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| **Chapter-4****Medical Education and Family Welfare Division**  |

**1.0 Introduction:**

The mission, vision and functions of the Medical Education and Family Welfare Division focus substantially on child health, nutrition and improvement of their overall standard of living. The key performance indicators of this division are strengthen child health, reduce child mortality, reduce child under nutrition and improve child birth with the help of skilled birth attendants. Besides, expansion of immunization programme for the children is a major objective of this division. Bangladesh has made impressive achievements in controlling child mortality.

According to BDHS -2014 report, Bangladesh has achieved significant progress in preventing child mortality. However, in this country about 70,000 children die within 28 days of birth, more than 8 newborns die every hour. Of the under 5 children, 61 percent die in the first month of birth and half of total newborns die on the first day of birth, most of them die due to lack of proper care. In addition to death, there are many diseases that make the child cripple for life or impair physical and mental development.

 In 2013, the Bangladesh government announced its commitment to eliminate preventable child mortality by 2035. Bangladesh is now firmly committed to bring down the child mortality rate to 20 per thousand live births through a holistic approach. In view of this, a decision has been taken to implement some programs and strategic action plans that have been proven successful at home and abroad. These new programs are already included in the budget as well as in the HPNSP’s MCR&AH operational plans. Various other activities have been taken to increase benefits for children.

Some remarkable activities are as follows:

* + - * Formulating time-bound policy and rules on health education, nutrition and family planning services;
			* Implementing activities of Expanded Program on Immunization (EPI) and nutrition development programme;
			* Modernizing and strengthening maternal, child and adolescent health services;
			* Undertaking training and awareness programs on controlling child mortality and improving their standard of life and provide nutrition services.

**2.0 Actions taken for the development of children in the light of national policies and strategies:**

 National policies and programs undertaken by Medical Education & Family Welfare Division are as follows:

| **Policy/Strategy and its brief description** | **Activities** |
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| **National Health Policy 2011:**The National Health Policy was formulated in 2011 aiming to provide basic health care to all. It acknowledges ‘health’ as an inalienable right of every citizen. The State is constitutionally obliged to ensure health care for all its citizens.The objectives of the Health Policy in relation to child health and nutrition are as follows:* + To reduce malnutrition of children and mothers;
	+ To reduce child and maternal mortality rates ;
	+ To bolster facilities for safe child delivery at village level for ensuring improved maternal and child health;
	+ To expand overall reproductive health services;
	+ To expand the facility of health services for mentally and physically retarded children ;
	+ To reach basic medical services to the people those are expecting;
	+ To reach primary health and medical services for people at upazila and union level;
 | * + Provide mother & child health care, family planning service, reproductive health service;
	+ Introduce 24/7 service in community clinics and union family welfare centers in phases;
	+ Provide nutrition services;
	+ Ensure breast feeding immediately after child birth;
	+ Distribute Vitamin-A and folic acid through Infant and Young Children Feeding (IYCF) program;
	+ Ensure adolescent friendly services in mother and child health centers;
	+ Raise awareness programs on adolescent reproductive health and their rights;
	+ Implement essential Service Package (ESP);
	+ To conduct awareness activities for mother and child;
	+ Provide training on essential services for the newborn, early child development, birth registration and child rights.
	+ Produce more trained midwives (CSB).
	+ Provide higher training / study to workforce engaged in health services;
	+ Carry out organizational reform;
	+ Organize workshop/seminar, data collection & processing and research;
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| **National Nutrition Policy 2015:**The National Nutrition Policy was adopted in 2015 with a vision of accelerating national development through improved nutrition for the population, especially the deprived and poor section of people.The objectives of the policy pertaining to children are:* + Improving nutrition status for the children, adolescent girls, pregnant and lactating mothers;
	+ Encourage intake of healthy food habits;
	+ Strengthening direct and indirect nutrition activities;
	+ Strengthening inter-sector coordination to fulfill nutritional needs of children, adolescent girls;
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| **Seventh Five Year Plan:**Targets have been made to reduce under five mortality rate to 27 per one thousand live births (for new born 20), raise immunization for measles to 100% (for children under 12 months). In addition, the government has fixed a target that 55% child birth would be attended by skilled birth attendants.  |
| **4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022:**It aims at expanding health and nutrition services to currently underserved groups, especially children, adolescent boys and girls and the urban and rural poor. Objectives of HPNSP are as follows:* Provide health, nutrition and family planning services;
* Provide and implement mother and child health care, extended immunization, alternative health care, and nutrition service;
* Ensure reduction of infant mortality, provide mothers with training on child nutrition, and supply nutrients;
* Implement various programs on family planning, demographic research and other training programs;
* Provide adolescent boys and girls with training on nutrition and reproductive health.
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| **Sustainable Development Goals (SDGS):**Several targets as to health and nutrition have been set in Sustainable Development Goal (SDGs)-2030 including maternal, newborn, child health and nutrition service. According to SDGs-2030 Mapping developed by GED, Planning Commission, the MoHFW is involved in 22 indicators of 12 targets which are related to maternal, newborn and child health. The ministry of Health and Family Welfare is lead in 20 indicators of SDG-3, 2 indicators of SDG-2 and Co-lead in 1 indicator of SDG-4. This division leads in 2 indicators among these, which are :1) Proportion of women of reproductive age (aged 15-49 years) who have a need for family planning ,satisfied with modern methods and 2) Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group. This division also acts as Co-lead or Associate of others indicators of MoHFW. |

