



ALLOCATION OF FUNDS FOR MATERNAL HEALTH IN BANGLADESH

A HISTORICAL ANALYSIS



USAID
আমেরিকার আন্তর্জাতিক সহায়তা সংস্থা



Allocation of funds for Maternal Health in Bangladesh: A Historical Analysis

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Acknowledgements

Maternal health is one of the important development indicators in the current day world. Government of Bangladesh is promise bound to provide maternal health services to all. Bangladesh will have to achieve the MDG 5 target by the year 2015. One of the important elements considered for maternal health is Maternal Mortality Ratio (MMR). With the increase in maternal health service provision by the government sector, improved access to Comprehensive Emergency Obstetric Care (CEmOC) Services, Safe Menstrual Regulation Services, and Skilled Birth Attendance Services has been increased and maternal mortality has decreased. Other efforts like, Family Planning Services and Expansion of Female Education also contributed substantially in this achievement.

Government is implementing maternal health services mainly through Ministry of Health and Family Welfare (MoHFW) through Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) and Ministry of Local Government Rural Development and Co-operatives (MoLGRD&C). However, due to absence of separate Operation Plan (OP) allocation on maternal health was not visible and as such it was not possible for the planners of the government to determine how much it should be increased to achieve target of MDG 5. In this context White Ribbons Alliance, Bangladesh has decided to conduct the study on 'Allocation of Funds for Maternal Health: A Historical Analysis' with financial support of USAID. Human Development Research Centre (HDRC) extends its gratitude to all of them for selecting us for conducting the study. The accompanying report has been successfully been completed with support from all corners.

The accompanying study report is the outcome of many challenging collective performances at different tiers by the study team. The appropriate designing and successful administration of the study would not have been possible without the commitment and dedication of all those who were involved in this process.

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Prof. Abul Barkat, Ph.D.

Team Leader of the study

&

Chief Advisor (Hon.), HDRC

Dhaka: January 16, 2012

Abbreviations

ANC	Antenatal Care
BCC	Behavior Change Communication
CEmOC	Comprehensive Emergency Obstetric Care
CMH	Commission on Macroeconomics and Health
CPR	Contraceptive Prevalence Rate
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Service
DSF	Demand Side Financing
FWC	Family Welfare Centre
FWVTI	Family Welfare Visitors Training Institute
GDP	Gross Domestic Product
GoB	Government of Bangladesh
HDRC	Human Development Research Centre
HNPSP	Health, Nutrition and Population Sector Program
HS	Health Services
MCH	Maternal and Child Health
MCH-FP	Maternal Child Health and Family Planning
MCHIP	Maternal Child Health Integrated Programme
MCHTI	Maternal Clinic Health Training Institute
MCRH	Maternal Child and Reproductive Health
MCWC	Maternal and Child Welfare Centre
MDG	Millennium Development Goal
MFSTC	Mohammadpur Fertility Service and Training Centre
MH	Maternal Health
MIS	Management Information System
MMR	Maternal Mortality Ratio
MoC	Ministry of Communication
MoD	Ministry of Defence
MoF	Ministry of Finance
MoHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoLGRD&C	Ministry of Local Government, Rural Development and Co-operatives
MoP	Ministry of Planning
NGO	Non-Government Organization
OP	Operation Plan
PNC	Postnatal Care
RHCIB	Revitalization of Community Health Care Initiatives in Bangladesh
UHC	Upazila Health Complex
UHFWC	Union Health and Family Welfare Centre
UPHCP	Urban Primary Health Care Program
USAID	United States Agency for International Development
WHO	World Health Organization

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Executive Summary

Government of Bangladesh is promise bound to provide maternal health services to all and to achieve the Millennium Development Goal (MDG) 5 target by the year 2015. However, in spite of undertaking many positive initiatives and reduction of maternal mortality rate substantially institutional delivery and Cesarean section through government channel maternal health services have not reached the poor to that extent. White Ribbon Alliance, Bangladesh has undertaken a unique initiative to explore the size of allocation under the National Budget of Bangladesh for providing the maternal health services over the years.

The **overall objective** of the pioneering initiative is to identify budgetary allocation for maternal health care interventions over the past three years; and the **specific objectives** are (i) to estimate budgetary allocation for maternal health care interventions, (ii) to provide separate estimates by Revenue Budget and Development Budget, and (iii) to estimate total allocation for maternal health in real terms considering inflation and as share of Gross Domestic Product (GDP).

Methodology

According to World Health Organization (WHO), **maternal health** refers to the health of women during pregnancy, childbirth and the postpartum period. It comprises of (a) antenatal care, (b) care of maternal complications during pregnancy, (c) delivery (normal, forceps, vaginal breech delivery and Cesarean sections), (d) postnatal care, (e) other obstetric operations, and (f) referrals. In Bangladesh, maternal health services in public sector are mainly provided by 15,352 static facilities run by Ministry of Health and Family Welfare (MoHFW). In selected city corporations and municipalities, Ministry of Local Government, Rural Development and Co-operatives (MoLGRD&C) funded Urban Primary Health Care Program (UPHCP) clinics are also providing maternal health services.

The study has processed the nation-wide service statistics available with Directorate General of Health Service (DGHS) and Directorate General of Family Planning (DGFP) for the period of past three years (2007-2009) and financial allocation data available with Budget Division, Ministry of Finance (MOF) and Ministry of Planning (MoP). Proportions between maternal health services and all health services at various levels of service delivery (like Family Welfare Centre, Upazila Health Complex, Maternal and Child Welfare Centre, District Hospital, and Medical College Hospital) have been worked out on the basis of national service statistics.

The MoHFW and MoLGRD&C budget line items have been classified into three categories: (i) fully relevant to maternal health, (ii) partially relevant to maternal health, and (iii) not relevant to maternal health services. The line items that fall under the first two categories have been further classified into four maternal health related components: (i) Direct maternal health services (service provisioning), (ii) Maternal health services management (direct overhead), (iii) Support services related to maternal health, and (iv) Policy and supervision related overhead.

The budget allocation for maternal health services comprises of sum of allocations for each of the components. It is assumed that each of the line items (allocation heads/subheads) and/or group of line items under a component has one-to-one relation with a specific proportion that has been worked out (constructed) on the basis of national service statistics.

In the process of attributing the allocation for maternal health service of a particular line item under a component, apportionment has been made taking into account the relevant proportion. Findings of the study need to be interpreted as indicative.

Findings

The incidence of maternal health services provision by government by cases has increased from 3.5 million in 2007 to 4.4 million in 2009. This shows apparently a huge progress, however, the unmet need for maternal health services is still high.

There were around 3.0 million expected births and 0.45 million estimated complications during the year 2009, and a total of 4.0 million women received one or more maternal health services through government, non-government organization (NGO) and private channels. Considering that 80% of these services are provided by government, an additional 4.3 million of unmet need for maternal health services is to be met to achieve the MDG 5 target (*MDG Scenario*). However, if the target is considered as cent percent (*Ideal Scenario*) for all the maternal health services it has been estimated that, 8.5 million are still deprived of these services, where 6.8 million is to be provided by government. This needs consideration for long term planning.

The estimated budgetary allocation for maternal health in FY 2009/10 was Tk.1,750 million (2.5% of MoHFW budget and 0.15% of National budget), and it was Tk. 1,230 million (2.0% of MoHFW budget and 0.12% of National budget) and 1,270 million (2.3% of MoHFW budget and 0.15% of National budget) respectively in FY 2008/9 and FY 2007/8. The estimated allocation during these three years ranges between 0.02% and 0.03% of respective year's GDP.

Among the estimated budget for maternal health services, the highest allocation was for direct maternal health service delivery component ranging between 49% and 56% during the reference period. The share of direct overhead component was ranging between 16% and 19% of the estimated allocation and support services component constituted between 15% and 18%.

Over the years the share of revenue budget is increasing. The revenue budget constituted 52% of the estimated allocation for maternal health budget for FY 2009/10, while the same for FY 2008/9 and FY 2007/8 was 49% and 36% respectively.

The estimated allocation for providing maternal health services is the highest for an average Medical College Hospital (ranging between Tk.7.6 million and Tk. 12 million in different years during the reference period) among all types comprehensive service delivery points and is followed by average District Hospital (ranging between Tk. 1.5 million and Tk. 4.9 million). The budget allocation per facility in general shows an increasing trend except for MCWC (ranging between Tk.1.3 million in FY2007/8 and about Tk.0.7 million in FY 2009/10).

The estimated budget allocation for providing family planning services constituted Tk. 14,780 million in FY 2009/10, and was Tk. 6,690 billion in FY 2007/8. Analysis of budget allocation for MoHFW, and estimated allocations for maternal health and family planning in constant 2009/10 price depicts an upward trend. However, increase in budget allocation for maternal health is proportionately much lower compared to that of family planning as well as budget of MoHFW.

Considering all the services as equivalent one, the current allocation for maternal health services is Tk.

546.88 per person. Thus, an estimated total allocation of Tk. 4,112 million (US\$ 58.75 million) per year will be required for provision of maternal health services to reach MDG 5 target with current quality (**MDG Scenario with current quality**). The current quality of care, Behavioral Change Communication (BCC) and referral is not an ideal one, and it needs to be improved. Thus, while estimating the yearly requirement for maternal health services including an assumed additional allocation of 50% for improvement of quality, the total allocation need stands at Tk. 6,220 million (US\$ 88.1 million) per year to address the unmet need to meet the MDG 5 target (**MDG Scenario with improved quality**). It is estimated that Tk. 5,469 million (US\$ 78 million) will be needed per year to realize the **Ideal Scenario with current quality**. Considering an assumed additional allocation of 50% for improvement of quality, the total amount of requirement stands at Tk. 8,203 million (US\$ 117 million) to achieve the target of **Ideal Scenario with improved quality**.

Recommendations

Under the above context the MoHFW, MoF and MoP may consider following recommendations:

1. Government of Bangladesh is promise-bound to provide maternal health care to all. It is a priority area of MDG. On the other hand, a huge number of mothers still have unmet need on the same. Thus, it appears that the present budgetary allocation for maternal health does not match with the above priority. Hence, allocations needed for maternal health to achieve the MDG 5 target and to achieve Ideal Scenario with current quality and with improved quality are as follows.

Current allocations for Maternal Health	MDG Scenario with		Ideal Scenario with	
	Current Quality	Improved Quality	Current Quality	Improved Quality
Tk. 1,750 mil.	Tk. 4,112 mil.	Tk. 6,168 mil.	Tk. 5,469 mil.	Tk. 8,203 mil.
Increase over the current budget	2.35 times	3.52 times	3.13 times	4.69 times

2. There should be a separate 'Operational Plan on Maternal Health' in Health Population and Nutrition Sector Programme (2011-2016) to achieve the MDG 5 target.
3. More efforts should be given to increase provisioning of antenatal care, delivery care, postnatal care and other maternal health services at government facilities.
4. Allocation for support services related to maternal health, especially for BCC should be enhanced to increase awareness of people for seeking maternal health care at government facilities and birth preparedness to reduce maternal mortality and morbidity.
5. More allocation should be given for improvement of Emergency Obstetric Care (EmOC) facilities, especially to Upazilla Health Complexes and Maternal and Child Welfare Centers for providing Comprehensive EmOC.
6. Allocation should be increased to streamline maternal health related referral system at all levels and to increase support through ambulance services for emergency obstetric patients.

7. More emphasis should be given to improve the quality of care and service facilities to attract the maternal health service recipients in government service delivery points.
8. Participation of development partners should be higher to assist maternal health programme in a well-coordinated way, especially for the rural and hard-to-reach areas and urban slums.
9. Keeping with the priority of the government, NGOs and private sectors should be encouraged to provide maternal health services, especially Comprehensive EmOC.
10. The findings and recommendations of this study should be widely disseminated to government, policy makers, implementers, development partners, relevant NGOs and other stakeholders.
11. To estimate the exact/required allocation for maternal health a comprehensive study should be conducted immediately so that it could be reflected in the Operational Plan.

CHAPTER 1

BACKGROUND AND OBJECTIVES

1.1 Background

In Bangladesh, historically women are the most neglected and mothers are the most uncared for. A family begins with mother and there is no substitute for her. Mothers are the person who bear their children throughout the pregnancy, endure the labor pain, provide breast milk and care all their children during neonatal period and childhood. She is the heart and soul of the family and no argument, no logic can underestimate her role in the family and society at large. It is a proven fact that a nation cannot prosper by neglecting their mothers. Mothers are the center of civilization. However, what has been happening in our society is “fact stranger than fiction”.

Reduction of maternal mortality is an important indicator of improvement of maternal health. In Bangladesh, the major causes of maternal deaths are Ante and Post-partum hemorrhage, Eclampsia, Obstructed labor, Puerperal sepsis, and unsafe abortion. Inadequate knowledge of life-threatening maternal complications among the family members and low socio-economic status of women are the prime causes behind. Government has taken a number of steps for maternal health. In 1990, the maternal mortality rate (MMR) was 574 per 100,000 live births. The Millennium Development Goal (MDG) 5 has set target for reduction of MMR by three-fourths (i.e. 75% reduction) in 25 years, between 1990 and 2015. However, Bangladesh could reduce its MMR by 66% in 20 years, between 1990 and 2010, and currently it is 194 per 100,000 live births¹. Base year, Current situation and MDG target of maternal health are as follows.

