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 an indicator for human resources development. Health is the special priority sector of the 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 to a 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;
- ❖ 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 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, Healthcare Financing Strategy 2012-2032, Gender Equity Strategy, 2014, National Nutrition Policy, 2015, and National Drug Policy, 2016.

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, during 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 for man and woman in all government and non-government programs and activities ;
- ❖ Organizations and institutes engaged in women's development are encouraged 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'sdevelopment:

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

- ❖ To ensure equal right of women and men in the field of state and public life as per constitution of Bangladesh.
- ❖ 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 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 12 months children fully vaccinated by 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, 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 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	❖ To continue the Maternal Health Voucher Scheme and expand its scope. ❖ To widen 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.	Control of communicable, non-communicable diseases and new diseases arising from climate change	❖ 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, *kala-zaar*, 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	❖ To expand the availability of supplementary food for children, pregnant and lactating women.
4.	Efficient human	❖ To impart education and training to nurses, community

Serial No.	Medium term strategic objectives	Functions
1	2	3
	resources in the health, population and nutrition sector	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 are far out number of their female counterparts. An analysis of the working men and women in the Departments and Agencies of the Division shows that women constitute 29 % of officers and 35 % of staff in the entire workforce of the Division;
- Women face difficulties 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 centers are not women-friendly;
- 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;
- From childhood to old age women face discrimination in case of nutrition services.
- 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

- Gender, NGO and Stakeholder Participation (GNSP) unit under Health Economics Unit of Health Services Division is implementing programmes to address gender disparity. The main activity of this unit is to mainstreaming the gender issues in the health, population and nutrition sector.
- Gender equity action plan has been adopted to implement Gender Equity Strategy, 2014.

- In the Health Economics and Financing Operational Plan of 4th HPNSP, the GNSP unit has the gender work plan and given priority to provide health care to the victims of oppression, expanding woman-friendly hospitals, collecting information on gender-based health and nutrition etc.
- Introduction of gender management system through which gender equity will be ensured.
- Providing hands-on training for one focal point from each operational plan to formulate gender-friendly budget.
- Determine gender-based indicator for regular monitoring.
- 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.
- Essential Service Package under 4th HPNSP has given emphasis on gender sensitivity.
- Strengthening coordination among different ministries/divisions who implements woman health care programme.
- 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 per year.
- 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 General of Health Service and Directorate General of Family Planning to ensure improved nutrition for women and children. National Nutrition Week has been observed this year from 23-29 April throughout the country.
- Maternal and Perinatal Death Surveillance Response (MPDSR) has been introduced in 10 districts to develop the quality of services.
- 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.

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)			
	2016-17		2017-18		2016-17		2017-18	
	Male	Female	Male	female	Male	Female	Male	female
Administration								
Secretariat	41	16	81	19	103	13	90	10
Health								
Department of Health services	95	5	82	18	85	15	80	20
Divisional Establishments	85	15	83	17	88	12	87	13
Civil Surgeons Office	88	12	81	19	85	15	79	21
Upazilla Health Offices	72	28	70	30	60	40	59	41
Directorate of Drug Administration	88	12	78	22	95	5	85	15
Directorate of Nursing	0	100	10	90	20	80	39	61
Health Engineering Department	94	6	89	11	88	12	90	10
Hospitals								
Medical College Hospitals	75	25	73	27	45	55	48	52
District Hospitals	82	18	81	19	35	65	34	66
Other District Hospitals	70	30	69	31	52	48	51	49
Upazilla Health Complex and Sub Centres	74	26	73	27	70	30	68	32
Dental College Hospitals	83	17	84	16	79	21	80	20
Specialized Hospitals and Institutions								
Specialized Hospitals and Institutions	75	25	73	27	44	56	45	55
Public Health								
Epidemic Disease Control Centre	75	25	72	28	42	58	43	57
Clinics, Health Centres and Other Facilities								
TB Centres	80	20	79	21	65	35	63	37
School Health Centres	52	48	51	49	68	32	65	36
Other Facilities	60	40	55	45	60	40	57	43
Total	**73.37**	**26.63**	71.00	29.00	**65.20**	**34.80**	65.00	35.00

6.2 Women's Share in Ministry's Total Expenditure

(Taka in Crore)

Description	Budget 2018-19			Revised 2017-18			Budget 2017-18		
	Budget	Women Share		Revised	Women Share		Budget	Women Share	
		Women	percent		Women	percent		Women	percent
Total Budget	464574	136938	29.48	371495	86169	23.2	400266	112019	27.99
Ministry Budget	18166	6667	36.7	15385	4095	26.62	16203	4855	29.96
Development	9041	3817	42.22	6937	771	11.12	7851	959	12.22
Operating	9126	2850	31.23	8448	3324	39.34	8353	3896	46.64

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
		2016-17		2017-18	2018-19
1	2	3	4	5	6
Maternal Mortality rate	per thousand live birth	1.4	1.76	1.4	1.35
Total Fertility Rate	per women	2.15	2.3	2.1	2.05

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. As of April 2018 14,39,105 women have got this benefit. Safe deliveries are taking place improving nutritional 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.

- **Improved and 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 improved women health and decreased risk will happen due to of increase of 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 happened.