**3.0 last three years achievement through child budget implementations:**

During the last three years, different activities relating to health and nutrition have been conducted across the country. Under the infant health services program, 411 doctors, 3532 Deputy-Assistant Community Medical officers and Family Planning Visitors and 5319 family planning inspectors and family welfare assistants have been trained to provide nursing services to the children. Under the Comprehensive Newborn Care program, 666 staff have been trained. Moreover, 16 doctors and 135 family planning inspectors have been trained on Kangaroo Mother care (CMC). Compulsory child health medicine such as Amoxicillin, Gentamycin, Antenatal Corticosteroid, 7.1% Chlorohexidine are being provided, and different logistic units for commodities such as bag and musk and baby weighing scale are proving continuous support. Emphasis has been given on reducing child mortality, child safety related standard measures, physical and mental growth of the children, preventable infectious disease and training on child education for mother. EPI program is continuing in co-ordination with the Health Service Directorate. NIPORT has trained 1300 children on children’s primary development and training.

Some of the mentionable achievements made by this division include reduction of child morality (under 5 ) from 49% from fiscal year 2016-2017 to 31% in fiscal year 2017-2018, 24/7 normal delivery service has been introduced in phases in Community Clinics and Union Family Planning Centers which is contributing to reducing child and infant mortality rate. During the last fiscal years, 10 district offices , 110 upazila family planning offices including family planning stores and 357 new Union Health and Family Welfare Centre have been established under the Directorate of Family Planning. At union levels, 89 Mother and Child Welfare Centre have been built, and construction of 70 more is going on. Child birth in presence of skilled birth attendants has increased from 42.1% (BDHS 2014) to 50% (BMMS 2016) and institutional delivery has increased from 37.4% (BDHS 2014) to 47% (BMMS 2016). Full immunization rate of children below one year has increased from 75% to 82.3%. In order to control malnutrition, IYCF program has been launched to distribute vitamin A and folic acid throughout the country which has resulted in improvement in the nutrition status of the children. According to SVRS 2015, child birth rate per 1000 adolescent mothers is currently 75% which is targeted to bring down to 70% by 2022. Total fertility rate has already fallen from 2.3% (BDHS-2014) to 2.05% (SVRS-2017).

**4.0 Table of child -focused budget of ministry/division from 2016-17 to 2019-20:**

|  *(Figures in Billion Taka)* |
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| **Description** | **Budget****2021-21** | **Budget****2019-20** | **Actual2018-19** |
| Med Edu & FW Div Budget |  | 57.88 |  |
| *Operating* |  | 34.58 |  |
| *Development* |  | 23.30 |  |
| Child-Focused Budget in Med Edu & FW Div |  | 24.89 |  |
| *Operating* |  | 14.87 |  |
| *Development* |  | 10.02 |  |
| **Total Government Budget** |  | **5,232** |  |
| *GDP* |  | 28,859 |  |
| *Total Government Budget as % of GDP* |  | 18.13 |  |
| *Med Edu & FW Div Budget as % of GDP* |  | 0.20 |  |
| *Med Edu & FW Div Budget as % of Total Budget* |  | 1.11 |  |
| *Child-Focused Med Edu & FW Div Budget as % of GDP* |  | 0.09 |  |
| *Child-Focused Med Edu & FW Budget as % of Total Government Budget* |  | 0.48 |  |
| ***Child-Focused Budget as % of Ministry Budget*** |  | **43.00** |  |
| Source: Finance Division |  |  |  |

This year … percent of the budget of this Division has been used in the welfare of children. In FY 2017-2018, share of the Division’s budget used for this purpose was … .Under the operating budget, this division runs different programs, many of those are child centric.

