

Chapter-6

Medical Education and Family Welfare Division

1.0 Introduction

1.1 The principal objective of the Medical Education and Family Welfare Division of Ministry of Health and Family Welfare is to formulate plans, policies and strategies for the overall administration of the health sector. These policies are implemented with the help of its subordinate agencies and departments. A major objective of the Division is to improve healthcare, nutrition status and population sector to make a healthy nation and enable everyone to contribute to the national economy and alleviate poverty. The Medical Education and Family Welfare Division of the Ministry of Health and Family Welfare is contributing to economic development by developing different health-related indicators which play a significant role in the creation of an active working population. The Ministry of the Health and Family Welfare is working relentlessly following the slogan “Healthy nation is the developed country” for fulfilling standard demand of health services of the people.

1.2 Article 15(a) of the Constitution of the People’s Republic of Bangladesh promulgates health care services as a fundamental right and entrusts the State and the Government for its implementation. Article 18(1) stipulates that raising the level of nutrition and improving public health shall be one of the primary duties of the State. Similar to many other areas, women face discrimination in accessing health care facilities for themselves. From childhood to old age, women encounter familial, social and legal difficulties in availing health care facilities on nutrition and reproduction. To address these issues, the Gender Equity Strategy 2001, formulated by the Ministry of Health and Family Welfare, is one of the first of its kind in this sector. The Gender Equity Strategy, 2014 has been formulated on the basis of experiences gathered on implementation of Gender Equity Strategy 2001. The main objective of Gender Equity Strategy 2014 is to improving health through maximum utilization of services provided for the women, children, adolescents, the deprived and the geographically marginal poor people. The implementation period of Gender Equity Strategy, 2014 is 2014-2024. To ensure effective implementation of this strategy the activities have been divided into short term (2017), medium term (2020) and long term (2024) and equity based gender action plan is being formulated with the participation and assistance of stakeholders from different levels.

1.3 Major Functions of the Division

- ❖ Formulation and implementation of modern family planning policies;

- ❖ Formulation and implementation of modern medical education policies;
- ❖ Activities related to medical, dental, nursing & midwifery and alternative medical education;
- ❖ Registration and quality control of medical, dental, nursing & midwifery and alternative medical education;
- ❖ Procurement, storage and distribution of birth control materials and motivation of using those in family planning;
- ❖ Providing family planning services through hospital, health centre, maternal and child care health centre;
- ❖ Activities related to research and training for population control;
- ❖ Implementation of child and maternal health services and alternative medical care.

2.0 Policies adopted by the Ministry/Division

Ensuring primary and emergency health care for all and expansion of quality, patient-oriented healthcare services in an equitable manner remain to the main objectives of the Ministry of Health and Family Welfare. To motivate people toward health care services, the Ministry has formulated the National Health Policy, 2011 taking patients' right and dignity as the core theme with the purpose of preventing and minimizing the occurrence of disease. In addition, the Ministry has formulated the National Population Policy 2012 and Strategy Paper for Financing Healthcare Services, 2012 and the Gender Equity Strategy, 2014.

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

- ❖ To establish health facilities as a matter of right in line with the Constitution and International Charters by making basic health care facilities/instruments available to people at all levels of the society and to strive for improvement of the overall nutrition and health standard;
- ❖ To bring down child and maternal mortality rates to a reasonable level by 2021, when the golden jubilee of independence will be celebrated by the nation;
- ❖ To revitalize family planning and reproductive health care in order to attain Replacement Level of Fertility by 2021;
- ❖ To adopt satisfactory health care facilities for mother and child and to ensure safe midwifery service in every village as far as possible;
- ❖ To ensure gender parity in health services;

- ❖ To establish gender equity, ensure women's right to proper physical and mental health service at every stage of their lives;
- ❖ To reduce maternal mortality and fertility rates significantly, providing extensive access to reproductive health facilities to the marginalized sections of the population in villages and towns.

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

- ❖ To reduce child and maternal mortality rates and to ensure safe motherhood for better child and maternal health ;
- ❖ To ensure gender equity and women's empowerment and to reinforce measures against gender discrimination in the family planning and programmes related to women and children;
- ❖ To create employment opportunities for unmarried women in the village; to make them skilled workforce by providing credit facility and technical trainings ;
- ❖ To formulate gender sensitive work strategy in all government and non-government programs and activities ;
- ❖ To encourage the organizations and institutes engaged in women's development to involve in family planning and reproductive health services programmes ;
- ❖ To prevent all sorts of violence against women and children, as well as women and child trafficking and sexual harassment against them ;
- ❖ To initiate awareness programs among men about the demand and necessity of family planning among the women and their reproductive health ;
- ❖ 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 establish equal right of women and men in every spheres of state and public life as per the Constitution of Bangladesh;
- ❖ To ensure women's security at every phase of family, society and state and to ensure full and equal participation of women in the mainstream of socio-economic development;
- ❖ To eliminate existing inequality between men and women;
- ❖ To take appropriate measures to ensure women's health and nutrition.