Table 1.1: Base year situation, current status and MDG target of maternal health

Indicators	Base year (1990) ²	Status in 2010	MDG Target (by 2015) ²
Maternal mortality rate (per 100,000 live births)	574	194 ¹	143
Proportion of births attended by skilled health personnel (%)	5	27 ¹	50
Antenatal care (at least one visit) (%)	28	71 ¹	100
Antenatal care (4 or more visit) (%)	6	23 ¹	100

Although MMR shows a plateau with little change over time in terms of education, maternal health (MH) service delivery outlets and improvement of communication system, a dismal picture still prevails in terms of provision of maternal care and women’s dignity. Bangladesh has made considerable progress over the past twenty years in development of health sector despite ups and downs and numerous obstacles with a patriarchal society dominant here. However, large gaps are there in other related areas for which much effort is required for attaining the MDGs through increasing provision of maternal health and other services to the poor and underserved rural population.

Efforts to improve access to Comprehensive Emergency Obstetric Care (CEmOC) services, increase births attended by Skilled Health Personnel, increase Contraceptive Prevalence Rate (CPR), increase Antenatal and Postnatal care, Expansion of Female Education, Safe Menstrual Regulation Services and Demand Side Financing (DSF) was there for reduction of the undesirable deaths of mothers. These efforts are mostly through health facilities under DGHS and DGFP. According to MIS-Health there were 3.0 million expected births with 555,712 reported deliveries in EmOC facilities where 546,223 were live births and 17,862 still births in 2010. Among the total deliveries reported 230,669 were Caesarian Section. On an

¹ Bangladesh Maternal Mortality and Health Care Survey, 2010

² Millennium Development Goal, Bangladesh Progress Report, 2009

average 18.44% births took place at health facilities. However, the met need for EmOC was 53.66% during the year 2010³.

The Urban Health Care component of maternal health is provided under Urban Primary Health Care Program (UPHCP) under Ministry of Local Government Rural Development and Cooperatives (MoLGRD&C). It is mainly provided through small to medium hospitals and outdoor services run by NGOs in collaboration with City Corporations and Municipalities. MoHFW provides outpatient services provided through secondary, tertiary and specialized hospitals situated in the urban areas.

Currently, HNPSF is in action that will continue till 2011. However, none of the documents and papers of the government and other agencies could provide any concrete information regarding allocation on maternal health directly. In most of the financial documents like- Budget of GoB, financial data of MoHFW and National Health Accounts maternal health has been included under Curative care services head of Directorate of Health Services and under Prevention and Public Services head under Directorate of Family Planning (see Annex-1 for details). In addition, a number of projects are there for maternal health services either in total or in partial.

However, government is still lagging behind in terms of provision of caesarean section and births attended by skilled health personnel while compared with those of the private.

Now, the question is - "Are we on the right track to provide maternal health services to prevent their undesirable death, disability and untold sufferings, especially the poor? Is the allocation of fund sufficient to reach the MDG target for maternal health?" The answer is mostly unknown.

Digging out the 'Allocation of funds for Maternal Health of Bangladesh' is a challenging task for any organization at this moment. Without having a vivid knowledge of it and a separate budget head as "Maternal health" or "Maternal neonatal health", required fund that could not be made available properly for improvement of maternal health is very much crucial at this moment.

With all these challenges ahead, Human Development Research Centre (HDRC) has conducted the study entitled 'Allocation of Fund for Maternal Health: A Historical Analysis' under financial assistance of White Ribbons Alliance for Safe Motherhood, Bangladesh.

³ Emergency Obstetric Care (EmOC) Performance Report, 2010, MIS-Health, DGHS and UNICEF, June 2011

1.2 Objectives of the Study

The overall objective of the study is to identify budgetary allocation for maternal health care interventions over the past three years. This will be used to advocate for increasing allocation equitably and in terms of high impact interventions in the context of achieving MDG-5 within the stipulated time period.

As specific objectives followings has been searched for and analyzed for in the last three years' budgetary allocation–

1. Total allocation for maternal health
2. Differentials by allocations in Revenue budget and Development budget
3. Total allocation for maternal health and its real amount considering the money devaluation and GDP.

CHAPTER 2

METHODOLOGY

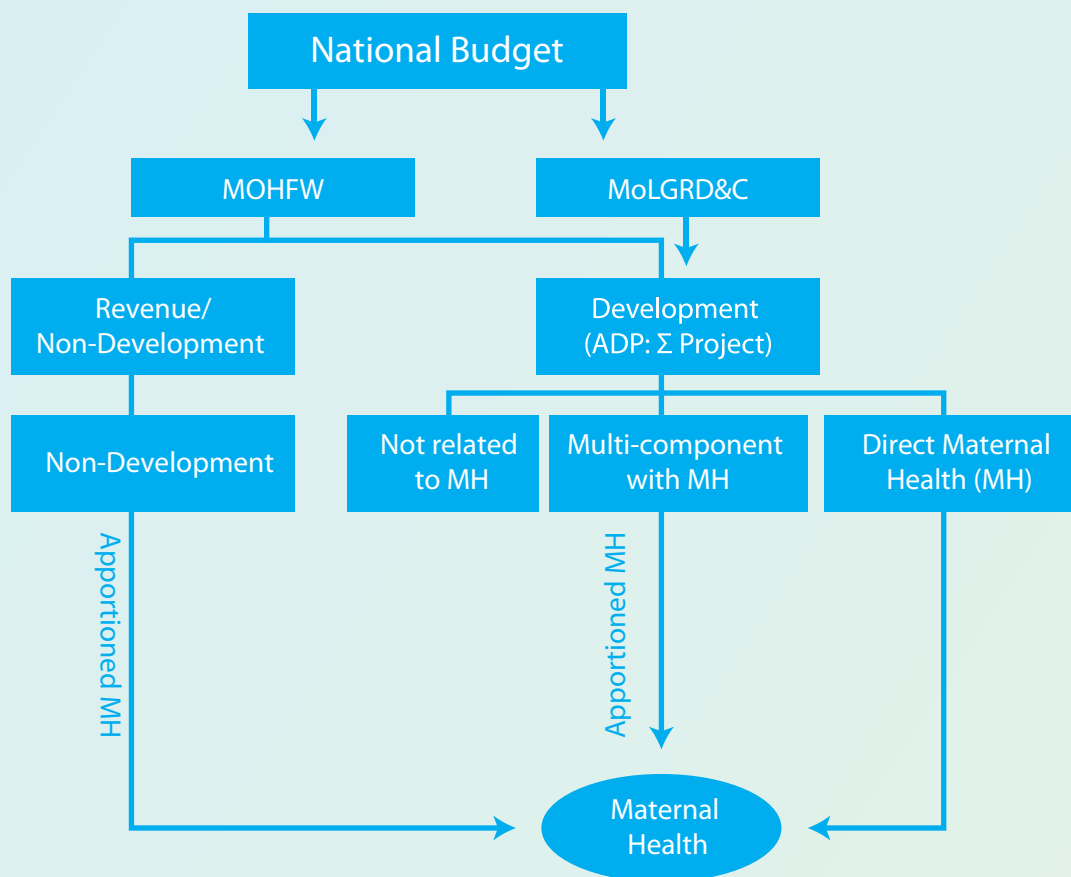
2.1 Introduction

White Ribbon Alliance has undertaken a unique initiative to explore the size of allocation under the National Budget of Bangladesh for providing the maternal health services over the years. The pioneering initiative has led to estimate a completely unexplored area of segregation of national budget and prepare estimates of allocation for maternal health through devising a comprehensive methodology. In the process, it appeared that formulation of appropriate methodology for the assignment is a complex as well as challenging job. For accomplishing the assignment it is needed to collect and analyze substantially large volume of financial/budgetary and other information lumped together under various heads/line-items (in almost all instances hard to disaggregate), belonging to different ministries. Similarly, a large volume of pertinent program-performance information has to be processed.

At the initial stage, it appeared that maternal health services in public sector is provided in facilities belonging to various ministries: like Ministry of Health and Family Welfare (MoHFW), Ministry of Local Government Rural Development and Cooperatives (MoLGRD&C), Ministry of Defense (MoD), Ministry of Home Affairs (MoHA), Ministry of Communication (MoC), and others. However, careful scanning of relevant budget documents has revealed that almost all public allocation of fund for health purpose is channelized through MoHFW, and a negligible amount through MoLGRD&C. Although some other ministries (like, MoD, MoHA, MoC) are running health establishments, the budgetary allocation for health services could not be traced in GoB budget documents (except allocation for construction of a 50 bed hospital in Coxes' Bazar under MoHA, and construction of a new unit in Dhaka CMH under MoD). Therefore, the following two ministries: (i) Ministry of Health and Family Welfare (MoHFW), and (ii) Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C) have been considered as relevant for the accompanying study. Budget of MoHFW, is fully dedicated to development of health (directly and indirectly). The Budget of MoLGRD&C comprises of number of budget components of which primary health care is one of the projects (UPHCP 2).

Investigation on budget preparation reveals that National Budget in Bangladesh is prepared for Ministries, Divisions and Constitutional Bodies following a mixture of historical trend and demands from respective entities. To address the objectives of the study, it is essential to (i) explore the budget components (both revenue and development budget) by their line-items and by ministry, (ii) identify the components that are either directly or indirectly related to MH; (iii) explore proportion(s) of MH services and other health services for each and/or group of applicable line-items, and (iv) estimate the amount of allocation for MH by each of the applicable line-items and estimate the budget any allocation for MH by year. The pathway for estimating the maternal health budget is presented below in Figure 2.1.

Figure 2.1: From National Budget to Maternal Health Budget: Estimation pathway



2.2 Working Definition of Maternal Health

“Maternal health refers to health of women during pregnancy, childbirth and the postpartum period”- World Health Organization⁴.

Most of the services related to maternal health are provided through MoHFW. However, as per definition of World Health Organization (WHO) the services provided under MOHFW are as follows.

- a. Antenatal care (ANC)
- b. Emergency obstetric care (EmOC)
- c. Institutional delivery
- d. Postnatal care (PNC)

⁴ (http://www.who.int/topics/maternal_health/en/)

2.3 Conceptualization, Approaches and Methods of Data Generation, and Estimation

In the context of Bangladesh, maternal health services in public sector are provided in following facilities depending upon the competency of the respective facility. The facilities classified by type maternal health service delivery by hierarchy are presented in Figure 2.2, and numbers of such facilities are depicted in Figure 2.3. It reveals that, there are altogether 15,352 static facilities owned by GoB for providing MH services within the competencies of each of their categories. Moreover, UPHCP clinics funded by MoLGRD&C and managed by NGOs are providing maternal health services in selected city corporations and municipalities.