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 from2.9 to 1.8 in the financial year from 2007-08 to 2011-12. 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'ble Prime Minister Sheikh Hasina received this award in September 2010.

- ❖ The Hon'ble 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'ble 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 Vaccines 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

Demand Side Financing (DSF) on maternal health voucher scheme:

Introduction: Health and family planning ministry takes some steps to decrease the Maternal and Neonatal death which are mainly supply driven. Besides this approach Health Services Division started a demand driven approach with the technical assistance from WHO which is called Demand Side Financing (DSF). The poor pregnant mothers are receiving priority through this voucher scheme. This scheme has increased the interest to receive ANC, delivery services and PNC of pregnant mothers. On the other hand they may get a chance to receive services (health care) from their preferred Health Care Providers.

Demand Side Financing:

The aim of the maternal voucher scheme is to reduce the percentage of maternal death by increasing the facility delivery percentage with safe delivery and management of complexity of pregnancy and highest awareness and needful care of pregnant mother. The poor and helpless pregnant mother is getting ANC, delivery care and PNC in the selected health care center by the skilled health care providers.

Objectives of demand side financing:

The main objective of maternal health voucher scheme is increasing the necessary services of poor and vulnerable pregnant mothers during their ANC, INC and PNC to reduce the percentage of maternal deaths. It started in 2006 in 2 Upazilas and presently it is being run in 55 Upazilas of 41 districts.

Criteria to get the maternal health voucher scheme support:

a) All poor prime pregnant mothers will get the support of voucher scheme.
b) The pregnant mothers who received family planning method they will get the support for second pregnancy (the voucher is not provided for third pregnancy).
c) The poor pregnant woman should be the permanent resident of the union where scheme is running.
d) The pregnant mother's family should be the owner of less than 0.15 acres land.
e) The total monthly income of the family is less than 3100 taka.

f) The family who have no source of income (cow/goat, duck/poultry firm, hatchery, fruit garden, rickshaw, van etc).

Incentives to voucher scheme holder mother :

At present 35% of the total pregnant mother are considered as poor to receive the advantage of maternal health voucher scheme. The pregnant woman receives 3 ANC, safe delivery service {care for any complication (Caesarian section) and required medicines for C/Section} and 1 PNC, 2 times blood and urine examinations. 2000 taka cash incentive for conducting delivery in the health facility, 500 taka for home delivery by Community Skilled Birth Attendant (CSBA) and if home delivery is not done by CSBA, the pregnant mother does not get the cash incentive. There is a provision to supply medicines of 3000 taka for Caesarian Section. Pregnant mother gets 100 taka transport cost each visit to come to health facility up to 500 taka to take 3 ANC, safe INC and PNC.

The following financial benefits are received by the Healthcare Providers:

1)	Registration of the pregnant mother	20 TK
2)	For blood and urine examination	70 TK
3)	ANC (3 times)	150 TK
4)	PNC	50 TK
5)	Normal delivery	300 TK
6)	Operation Team for Caesarian section	3000 TK

Government healthcare providers of above-mentioned (No 2 to 5) will get 50% selected incentive and the rest 50% taka is credited in Seed Fund.

Challenges of DSF implementation:

1) Opening bank accounts to pay incentives to the pregnant mothers;
2) To assure the pair of Obs-Gynea and Anesthesia doctors;
3) To ensure manpower to keep records of the pregnant mothers who receive the voucher scheme;
4) To deliver this services in hard-to-reach and remote areas;
5) Highest percentage of C/Section in the designated private hospital;
6) To ensure medicines for 3000 taka in case of C/Section operation.

Recommendations:

1) To take a necessary action to pay the cash incentive and money for transport cost quickly to the pregnant mothers by different processes, such as e-cash transfer agency or postal department;
2) To pay the incentive to all service providers by E-cash transfer agency;
3) To specify the role of private hospitals and NGO clinic for DSF Program. Regular monitoring should be done by engaging respective civil surgeon for the clinics which are providing cares to DSF mothers.
4) If a DSF Upazila is located within 25 kilometers of district hospital and there is a good communication network, then private hospital/NGO clinics should not be designated for this program. If it was done earlier then it can be canceled.
5) Including blood grouping and blood sugar test in the program of voucher scheme for pregnant mothers who are holders of voucher scheme.

6) Taka 3,000 for medicines in case of C/Section may be directly sent to the pregnant mothers by a mobile account.
7) In case of normal delivery in the Upazila health complex, MCWC, district hospital and medical college hospital the package of incentive may be changed 1,200 taka instead of 300 taka. Then health care provides will be interested for normal delivery.
8) The incentive for anesthetics in case of C/Section may be increased to 800 taka instead of 600 taka.
9) To pay an incentive of 50 taka for labor word in-charge (SSN) may be considered for conducting normal delivery.
10) All the information (personal & health care related) sent by DSF Upazila can be preserved in another software (by the help of MIS of DGHS).

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 posts 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 29 of officers and 35 of staff;
- Child marriage prevalent in Bangladesh is severe. Women become mothers at 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 stages 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 lack of 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 done 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 2nd class from 3rd 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 13,500 Community Clinics have been completed. 80% of the service recipients are women and children. Normal deliveries are being conducted in 1126 community clinics across the country and such number is increasing day by day.