3.2 Promises spelt out in 7th Five Year Plan

❖ **To ensure women's health and nutrition services the 7th Five-Year plan has set following objectives:**

- To ensure access and utilization of HNP services for every citizen of the country, with particular emphasis on elderly, women, children, poor, disadvantaged and those living in backward areas;
- To reduce total fertility rate;
- To ensure adolescent and reproductive health care;
- To improve nutritional status of children and women;
- To improve the quality of hospitals and maternity services and to make these accessible especially to the women, children and poor.

❖ **Targets in 7th Five Year Plan to ensure Health and Nutrition services for women:**

- Total Fertility Rate (children per woman) to be reduced to 2.0;
- Under-five Mortality Rate (per 1,000 live births) to be reduced to 37;
- Infant Mortality Rate (per 1,000 live births) to be reduced to 20;
- Maternal Mortality Ratio (per 100,000 live births) to be reduced to 105;
- Contraceptive Prevalence Rate (%) to be increased to 75;
- Proportion of children fully vaccinated by 12 months (%) to be increased 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 organizations through equitable planning, policymaking 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 good governance and leadership of well co-ordinated work process in health system.

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

The ministry has formulated the following strategic objectives and functions for the advancement of women:

Serial No.	Medium term strategic objectives	Functions
1	2	3
1.	Ensuring improved health care for mother and child	<ul style="list-style-type: none"> ❖ To continue the Maternal Health Voucher Scheme and expand its scope. ❖ To continue the scope of antenatal, emergency obstetric care and postnatal care through midwifery and Community Skilled Birth Attendants (CSBA) services. ❖ To distribute iron tablets among pregnant women and vitamin- A capsules and de-worming tablets among children. ❖ To encourage breast-feeding and increase awareness about it.
2.	Population control and expansion of improved reproductive health	<ul style="list-style-type: none"> ❖ To provide door-to-door family planning service through field workers. ❖ To encourage couples of reproductive age to adopt short, long and permanent types of family planning measures. ❖ To adopt integrated efforts in order to promote family planning measures where its prevalence is at the lower end. ❖ To administer programs to build awareness about reproductive health care of adolescent boys and girls and young men and women.
3.	Increasing intake of nutritious food	<ul style="list-style-type: none"> ❖ To expand the availability of supplementary food for children and pregnant and lactating women.
4.	Efficient human resources in the health, population and nutrition sector	<ul style="list-style-type: none"> ❖ To impart education and training to nurses, community based midwives, paramedics, field workers and other women health workers.

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

- ❖ Male health workers under the Division far outnumber their female counterparts. An analysis of the working men and women in the Departments and Agencies of the Medical Education and Family Welfare Division shows that women constitute 33 percent of officers and 33.78 percent of staff in the entire workforce of the Division;
- ❖ Women face difficulty in accessing to health care services due to the shortage of women physicians and care-givers;
- ❖ Women face several problems as the infrastructure and environment of the healthcare centres are not women-friendly;
- ❖ The environment of the health and family welfare ministry, sub-ordinate offices and health service centers at different level is not women-friendly. As a result, women are facing different problems at workplace.
- ❖ From childhood to old-age women face discrimination in case of nutrition services.
- ❖ Women who are victims of oppression are also being discriminated by the care providers in addition to the obstacles they face from the household and the society;
- ❖ Women face discrimination in availing reproductive health service due to lack of necessary facilities;
- ❖ Despite having been a Gender Equity Strategy, 2014 of the Ministry of Health and Family Welfare and initiative to ensure implementation of such equity based gender work plan, it is not insured to undertake necessary priority and proper step to implement this.

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

- ❖ Under HPNSP, the Ministry of Health and Family Welfare has taken steps to recruit more women officials/physicians/health workers in different institutions and health centres so as to improve the manpower and facilities.
- ❖ A new operation plan is being implemented under the Directorate of Health Service with special focus on reducing maternal, neonatal and child mortality.
- ❖ Special attention is being given to provide services among the people in the regions which are geographically and socially isolated, and the areas with high maternal mortality rate.
- ❖ Hospitals across the country are introducing women-friendly facilities by phases.

- ❖ Nutrition program is being expanded throughout the country under the umbrella of Directorate of Health Service and Directorate of Family Planning to ensure improved nutrition for women and children.
- ❖ A total of 8 One Stop Crisis Centres (7 in Divisional Cities and one in Faridpur) have been established to provide medical support to women victims of violence. In addition, with the help of the Ministry of Women and Children's Affairs, One Stop Crisis Cells have been established in 40 Districts and 20 Upazilla level hospitals.
- ❖ The gender equality strategy has been formulated to make effective and target-based programs and activities of the Ministry of Health and Family Welfare and to achieve the desired target through integrated and consolidated process. To implement this equity based gender work plan is being prepared.