Figure 2.2: Maternal Health Service delivery facilities: By type of services

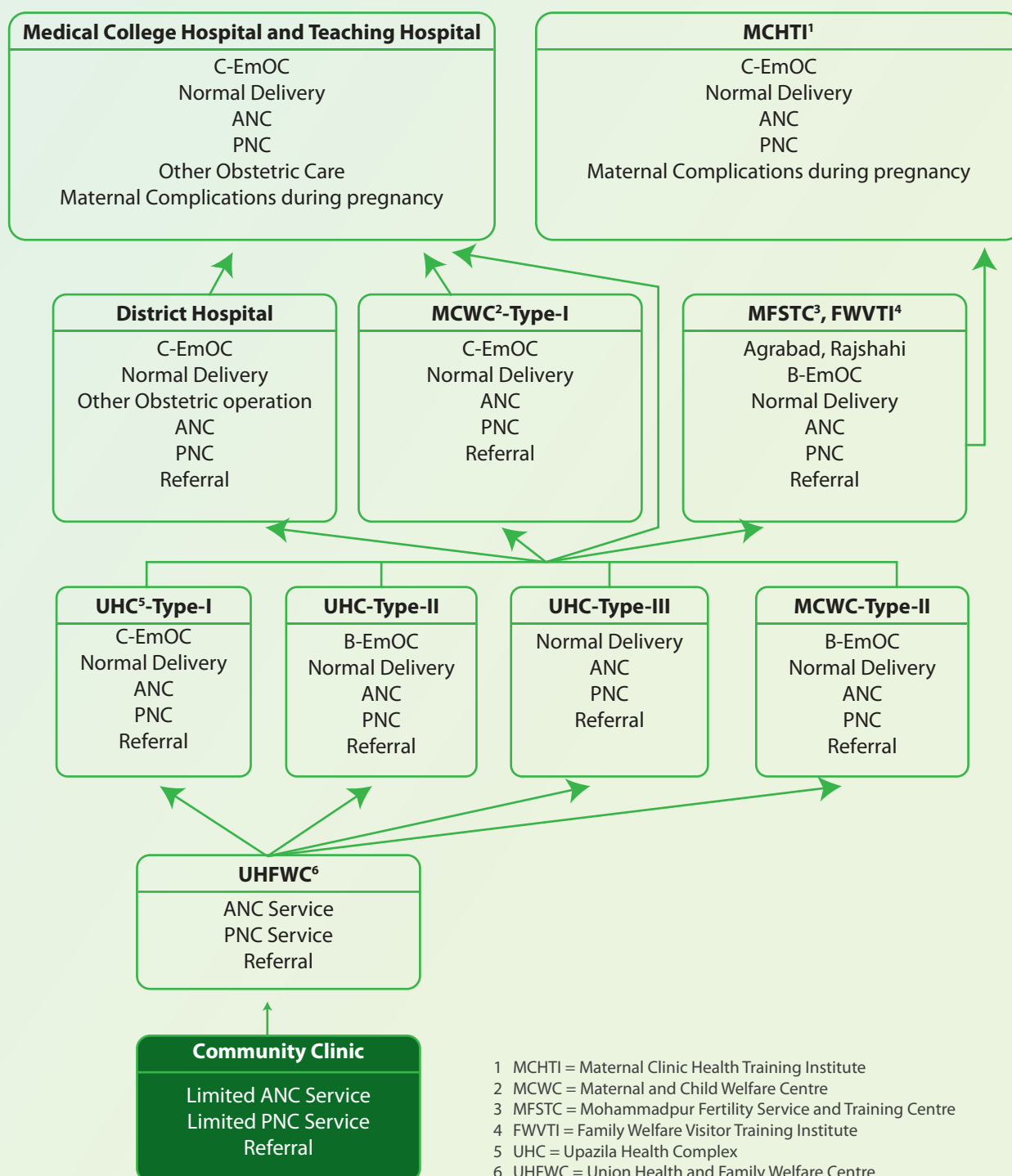
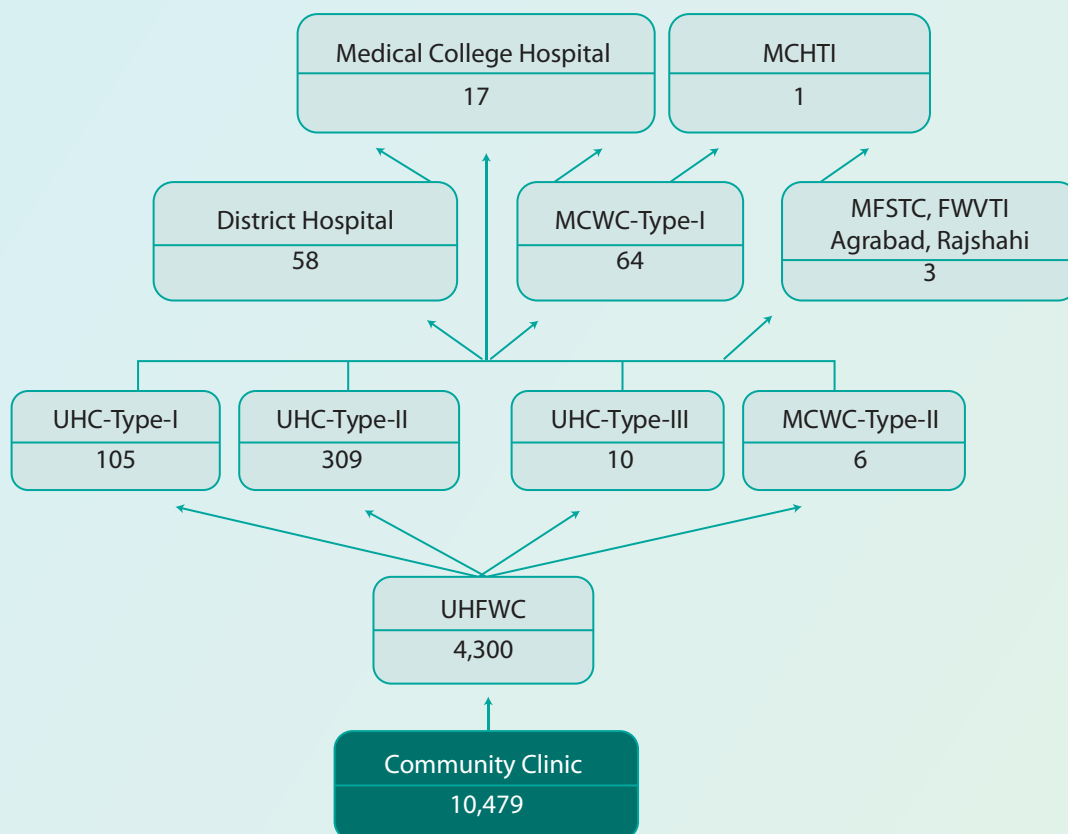


Figure 2.3: Maternal Health Service delivery facilities by functional types and physical numbers



Approaches for Estimation

The following three methods/approaches are followed internationally for estimating budgetary allocation for maternal health (MH) services:

- **Method 1:** Proportion based on the floor space used for providing MH services and total floor space.
- **Method 2:** Proportion prorated to utilization of fulltime equivalent (units of patient contact time utilized) of provider(s) for MH and multiplied by respective unit salary(ies) (Time motion study)
- **Method 3:** Proportion worked out on the basis of number of MH services and total of other health service.

In this regard, the estimation following Method 1 and 2 needs to be based on a national representative sample by types of facilities, providers and services. The administration of data generation using sample survey is a herculean task. It is worth noting that the administration of the stated above methods have their limitations. For instance, Method 1 has severe practical limitations: (i) segregating floor space used for MH services in outpatient departments is not possible, (ii) for many facilities (like UHC) segregation of floor space used for inpatient department is also impossible for practical reasons.

Although estimates prepared on the basis of Method 2 produce high precision results, however, conducting Time Motion Study on large group of providers in different tiers of service delivery points round the clock is quite a complicated, time consuming and difficult to manage as well as highly expensive endeavor.

Method 3 is based on collecting secondary data (MIS reports) and there is a possibility of errors related to under or over reporting. However, a reliable and robust secondary data (i.e. nation-wide service statistics) over the past three years (2007 to 2009) have been available with DGHS and DGFP. The accompanying study has been conducted on the basis of national service statistics as relevant for applying Method 3. The relevant financial data has been collected from the Budget Division, Ministry of Finance, GoB.

Data Sources -

1. A reliable & robust secondary data (i.e., nation-wide service statistics) for past three years from DGHS & DGFP
2. Budget allocation by heads & projects from Ministry of Finance (Budget Document).

For minimizing under/over reporting errors, the MIS data have been validated through data collected from a limited number of service delivery points (2 medical colleges, 2 district hospitals, 2 MCWCs and 2 UHCs which in their turn have been used as validation scales/stones. In this process, 2 Directors of 2 Medical Colleges, 2 Civil Surgeons and 2 Deputy Directors of Family Planning were consulted.

At this point the following proportions have been worked out by year (2007 to 2009) using the MIS data of DGHS and DGFP as the basis of apportionment of total allocated budget for the line-item (head/sub-head in case of revenue budget, and project in case of development budget).

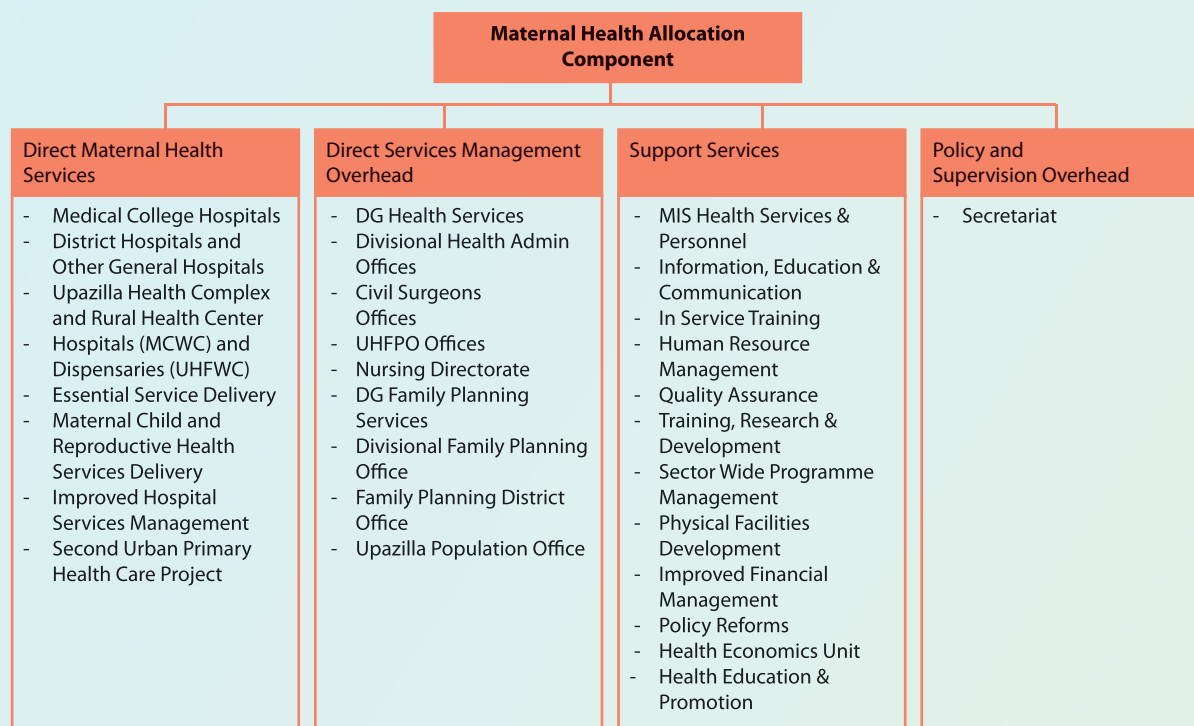
The proportions are:

- (a) MH services as % of all health services (HS) at upazila and below level under DGHS
- (b) MH services as % of all health services (HS) at district hospitals
- (c) MH services as % of all health services (HS) at medical college hospitals
- (d) MH services as % of all health services (HS) under DGHS
- (e) MH services to admitted patient as % of all admitted patients
- (f) MH services as % of all services at MCWC
- (g) MH services as % of all services (including FP MCH) under DGFP
- (h) MH services as % of all health services (HS) under UPHCP
- (i) MH services as % of all services (Health, FP and MCH) under MoHFW

For the estimation of public allocation MH services have been disaggregated into four components: (i) direct maternal health services (service provisioning), (ii) direct maternal health services management (direct overhead), (iii) support services related to maternal health, and (iv) policy and supervision of maternal health.

The budget line items henceforth have been considered as allocation centers. It is to note that each of the components stated above comprises of one or more allocation centers. The allocation centers directly related to maternal health services grouped by components are presented below (Figure 2.4).

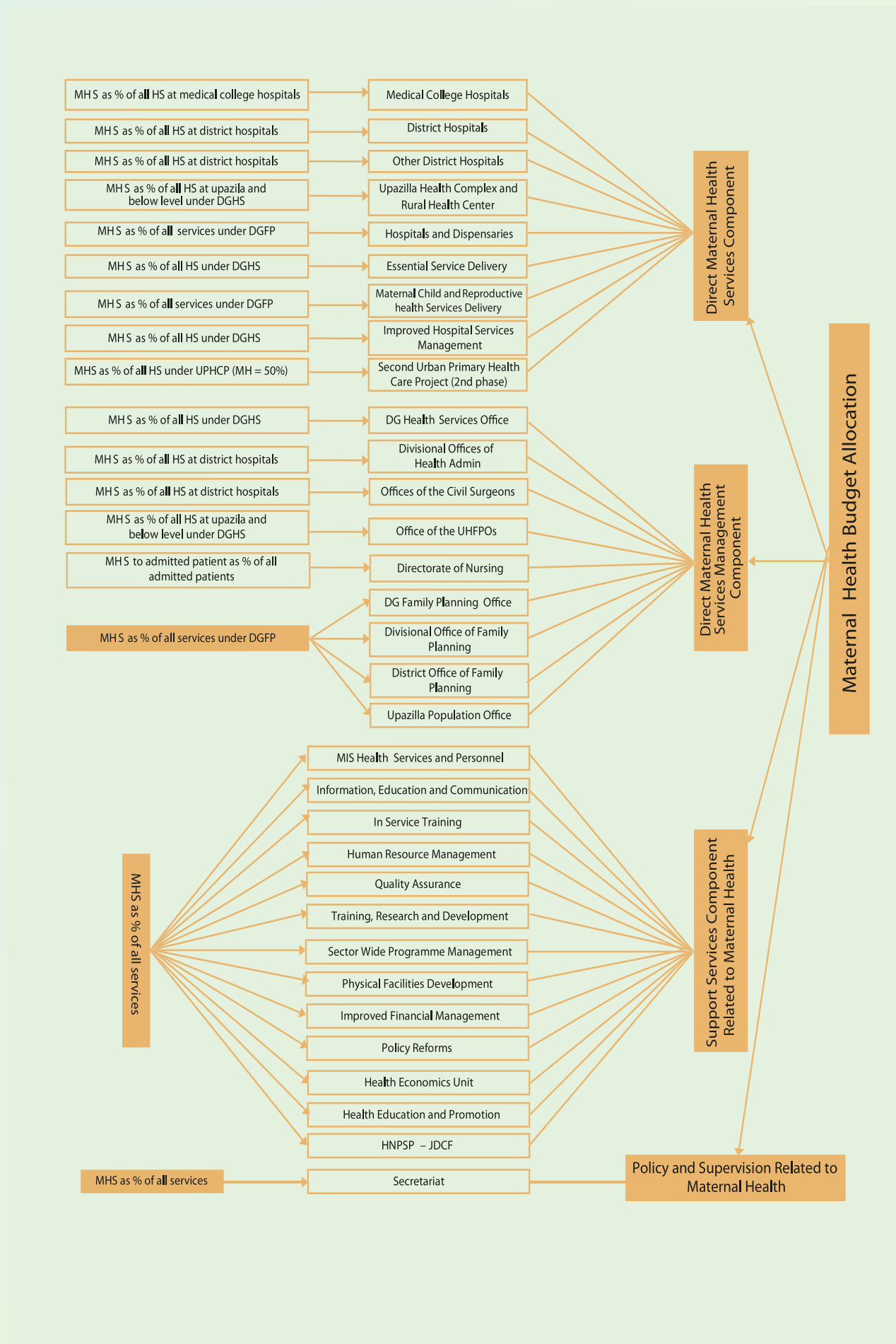
Figure 2.4: Classification of Maternal Health Allocation by Components and Sub-components



The estimation exercise has been based on the assumption that there is a one-to-one relation between the proportions mentioned above by line items (or group of line items). The relation is depicted in Figure 2.5.

