Cost (in lakh Taka)  5781.00 842.00 4939.00  Total GOB PA			
			Health Economics Unit									
			Health Economics Unit									
			Health Economics, Financing & GNSP 8550									
Packag e No.	Description of procurement package as per PIP Services	Unit	Quantity	Procure ment method & (Type)	Contract Approvin g Authority	Sourc e of funds	Estd. cost in Lakh Taka	Indicative Dates				
								Not used in Goods	Invitation for Tender	Signing of Contract	Completi on of Contract	
1	2	3	4	5	6	7	8	9	10	11	12	
2011/12:												
SP-1	Short foreign training on health insurance	Persons	4 persons	Direct	LD	RPA - GoB	10.00		Nov/2011	Decem/2011	Decem/2011	
SP-2	Short foreign training on an issue related to EGVNP	Persons	2 persons	Direct	LD	RPA - GoB	5.00		January/2012	Feb/2012	Feb/2012	
SP-3	Technical Assistance (Local Consultant for GNSP)	No.	08 MMs	SIC	HOPE	RPA - GoB	20.00		March/2011	June/2011	June/2012	
SP-4	Health Economics related study	No.	01 study	SFB	HOPE	RPA - GoB	25.00		Oct/2011	Dec/2011	June/2012	
SP-5	Violence against women related study	No.	01 study	SFB	HOPE	RPA - GoB	30.00		Sep/2011	Nov/2011	June/2012	
SP-6	Health Financing/Health Insurance piloting related studies (7 studies)	No.	07 studies	SFB	HOPE	DPA	275.00		Sep/2011	Nov/2011	June/2012	
	Total:						365.00					

Package No.	Description of procurement package as per PIP Services	Unit	Quantity	Procurement method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
<b>2012/13:</b>											
<b>SP-1</b>	Short foreign training on National Health Accounts	Persons	4 persons	Direct	LD	RPA – GoB	10.00		Sept/2012	Oct/2012	Oct/2012
<b>SP-2</b>	Short foreign training on an issue related to EGVNP	Persons	2 persons	Direct	LD	RPA – GoB	5.00		Oct/2012	Nov/2012	Nov/2012
<b>SP-3</b>	Technical Assistance (Local Consultant for GNSP)	No.	12 MMs	SIC	HOPE	RPA – GoB	20.00		Sept/2011	Oct/2011	June/2013
<b>SP-4</b>	Economic evaluation of the intervention of a specific disease related Study	No.	01	SFB	HOPE	RPA – GoB	25.00		Aug/2012	Oct/2012	June/2013
<b>SP-5</b>	EGVNP related Study	No.	01	SFB	HOPE	RPA – GoB	30.00		Aug/2012	Oct/2012	June/2013
<b>SP-6</b>	National Health Accounts-IV (NHA-IV)	No.	01	SFB	HOPE	DPA	121.00		Aug/2012	Oct/2012	June/2013
	<b>Total:</b>						<b>211.00</b>				

Package No.	Description of procurement package as per PIP Services	Unit	Quantity	Procurement method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
<b>2013/14:</b>											
<b>SP-1</b>	Short foreign training on issues related to EGVNP	No. of course	01 course	Direct	LD	RPA - GoB	5.00		Decem/2013	January/2014	January/2014
<b>SP-2</b>	Study on EGVNP related issues	No.	01	SFB	HOPE	RPA - GoB	30.00		July/2013	Sep/2013	June/2014
<b>SP-3</b>	The current cost of ESD-A study of govt. facilities	No.	01	SFB	HOPE	RPA - GoB	25.00		Aug/2013	Oct/2013	June/2014
<b>SP-4</b>	Sample Household Income Expenditure Survey	No.	01	SFB	HOPE	DPA	100.00		Aug/2013	Oct/2013	June/2014
	<b>Total:</b>						<b>160.00</b>				

Package No.	Description of procurement package as per PIP Services	Unit	Quantity	Procurement method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
<b>2014/15:</b>											
<b>SP-1</b>	Short foreign on issues related to EGVNP	No. of course	01 course	Direct	LD	RPA - GoB	5.00		Nov/2014	Decem/2014	Decem/2014
<b>SP-2</b>	Private Facility Survey	No.	01	SFB	HOPE	RPA - GoB	25.00		Aug/2014	Oct/2014	June/2015
<b>SP-3</b>	Study related to EGVNP issues	No.	01	SFB	HOPE	RPA - GoB	30.00		Aug/2014	Oct/2014	June/2015
<b>SP-4</b>	National Health Accounts-IV (NHA-V)	No.	01	SFB	HOPE	DPA	125.00		Aug/2014	Oct/2014	June/2015
	<b>Total:</b>						<b>185.00</b>				

Package No.	Description of procurement package as per PIP Services	Unit	Quantity	Procurement method & (Type)	Contract Approving Authority	Source of funds	Estd. cost in Lakh Taka	Indicative Dates			
								Not used in Goods	Invitation for Tender	Signing of Contract	Completion of Contract
1	2	3	4	5	6	7	8	9	10	11	12
<b>2015/16:</b>											
<b>SP-1</b>	Short foreign training on issues related to EGVNP	No. of course	01 course	Direct	LD	RPA - GoB	5.00		Decem/2015	January/2016	January/2016
<b>SP-2</b>	Study on public & private hospital provision of ESD & non-ESD services and efficiency	No.	01	SFB	HOPE	RPA - GoB	25.00		Aug/2015	Oct/2015	June/2016
<b>SP-3</b>	Study on EGVNP related issues	No.	01	SFB	HOPE	RPA - GoB	30.00		July/2015	Sep/2015	June/2016
	<b>Total:</b>						<b>60.00</b>				

(Annexure – VIII)

**List of equipment and Vehicle procured during HNPSP under the OP of HEU**

<b>Sl. No.</b>	<b>Particulars</b>	<b>Quantity</b>
<b>Equipment:</b>		
1.	Desktop Computer	05 Nos.
2.	Laptop Computer	03 Nos. (01 inoperative)
3.	Laser Printer	07 Nos.
4.	Photocopier Machine	02 Nos.
5.	Fax machine	01 No.
<b>Vehicle:</b>		
1.	Jeep	01 No.