

## Chapter-5

### Health Services Division

#### 1.0 Introduction

1.1 Health is a fundamental and Constitutional right and one of the priority sector of the government. There has been increasing recognition that a healthy population is an important driver of economic growth and prosperity. In order to attain universal health coverage, equitable access to healthcare must be ensured irrespective of gender, inclusive of disability and marginalized population. Gender inequities present in all societies and are critical determinants of health and wellbeing. Despite enjoying a longer life expectancy, women are generally expected to live fewer years in good health than men. Women's poorer self-perceived health reflects a higher prevalence of fatal, disabling physical and mental illnesses in later. It is also recognized that gender equality and the empowerment of women and girls are critical to the health and wellbeing of individuals, families, organizations, communities and society as a whole. The Health Services Division of Ministry of Health and Family Welfare is responsible for the formulation of plans, policies and strategies for the overall health sector and implementation of these policies through its subordinate agencies and departments. The Division's main objective is to make a healthy nation by improving health, nutrition and population sector so that everyone is able to contribute to the national economy and alleviation of poverty. There is no alternative to a strong and effective health sector for poverty alleviation and ensuring development and rights of deprived and underprivileged people.

1.2 Article 15(a) of the Constitution of the People's Republic of Bangladesh Guarantees health care services as a fundamental right to all citizen and entrusts the State and the Government for its realization. Article 18(1) stipulates that raising the level of nutrition and improvement of public health shall be one of the primary duties of the State. In spite of these, women face discrimination in accessing health care. To address this issue, the Gender Equity Strategy, 2014 has been formulated by the Ministry of Health and Family Welfare. A gender equity action plan 2014-2024 has been formulated following Gender Equity Strategy. The main objective of Gender Equity Strategy 2014 is to improve health through maximum utilization of services especially for the women, child, adolescent, deprived and geographically marginal and poor people.

#### 1.3 Major Functions of the Division

- ❖ Formulation and implementation of policy regarding health related matters;

- ❖ Formulation and implementation of policy regarding management of nursing care;
- ❖ Providing health and nutrition services and expansion of these services;
- ❖ Development of public health through ensuring medical and health facilities;
- ❖ Production and distribution of quality medicine and maintenance of standard for import and export of drugs;
- ❖ Construction, maintenance and expansion of health related infrastructure;
- ❖ Implementation of programmes of child health and maternal care, EPI and nutrition improvement activities; and
- ❖ Control of communicable and non-communicable and newly emerging diseases.

## **2.0 Policies adopted by the Ministry/Division**

The Ministry of Health and Family Welfare has formulated the National Health Policy, 2011 in order to ensure primary and emergency health care for all, expansion of healthcare services in an equitable manner and avail the health care services as a matter of right and dignity to prevent and minimize the occurrence of disease. In addition, the Ministry has formulated the National Population Policy, 2012; Healthcare Financing Strategy 2012-2032; Gender Equity Strategy, 2014; National Nutrition Policy, 2015; National Drug Policy, 2016; Bangladesh National Strategy for Maternal Health 2015-30; National Strategy for Adolescent Health 2017.

### **2.1 The National Health Policy-2011 stipulates the following issues for women's health**

- ❖ To reduce maternal mortality and fertility rates by providing access to reproductive health for the marginalized sections of the population;
- ❖ To revitalize family planning and reproductive health care in order to attain replacement level of fertility;
- ❖ To ensure gender parity in health services and ensure women's right to health care including mental health service in their lifecycle;
- ❖ To ensure necessary basic medical facilities to all strata of people as per Article 15(A) and 18(A) of the Constitution;
- ❖ To undertake programmes for reducing the rates of child and maternal mortality within 2021 and reduce these rates to acceptable levels;
- ❖ To adopt satisfactory measures for ensuring improved maternal and child health at the union level and install facilities for safe and clean child delivery in each village;

- ❖ To strengthen and expedite the family planning programme with the objective of attaining the target of Replacement Level of Fertility.