Thus, the sum of estimated allocation of four MH components forms the respective financial year's allocation for maternal health.

Figure 2.5: Maternal Health Budget Estimation Procedure



2.4 Limitations

The study, based on secondary data from DGHS, DGFP, MoLGRD&C as well as Ministry of Finance, has been conducted by giving equal weight to each of the maternal health services irrespective of service type, provider, and type of facility and location of service offered. It is to note that it would have been possible to allocate by service, service provider and facility specific different weight in instance if Time Motion Study based methodology could have been devised (application of Method 2). The estimated budget allocation for maternal health has produced some path-finding indicative figures and therefore, it is needed to be interpreted with appropriate cautions. Allocation for MH services provided by other ministries could not be included here, due to the fact that those data were not available in the government documents.

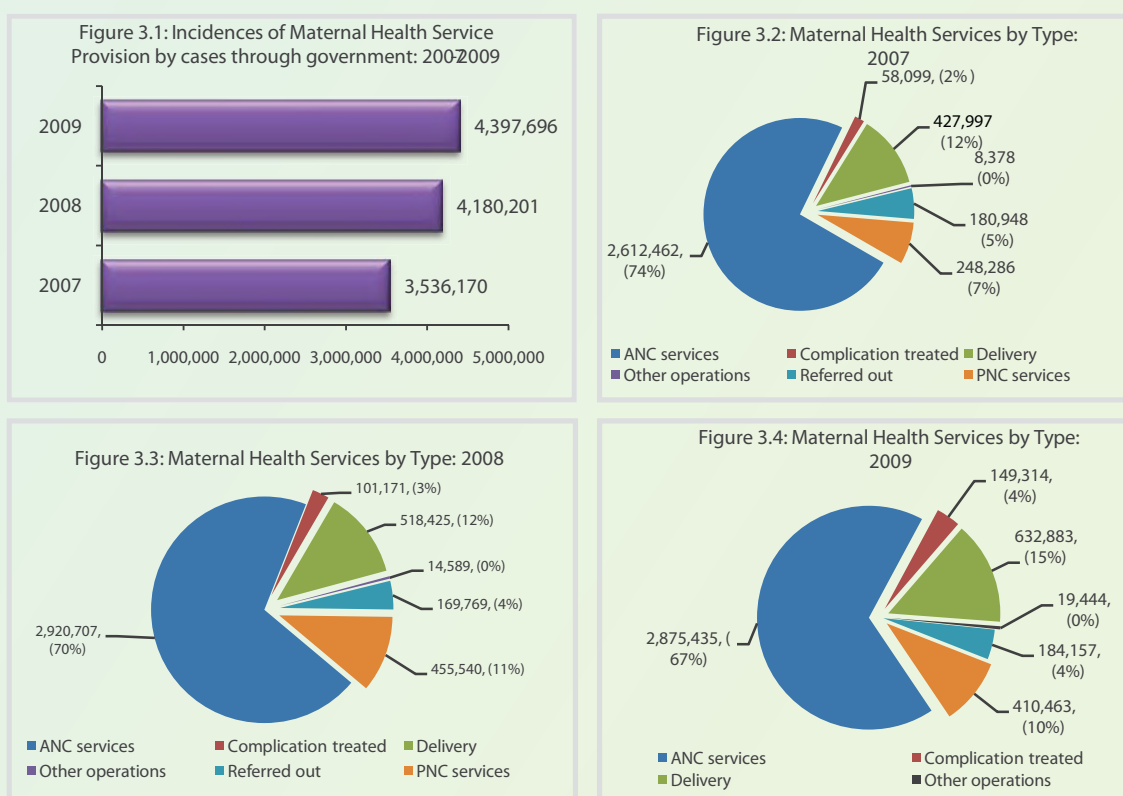
CHAPTER 3

MATERNAL HEALTH SERVICE AND BUDGET ALLOCATION

3.1 Incidences of Maternal Health Services Provision by Cases

Maternal Health Services Provision by Cases through Government

The incidences of availing maternal health services from GoB facilities over the years (2007 – 2009) are increasing (Figure 3.1). In terms of absolute numbers all types of services show an increasing trend. However, a relative slower change has been observed in terms of transformation of composition of types of maternal health services during the same period (Figure 3.2 – Figure 3.4). It also reveals that, over two-thirds of the visits (between 67% and 74%) are related to ANC. Delivery service constitutes between 12% and 15% of the MH services. The share of PNC services is also found low and ranges between 7% and 11%.



The incidences of maternal health services provision by cases has increased from 3.5 million in 2007 to 4.4 million in 2009 (Figure 3.1). This shows apparently a huge progress, however, the unmet need for maternal health services is still high.

3.2 Currently Served and Unmet Need for Maternal Health Services to Meet the MDG 5 Target (MDG 5 Scenario)

There were around 3.0 million expected births and 0.45 million estimated complications during the year 2009. However, a total of 4.0 million women received one or more of the following services- antenatal care (at least one visit), antenatal care (at least four visits), delivery by skilled personnel, complication treated and postnatal care through government by NGO and private channels. However, to achieve the MDG 5 target an additional 5.4 million of unmet need for maternal health services is to be met (Table 3.1).

Table 3.1: Currently Served and Unmet Need for Maternal Health Services in Bangladesh through Government, NGO and Private, 2009 (with MDG 5 and related components: MDG 5 Scenario)

Service type	Target	Currently served (met need)	Unmet need
Antenatal Care (At least one visit)	3.0 (100)	1.6 (53.7)	1.4 (46.3)
Antenatal Care (Four and more visits)	3.0 (100)	0.7 (23.4)	2.3 (76.6)
Delivery by skilled persons	1.5 (50)	0.8 (26.5)	0.7 (23.5)
Complication treated	0.45 (100)	0.24 (53.6)	0.21 (46.3)
Postnatal Care	1.5 (50)	0.7 (22.5)	0.8 (27.5)
Total	9.4	4.0 (# Women received one or more services)	5.4
# women served/to be served by government (80% of total)	-	3.2	4.32

Source: Estimated based on the findings of MDG Bangladesh Progress Report 2009, BMMS 2010, and Voice of MIS-Health - June 2011/EmOC Report, 2010

Note: 1. All data in million
2. Figures in parenthesis () indicate percentage

3.3 Unmet Need for Maternal Health Services to Meet 100% Target (Ideal Scenario)

Considering the target as cent percent for antenatal, skilled delivery care, treatment of complications and postnatal care it has been estimated that after provision of services to 4 million, 8.5 million are still deprived of maternal health services (Table 3.2). This needs consideration for long term planning.

Table 3.2: Currently Served and Unmet Need for Maternal Health Services, 2009 (with target 100%)

Service type	Target	Currently served	Unmet need
Antenatal care (At least one visit)	3.0 (100)	1.6 (53.7)	1.4 (46.3)
Antenatal care (Four and more visits)	3.0 (100)	0.7 (23.4)	2.3 (76.6)
Delivery by skilled persons	3.0 (100)	0.8 (26.5)	2.2 (73.5)
Estimated complications treated	0.5 (100)	0.2 (53.6)	0.2 (46.33)

Postnatal care	3.0 (100)	0.7 (22.5)	2.3 (77.5)
Total	12.5	4.0 (32.3)	8.5 (67.7)
# Women served/to be served by government (80% of the total)	-	3.2 (# Women received one or more services)	6.8

Source: Estimated based on the findings of BMMS, 2010 and Voice of MIS-Health - June 2011/ EmOC Report 2010

Note: 1. All data in million

2. Figures in parenthesis () indicate percentage

3.4 Estimated Budgetary Allocation for Maternal Health during the Years 2007-10

The study revealed that maternal health gets less priority in terms of both public allocation and provision of services. The allocation for maternal health was only 2.5 % of the annual budget of MoHFW, 0.15 % of the annual budget of the government, and equivalent to 0.03 % of the GDP during the year 2009-10. The budgetary allocation of FY 2007-08, 2008-09, and 2009-10 for maternal health ranges between 2.0% and 2.5% of budget allocation for MoHFW. Budget for MoHFW during these years comprised of around 6% of the National budget. The comparison further reveals that government is allocating a substantially low amount for maternal health, ranging between 0.02% and 0.03% of the respective years GDP (0.12% and 0.15% of National Budgets), for addressing such a crucial primary health care issue (Table 3.3).

Table 3.3: Estimated Budget Allocation for Maternal Health, 2007-10

Indicators	2007/8	2008/9	2009/10
Allocation for Ministry of Health and Family Welfare	Tk.54.82 billion	Tk.61.05 billion	Tk.70.03 billion
Maternal Health (MH) Services Allocation	Tk.1.27 billion	Tk.1.23 billion	Tk.1.75 billion
Budget for MoHFW as % of National Budget	6.3	6.1	6.2
Allocation for MH Services as % MoHFW budget	2.3	2.0	2.5
Allocation for MH Services as % National Budget	0.15	0.12	0.15
Allocation for MH Services as % GDP	0.02	0.02	0.03

3.5 Estimated Budgetary Allocation for Maternal Health (MH) by Components

The component-wise analysis of estimated maternal health budget allocation shows that, over the years the highest budget allocation is earmarked for *Direct Maternal Health Service Provisioning*. The share of direct maternal health service provisioning during the FY 2009-10 was 56% of the total maternal health related budget. The allocation for maternal health *Direct Service Management* was 17%. The share of

Direct Support Services budget allocation for maternal health shows a gradual decline from about 18% in 2007/8 to 15% in 2009/10. Allocation for Policy and Supervision Related Activities (activities at the secretariat level) was 12% of the total allocation (Figure 3.5 and Table 3.4). This is the scenario in which some components (e.g., referral, BCC) of maternal health services were not considered. However, additional budget to increase quality of care, BCC and referral should be taken into account to attract the maternal health service recipients in government facilities.

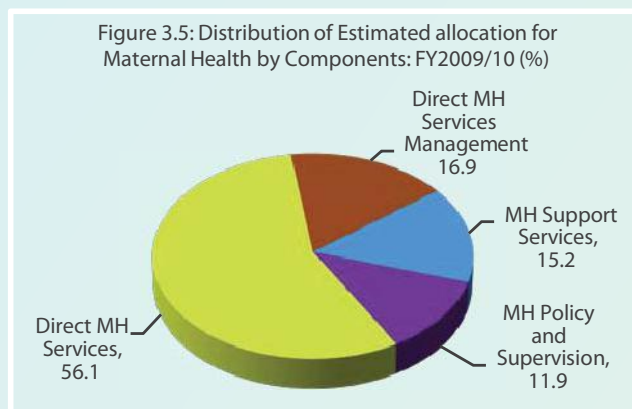
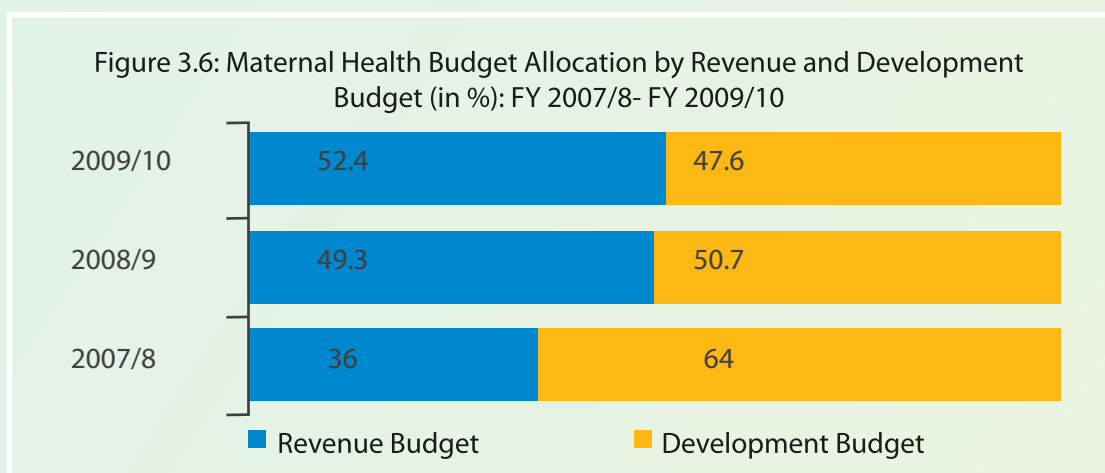


Table 3.4: Estimated Allocation on Maternal Health (in Tk.) by Components: FY2007/8-FY2009/10

Components	2007/8	2008/9	2009/10
Direct Maternal Health Services related Budget	707 million (55.7)	606 million (49.1)	981 million (56.1)
Direct Maternal Health Services Management related Budget	205 million (16.1)	235 million (19.1)	295 million (16.9)
Maternal Health Support Services related Budget (support services)	231 million (18.2)	203 million (16.4)	266 million (15.2)
Maternal Health Policy and Supervision related Budget	126 million (9.9)	189 million (15.4)	208 million (11.9)
Maternal Health Services Allocation	1,269 million (100)	1,233 million (100)	1,750 million (100)

3.6 Estimated Budgetary Allocation for MH by Revenue and Development Budget

The estimated budget allocation for maternal health has been further segregated by revenue and development budget components. It is revealed that over the time, the share of revenue components is becoming **higher** than that of development component. In FY 2007-2008 budget, the revenue portion for maternal health was 36% which rose to 52% in FY2009-10. On the contrary, the share of development budget in the total budget for maternal health shows a declining trend: from 64% in 2007-8 to about 48% in 2009-10 (Figure 3.6). This mismatch in budget allocation needs serious policy thinking.



