

Chapter-5

Health Services Division

1.0 Introduction

- 1.1 The Health Services Division of Ministry of Health and Family Welfare is responsible for the formulation of plans, policies and strategies for the overall administration of the health sector. It implements these policies through its subordinate agencies and departments. The Division's main objective is to improve healthcare, nutrition and population sector to make a healthy nation so as to enable everyone to contribute to the national economy and alleviation of poverty. Human resources is the precondition of socio-economic development. On the other hand, health is universally recognized as a indicator for human resources development. Health is the special priority sector of government. The Health Services Division is contributing for economic development through creating of able and working population by developing different indicators of health. Besides this, undertaking and implementation of different development planning is accelerating the infrastructure and economic development. There is no alternative of strong and effective health sector for poverty alleviation and ensuring development and rights of deprived, unprivileged and backward people. The availability of health services is the fundamental rights of the people. The Ministry of the Health and Family Welfare is working continuously 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 guarantees health care services as a fundamental right 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. Article 15(a) of the Constitution stipulates that healthcare services to be made available to the people of every section of the society as well as health and nutrition standard be improved as per Article 18(1). Like many other areas, women face discrimination in availing themselves of health care. In view of this, the Gender Equity Strategy 2001 has been formulated by the Ministry of Health and Family Welfare which is the first such strategy in this sector. The Gender Equity Strategy, 2014 has been formulated on the basis of experience 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, child, adolescent, deprived and geographically marginal and 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 has been formulated with participation and assistance of stakeholders from different levels.

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;
- ❖ Ensuring medical facilities, public health and prevention and cure of different communicable and non-communicable diseases;
- ❖ 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 care 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 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, make basic health care facilities/instruments available to people at all levels of the society and strive to improve the overall nutrition and health standard.
- ❖ To bring down child and maternal mortality rates to a reasonable level by 2021, the golden jubilee of our independence.
- ❖ To revitalize family planning and reproductive health care in order to attain Replacement Level of Fertility.
- ❖ To adopt satisfactory health care facilities for mother and child and 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 significantly reduce maternal mortality and fertility rates, provide widespread 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 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 create employment opportunities for unmarried women in the village; make them into a skilled workforce with 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 take appropriate measures to ensure women's health and nutrition;
- ❖ To ensure full and equal participation of women in the mainstream of socio-economic development;
- ❖ To develop women as educated and skilled human resource;
- ❖ To eliminate existing inequality between men and women.

3.2 Promises spelt out in 7th Five Year Plan

- ❖ To ensure highest attainable level of health for individuals, the govt. has set objectives for achieving Universal Health Coverage some of which are:
 - 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 difficult 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 women aspects have been enshrined in the Gender Equity Strategy 2014 embrace the following.

- ❖ 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 organisations 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 well co-ordinated 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

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 widen the scope of antenatal and postnatal services. ❖ To continue community based midwifery service. ❖ 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.	Control of communicable, non-communicable diseases and new diseases arising from climate change	<ul style="list-style-type: none"> ❖ To carry out target-oriented drives among vulnerable groups in order to control HIV/AIDS and implement national AIDS/STD programs. ❖ To provide services in order to control arsenic contamination, leprosy, tuberculosis, <i>kala-zaar</i>, malaria, filaria, dengue, and other new diseases. ❖ To adopt strategies and programs to prevent and cure new diseases arising out of the impact of climate change. ❖ To formulate and implement strategies to prevent smoking and use of other tobacco products.
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

- ❖ Men 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 Division shows that women constitute 26.63 percent of officers and 34.80 percent of staff in the entire workforce of the Division;
- ❖ Women face difficulty in availing themselves of 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;
- ❖ From child to old 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 isolated geographically and socially, and the areas where maternal mortality rate is high.
- ❖ 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 eight 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 formulated to make effective and target based programs and activities of the Ministry of Health and Family Welfare and to achieve 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)			
	2015-16		2016-17		2015-16		2016-17	
	Male	Female	Male	female	Male	Female	Male	female
Administration								
Secretariat	52	48	41	16	68	32	103	13
Health								
Department of Health services	95	5	95	5	85	15	85	15
Divisional Establishments	85	15	85	15	88	12	88	12
Civil Surgeons Office	88	12	88	12	85	15	85	15
Upazilla Health Offices	72	28	72	28	60	40	60	40
Directorate of Drug Administration	88	12	88	12	95	5	95	5
Directorate of Nursing	0	100	0	100	20	80	20	80
Health Engineering Department	94	6	94	6	88	12	88	12
Hospitals								
Medical College Hospitals	75	25	75	25	45	55	45	55
District Hospitals	82	18	82	18	35	65	35	65
Other District Hospitals	70	30	70	30	52	48	52	48
Upazilla Health Complex and Sub Centres	74	26	74	26	70	30	70	30
Dental College Hospitals	83	17	83	17	79	21	79	21
Specialized Hospitals and Institutions								
Specialized Hospitals and Institutions	75	25	75	25	44	56	44	56
Public Health								
Epidemic Disease Control Centre	75	25	75	25	42	58	42	58

	Officer (percent)				Staff (percent)			
	2015-16		2016-17		2015-16		2016-17	
	Male	Female	Male	female	Male	Female	Male	female
Clinics, Health Centres and Other Facilities								
TB Centres	80	20	80	20	65	35	65	35
School Health Centres	52	48	52	48	68	32	68	32
Other Facilities	60	40	60	40	60	40	60	40
Total	72.22	27.78	73.37	26.63	63.83	36.17	65.20	34.80

6.2 Women's Share in Ministry's Total Expenditure

(Taka in Crore)