**5.0 Case study/Good Practice:**

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| **Planning of life (story of a Jinnat)**Jinnat Ferdousi is a family welfare visitor. Her present workplace is Shandhanpur Health and Family Welfare Center, Ghatail, Tangail. Her father, AKM Shahabuddin, is a farmer and her mother, Shahnaz Begum, is a housewife. They are 2 brothers and 2 sisters. Among the 4 siblings, she is the third. She resides in Singura village at Nagarpur upazila in Tangail district. She was brought up in a family beset with financial crisis. She was deeply upset seeing her mother's last child dying before her own eyes. From then she started nourishing a desire to make sure that no child would die in such manner. She wanted to become a doctor or at least a nurse. She could not make it. But kept moving on indomitably. She had an acquaintance with a family welfare visitor (FWV). One day she, the FWV, in a casual talk informed Jinnat that there was a scope of her becoming a family welfare visitor. She understood that one can still serve mother and child without being a doctor or a nurse. In the year 2015-2016, she applied for the post of family welfare visitor as advertised by the Directorate General of Family Planning (DGFP). After being appointed through the admission test, she was selected for the basic training. The 18-month long basic training for Family Welfare Visitors was conducted by the Family Welfare Visitor Training Institutes (FWTVI) under the supervision of National Population Research and Training Institute (NIPORT). Jinnat Ferdousi received her 18 months basic training from Tangail Family Welfare Visitor Training Institute (FWTVI). She joined her current posting in 2018 as a Family Welfare Visitor after completing the training in December 2017 conducted by Bangladesh Nursing and Midwifery Council (BNMC) under the supervision of NIPORT and since then has been working with reputation. She plays a special role in the development of the mother and child health in her locality. She now fondly recollects her FWV apa. Her family's financial condition has improved. She dreams that more girls like her would be self-reliant and be able to contribute to the development of the mother and child health of their own locality or elsewhere by receiving 18 months' basic training for the Family Welfare Visitors. Babies_0002**Key Messege****Right Decision in Right Time can bring success in a child life****Key Messege****Right Decision in Right Time can bring success in a childs life****Key Messege****Right Decision in Right Time can bring success in a childs life** |

**6.0 Challenges of implementing child -focused budget by ministry/division:**

* Absence of a separate budget for infant and child health services in different health institutions;
* Lack of co-ordination and co-operation at inter-organizational and stakeholders’ levels;
* Lack of incentives for the participants in training;
* Deficit of manpower for implementing surveys/research on population, health and nutrition;
* Lack of institutional support in implementing research findings for improving the standard of living;
* Difficulties in reaching the services to the hard to reach areas where these services are supposed to be provided to achieve the targets of five-year plans and SDG goals.
* Lack of manpower for introducing 24/7 normal delivery services at Community Clinic and Union Family Welfare Center;
* Lack of training and awareness for policy makers and implementers of child development.

**7.0 Plan to ensure Child Welfare:**

| **Duration of plan** | **Actions to be taken in the light of plan** |
| --- | --- |
| **Plan for 2019-20 financial year** | * Training 7,575 health workers on essential care for newborn, early child development, birth registration and child rights;
* Formulating specific directives for preparation, implementation, monitoring and evaluation of child budget by December 2019;
* Preparing and circulating 6,500 audio messages on mother, child, reproductive health and nutrition;
* Arranging 140 workshops on mother and child reproductive health, family planning and nutrition;
* Providing 1800 pregnancy services through specially trained staff (CSBA).
* Ensuring breast feeding within 24 hours of birth;
* Providing iron folic acid to 1500 adolescent girls to prevent anemia
* Upgrading 11 Union Health & Family Welfare Centers;
* Constructing 15 new Union Health & Family Welfare Centers;
* Constructing 13 new 10 bed Mother & Child Centers.
* Providing basic training to 800 care providers through NIPORT;
* Providing basic training on Evidence Based Practice (EBP) to 190 Midwives and Nurses.
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| **Midterm Plan** | * Expanding activities on social safety taken for children
* Ensuring primary health care for children in 3,918 Union Health & Family Planning Centers, 66 Mother & Child Centers, 8 Institute of Health Technology and 9 Nursing Colleges will be constructed.
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**8.0 Conclusion**

A healthy child can bring a bright tomorrow. For tomorrow’s children, we need befitting health system, and a healthy, beautiful and enabling environment. In FY 2019-20, plans and actions will be supported by appropriate training of concerned personnel, timely research and surveys on health, population and nutrition sector. Besides, through the ongoing programs on mother and child health services, nutrition services and adolescent-friendly health services, the Medical Education and Family Welfare Division will play a leading role in building a healthy and strong society. Furthermore, this Division will be working to ensure normal and dignified lives for children with the autism and those who require special care. It is expected that every child of Bangladesh gets a healthy life and proves to be appropriately qualified to serve the country.