3.7 Estimated Budgetary Allocation for MH by Service Delivery Points

The study examined average per facility budget allocation for maternal health by type of facilities for the period between FY 2007/2008 and FY 2009/2010. In general, it has been revealed that except MCWCs, the allocation have increased (Table 3.5). Allocation for MCWCs shows a declining trend. The highest budgetary allocation for maternal health services has been made on an average medical college hospital followed by district hospital.

Table 3.5: Estimated Budget Allocation for Maternal Health Services by Services Delivery Points: 2007-2009 (in Taka)

Facilities	2007	2008	2009
Medical College Hospital	7,685,132	8,190,257	12,034,172
District Hospital	1,576,645	1,941,908	4,889,657
MCWC	1,293,140	612,013	673,198
Upazilla Health Complex & below	355,449	461,703	722,555

3.8 Allocation for Family Planning

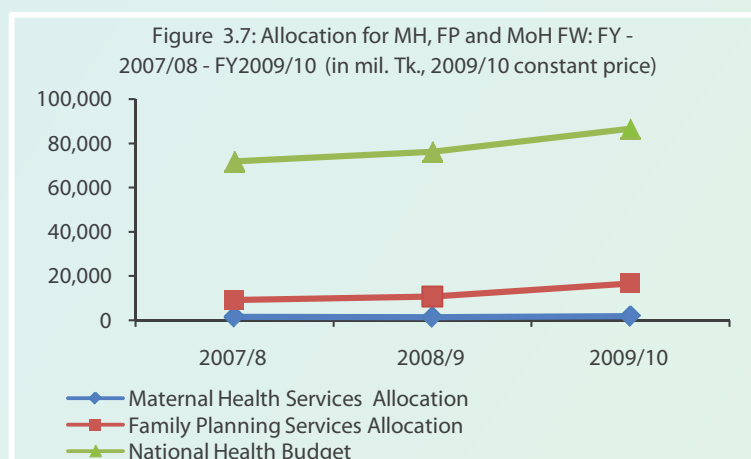
Budget Allocation for Family Planning reveals that during the study period the allocation for FP has increased more than 2 folds. In 2007/8 the allocation was 6,700 million (12% of budget for MoHFW) which was further increased to Tk. 14,780 million in 2009/10 (21% of budget for MoHFW). During the year 2009/10 the allocation for family planning was 1.3% of the allocation for national budget, and 0.22% of the GDP (Table 3.6).

Table 3.6: Estimated allocation for Family Planning Services (in Tk.): FY 2007/8- FY 2009/10

Indicators	2007/8	2008/9	2009/10
Allocation for FP	6,693 million	8,710 million	14,784 million
Allocation for FP Services as % Budget MoHFW	12	14	21
Allocation for FP Services as % National Budget	0.77	0.87	1.30
Allocation for FP Services as % GDP	0.13	0.14	0.22

3.9 Estimated Budgetary Allocation for MoHFW, Maternal Health, and Family Planning in Constant Price 2009/10

The trend analysis of allocation for MoHFW, and estimated allocations for maternal health and family planning for the study period (FY 2007/8-FY 2009/2010) in constant 2009/10 price depicts a distinct upward trend (Figure 3.7). However, increase in budget allocation for maternal health is proportionately much lower compared to that of family planning as well as compared to the total budget of MoHFW. Therefore, it can be safely argued that the maternal health (MH) budget has to be increased at least for the following three key reasons: (i) the MH budget itself is low (low base), (ii) the annual growth rate of MH budget is dismally low, (iii) the unmet need for MH scenario is high.



A detailed picture of trend analysis of GoB allocation for maternal health services, family planning services, national health budget (MoHFW), and national budget in constant price 2009/10 and GDP, by the years 2007-08, 2008-09, and 2009-10 has been given in Table 3.7.

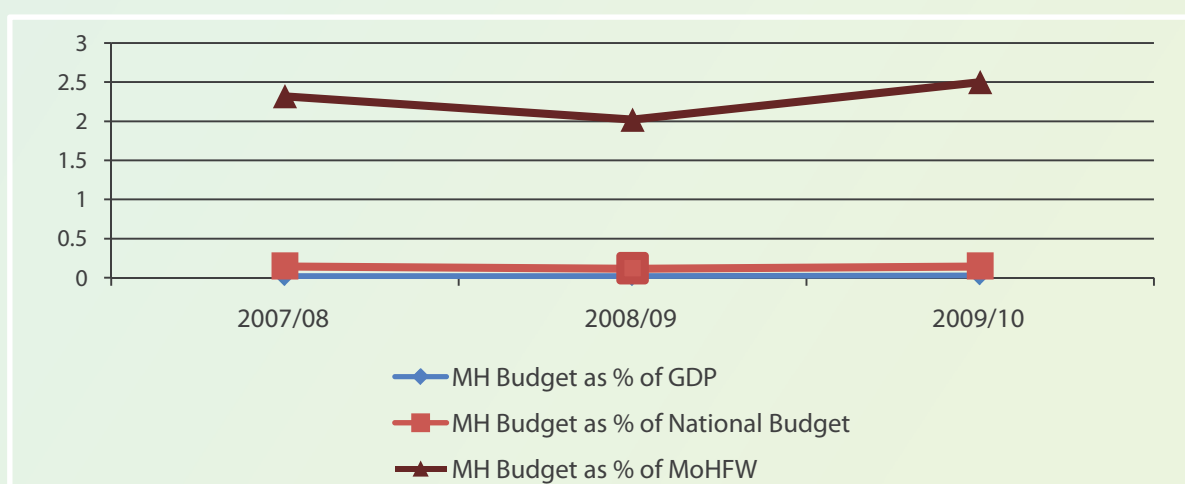
Table 3.7: Trend Analysis of GoB Allocation at Different Levels, and GDP at Constant Price 2009/10 (in Million Tk.)

Indicators	2007/8	2008/9	2009/10
Maternal Health Services Allocation	1,453	1,324	1,750
Family Planning Services Allocation	7,660	9,347	14,784
National Health Budget	62,747	65,517	70,003
National Budget	997,387	1,072,742	1,138,190
GDP	6,069,919	6,579,600	6,867,300

3.10 Maternal Health Budget as Percentage of National Health Budget, National Budget and GDP

While the maternal health related budget allocation of FY 2007/08 to 2009/10 was compared as percentage of national health budget, national budget and GDP for those years, it shows a frustrating picture. It has been observed that maternal health budget allocation was below 2.5% of national health budget during the FY 2007/08 that came down to 2.0% of the same during the year 2008/09 and again rose to 2.5% during the FY 2009/10. While estimated in terms of percentage of national budget it has been observed that maternal health budget allocation was below 0.3% of national health budget during the FY 2007/08 to FY 2009/10 and the percentage was almost constant during these 3 years. Maternal health budget as percentage of GDP was very minimal and was negligible (Figure 3.8).

Figure 3.8: Maternal Health Budget as Percentage of National Health Budget, National Budget and GDP



3.11 Additional Allocation Required to Address Unmet Need of Maternal Health Services

Limitations of Additional Budget Estimation

There are certain limitations of estimating the additional budget required to provide maternal health services. The limitations are as follows.

1. We don't know about the share of maternal health services by types provided by government and also by type of government delivery facilities/personnel.
2. We don't know unit cost by types of maternal health services and by type of delivery facilities/personnel in government.

Four Scenario of Budgetary Allocation Required for Maternal Health Services

The amount of additional allocation required to address unmet need of maternal health services has been estimated in terms of four scenarios as follows.

- Scenario 1: MDG Scenario with current quality
- Scenario 2: MDG Scenario with improved quality
- Scenario 3: Ideal Scenario with current quality
- Scenario 4: Ideal Scenario with improved quality

Scenario 1: Budgetary Allocation Required for Maternal Health Services to Achieve MDG 5 Target (MDG Scenario with current quality)

The allocation for maternal health is Tk. 1,750 million in FY 2009-10. A total of 4 million women have been provided MH services through GoB, NGO and private providers during 2009. It is assumed that 80% of these services are being provided by the government. Considering the government allocation of Tk. 1,750 million during the FY 2009-10, current allocation per person stands at Tk. 546.88 per year for maternal health. With this unit rate per service an additional allocation of Taka 2,363 million will be required to meet the MDG target. Thus, an estimated total allocation of Taka 4,112 million (US\$ 58.75 million) per year will be required for provision of maternal health services if we want to reach MDG 5 target with current quality (Table 3.8).

Table 3.8: Current Allocation per Person and Estimated Allocation Required for Maternal Health Services per Year in Bangladesh (MDG Scenario with current quality)

Current annual MH allocation of Bangladesh	No. of persons served	Current allocation per person	Additional annual allocation required	Estimated annual allocation required for MH
Tk.1,750 mil.	3.2 mil.	Tk. 546.88	Tk. 2,362.5 mil.	Tk. 4,112.5 mil. (US\$ 58.75 mil.)

Scenario 2: Budgetary Allocation Required for Meeting MDG Target plus QOC Improvement (MDG Scenario with improved quality)

Quality of care, BCC and referral are relatively neglected areas of MH services. To attract more women towards maternal health service and save their lives, these three important elements must be taken into care. Considering an additional 50% allocation requirement for these, an estimated total allocation of Tk. 6,168 million (US\$ 88.1 million) will be required per year to meet the MDG target coupled with quality MH services (Table 3.9).

Table 3.9: Required allocation for MH services per year to meet MDG target with quality services (MDG Scenario with improved quality)

Estimated allocation required for MH (in current quality of care scenario)	Estimated allocation required for MH (including allocation for improvement of QOC, BCC and Referral)*
Tk. 4,112.5 mil. (US\$ 58.75 mil.)	Tk. 6,168 mil. (US\$ 88.11 mil.)

Note: *50% additional for improvement of QOC, BCC and Referral

Scenario 3: Budgetary Allocation Required for Maternal Health Services to Achieve Cent Percent Target (Ideal Scenario with current quality)

Considering all the services as equivalent one, the current allocation for maternal health services is Tk. 546.88 per services. Thus, an additional allocation of Tk. 3,719 per year is required to provide MH services to all. It is estimated that Tk. 5,469 million (US\$ 78 million) will be needed per year to realize the ideal scenario with current quality (Table 3.10).

Table 3.10: Current allocation per person and estimated allocation required for Maternal Health Services per year to meet cent percent of the target (Ideal Scenario with current quality)

Current MH allocation of Bangladesh	No. of persons served	Current allocation per person	Additional allocation required	Estimated allocation required for MH
Tk.1,750 mil.	3.2 mil.	Tk. 546.88	Tk. 3,718.7 mil.	Tk. 5,468.7 mil. (US\$ 78.12 mil.)

Scenario 4: Budgetary Allocation Required Including Improvement of QOC and others with Cent Percent Target (Ideal Scenario with improved quality)

Currently, quality of care, BCC and referral is not an ideal one, and these need to be improved while estimating the yearly requirement for maternal health services including the assumed additional allocation of 50%. Considering this, a total amount of Tk. 8,203 million or US\$ 117 million will be needed to achieve target of Ideal Scenario with improved quality (Table 3.11).

Table 3.11: Required allocation for MH Services per year in Bangladesh in terms of FY 2009-2010 including improvement of QOC and other components (Ideal Scenario with improved quality)

Estimated allocation required for MH (in current quality of care scenario)	Estimated allocation required for MH (including additional allocation for improvement of QOC, BCC and Referral)*
Tk. 5,468.7 mil. (US\$ 78.12 mil.)	Tk. 8203.0 mil. (US\$ 117.19 mil.)

*With additional 50% allocation need for improvement of QOC, BCC and Referral

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

The study revealed that maternal health gets less priority in terms of both public allocation and provision of services. The allocation for maternal health is only 2.5 percent of the annual budget of MoHFW, 0.15 percent of the annual budget of the government and equivalent to 0.03 percent of the GDP. There has been pronounced achievement as regards to reduction of maternal mortality from 574 to 194 per 100,000 live births during the last 20 years. However, utilization of government Emergency Obstetric Care (EmOC) facilities is still lower than that of the private in spite of the fact that government has more service delivery points, more beds, and more service providers. As number of maternal health service delivery need to be increased at least 2.35 times with more emphasis on increasing of quality of care should be provided for government facilities, much more allocation is needed at this point. To increase utilization of government facilities for providing maternal health services including EmOC more allocation will also be needed. Otherwise, it will be much difficult to attain the MDG 5 target by the year 2015. Followings are the major recommendations of the study team.

1. Government of Bangladesh is promise-bound to provide maternal health care to all. It is a priority area of MDG. On the other hand, a huge number of mothers still have unmet need on the same. Thus, it appears that the present budgetary allocation for maternal health does not match with the above priority. Hence, allocations needed for maternal health to achieve the MDG 5 target and to achieve Ideal Scenario with current quality and with improved quality are as follows.

Current allocations for Maternal Health	MDG Scenario with		Ideal Scenario with	
	Current Quality	Improved Quality	Current Quality	Improved Quality
Tk. 1,750 mil.	Tk. 4,112 mil.	Tk. 6,168 mil.	Tk. 5,469 mil.	Tk. 8,203 mil.
Increase over the current budget	2.35 times	3.52 times	3.13 times	4.69 times

2. There should be a separate 'Operational Plan on Maternal Health' in Health Population and Nutrition Sector Programme (2011-2016) to achieve the MDG 5 target.
3. More efforts should be given to increase provisioning of antenatal care, delivery care, postnatal care and other maternal health services at government facilities.
4. Allocation for support services related to maternal health, especially for BCC should be enhanced to increase awareness of people for seeking maternal health care at government facilities and birth preparedness to reduce maternal mortality and morbidity.
5. More allocation should be given for improvement of Emergency Obstetric Care (EmOC) facilities, especially to Upazilla Health Complexes and Maternal and Child Welfare Centres for providing Comprehensive EmOC.
6. Allocation should be increased to streamline maternal health related referral system at all levels and to increase support through ambulance services for emergency obstetric patients.
7. More emphasis should be given to improve quality of care and service facilities to attract the maternal health service recipients in government service delivery points.
8. Participation of development partners should be higher to assist maternal health programme in a well-coordinated way, especially for the rural and hard-to-reach areas and urban slums.
9. Keeping with the priority of government, NGOs and private sectors should be encouraged to provide maternal health services, especially Comprehensive EmOC.
10. The findings and recommendations of this study should be widely disseminated to government, policy makers, implementers, development partners, relevant NGOs and other stakeholders.
11. To estimate the exact/required allocation for maternal health a comprehensive study should be conducted immediately so that it could be reflected in the Operational Plan.