Description	Budget 2017-18			Revised 2016-17			Budget 2016-17		
	Budget	Women Share Women percent		Revised	Women Share Women percent		Budget	Women Share Women percent	
Total Budget	400266	112019	27.99	317174	86586	27.3	340605	92781	27.24
Ministry Budget	16203	4855	29.96	14858	6003	40.41	17516	6183	35.3
Development	7842	956	12.19	4918	1615	32.85	6235	2490	39.95
Non-Development	8362	3899	46.62	9940	4388	44.14	11282	3692	32.73

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
		2015-16		2016-17	2017-18
1	2	3	4	5	6
Maternal Mortality rate	per thousand live birth	1.43	1.76	1.4	1.37
Total Fertility Rate	per women	2.2	2.3	2.15	2.10

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:** Because of the availability of improved health services through maternal health voucher scheme, safe deliveries are taking place improving nutrition status of pregnant women. The health status of women has improved as a result of these programs.
- ❖ **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 has been expanded allowing expansion of the scope of women to benefit from these services.
- ❖ **Control of communicable, non-communicable and other diseases caused by climate change:** Comprehensive initiatives have been undertaken with greater facilities for women in order to prevent AIDS/STD and other forms of new diseases arising out of the impact of climate change. Women sex workers are given priority for this service. Besides this, Women will be benefited more because of having more risk of suffering from communicable and other diseases.
- ❖ **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 also outside. As a result, 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 child in more number will be benefited from such activities.
- ❖ **Efficient drug administration:** The availability problem of medicine will be reduced for women along with other people through supplying standard medicine due to increase of efficiency of medicine sector. Production and availability of quality medicines for women has increased. Quick recovery resulting improving women health and decreasing risk will happen as a result of increasing standard medicine. The healthy women will be more income earner.
- ❖ **Human resource development in health, population and nutrition sector:** The availability of improved treatment for women will be easier due rise of standard of health services through trained workforce. As a result, their sufferings will be reduced and quick recovery will be provided.

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

- ❖ Maternal mortality gradually decreasing due to enhancing women oriented initiative in health service activities. Maternal mortality rate per thousand live

births has reduced from 2.9 to 1.8 in the financial year from 2007-08 to 2011-12. To attain MDG target maternal mortality rate per thousand live births will be reduced to 1.4 by the year 2015. Maternal mortality rate per thousand live births has reduced to 1.76 in the financial year 2015-2016; which is nearing to MDG target. In this area Bangladesh is more successful in comparison to neighbour 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 Community Clinic in women's development

Dastampur Community Clinic is situated in no. 9 Sengaoon Union of Pirganj Upazilla of Dhakurgaon district. The clinic is situated 30 km away from the Upazilla Health Complex and 8 km from the Union Family Welfare Center (UFTC). Pirganj Upazilla is advanced in education and adoption of modern health care. But the tribal community (Shaotal) which constitutes about 500 in Dastampur and Danajpur village are ignorant of modern medicine and more incline to traditional medicine. Pregnant mother often reluctant to get modern medical care. As a result MMR and NMR of this area were higher than the national average. It became a concern and was published in newspaper. As a result Upazilla Health, Family Welfare Officer and Upazilla Family Planning Officer, Health Assitant Joya Rani, Family Welfare Visitor Protima Rani and NGO worker Rita Rani received CSBA training in Dhakurgaon District Sadar Hospital. After getting the training Rita Rani, Joya Rani and Protima Rani started providing delivery services in the community Clinic alternatively for 24 hours. The general people came to receive the service. But the tribal community were reluctant to get the service of modern medicine. Then the Upazilla Health & Family Welfare Officer,

Upazilla Family Planning Officer, local women Member of Parliament, Upazilla Parishad Women Vice Chairman, Upazilla Nirbahi Officer, Officer in Charge of local police station, Union Parishad Chairman, Local leaders and elites, journalists and citizen group members of the Community Clinic arranged a “Mothers Rally”. The tribal community was invited to attend the meeting where there was discussion on the scientific modern medicine and the services provided in the Dastampur Community clinic. The CHCP of the Community Clinic was male, but it was decided that the trained the women service providers will be on call to ensure 24 hour delivery service in the Community Clinic. The tribal community became aware of the issue and they show interest in ANC, normal delivery, PNC and referral. Rita Rani, Joya Rani and Protima rani became famous for their service. Some adolescent girls also came forward in assisting them as volunteer. Now the scenario of Dastampur has completely changed. Tribal community is coming to get the services. They are ever actively seek the services to higher centers when they are referred from the Community clinics. In 2016 3 normal delivery was done of the mother of tribal community and 5 were referred to Pirganj Upazilla Health Complex where 2 complex normal delivery and 3 Caesarian section was done. So home delivery has become almost nil. Since then there is no maternal death among tribal community. CSBA Rita Rani and Dastampur Community clinic has become popular. Maternal and Child death has reduced considerably in Pirganj. Journalist are rushing to Dastampur and publishing the positive news on Rita Rani and the Community Clinic.

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 till prevailing 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 26.63 percent of officers and 34.80 percent of staff;
- ❖ Child marriage is prevalent in Bangladesh in severely. 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 physically, mentally and monetary forms. This ministry has taken different initiative treating this as social problem but is not reducing that.
- ❖ Despite having formulated guidelines on women development, the implementation of that is prevailing at primary stage. For the sake of women development it's implementation is needed urgently. But non coordination is prevailing among different organizations/institutions in this case.

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 caring services in the existing government hospitals such program has been taken in 28 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 2 nd class from 3 rd class. 9478 new nurses have been appointed in the year 2016-17. 6,950 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 13,861 community clinics (one per every 6,000 rural populations). So far 13,369 of them have been completed. Normal deliveries are being conducted in 1126 community centres across the country and such number is increasing day by day.