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
Administration								
Secretariat	56	17	73	15	13	7	14	7
Medical Education								
Medical Colleges	70	30	75	35	75	35	74	35
Paramedical Institutes	85	15	82	21	80	20	80	20
Medical Assistant Training Schools	88	12	79	22	79	21	79	21
TB Control & Training Institute	71	29	45	55	45	55	45	55
Dental Colleges	65	35	80	20	80	20	80	20
College of Nursing	7	93	65	35	65	35	65	35
Sylhet Ayurved and Tibbia College	100	0	83	17	83	17	83	17
Govt. Unany and Ayurvedic Degree College and Hospital	62	38	65	35	65	35	65	35
Govt. Homeopathy Degree College and Hospital, Dhaka	58	42	52	48	52	48	52	48
Centre for Medical Education	67	33	82	18	82	18	82	18
Family Welfare and Family Planning								
Department of Family Planning	70	30	77	23	77	23	77	23
Divisional Offices	100	0	98	02	98	02	98	02
District Offices	74	26	80	20	80	20	80	20
Upazilla Offices	70	30	20	80	20	80	20	80

	Officer (percent)				Staff (percent)			
	2017-18		2018-19		2017-18		2018-19	
	Male	Female	Male	female	Male	Female	Male	female
Hospitals and Dispensaries	35	65	21	79	21	79	21	79
Other Family Welfare Facilities	70	30	64	36	64	36	64	36
Total	69	31	67	33	66	34	62.22	33.78

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	5788	1605	27.73	5071	1344	26.51	5228	1540	29.46	3803	1132	29.76
Development	2330	667	28.64	1825	455	24.92	2100	542	25.83	1323	233	17.6
Operating	3458	938	27.12	3246	890	27.4	3128	998	31.9	2480	899	36.24

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 facilities for mother and child: Due to the availability of improved health services through maternal health voucher scheme, safe deliveries are taking place including improved nutrition status of pregnant women. The health status of women has improved as a result of these programs.

Population Control and expansion of improved reproductive health service: The state of women health has substantially improved because of door-to-door visit of the health workers, supply of necessary medicines, expansion of women and children health care centres, greater availability of reproductive health service in conformity with the demands from women and adolescents girls, and family planning services. The reproductive health related publicity would lower the risks associated with early pregnancy. The women, particularly from the poorer strata are becoming more conscious about the time of conceiving, which has an important role

in guaranteeing safe motherhood. Healthy and able women and adolescent girls are now contributing more meaningfully to economic development.

Ensuring quality health service for all: Improved and expanded health care services would ensure access to primary health services of the poor women in rural areas, and enhance the opportunity to avail the benefits of nutrition and the programs of population control. The women would be able to access the locally available alternate medical practices easily at cheaper rate. It would lower their health risks and help them participate in income generating activities. Priority to elderly women in this regard would ensure their safety. As a result, social dignity and influence of the working women would increase. In addition, the flow of health related information to the women would increase. It would lead to reduction of their health risks and creation of a class of working women.

Ensuring specialized health care: Specialized health service for the mother and children has been expanded allowing widened scope of women to benefit from these services.

Increased consumption of nutritious food: With the expansion of nutrition services, women's health has substantially improved. They are now able to participate in income generating activities within the comfort of their homes and outside. As a result, their working capacity and income will increase. The health of women will be protected for being taken safety and standard food. More number of healthy and working women will be engaged in economic activities. The working efficiency, income and social dignity of women will enhance. Women and children in more numbers will be benefited from such activities.

Human resource development in health, population and nutrition sector: The availability of improved treatment for women will be easier due to the rise of standard of health services through trained workforce. As a result, their sufferings will decrease and quick recovery measures will be provided.

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

- ❖ Maternal mortality is gradually decreasing due to enhanced women focused initiative in health service activities. Maternal mortality rate per thousand live births has fallen from 2.9 to 1.8 during the 2007-08 to 2011-12 fiscal year. To attain MDG, maternal mortality rate per thousand live births was targeted to be reduced to 1.4 by the year 2015. Maternal mortality rate per thousand live births has fallen to 1.72 in the financial year 2017-18; which is nearing to MDG target. In this area Bangladesh is more successful in comparison to neighboring countries.

- ❖ Bangladesh has been awarded by United Nations for reducing infant mortality rate in attaining MDG target. The Hon' able Prime Minister Sheikh Hasina received this award in September 2010.
- ❖ The Hon'able Prime Minister has been awarded digital health for digital development titled South-South award by United Nations in 19th September 2011 for successful implementation of information technology in the development of health at government level.
- ❖ The Hon'able Health Minister has been nominated as a respected member of GAVI board in the 29th Conference of WHO as representative of 11 countries of Asia in the period 2012-14 for successful implementation of EPI.
- ❖ Bangladesh has been awarded as best by global alliance for vaccination and immunization (GAVI) in the year 2009 and 2012 for successful program on regular vaccination.