Annex -1

Maternal Health Services provided at different health facilities under DGHS and DGFP

Health facilities	Location	Service providers	Maternal health services provided
Service Facilities under DGHS			
Medical college hospitals	Capital city, divisions and districts	Specialist doctors in Obs/Gynae, Specialist doctors in Anesthesiology, Registers, Medical officers, Nurses, Medical technologists, Pharmacists, Ward boys, <i>Ayas</i>	ANC, CEOC, BEOC, PNC, MR, AC
District hospitals	Districts CEOC-2 BEOC-59	Specialist doctors in Obs/Gynae, Anesthesiologists, RMOs, Medical officers, Nurses, Medical technologists, Pharmacists, Ward boys, <i>Ayas</i>	ANC, CEOC, BEOC, PNC, MR, AC
UHC Total--424	Upazillas CEOC-269 BEOC-132	Specialist doctors in Obs/Gynae, Anesthesiologists, Medical officers, Nutritionists, Medical assistants, Nurses, Medical technologists, Pharmacists, Health assistants, Ward boys, <i>Ayas</i>	ANC, CEOC (in targeted UHCs), BEOC, PNC
Union sub-centre/Rural dispensaries	Unions (1362)	Medical officers, Medical assistants, Pharmacists	ANC, PNC
Community clinics	Ward level	FWA, HA	Primary health care
Service Facilities under DGFP			
MCWC	Districts (CEOC-62) Upazillas, Unions	Medical officers, FWVs, Pharmacists, FWAs, Nursing attendants, Ward boys, <i>Ayas</i>	ANC, CEOC (in 62 district level MCWCs), BEOC, PNC, MR, AC
UHC (FP wing)	Upazillas (424)	Medical officers, FWVs, Medical assistants, Pharmacists, FWAs, Nursing attendants	MR, FP
Union Health and Family Welfare Centre (UHFWC)	Unions (3719)	Medical officers, Medical assistants, FWVs, Pharmacists, <i>Ayas</i>	BEOC (in a few), ANC, PNC

Annex-2

Tables

Table A.1: MH Services provided by DGHS in (2007-2009)

Indicators	2007				2008				2009			
	Medical College Hospital	District Hospital	Upazilla Health complex	Total	Medical College Hospital	District Hospital	Upazilla Health complex	Total	Medical College Hospital	District Hospital	Upazilla Health complex	Total
ANC services	36,782	41,685	166,743	245,210	63,981	70,539	292,473	426,993	94,426	104,104	431,637	630,167
Complication treated	15,686	21,497	20,916	58,099	27,937	37,555	35,679	101,171	41,232	55,427	52,655	149,314
Normal Delivery	9,807	14,482	37,006	61,295	17,646	25,218	63,873	106,737	31,314	44,751	113,342	189,407
Forceps delivery	354	123	640	1,117	615	204	1,121	1,940	984	327	1,789	3,100
Vaginal breech delivery	324	287	314	925	577	543	493	1,613	741	699	634	2,074
Cesarean delivery	18,802	13,555	11,369	43,726	33,042	24,745	18,356	76,143	34,960	26,181	19,420	80,561
Total Delivery	29,287	28,447	49,329	107,063	51,880	50,710	83,843	186,433	67,999	71,958	135,185	275,142
Other operations	1,927	3,937	2,514	8,378	3,356	6,914	4,319	14,589	4,473	9,216	5,755	19,444
Referred out	383	6,811	9,419	16,613	680	4,521	23,729	28,930	614	4,080	21,417	26,111
PNC services	18,474	32,329	103,149	153,952	21,855	40,315	114,398	176,568	32,255	59,499	168,829	260,583
Total	102,539	134,706	352,070	589,315	169,689	210,554	554,441	934,684	240,999	304,284	815,478	1,360,761

Source: Health Bulletin 08, 09 & 10

Table A.2: Number of facilities provided by DGHS in (2007-2009)

Facility type	2007			2008			2009		
	No of Admission	No of OPD visits	Total	No of Admission	No of OPD visits	Total	No of	No of OPD visits	Total
University Hospital	NA*	NA	NA	NA	NA	NA	39,575	913,354	952,929
Postgraduate teaching Hospital	155,931	344,184	500,115	72,759	508,584	581,343	90,422	340,658	431,080
Medical College Hospital	658,182	6,147,609	6,805,791	807,455	6,029,039	6,836,494	617,540	6,266,180	6,883,720
District & General hospital	1,383,133	6,118,155	7,501,288	853,453	7,396,097	8,249,550	828,645	2,952,364	3,781,009
Upazilla Health complex & other hospitals	3,650,186	54,508,147	58,158,333	1,436,880	51,455,989	52,892,869	1,362,683	49,650,787	51,013,470
Others	21,283	29,277	50,560	NA	48,167	48,167	NA	NA	NA
Total	5,868,715	67,147,372	73,016,087	3,170,547	65,437,876	68,608,423	2,938,865	60,123,343	63,062,208

Source: Health Bulletin 08, 09 & 10

* NA = Not available

Table A.3: Average Number of services provided by DGHS in (2007-2009)

Type of Service	2007	2008	2009	Average
No of Admission	5,868,715	3,170,547	2,938,865	3,992,709
No of OPD visits	67,147,372	65,437,876	60,123,343	64,236,197
Total	73,016,087	68,608,423	63,062,208	68,228,906

Source: Table A.2

Table A.4: Services provided by DGHS (MCH/ DH/ UHC) in (2007-2009)

Type of facilities	2007	2008	2009	Average
Medical college Hospital	6,805,791	6,836,494	6,883,720	6,842,002
District Hospital	7,501,288	8,249,550	3,781,009	6,510,616
Upazilla Health Complex	58,158,333	52,892,869	51,013,470	54,021,557
Total	72,465,412	67,978,913	61,678,199	67,374,175

Source: Table A.2

Table A.5: Proportion of services provided by DGHS in (2007-2009)

Type of Service	2007	2008	2009	Average
No of Admission	0.080	0.046	0.047	
No of OPD visits	0.920	0.954	0.953	

Source: Table A.3

Table A.6: MH Services provided by DGHS & DGFP in (2007-2009)

Facility / Indicators	2007	2008	2009
	All	All	All
Medical college Hospital	14	17	17
ANC services	36,782	63,981	94,426
Complication treated	15,686	27,937	41,232
Normal Delivery	9,807	17,646	31,314
Forceps delivery	354	615	984
Vaginal breech delivery	324	577	741
Cesarean delivery	18,802	33,042	34,960
Total Delivery	29,287	51,880	67,999
Other operations	1,927	3,356	4,473
Referred out	383	680	614
PNC services	18,474	21,855	32,255
Total	102,539	169,689	240,999
District/General Hospital	58	58	62
ANC services	41,685	70,539	104,104
Complication treated	21,497	37,555	55,427
Normal Delivery	14,482	25,218	44,751
Forceps delivery	123	204	327
Vaginal breech delivery	287	543	699
Cesarean delivery	13,555	24,745	26,181
Total Delivery	28,447	50,710	71,958
Other operations	3,937	6,914	9,216
Referred out	6,811	4,521	4,080

Facility / Indicators	2007	2008	2009
	All	All	All
PNC services	32,329	40,315	59,499
Total	134,706	210,554	304,284
Upzila Health Complex			
	420	421	424
ANC services	166,743	292,473	431,637
Complication treated	20,916	35,679	52,655
Normal Delivery	37,006	63,873	113,342
Forceps delivery	640	1,121	1,789
Vaginal breech delivery	314	493	634
Cesarean delivery	11,369	18,356	19,420
Total Delivery	49,329	83,843	135,185
Other operations	2,514	4,319	5,755
Referred out	9,419	23,729	21,417
PNC services	103,149	114,398	168,829
Total	352,070	554,441	815,478
DGFP			
ANC services	1,367,252	1,493,714	1,385,268
Complication treated			
Normal Delivery			
Forceps delivery	83,869	85,903	93,997
Vaginal breech delivery			
Cesarean delivery	22,764	31,620	35,349
Total Delivery	320,934	331,992	357,741
Other operations			
Referred out	173,754	164,568	179,463
PNC services	1,094,334	1,278,972	1,135,880
Total	2,956,274	3,269,246	3,058,352

Source: Table A.1 & B.1

Table A.7.1: Proportion of MH services out of total HS by MC Hospital in (2007-09)

Services	2007	2008	2009	All
MHS	102539	169689	240999	513227
All Services	6805791	6836494	6883720	20526005
Proportion	0.015	0.025	0.035	0.025

Source: Table A.1 & A.2

Table A.7.2: Proportion of MH services out of total HS by D & G Hospital in (2007-09)

Services	2007	2008	2009	All
MHS	134706	210554	304284	649544
All Services	7501288	8249550	3781009	19531847
Proportion	0.018	0.026	0.080	0.033

Source: Table A.1 & A.2

Table A.7.3: Proportion of MH services out of total HS by UHC & Below in (2007-09)

Services	2007	2008	2009	All
MHS	352070	554441	815478	1721989
All Services	58158333	52892869	51013470	162064672
Proportion	0.006	0.010	0.016	0.011

Source: Table A.1 & A.2

Table A.8: Total Number of MH services provided by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	102539	169689	240999	513227
District & General Hospital	134706	210554	304284	649544
Upazilla Health Complex	352070	554441	815478	1721989
Total	589315	934684	1360761	2884760

Source: Table A.1

Table A.9: Total Number of services provided by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	6805791	6836494	6883720	20526005
District & General Hospital	7501288	8249550	3781009	19531847
Upazilla Health Complex	58158333	52892869	51013470	162064672
Others	550675	629510	1384009	2564194
Total	73016087	68608423	63062208	204686718

Source: Table A.2

Table A.10: Proportion of MH services out of total HS by DGHS in (2007-09)

Services	2007	2008	2009	All
MHS	589315	934684	1360761	2884760
All Services	73016087	68608423	63062208	189968175
Proportion	0.008	0.014	0.022	0.015

Source: Table A.8 & A.9

Table A.11.1: Proportion of MH services out of total admission by MC Hospital in (2007-09)

Services	2007	2008	2009	All
MHS	102539	169689	240999	513227
Total Admission	658182	807455	617540	2083177
Proportion	0.16	0.21	0.39	0.25

Source: Table A.1 & A.2

Table A.11.2: Proportion of MH services out of total admission by D & G Hospital in (2007-09)

Services	2007	2008	2009	All
MHS	134706	210554	304284	649544
Total Admission	1383133	853453	828645	3065231
Proportion	0.10	0.25	0.37	0.21

Source: Table A.1 & A.2

Table A.11.3: Proportion of MH services out of total admission by UHC & Below in (2007-09)

Services	2007	2008	2009	All
MHS	352070	554441	815478	1721989
Total Admission	3650186	1436880	1362683	6449749
Proportion	0.10	0.39	0.60	0.27

Source: Table A.1 & A.2

Table A.12: Total Number of admission provided by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	658182	807455	617540	2083177
District & General Hospital	1383133	853453	828645	3065231
Upazilla Health Complex	3650186	1436880	1362683	6449749
Others	177214	72759	129997	379970
Total	5868715	3170547	2938865	11978127

Source: Table A.2

Table A.13: Proportion of MH services out of total admission by DGHS in (2007-09)

Services	2007	2008	2009	All
MHS	589315	934684	1360761	2884760
Total Admission	5868715	3170547	2938865	11978127
Proportion	0.10041636	0.294802127	0.463022629	0.24083565

Source: Table A.1 & A.2

Table A.14: Percentage of institutional MH services provided by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	17.40	18.15	17.71	17.79
District & General Hospital	22.86	22.53	22.36	22.52
Upazilla Health Complex	59.74	59.32	59.93	59.69
Total	100	100	100	100

Source: Table A.8

Table A.15: Percentage of institutional Health services provided by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	9.32	9.96	10.92	10.03
District & General Hospital	10.27	12.02	6.00	9.54
Upazilla Health Complex	79.65	77.09	80.89	79.18
Others	0.75	0.92	2.19	1.25
Total	100	100	100	100

Source: Table A.9

Table A.16: Total number of beds by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	8685	9555	10005	28245
District & General Hospital	6750	6870	8900	22520
UHC & below	13840	14797	16511	45148
Total	29275	31222	35416	

Source: Health Bulletin (2007-09)

Table A.17.1: Percentages of beds by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	30	31	28	
District & General Hospital	23	22	25	
UHC & below	47	47	47	
Total	100	100	100	

Source: Table A.16

Table A.17.2: Proportion of beds by DGHS in (2007-09)

Type of facilities	2007	2008	2009	All
Medical College Hospital	0.30	0.31	0.28	
District & General Hospital	0.23	0.22	0.25	
UHC & below	0.47	0.47	0.47	

Source: Table A.16

Table A.18.1: Percentages of beds by DH -UHC in (2007-09)

