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| **Chapter-5****Health Services Division** |

**1.0 Introduction:**

Child health care is one of the important functions of Health Services Division. There are 29 District Hospitals, 31 General Hospitals, 18 Medical College Hospitals, 22 Specialized/ Post-graduate Institute and Hospitals and 423 Upazila Health Complexes and other institutions under Directorate General of Health Services of this division. Expenditure of all hospitals and health care institutions throughout the country are financed from the operating budget. Child health care forms one of the core services of these hospitals. Most of the hospitals have their own new-born and child care unit. Some non-government specialized hospitals are also provided with regular grants for addressing infectious disease of children. Apart from these hospitals and other health services institutions, other departments attached to this division, work directly and indirectly for the welfare of children.

**2.0 Action taken by the ministry/division for the development of children in the light of National Policies and Strategies:**

Development work of Health Services Division (HSD) is sector programme based. Now 19 Operational Plans and 31 projects are being implemented for development work. National policies-strategies and programme related to Health Service Division are discussed below:

| **Policy/Strategy and its brief description** | **Activities** |
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| **National Health Policy, 2011:**The National Health Policy was formulated in 2011 aiming at providing 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. | * To reduce the intensity of malnutrition among people, especially children and mothers;
* To undertake programs for reducing child and maternal mortality rate;
* To build infrastructure for safe child birth at village level for ensuring improved maternal and child health ;
* To expand health services for mentally and physically disabled children;
* Primary health care is being provided by the community clinics to expand basic health care coverage to the doorsteps of all;
* To ensure access to primary healthcare and medical services at all Upazila and Union level.
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| **National Nutrition Policy, 2015**The National Nutrition Policy was adopted in 2015 with a view to accelerating national development through improved nutrition of the population, especially the deprived and poor section of people. | * To improve nutrition status for all, especially the children, adolescent girls, pregnant and lactating mothers;
* To ensure intake of diverse and sufficient food for all and encourage healthy food habits;
* To strengthen direct and indirect measures to improve nutritional level;
* To Strengthen inter-sectoral coordination to fulfill nutritional needs;
* To create awareness among mass people from 2018 “Nutrition Week” is being observed. The theme of this year’s nutrition week is –“Think about nutrition, while thinking food”
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| **4th Health, Population and Nutrition Sector Program (HPNSP) 2017-2022**It aims at expanding services to currently under-served people, including adolescents, the poor and those in urban and rural hard to reach areas. Under this programme, initiative will be taken for implementing government commitments given to different international forum. This programme is commensurate with target of SDG declared by United Nations and 7th five year plan | * 3 new vaccines have been included in the EPI;
* Reconstitution of the Ministry of Health and Family welfare to ensure workability, skill and accountability;
* To ensure greater coordination among different institutions at field level for providing health care and upgrade an effective referral system including updating of ESP;
* To ensure cooperation and partnership between service seekers and non-government service providers in order to ensure basic health care facilities for poor, elderly, underprivileged, and people with special needs;
* To provide health care to the children through alternative medical care;
* To implement a ‘Health work force strategy and action plan’ with a view to improve health care;
* To provide more importance on public health, greater investment for primary health and preventable diseases and ensure expanded participation of local people;
* To take inter-sectoral activities for building consciousness about public health and to prevent spread of non-communicable diseases by encouraging healthy life style and providing healthy environment;
* To prevent existing, new and reemerging communicable diseases;
* To introduce new technology for strengthening monitoring, standard of information/data and information management.
* To increase investment in health sector, providing importance on need management, to improve efficiency and to point out utility of sufficient financing in health sector.
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| **Sustainable Development Goals (SDGs)**According to SDGs Mapping developed by GED, Planning Commission, the MoHFW is the lead Ministry in 12 targets and 23 indicators (21 Indicators of SDG-3 and 2 Indicators of SDG-2) and Co-lead in one indicator of one target of SDG-4. Out of these 23 indicators, 21 are related to the health services division. In addition, this Division will act as co-lead or associate in the implementation of others indicators. | * The Ministry is implementing the 4th Health, Population and Nutrition Sector Program from January 2017 to June 2022 in continuance of the previous Health, population and nutrition sector program that is a great success.
* In goal 3 of the SDG target has been fixed to bring down under five mortality rate to 25 per one thousand live births, and neonatal mortality rate to 12 per one thousand live births, by 2030.
* The 4th HPNSP is implementing a total of 29 operation plans (OP) out of which 19 are under the purview of Health Services Division. Activities are being implemented to improve child health including infrastructure development, training, awareness building, etc. through the Operational Plans, namely, National Nutrition Service, Maternal, Neonatal, Child and Adolescent Health (MNCH), Community Based Health Care (CBHC), Life style and Health Education and Promotion (LHEP), Hospital Services Management (HSM), Physical Facilities Development (PFD), etc.
* Apart from the 4th HPNSP, the Health Services Division is also establishing some medical college hospitals and nursing institutes. These hospitals will have special arrangements for treatment of children that will help in attaining the SDG goals.
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**3.0 Last three years achievement through child budget implementation:**