8.3 Experience of a Family Planning in women's development

Mrs Rabeya Begum joined the Ponchapukur Union unit 2/Ka Health and Family Welfare Centre under Nilfamari Sadar Upazila as a Family Welfare Assistant on 7 March 1991. After joining, she motivated couples with reproductive age in adopting different family planning methods ignoring all social barriers. She worked diligently in motivating people like this for 20 years. Later, through recruitment examination, she joined the Khutamara Union Health and Family Welfare Centre under Joldhaka Upazila as a Family Welfare Assistant on 8 August 2008. Since joining she has been living in the residential compound of the Centre and have been performing her duties. Both her son and daughter have completed undergraduate degrees. Her son is now working as a health care provider (CHCP) at the Sohodeb Borogacha Community Clinic under Lakshmichapa Union of Nilphamari Sadar Upazila, and her daughter, a homemaker, living with her husband. When she joined the Khutamara Union Centre, the service quality of family planning, child health and maternity were not satisfactory. Throughout her 20 years of experiences, she gradually improved the service standard of the center, and as a result, she was selected as the best family welfare assistant at upazilla and district in the 2016-2017 World Population Day. Subsequently, she was awarded the best family welfare assistant at divisional level by the Minister of Health and Family Welfare at hotel Shonargaon for her contribution to childbirth and maternity services. In the 2017-2018 World Population Day, she was again selected as the best family welfare assistant at upazila and district level and received the same award from the Minister of Health and Family Welfare at Bangabandhu International Conference Center. At present, her Centre provides 24/7 services and performs 30-35 birth every month. Due to her field experience and skills, she participates in the management committee meeting of the union health centre and provides instant cooperation to the chairman and local

dignitaries when an issue arises. Through regular satellite clinic operations, she provides maternity and child health services, pre and post pregnancy services and family planning advices, adolescent health care support and general health care services. To improve the quality of her service, the divisional and district level officials extend all-out cooperation and guidance to her. She is highly honored by all concerned in her upazila for her quality work and reputation.

9.0 Obstacles to achieve targets related to Women's Advancement and Rights

- ❖ Violence against women, killing women for dowry, women and child trafficking, throwing acid on women and children, eve teasing, lack of social security and other forms of torture on women act as impediments to women's development;
- ❖ Women participation at marginal stage at government policy making post despite having introduced quota system for empowerment of women.
- ❖ The male-female worker ratio in the health sector has not improved much. Statistics suggest that women constitute 33 percent of officers and 33.78 percent of staff;
- ❖ Child marriage is prevalent severely in Bangladesh. Women become mothers in immature age for being child marriage. For this, they have to face the risk of different reproductive health risk including risk of death.
- ❖ Women are facing harassment at different status in their life cycle. For this, they are facing loss in physical, mental and monetary forms. This ministry has taken different initiative treating this as social problem but is not reducing at an expected rate.
- ❖ Despite having formulated guidelines on women development, its implementation still remains at a primary stage. For the sake of women development, its implementation is needed urgently. But there prevails non-coordination among different organizations/institutions.

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)". Some changes are brought about in the hospital management to make services more conducive for women. To provide women

Serial no.	Activities recommended for Previous years	Achievements
1	2	3
		caring services in the existing government hospitals such program has been taken in 31 government hospitals till 2018 and the rest of the hospitals will be converted into women friendly hospital in phases.
2.	Gradual increase of women health workers.	7500 community health care providers have been appointed at the rural level to provide health service.
3.	Elevating the standards of service of community clinics and encouraging women to take services from those clinics.	In order to make general healthcare, nutrition and population control services available, the government has taken up a plan to establish 14,890 community clinics (one per every 6,000 rural populations). So far 13,783 of those have been completed. Of the service recipients in the community clinics, 80 percent are women and children. Normal deliveries are being conducted in 3058 Union Family Welfare Centers across the country and such number is increasing day by day.

11.0 Future Plan for Women Development

- ❖ To continue and expand Maternal Health Voucher Scheme so as to ensure improved maternity and child health care services;
- ❖ To continue the scope of antenatal, emergency obstetric care and postnatal care through midwifery and Community Skilled Birth Attendants (CSBA) services;
- ❖ To distribute iron tables among pregnant women and increase awareness about the use of such tables;
- ❖ To motivate able couples to adopt short- and medium-term family planning methods with the help of field workers;
- ❖ To increase awareness among adolescent and youth male and female population about reproductive health;
- ❖ To expand the scope of alternative nutrition to ensure nutrition status of pregnant and lactating mother, low weight children and adolescent population.