Type of facilities	2007	2008	2009	All
District & General Hospital	6750	6870	8900	
UHC & below	13840	14797	16511	
Total	20590	21667	25411	
Dist & Gen Hos %	33	32	35	

Source: Table A.16

Table A.18.2: Proportion of beds by DH -UHC in (2007-09)

Type of facilities	2007	2008	2009	All
District & General Hospital	0.33	0.32	0.35	
UHC & below	0.67	0.68	0.65	

Source: Table A.16

Table A.19: Proportionate of Maternal Health Service provided by DGHS and DGFP

Types	2007	2008	2009
Total number of Health services by DGHS & DGFP	188,538,258	226,451,249	220,581,383
Total number of services by DGHS	73,016,087	68,608,423	63,062,208
Total number of services by DGFP	115,522,171	157,842,826	157,519,175
Total number of FP services by DGFP	104,801,598	108,594,620	123,574,142
Total number of Health services by DGHS & DGFP (excluding FP)	83,736,660	117,856,629	97,007,241
Proportion of DGHS services out of total Health services of MOHFW	0.39	0.30	0.29
Proportion of DGFP services out of total Health services of MOHFW	0.61	0.70	0.71
Proportion of MH services out of total HS by DGHS	0.01	0.01	0.02
Proportion of MH services out of MCH services provided by DGFP	0.29	0.07	0.10
Proportion of MH services out of total services provided by DGFP	0.03	0.02	0.02
Proportion of MH services out of total HS by (DGHS & DGFP)	0.02	0.02	0.02
Proportion of MH services out of total HS by Medical college Hospital	0.02	0.02	0.04
Proportion of MH services out of total HS by District & Gen. Hospital	0.02	0.03	0.08
Proportion of MH services out of total HS by UHC & Below	0.01	0.01	0.02
Proportion of admission out of total services provided by DGHS	0.08	0.05	0.05
Proportion of OPD out of total services provided by DGHS	0.92	0.95	0.95
Proportion of MH services out of total admission by DGHS	0.10	0.29	0.46
Proportion of MH services out of total admission by MCHs	0.17	0.21	0.37
Proportion of MH services out of total admission by District & Gen. Hospital	0.10	0.25	0.37

Proportion of MH services out of total admission by UHC & Below	0.10	0.39	0.60
Proportion of MCHs beds out of total beds of DGHS	0.30	0.31	0.28
Proportion of DHs beds out of total beds of DGHS	0.23	0.22	0.25
Proportion of UHCs beds out of total beds of DGHS	0.47	0.47	0.47
Proportion of DHs beds out of total beds of DH-UHC	0.33	0.32	0.35
Proportion of UHCs beds out of total beds of DH-UHC	0.67	0.68	0.65

Source: Section A, B & C

Table B.1: Number of Health Services provided by DGFP in (2007-2009)

Service type (name)	Year		
	2007	2008	2009
Ref. High Risk Pregnant Mother	173,754	164,568	179,463
Antenatal Care (all visits)	1,367,252	1,463,714	1,385,268
Delivery (conducted in MCHTI, MFSTC, MCWC)	83,869	85,903	93,997
Caesarean operations (MCHTI, MCWC)	22,764	31,620	35,349
Postnatal Care (MCHTI, MFSTC, MCWC, UHC, UH&FWC)	1,094,334	1,278,972	1,135,880
TT for Women (15 - 49 yrs) (all visits)	1,664,753	1,652,394	1,451,870
Number of MR done (Both Govt. NGOs)	204,882	220,740	206,978
Referred Sterile Couple	0	0	97,356
Referred for Anemia	0	0	115,620
Referred for Iodine Deficiency	0	0	41,681
Referred for Dys-menorrhoea	0	0	61,289
Referred for RTI/STI (Boys)	8,018	70,908	88,251
Referred for RTI/STI (Girls)	6,085	43,524	57,797
Treatment of RTI/STI (MCHTI & MCWCs only)	8,841	24,240	33,224
Immunization	1,418,253	8,932,050	8,061,662
General Treatment	4,419,348	34,721,556	20,611,181
Number of ECP acceptors	34,119	313,548	59,775
Total	10,506,272	49,003,737	33,716,638

Source: DGFP MIS Data

Table B.2: Number of Maternal Health Services provided by DGFP in (2007-2009)

Service type (name)	Year		
	2007	2008	2009
Ref. High Risk Pregnant Mother	173,754	164,568	179,463
Antenatal Care (all visits)	1,367,252	1,463,714	1,385,268
Delivery (conducted in MCHTI, MFSTC, MCWC)	83,869	85,903	93,997
Caesarean operations (MCHTI, MCWC)	22,764	31,620	35,349
Postnatal Care (MCHTI, MFSTC, MCWC, UH&FWC)	1,094,334	1,278,972	1,135,880

Number of MR done (Both Govt. NGOs)	204,882	220,740	206,978
Total	2,946,855	3,245,517	3,036,935

Source: DGFP MIS Data

Table B.3.1: Method Specific absolute Performance by types of MCH services in 2007

Indicators	Jan'07	Feb'07	Mar'07	Apr'07	May'07	Jun'07	Avr. per month	2007
Permanent Method (Total, Cases)	13053	17854	19938	30035	12672	11716	17545	210536
I U D (in cases)	24975	26113	21991	22891	8431	4209	18102	217220
Implant (Cases)	1611	1377	720	521	243	142	769	9228
Injectables (Doses)	49280	119412	360208	637404	557107	620045	390576	4686912
Oral Pill (Cycles)	8621799	8274028	8234940	8215392	8220974	7901723	8244809	98937712
Condom (User)	52888	56193	61372	66444	67541	65557	61666	739990

Source: MR June'07/other table-17

Table B.3.2: Method specific absolute performance by types of MCH services in 2008

Indicators	Sep'07	Oct'07	Mar'08	Apr'08	May'08	June'08	Avr. per month	2008
Permanent Method (Total, Cases)	8413	7774	20821	17113	9317	12631	12678	152138
I U D (in cases)	11427	11534	21493	20664	19570	20274	17494	209924
Implant (Cases)	1664	2433	27535	21725	9831	14418	12934	155212
Injectables (Doses)	727140	777792	898496	938825	912512	926947	863619	10363424
Oral Pill (Cycles)	7571183	7586120	8408813	8335076	8287377	8406575	8099191	97190288
Condom (User)	68347	62945	25640	16258	38856	49771	43636	523634

Source: MR June'08/other table-17

Table B.3.3: Method Specific absolute Performance by types of MCH services in 2009

Indicators	Nov'09	Dec'09	Jan'10	Feb'10	Mar'10	Apr'10	Avr. per month	2009
Permanent Method (Total, Cases)	29710	19017	20301	20746	24862	20546	22530	270364
I U D (in cases)	24197	24252	23425	19950	17521	13321	20444	245332
Implant (Cases)	2548	2246	4161	4171	5892	6003	4170	50042
Injectables (Doses)	735118	808564	1126588	1026630	1053361	1205620	992647	11911762
Oral Pill (Cycles)	9002673	9349940	9136400	9352614	9117017	9008286	9161155	109933860
Condom (User)	93217	93776	96920	96118	101287	100073	96899	1162782

Source: MR Apr'10/Annex-A

Table B.4: Method Specific absolute Performance by types of MCH services in 2007-2009

Indicators	2007	2008	2009
Permanent Method (Total, Cases)	210536	152138	270364
I U D (in cases)	217220	209924	245332
Implant (Cases)	9228	155212	50042
Injectables (Doses)	4686912	10363424	11911762
Oral Pill (Cycles)	98937712	97190288	109933860
Condom (User)	739990	523634	1162782
Total	104801598	108594620	123574142

Source: Table B.3. (1-3)

Table B.5: Total Number of services provided by DGFP in (2007-09)

Services	2007	2008	2009
FP	104,801,598	108,594,620	123,574,142
MCH	10,720,573	49,248,206	33,945,033
Total	115,522,171	157,842,826	157,519,175

Source: Table B.1 & B.4

Table B.6: Proportion of MH services out of total DGFP in (2007-09)

Services	2007	2008	2009
MHS	3161156	3489986	3265330
Total (FP-MCH)	115522171	157842826	157519175
Proportion	0.027	0.022	0.021

Source: Table B.2 & B.5

Table B.7: Proportion of MH services out of MCH services provided by DGFP in (2007-09)

Services	2007	2008	2009
MHS	3161156	3489986	3265330
MCH	10720573	49248206	33945033
Proportion	0.295	0.071	0.096

Source: Table B.1 & B.2

Table B.8: Performances of MCWCs, MCHTI & MFSTC by 2007-09

Financial year	Delivery	C-sec	PNC
2007-08	45212	10087	70372
2008-09	48533	11402	80541
2009-10	51720	13428	91197
Total	145465	34917	242110

Source: Monthly Report MCWCs (2007-09) by DGFP

Table C.1: Total Number of services provided by DGHS & DGFP in (2007-09)

Indicators	2007	2008	2009
DGHS	73,016,087	68,608,423	63,062,208
DGFP	115,522,171	157,842,826	157,519,175
Total	188,538,258	226,451,249	220,581,383

Source: Table A.2 & B.5

Table C.2: # of MH services provided by DGHS & DGFP in (2007-09)

Indicators	2007	2008	2009
DGHS	589,315	934,684	1,360,761
DGFP	294,865	3,245,517	3,036,935
Total	3,536,170	4,180,201	4,397,697

Source: Table A.1 & B.2

Table C.3: Proportion of MH services out of total HS by National stages (DGHS & DGFP) in (2007-09)

Indicators	2007	2008	2009
MHS	3,536,170	4,180,201	4,397,696
All Services	188,538,258	226,451,249	220,581,383.1
Proportion	0.020	0.020	0.021

Source: Table C.1 & C.2

Table C.3.1: Percentage of total HS provided by DGHS & DGFP in 2007-2009

Indicators	2007	2008	2009
DGHS	38.73	30.30	28.59
DGFP	61.27	69.70	71.41
Total	100	100	100

Source: Table C.1

Table C.3.2: Percentage of MHS provided by DGHS & DGFP in 2007-2009

Indicators	2007	2008	2009
DGHS	16.7	22.4	30.9
DGFP	83.3	77.6	69.1
Total	100	100	100

Source: Table C.2

Table C.3.3: Average Number of MH services provided by DGHS in (2007-09)

Indicators	2007		2008		2009	
	#	Average	#	Average	#	Average
MCH	14	7324	17	9982	17	14176
DH	58	2323	58	3630	62	4908
UHC	420	838	421	1317	424	1923

Source: Table A.8

Table C.3.4: Average Number of Health services provided by DGHS in (2007-09)

Indicators	2007		2008		2009	
	#	Average	#	Average	#	Average
MCH	14	486128	17	402147	17	404925
DH	58	129333	58	142234	62	60984
UHC	420	138472	421	125636	424	120315

Source: Table A.9

Table D.1: Maternal Health Services related Budget Allocation in 2007-2009 (In Taka)

Indicators	2007	2008	2009
Direct Maternal Health Services related Budget	707,526,338	605,851,957	981,421,639
Direct Maternal Health Services Management related Budget	330,688,243	425,182,357	503,431,559
Indirect Maternal Health Services related Budget	2,775,300,000	3,439,400,000	3,563,000,000
Indirect Maternal Health Services Management related Budget	231,152,079	202,917,122	266,005,881
Support / Management Budget excluding FP	1,269,366,660	1,233,951,436	1,750,859,079
Indirect services delivery & Management (FP)	6,349,423,560	8,329,341,200	10,666,487,880
Total Maternal Health Budget	7,618,790,220	9,563,292,636	12,417,346,959
Total Budget of MoHFW	54,819,524,000	61,051,752,000	70,003,597,000
National Budget	871,370,000,000	999,620,000,000	1,138,190,000,000
GDP	5,303,000,000,000	6,131,110,000,000	6,867,300,000,000
National Budget as % of GDP	16.43	16.30	16.57
Total Budget of MoHFW as % of GDP	1.03	1.00	1.02
MH Budget as % of GDP	0.02	0.02	0.03
Indirect services delivery & Management (FP) Budget as % of GDP	0.12	0.14	0.16
MH comprehensive Budget including FP as % of GDP	0.14	0.16	0.18
Budget of MoHFW as % of National Budget	6.29	6.11	6.15
MH Budget as % of National Budget	0.15	0.12	0.15

Indirect services delivery & Management (FP) Budget as % of National Budget	0.73	0.83	0.94
MH comprehensive Budget including FP as % of National Budget	0.87	0.96	1.09
MH Budget as % of MoHFW	2.32	2.02	2.50
Indirect services delivery & Management (FP) Budget as % of MoHFW	11.58	13.64	15.24
MH comprehensive Budget including FP as % of MoHFW	13.90	15.66	17.74

Table D.2.1: Maternal Health Services related Budget Allocation per Medical College Hospital in 2007-2009 (in Taka)

Indicators	2007	2008	2009
Direct Services	2,270,386	3,699,770	6,257,087
DG Health	111,368	184,976	327,094
Directorate of Nursing	74,471	232,616	318,816
Indirect Maternal Health Services Management related Budget	4,953,259	3,700,253	4,381,273
Improved Hospital Services Management	275,649	372,642	749,902
Total	7,685,132	8,190,257	12,034,172

Table D.2.2: Maternal Health Services related Budget Allocation per District Hospital in 2007-2009 (in Taka)