**2.2 The National Population Policy-2012 stipulates the following goals for advancement of women:**

- ❖ To reduce child and maternal mortality rates and ensure safe motherhood for better child and maternal health ;
- ❖ To ensure gender equity and women's empowerment and reinforce measures against gender discrimination in the family planning and programmes related to women and children.
- ❖ To formulate gender sensitive work strategy in all government and non-government programs and activities ;
- ❖ To prevent all sorts of violence against women and children as well as women and child trafficking and sexual harassment against them ;
- ❖ To create equal opportunity for boys and girls in health care, nutrition, education and employment.

**3.0 Health ministry specific directives in the National Policy documents for women's development:**

**3.1 Promises made in the National Women Development Policy, 2011:**

- ❖ To ensure rights to nutrition and to have physical and mental health of highest standard all through the life cycle of women i.e. in the childhood, adolescence, during pregnancy and in old age;
- ❖ To strengthen primary health care for the women;
- ❖ To reduce maternal and child death;
- ❖ To conduct research to combat the fatal diseases of AIDs and health of women during their pregnancy in particular and publicize health information and raise awareness;
- ❖ To educate and train in nutrition;
- ❖ To improve reproductive health of the women and ensure rights in women participation in selecting family planning method;
- ❖ To give particular importance to the need of women concerning safe drinking water and sewerage system;
- ❖ To ensure participation of women in all the aforesaid services planning, distribution and preservation;

- ❖ To ensure equal gender rights in making decisions as to family planning; and
- ❖ To increase facilities in work place particularly in case of breast feeding which will influence infant's development.

### **3.2 Promises spelt out in 7<sup>th</sup> Five Year Plan**

- ❖ Life cycle based disease prevention and curative healthcare services;
- ❖ Equal access to nutrition;
- ❖ Modern reproductive health and family planning services;
- ❖ Women's decision-making over reproductive health;
- ❖ Safe water and sanitation services;
- ❖ Freedom from violence; and
- ❖ Ending child marriage.
- ❖ **Targets in 7th Five Year Plan to ensure Health and Nutrition services for women :**
  - To reduce Total Fertility rate to 2.0;
  - To reduce Child mortality rate (under 5 years/1000 live birth) to 37;
  - To reduce Child mortality rate (in 1000 live birth) to 20;
  - To reduce maternal mortality rate (per 100,000 live birth) to 105;
  - To increase full vaccination coverage of 12 months children to 95%.

### **3.3 The following women aspects have been enshrined in the Gender Equity Strategy 2014:**

- ❖ To ensure MOHFW policies, strategies, operational plans and other programmes adhere to the principles of gender equity and effective practice in line with the GOB commitment to equality ;
- ❖ To ensure equitable access to and utilization of services by women, girls, boys and other socially excluded people within a rights-based approach ;
- ❖ To ensure gender-sensitive human resources (service providers) in the health sector with appropriate skills development for health service providers to deliver gender sensitive, non-discriminatory services ;
- ❖ To ensure gender mainstreaming in all programmes with MOHFW and other ministries and organization's through equitable planning, policy making and budgeting;

- ❖ To encourage fruitful dialogue between the deprived people and the civil society for planning, implementation and review of services and gender equity strategy of the Ministry of Health and Family Welfare ;
- ❖ To ensure well-coordinated work process to provide governance and leadership in health system.

#### 4.0 Strategic objectives and activities of the Ministry/Division in relation to Women's Advancement

Health Services Division has identified the following strategic objectives and functions for the advancement of women:

Serial No.	Medium term strategic objectives	Functions
1	2	3
1.	To provide sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage	<ul style="list-style-type: none"> <li>• To continue the Maternal Health Voucher Scheme and expand its scope.</li> <li>• To run SSK ensuring priority of women</li> </ul>
2.	To improve equitable access to and utilization of quality health, nutrition and family planning services	<ul style="list-style-type: none"> <li>• To widen the scope of antenatal, emergency obstetric care and postnatal care through midwife and Skilled Birth Attendants (SBA) services.</li> <li>• To distribute iron tablets among pregnant women and vitamin- A capsules and de-worming tablets among children.</li> <li>• To encourage breast-feeding and increase awareness about it.</li> <li>• Provision of nutrition corners</li> <li>• Implementation of Community clinic-based primary health services,</li> <li>• Provision of separate toilets, breast feeding corners and other facilities in the women friendly hospitals,</li> <li>• Establishment of SCANUs in public hospitals.</li> </ul>
3.	To ensure a high quality health workforce available to all public and private health facilities	<ul style="list-style-type: none"> <li>• To impart training to nurses, midwives, community health care provider and field workers</li> </ul>
4.	To build a strong evidence-based decision making process	<ul style="list-style-type: none"> <li>• Health MIS is providing a real time data on health programmes and generate regular analysis.</li> </ul>

## **5.0 Identifying the Gender Gaps in the Activities of the Division and Addressing the Issues**

### **5.1 Gender disparity in the functioning of the Division**

- ❖ The number of female officers and workers are less comparing with male in Health Services Division. There are 31% female officers and 36% female staffs now working under HSD and attached departments;
- ❖ Women have less access to health care and their health status is relatively worse than their male counterparts as there is less number of female service providers.
- ❖ The number of Women Friendly Hospital Initiative (WFHI) is less than 50% as a result women face discrimination in getting health service.
- ❖ Women victims also face a lot problem in getting health care services in the health facilities due to lack of necessary infrastructure in addition to family and social impediments.
- ❖ Although ministry has adopted Gender Equity Strategy, 2014, but it will take time to implement gender equity work plan.

### **5.2 Strategies to eliminate gender disparity in the functions of the Ministry**

- ❖ Gender, NGO and Stakeholders Participation Unit (GNSPU) has been established in the Health Services Division to serve as one of the functional components of the Health Economics and Financing OP and assigned as the focal point for providing keen oversight on activities aimed at gender mainstreaming in health;
- ❖ Gender Equity Strategy (GES), 2014 has been enacted;
- ❖ Gender Equity Action Plan (GEAP) 2014-24 has been enacted;
- ❖ Gender Analysis Framework for Operational Plans (OPs) and IEC material has been determined;
- ❖ Gender Based Violence (GBV) components has been included in Essential Service Package (ESP) in Primary Health Care;
- ❖ GBV service mapping has been completed;
- ❖ Health Sector Response to GBV has been piloted in 13 upazilas and 2 districts with a view to scaling up across the health facilities;
- ❖ Providing hands-on training for 29 gender focal points from operational plans to mainstream gender responsive budget;
- ❖ Determination of gender-based indicator for regular monitoring;
- ❖ Under HPNSP, the Ministry of Health and Family Welfare has taken steps to recruit more female physicians/health workers in different level;

- ❖ Essential Service Package under 4th HPNSP has given emphasis on gender sensitivity;
- ❖ Strengthening coordination among different ministries who implements woman health care programmes;
- ❖ An operational plan is being implemented under the Directorate General of Health Service with special focus on reducing maternal, neonatal and child mortality;
- ❖ Demand Side Financing programme is being expanded under maternal health voucher scheme. There is a plan to expand it in 10 Upazilas;
- ❖ Maternal and Perinatal Death Surveillance and Response (MPDSR) has been introduced in 10 districts to develop the quality of services;
- ❖ Special attention given to provide services among the people in the regions which are isolated geographically and socially, and the areas where maternal mortality rate is high; and
- ❖ 47% separate toilet facilities for female excluding CCs.

## 6.0 Women's Participation in Ministries/Divisions Activities and their Share in Total Expenditure

### 6.1 Male -Female employment structure (statistics on female and male employee)

	Officer (percent)				Staff (percent)			
	2017-18		2018-19		2017-18		2018-19	
	Male	Female	Male	female	Male	Female	Male	female
<b>Administration</b>								
Secretariat	81	19	76	24	90	10	89	11
<b>Health</b>								
Department of Health services	82	18	64	36	80	20	85	15
Divisional Establishments	83	17	68	32	87	13	81	19
Civil Surgeons Office	81	19	83	17	79	21	89	11
Upazilla Health Offices	70	30	63	37	59	41	56	44
Directorate of Drug Administration	78	22	77	23	85	15	82	18
Directorate of Nursing	10	90	2	98	39	61	0.18	99.82
Health Engineering Department	89	11	89	11	90	10	89	11
<b>Hospitals</b>								
Medical College Hospitals	73	27	75	25	48	52	48	52
District Hospitals	81	19	80	20	34	66	26	74
Other District Hospitals	69	31	82	18	51	49	69	31
Upazilla Health Complex and Sub Centres	73	27	75	25	68	32	68	32

