

Chapter-6

Medical Education and Family Welfare Division

1.0 Introduction

- 1.1 The Medical Education and Family Welfare 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 Ministry'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 to alleviation poverty. Human resources are the prerequisites 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 Medical Education and Family Welfare Division of Ministry of the Health and Family Welfare is contributing for economic development through creating of able and working population by developing different indicators of health. Besides, devising and implementing different development planning in health sector contributes in acceleration of the development of the infrastructure and the economy as well. There is no alternative of strong and effective health sector for poverty alleviation and for ensuring development and rights of deprived, unprivileged and backward people. Access to healthcare services is the fundamental rights of the people. 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 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 also 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, children, adolescents, 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 is being formulated with the participation and assistance of stakeholders from different levels.

1.3 Major Functions of the Division

- ❖ Preparation of relevant policies and implementation of those related to Family Planning;
- ❖ Preparation of relevant policies and implementation of those related to Medical Education;
- ❖ Activities related to medical, dental, nursing & midwifery and alternative medical education;
- ❖ Registration and quality control of medical, dental, nursing & midwifery, 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

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 making the services more accessible as a right and matter of 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 by making basic health care facilities/instruments available to people at all levels of the society and to strive to improve 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.
- ❖ 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 ensure equal right of women and men in every spheres of state and public life as per the 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 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 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 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 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.	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 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	<ul style="list-style-type: none"> ❖ To expand the availability of supplementary food for

Serial No.	Medium term strategic objectives	Functions
1	2	3
	nutritious food	children and pregnant and lactating women.
4.	Efficient human resources in the health, population and nutrition sector	❖ 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 31 percent of officers and 34 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)			
	2016-17		2017-18		2016-17		2017-18	
	Male	Female	Male	female	Male	Female	Male	female
Administration								
Secretariat	52	48	56	17	73	15	13	7
Medical Education								
Medical Colleges	70	30	70	30	75	35	75	35
Paramedical Institutes	85	15	85	15	80	20	80	20
Medical Assistant Training Schools	88	12	88	12	79	21	79	21
TB Control & Training Institute	71	29	71	29	45	55	45	55
Dental Colleges	65	35	65	35	80	20	80	20
College of Nursing	7	93	7	93	65	35	65	35
Sylhet Ayurved and Tibbia College	100	0	100	0	83	17	83	17
Govt. Unany and Ayurvedic Degree College and Hospital	62	38	62	38	65	35	65	35
Govt. Homeopathy Degree College and Hospital, Dhaka	58	42	58	42	52	48	52	48
Centre for Medical Education	67	33	67	33	82	18	82	18

	Officer (percent)				Staff (percent)			
	2016-17		2017-18		2016-17		2017-18	
	Male	Female	Male	female	Male	Female	Male	female
Family Welfare and Family Planning								
Department of Family Planning	70	30	70	30	77	23	77	23
Divisional Offices	100	0	100	0	98	02	98	02
District Offices	74	26	74	26	80	20	80	20
Upazilla Offices	70	30	70	30	20	80	20	80
Hospitals and Dispensaries	35	65	35	65	21	79	21	79
Other Family Welfare Facilities	70	30	70	30	64	36	64	36
Total	67.30	32.70	69.00	31.00	67.08	32.92	66.00	34.00

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	5228	1625	31.08	4639	1112	23.96	4475	1016	22.70
Development	2100	605	28.8	1763	79	4.5	1670	1002	60.00
Non-Development	3128	1020	32.61	2876	1032	35.89	2806	14	0.50

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	1.37
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, 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 been 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 in the 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 expansion of the 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 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 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 the 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, maternal mortality rate per thousand live births target was to reduce 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 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

Ms. Alima Begum joined as FWA in the year 1980 at the age of 28, her working area was 1/ka unit of Toakul union of Gowainghat Upazila of Sylhet district, which is the remotest part of Bangladesh and one of the lowest performing areas in the context of RH (Reproductive Health) and FP (Family Planning) activities. During 1980s poor infrastructures coupled with religious barrier made the FP activities difficult to conduct. Ms. Alima Begum started her journey as FWA with a perplexing mind. People of that locality initially did not welcome her as a service provider rather they induced her family members to quite from the job of FWA. Keeping those adversities aside Ms. Alima continued with her job, she had to walk through her working areas to reach to the clients houses. . At the time of joining, population of her working area was 3445 among them 685 eligible couples were there. Of the total eligible couples only 15 were using family planning methods. She used to go outside of her home in the morning and she had to walk through her working areas to reach to the clients houses. In the beginning people did not listen to her advice but she did not give up and continued with her mission of motivating people towards contraception and small family. After 6 years of relentless effort and hardworking she was able to increase the number of contraceptive acceptors to 101 out of 715 eligible couples. All the people of her working area used to call her by a nick name "Maya apa"(Maya was the brand name of oral contraceptive pill supplied by the FP department) After serving long 30 years with the Government she just retired in the year 2010. At the

time of retirement she left 1054 eligible couples in her unit 631 of them was contraceptive users with a corresponding Contraceptive Accepting Rate (CAR) of 59.43%.

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 31 percent of officers and 34 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, 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

Serial no.	Activities recommended for Previous years	Achievements
1	2	3
		converted into women friendly hospital in phases.
2.	Gradual increase of women health workers.	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 of those have been completed. Normal deliveries are being conducted in 2,570 Union Family Welfare Centers across the country and such number is increasing day by day.