Indicators	2007	2008	2009
Direct Services	625,838	1,025,258	3,289,717
DG Health	18,677	34,870	77,575
Divisional Offices of Health Admin	3,493	6,555	21,521
Offices of the Civil Surgeons	34,433	56,336	202,559
Directorate of Nursing	12,489	43,850	75,612
Indirect Maternal Health Services Management related Budget	830,703	697,528	1,039,085
Improved Hospital Services Management	51,011	77,513	183,588
Total	1,576,645	1,941,908	4,889,657

Table D.2.3: Maternal Health Services related Budget Allocation per Upazilla Health Complex in 2007-2009 (In Taka)

Indicators	2007	2008	2009
Direct Services	53,721	114,937	198,771
DG Health	5,078	9,912	19,325
Divisional Offices of Health Admin	944	1,797	5,296
Offices of the Civil Surgeons	9,302	15,929	49,846
Office of the UHFPOs	42,254	85,574	121,166
Directorate of Nursing	3,889	12,465	18,836
Indirect Maternal Health Services Management related Budget	225,866	198,277	258,846
Improved Hospital Services Management	14,395	22,814	50,469
Total	355,449	461,703	722,555

Table D.2.4: Maternal Health Services related Budget Allocation per MCWC in 2007-2009 (In Taka)

Type of facilities	2007	2008	2009	Average
DG Family Planning	6,178,070	4,222,050	3,699,835	4,699,985
Divisional Office of Family Planning	164,482	176,380	198,037	179,633
District Office of Family Planning	4,965,702	4,554,479	5,075,205	4,865,129
MCWCs	39550056	7810000	12480000	19,946,685
Maternal Child and Reproductive HS Delivery	39661500	26078000	25668000	30,469,167
Total	90,519,810	42,840,909	47,121,077	60,160,599
Average	1,293,140	612,013	673,158	

Table D.3: Maternal Health Services related Budget Allocation in 2007-2009 (In Taka)

Indicators	2007	2008	2009	Average
Medical College Hospital	7,685,132	8,190,257	12,034,172	9,303,187
District Hospital	1,576,645	1,941,908	4,889,657	2,802,737
Upazilla Health Complex	355,449	461,703	722,555	513,236
Total	9,617,226	10,593,869	17,646,383	

Table D.4.1: Budget Allocation for MH services /MWRA (Tk)

Indicators	2007	2008	2009
Budget Allocation for MH direct services, management and support services /MWRA (Tk.)	44.07	42.26	59.15
Budget Allocation for FP direct services, management and support services /MWRA (Tk.)	220.43	285.24	360.38
Budget Allocation for MH direct + indirect services, management and support services /MWRA (Tk.)	264.50	327.49	419.53

Table D.5: Maternal Health Services related Budget Allocation in 2007-2009 (In Taka 2009-10) (CPI)

Indicators	2007	2008	2009
Direct Maternal Health Services related Budget	809,848,797	650,170,028	981,421,639
Direct Maternal Health Services Management related Budget	378,512,377	456,284,446	503,431,559
Indirect Maternal Health Services related Budget	3,176,663,886	3,690,992,110	3,563,000,000
Indirect Maternal Health Services Management related Budget	264,581,293	217,760,509	266,005,881
Support / Management excluding FP	1,452,942,466	1,324,214,984	1,750,859,079
Indirect services delivery & Management (FP)	7,267,677,195	8,938,632,509	10,666,487,880
Total Maternal Health Budget	8,720,619,662	10,262,847,492	12,417,346,959

Total Budget of MoHFW	62,747,523,561	65,517,687,659	70,003,597,000
National Budget	997,387,529,400	1,072,742,203,000	1,138,190,000,000
GDP	6,069,919,860,000	6,579,600,696,500	6,867,300,000,000
National Budget as % of GDP	16.43	16.30	16.57
Total Budget of MoHFW as % of GDP	1.03	1.00	1.02
MH Budget as % of GDP	0.02	0.02	0.03
Indirect services delivery & Management (FP) Budget as % of GDP	0.12	0.14	0.16
MH comprehensive Budget including FP as % of GDP	0.14	0.16	0.18
Budget of MoHFW as % of National Budget	6.29	6.11	6.15
MH Budget as % of National Budget	0.15	0.12	0.15
Indirect services delivery & Management (FP) Budget as % of National Budget	0.73	0.83	0.94
MH comprehensive Budget including FP as % of National Budget	0.87	0.96	1.09
MH Budget as % of MoHFW	2.32	2.02	2.50
Indirect services delivery & Management (FP) Budget as % of MoHFW	11.58	13.64	15.24
MH comprehensive Budget including FP as % of MoHFW	13.90	15.66	17.74

Table D.6: Maternal Health Services related Budget Allocation in 2007-2009 (in \$PPP)

Indicators	2007	2008	2009
Direct Maternal Health Services related Budget	25,295,901	20,649,351	31,617,965
Direct Maternal Health Services Management related Budget	11,822,962	14,491,560	16,218,800
Indirect Maternal Health Services related Budget	99,224,169	117,225,631	114,787,371
Indirect Maternal Health Services Management related Budget	8,264,286	6,916,057	8,569,777
Support / Management excluding FP	45,383,148	42,056,968	56,406,542
Indirect services delivery & Management (FP)	227,008,350	283,890,293	343,636,852
Total Maternal Health Budget	272,391,499	325,947,261	400,043,394
Total Budget of MoHFW	1,959,940,079	2,080,836,810	2,255,270,522
National Budget	31,153,736,146	34,070,211,316	36,668,492,268
GDP	189,595,995,710	208,967,620,995	221,240,335,052
National Budget as % of GDP	16.43	16.30	16.57
Total Budget of MoHFW as % of GDP	1.03	1.00	1.02
MH Budget as % of GDP	0.02	0.02	0.03
Indirect services delivery & Management (FP) Budget as % of GDP	0.12	0.14	0.16

MH comprehensive Budget including FP as % of GDP	0.14	0.16	0.18
Budget of MoHFW as % of National Budget	6.29	6.11	6.15
MH Budget as % of National Budget	0.15	0.12	0.15
Indirect services delivery & Management (FP) Budget as % of National Budget	0.73	0.83	0.94
MH comprehensive Budget including FP as % of National Budget	0.87	0.96	1.09
MH Budget as % of MoHFW	2.32	2.02	2.50
Indirect services delivery & Management (FP) Budget as % of MoHFW	11.58	13.64	15.24
MH comprehensive Budget including FP as % of MoHFW	13.90	15.66	17.74

Table E.1: Total number of facilities (MCH/D&GS/UHC) according with their bed capacities in 2009

Type of facility	500	600	> 600	100	200	250	10	31	50	All
Medical College Hospital	9	4	4							17
District hospital				44	5	9				58
Upazila Health Complex							8	309	105	422

Source: Health Bulletin 2009 (P # 150-162) &2010 (P # 190-200)

Annex-3

Participant's List of Exploratory Discussion on Budgetary Allocation for Maternal Health in Bangladesh

Venue: CIRDAP Auditorium, Dhaka

Date: July 17, 2011

Organized by

White Ribbon & Human Development Research Centre (HDRC)

Chief Guest:

Md. Humayun Kabir, Secretary, MOHFW

1	Dr Makhduma Nargis Additional Secretary, MoHFW	13	Dr. Jafar Ahamed Hakim Former Director (MCH), DGFP Now, Project Manager, Swiss Contact
2	Fakrul Ahsan Division Chief, Planning Commission	14	Dr. Farhana Ahmed National Coordinator, WRA, B
3	Md Abdul Mannan Joint Chief (PRL), Planning Division	15	Rubaba Nowrin Fin & Admin, WRA, B Concern Worldwide
4	RNM Rokon Uddin Deputy Chief, Ministry of Social Welfare	16	Dr. Shahnaz Activities Manager, WRA, B
5	Md Mahbub Hossain Deputy Chief, Health Economics Unit, MoHFW	17	Rafiqul Islam IB, HR
6	Md. Helal Uddin Deputy Chief, MoHFW	18	SH Khan Professor, Dhaka University
7	Md. Mojibur Rahman Sr. Assistant Chief, MoHFW	19	Altaf Hossain Director, BAPSA
8	Shaila Sharmin Zaman Sr. Assistant Chief, MoHFW	20	Abul Barkat Chief Advisor (Hon.), HDRC
9	Abdul Hamid Moral Assistant Chief, HEU, MoHFW	21	Md. Abdullah Former Joint Chief, Govt. of Bangladesh, and Senior Consultant, HDRC
10	Dr. Faizal Bari Assistant Director MAGO Medical College Hospital	22	Avijit Poddar Senior Consultant, HDRC
11	Dr. Ishita Hossain Chowdhury DPM (SBA) RH, DGHS	23	Dr. Murtaza Majid Senior Consultant, HDRC
12	Brig. Gen. Dr. Md. Shafiqul Islam Director, SZMCH Bogra	24	Md. Ismail Hossain Research Associate, HDRC

Annex-4

Participant's List of Sharing Meeting on Allocation of Fund for Maternal Health: A Historical Analysis

Venue: The Palash-Shimul Room, Hotel Ruposhi Bangla

Date: December 28, 2011

Organized by

White Ribbon & Human Development Research Centre (HDRC)

Chaired by:

Mr. Md. Humayun Kabir, Secretary, MOHFW

Special Guests:

Prof. Dr. A. K. Azad, Additional Director General (Plan. & Dev.), and Director, MIS, DGHS

Dr. Mohammed Sharif, Director, MCH, DGFP

1. Dr. Aparjila Paddar Assistant Director, (CMRL) DGHS, Mohakhali, Dhaka	15. Md. Nazmul Hassan Assistant Chief, MOHFW
2. Dr. Shahan Ara Begum Assistant Director, (for-S) DGHS, Mohakhali, Dhaka	16. Md. Ibrahim Khalil Assistant Chief, MOHFW
3. Dr. Md. Anisur Rahman Assistant Director, (Dis-1) DGHS, Mohakhali, Dhaka	17. Ms. Niru Shamsun Nahar Joint Chief (Planning), MOHFW
4. Ms. Nazmun Ara Sultana Assistant Chief, MOHFW	18. Md. Abdul Mannan Joint Chief (PRL), Planning Division, MOHFW
5. Ms. Mareum Begum Assistant Chief, MOHFW	19. Tahmina Taslim Senior Assistant Chief, MOHFW
6. Ms. Shaila Sharmin Zaman Senior Assistant Chief, MOHFW	20. Dr. Alamgir Ahmed Assistant Director (Hospital), DGHS
7. M. Saifur Rahman Assistant Chief, MOHFW	21. Mr. Abdullah Al Mamun Senior Assistant Chief, MOHFW
8. Dr. Nasreen Khan Member, PPC, MOHFW	22. Dr. Md. Muntazuddin Bhuiyan Director, (Hosp.), DGHS
9. Md. Zahidul Islam Member, PPC, MOHFW	23. Dr. Ishita H. Chowdhury Deputy Project Manager (RH), DGHS
10. Dr. Ananda Mohan Das Assistant Director (AC. R), DGHS	24. Pijush Kanti Datta Deputy Project Manager, DGFP
11. Dr. Md. Hedayetul Islam Assistant Director (Admin.), DGHS	25. Mr. Tanvim Ahmed PS to Secretary, MOHFW
12. Dr. Mahmud Hasan Assistant Director (Admin.), DGHS	26. Md. Helal Uddin Deputy Chief, MOHFW
13. Dr. Md. Firoz Miah Additional Project Director, RCHCIB	27. Md. Mojibur Rahman Senior Assistant Chief, MOHFW
14. Abdul Hamid Moral Assistant Chief, HEU, MOHFW	28. Mr. Prashanta Bhushan Barua Joint Chief, HEU, MOHFW

29.	Md. Mahbub Hossain Deputy Chief, GNSP Unit, MOHFW	44.	Dr. Sharmina Sultana Project Management Specialist, USAID
30.	Tahmina Taslim Senior Assistant Chief, MOHFW	45.	Professor M. A. Halim Principal, KWMC
31.	Dr. Sayed Rubayet PM-SNL & HBB, Save The Children	46.	N TenBroek Consultant, CRWRC
32.	Md. Ishtiaq Mannan CoP. (MCHFP), SCI	47.	Imtiaz Pavel Men's & Boys, Engagement Adviser, CARE
33.	Dr. Tajul Islam JICA Technical Advisor, JICA	48.	Tahera Ahmed Professor, North South University
34.	Dr. Jahiruddin Ahmed Former Director General, FPAB	49.	Mizanur Rahman Consultant
35.	Dr. Julia Ahmed Team Leader, CARE-Bangladesh	50.	Dr. Rukhsana Haider Chairperson, TAHN Foundation
36.	Dr. Md. Saikhul Islam Helal Technical Specialist, EngenderHealth	51.	Dr. Hasina Begum Assistant Representative Reproductive Health, UNFPA
37.	Mahboob-E-Alam Program Coordinator, EngenderHealth	52.	Dr. Md. Iftakhar H Khan Health Advisor, Plan Bangladesh
38.	Dr. Rashed Choudhury Senior Medical Officer, BRAC	53.	Y. Rajkotia Health Systems Advisor, USAID/URC
39.	Dr. Jebun Nessa Rahman Program Specialist, Alive & Thrive	54.	Dr. Helen Rema Project Manager, CSP-CRWRC
40.	Dr. Abdul Quddus Project Manager, BADAS, PCP	55.	Dr. Morseda Chowdhury Senior Program Manager, BRAC
41.	Dr. Malay Mridha Senior Specialist, RH & Nutrition, ICDDR,B	56.	Dr. Arefin Amal Islam Health Officer, SSFP
42.	Dr. Jafar Ahmad Hakim Project Manager, Swiss Contact	57.	Md. Mozammel Hoque AGS, Bangladesh Economic Association
43.	Mr. Monir Ahmed C.O, USAID		



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