	Officer (percent)				Staff (percent)			
	2017-18		2018-19		2017-18		2018-19	
	Male	Female	Male	female	Male	Female	Male	female
Dental College Hospitals	84	16	71	29	80	20	79	21
<b>Specialized Hospitals and Institutions</b>								
Specialized Hospitals and Institutions	73	27	80	20	45	55	23	77
<b>Public Health</b>								
Epidemic Disease Control Centre	72	28	57	43	43	57	43	57
<b>Clinics, Health Centres and Other Facilities</b>								
TB Centres	79	21	76	24	63	37	56	44
School Health Centres	51	49	15	85	65	35	71	29
Other Facilities	55	45	55	45	57	43	57	43
<b>Total</b>	<b>71</b>	<b>29</b>	<b>69</b>	<b>31</b>	<b>65</b>	<b>35</b>	<b>64</b>	<b>36</b>

## 6.2 Women's Share in Division's Total Expenditure

(Taka in Crore)

Description	Budget 2019-20			Revised 2018-19			Budget 2018-19			Actual 2017-18		
	Budget	Women Share		Revised	Women Share		Budget	Women Share		Actual	Women Share	
		Women	percent		Women	percent		Women	percent		Women	percent
Total Budget	523190	161247	30.82	442541	136036	30.74	464573	136938	29.48	321861	88441	27.48
Division's Budget	19944	5847	29.31	17270	5274	30.54	18166	6492	35.74	13041	3988	30.58
Development	9937	3147	31.66	8266	2919	35.31	9041	3688	40.79	5342	1467	27.45
Operating	10008	2700	26.97	9004	2355	26.16	9126	2805	30.73	7699	2521	32.75

Source: RCGP database

## 7.0 Key Performance Indicators (KPIs) of the Ministry in relation to Women's Advancement and Rights in last three years

Indicator	Unit	Revised Target	Actual	Revised Target	Target
		2017-18		2018-19	2019-20
1	2	3	4	5	6
Maternal Mortality rate	per thousand live birth	1.4	1.72	1.72	1.65
Total Fertility Rate	per women	2.1	2.05	2.05	2.03

## 8.0 Success in Promoting Women's Advancement

### 8.1 Impact of the strategic objectives in women's Development:

- ❖ **Ensuring improved health care for mother and child:** To providing sustainable financing for equitable access to health care for the population and accelerated progress towards universal health coverage. The maternal voucher scheme enables some disadvantaged mothers to access services, expansion of the ESP

are widening the scope for rural women to access primary health care, nutrition and family planning related services.

- ❖ **Develop health care services for all:** To improve equitable access to and utilization of quality health, nutrition and family planning services for all, which will be beneficial for women. The easy and alternative medical care is also helpful for the women. The senior women will get priority in getting health services, hence the health of elderly women will be secured.
- ❖ **Ensure standard specialized health service:** Introduction and expansion of specialized health services will ensure better health for the women.
- ❖ **Control of communicable, non-communicable and new emerging diseases due to climate change:** Communicable diseases like, AIDS/STD and other diseases will be controlled and the scope of treatment for women will increase and reduce the risk of diseases.
- ❖ **Increase the use of nutritious foods:** The women will be protected from malnutrition by nutrition programmes, hence they can participate more on economic activities. Women's skill, income and social recognition will be enhanced.
- ❖ **Establishment of developed and efficient drug sector:** By increasing the efficiency of drug sector the essential drug will be available to all. Due to improvement of drug quality women will get quick recovery from illness, as a result women's health will develop and reduce the risks.
- ❖ **Create skilled manpower in health, population and nutrition sector:** Through the trained manpower the quality of health services will improve, as a result women's health will improve. It will reduce their sufferings and they will get quick recovery.

## 8.2 Achievements of ministry in the areas of Women and Child health

- ❖ The maternal death rate is being reduced due to lot of interventions in the health sector. The maternal death rate reduced to 1.8 in 2011-12 from 2.9 in 2007-08. The MDG target was 1.4 in 2015, but in 2017-18 it was 1.72, which was closer to target. Bangladesh is far better than neighboring countries in reducing MMR.
- ❖ Bangladesh received UN award for achieving child death rate set forth in the MDG. Honorable Prime Minister Sheikh Hasina received this award in September 2010.
- ❖ Honorable Prime Minister Sheikh Hasina received South- South Award on digital health for digital development for the use of ICT in health development.

- ❖ Honorable health minister has been nominated as a member of Global Alliance for Vaccines and Immunization (GAVI) Board in the 29<sup>th</sup> World Health Summit in 2012-14.
- ❖ Bangladesh has been awarded by GAVI in 2009 and 2012 for the success of regular immunization.

### 8.3 Experience of a Community Clinic in women's development

#### **Health Sector Response to Gender Based Violence (GBV):**

Almost two thirds (72.6%) of married women experienced one or more forms of gender based violence by their husband at least once in their lifetime and 54.7% experienced violence during last 12 months. The GBV prevalence is much higher in rural area due to various socioeconomic scenarios.

To ensure GBV survivor's access to the highest attainable health standard, a quality health response to GBV is priority. Though GBV services involve multi-sectoral initiatives, the health sector itself has its own programs and activities to support the survivors. By virtue of the nature of services, the health care providers are the first professional contact for women who have been subjected to violence.

Over the previous years, services for the survivors of GBV only existed in district level and above. It was resulted from scarcity of adequately trained health care providers and lack of information as to GBV service centers. Considering the above scenario, the MOHFW through GNSPU undertook a collaborative initiative involving all relevant stakeholders. Finally a protocol on HSR to GBV was enacted. The core agenda of this initiative was to provide clear concept on GBV to health care providers and define benchmarks on minimum requirement for GBV services.

On the 12th of April 2018, the High court division of Supreme Court has delivered a judgment and pronounced directions as "to make available the health care protocol (*Health sector Response to Gender Based Violence- Protocol for Health Care Providers*) to forensic experts, physicians who conduct medical examination on rape survivors and other multi-sectoral stakeholders the Government shall appoint trained doctors and nurses for medical examination of rape survivors. The concerned physicians and forensic experts shall strictly maintain the privacy of the victim."

The judgment has been an enormous encouragement for the GBV survivors as well as for the MoHFW to be able to establish GBV protocol as national priority. The judgment is expected to initiate the long strived shift from 'encouragement' to 'enforcement' of morality for provider, modality of care and perception of issue. Enforced properly, this will bring a significant and positive change in the medico-legal approach to sexual and gender based violence. Moreover it will potentially help create an environment of safety, dignity and privacy for the GBV survivors.

The components GBV services are as follows:

- Medical service
- Medico legal service
- Psychological health service

- Referral to other multi-sectoral service

As prerequisite to Health Sector Response (HSR) to GBV, following activities have been undertaken:

- GBV services has been Incorporated as part of the Essential Service Package in 2016;
- Development of national guideline “Health sector Response to Gender Based Violence- Protocol for Health Care Providers” & web based “E-tool”;
- Development of formats and registers for regular reporting on GBV to be widely used across all health facilities;
- Capacity development of healthcare providers specially doctor, nurses and midwives;
- Mapping of GBV services for strengthening multi-sectoral service referrals;
- Piloting of HSR to GBV in two districts Moulvibazar and Jamalpur including upazilas; and
- Initiative for regular generation of health, Sexual and Gender Based Violence in MIS website.

**Way to extension HSR to GBV in the health facilities:**

- Health Care Providers are not adequately sensitized to GBV. Routine capacity development programs should to be continued;
- People are not aware of the facilities and services available. A comprehensive community awareness raising campaign needs to be initiated and continued;
- Currently the GBV services are confined to few specific facilities, therefore activities need to be undertaken for scaling up GBV services across the health facilities;
- A comprehensive reporting system to be made functional to capture all GBV case and service related data;
- Counseling services are to be made available at all Health facilities as a mean of psychological support for GBV survivors;
- A functional and effective referral network should be established and kept functional among the stakeholders; and
- Strong political and policy support to be ensured from GOB.

## 9.0 Obstacles to achieve targets related to Women’s Advancement and Rights

### 9.1 Challenges for Gender Budget

- ❖ Decreasing of maternal mortality ratio is a concern which needs to be addressed with priority;
- ❖ Lack of public facilities to provide effective 24/7 care;
- ❖ Increasing deliveries in the private sector through C-section;

- ❖ Dubious quality of care in a large section of private providers and lack of effective referral system;
- ❖ Adolescent fertility rate and mean age of marriage is alarming;
- ❖ Inadequate health sector response to gender-based violence posing obstacle in improving HNP services;
- ❖ Rising incidence of NCDs, recognizing that diabetes, cardio-vascular diseases and cancer have become leading causes of morbidity and mortality;
- ❖ Women participation in government policy making is still low despite having introduced female participation in CG and CSG for empowerment of women; and
- ❖ Though Gender Equity Action Plan, 2014-2024 has been developed to implement the GES, 2014. Capacity development initiatives on Gender and Voice related issues needs attention.

#### 9.2 Recommendation for gender budget:

- ❖ Gender related subject-matter to be included in GES, 2014 and GEAP, 2014-24 and to monitor the progress;
- ❖ Allocation of more resources to HPNSP sector and reduce unnecessary expenditures;
- ❖ Safe health services to be increased for women and marginalized people;
- ❖ Adolescent and reproductive health care to be enhanced and need to increase family planning adoption rate and long term and permanent methods;
- ❖ Gender based data collection and analysis is required for the policy makers and to extend these services;
- ❖ To ensure sexual harassment and secure workplace for women; and
- ❖ Introduction of incentives to ensure health services in the hard-to-reach areas.

#### 10.0 Progress on Recommended Activities in the Previous Year

Serial no.	Activities recommended for Previous years	Achievements
1	2	3
1.	Creating strong mass awareness about women friendly and women-centric health care	Women are provided with dignified and hassle-free service under the “Women Friendly Hospital Initiatives (WFHI)”. Changes are done in the hospital management to make services more conducive for women. To provide women caring services in the existing government hospitals such

Serial no.	Activities recommended for Previous years	Achievements
1	2	3
		program has been taken in 32 government hospitals and the rest of the hospitals will be converted into women friendly hospital in phases.
2.	Gradual increase of women health workers.	The status of nurses has been elevated to 2nd class from 3rd class. A total of 26,344 nurses and 1,191 midwives have so far been employed across the country till June 2018.
3.	Elevating the standards of service of community clinics and encouraging women to take services from those clinics.	In order to make primary healthcare available, the government continues establishing community clinics (one per every 6,000 rural populations). So far 13,783 Community Clinics have been completed, 80% of the service recipients are women and children. Normal deliveries are being conducted in 1,126 community clinics across the country and the number is increasing day by day.

### 11.0 Future plan for gender development:

- ❖ Increase the number of female workers in health services;
- ❖ Expansion of maternal health voucher scheme and increase the number of beneficiaries to ensure mother and child health;
- ❖ To ensure ANC, delivery and PNC for better maternal and child health and skilled birth attendant and midwifery services;
- ❖ Distribution of Iron Folate among pregnant women and raising awareness regarding this;
- ❖ Expansion of supplementary foods for lactating women and low birth weight babies to ensure proper nutrition;
- ❖ Strengthening maternal health services to those areas where maternal death is high; and
- ❖ Undertaking programmes to prevent women from communicable and other diseases.