* A neonatal strategy has been formulated. Based on the strategy a work plan is being implemented;
* The neonates are being treated through 54 Special Care Newborn Unit (SCANU) established in medical college hospitals and general/district hospitals;
* 60 doctors and 872 nurses have been trained on Emergency Triage Assessment and Treatment (ETAT) programme;
* 1,115 doctors have been trained on Helping Babies Breath (HBB) initiatives in 56 batches;
* In 2014 5.30 crore children aged between 9 and 15 months have been given MR vaccine;
* For the prevention uterus cancer of adolescent HPV vaccine has been introduced and it is piloted in Gazipur;
* Surveillance activities started for the prevention of Japanese Encephalitis (JE) and training completed in 2017;
* Incorporation of EPI information in District Health Information System-2 (DHIS-2) and introduction of EPI tracker;
* Introduction of Long Range Vaccine Carrier and Chilled Icepack to keep up the quality of different types of vaccine;
* Action taken to update the Vaccine Act, 2018; National Vaccine Policy and Urban Immunization Strategy;
* Approval of Polio Preparedness and outbreak response plan and polio transition plan;
* Expansion of 7.1% Chlorhexidine usage during birth;
* Supplying adequate equipment and arrangement of training for the midwives to enhance their skill;
* Expansion and strengthening of vaccine programme by incorporating 3 vaccines, i.e. Hib, MR, and PCV & ICV;
* Establishment of Integrated Management of Childhood Illness (IMCI) and Nutrition corner to provide standard health care facility for under five children at all upazila and district hospitals;
* Training to the teachers, adolescents and care givers on adolescent health;
* Establishment of Adolescent Friendly Health Service (AFHS) in city corporations and districts;
* Establishment of "Little Doctor" initiatives in schools to create awareness among children about good health;
* Ensuring safe delivery of 69,045 poor mothers through Demand Side Financing in 55 upazillas;
* Strengthening awareness raising activities in the community level to prevent drowning;
* Training for Community Based Skilled Birth Attendants (CSBA) to ensure safe child birth at home;
* Expansion of awareness raising activities to 1,800 schools throughout the country on maternal and reproductive health from adolescent;
* Arrangement of mother and child care in all government medical college hospitals, general/district hospitals, upazila hospitals and mother and child welfare centres;
* Treatment of children by Unani, Ayurvedic and Homeopathic medicine under Alternative Medical Care Operational Plan.

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

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|  *(Figures in Billion Taka)* |
| **Description** | **Budget****2021-21** | **Budget****2019-20** | **Actual2018-19** |
| Health Services Div Budget |  | 199.45 |  |
| *Operating* |  | *100.08* |  |
| *Development* |  | *99.37* |  |
| Child-Focused Budget in Health Services Div |  | 94.20 |  |
| *Operating* |  | *47.27* |  |
| *Development* |  | *46.93* |  |
| **Total Government Budget** |  | **5,232** |  |
| *GDP* |  | 28,859 |  |
| *Total Government Budget as % of GDP* |  | 18.13 |  |
| *Health Services Div Budget as % of GDP* |  | 0.69 |  |
| *Health Services Div Budget as % of Total Budget* |  | 3.81 |  |
| *Child-Focused Health Services Div Budget as % of GDP* |  | 0.33 |  |
| *Child-Focused Health Services Div Budget as % of Total Government Budget* |  | 1.80 |  |
| ***Child-Focused Budget as % of Ministry Budget*** |  | **47.23** |  |

Source: Finance Division

The division is entrusted with the responsibility of providing healthcare to all, including children. … percent of the budget of this Division has been used in the welfare of the children. This division is operating hospital and health care services across the country through directorates and field offices under operating budget. These hospitals also providing health care to children as part of their daily activities. Almost all hospitals have child and newborn care unit or special unit. Though Hospital management operating expenditure are specific in the budget line, but the expenditure of child and newborn care are not specific and not segregated in the budget. Thus, though expenditure of child centric has been shown as ……. %, in reality actual expenditure will more than that.

**5.0 Case Study/ Best Practice**

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| **IMCH in child health care**Integrated Management of Childhood Illness (IMCI) has been adopted as one the important strategy to prevent child death in 1995. In continuation of this programme it has been incorporate in the MNC&AH OP in the 4th sector programme. Under this programme, NNHP and IMCI programme is designed to control death among infant and 0-59 months old children, which will help to achieve SDG (U5 mortality to 25 per one thousand live births by 2030). In 2018 the IMCI corners throughout the country have been treated 75,11,160 children. The main characteristics of this treatment are it is in the doorstep of the people and it is easily accessible.**Mahi’s recovery- relief to the family:**Mahi is 4 years and 6 month old. Her father name is Munir and mother is Jui. They live in Shantinagar of Sherpur upazila, Bagura District. Mahi is their younger child among to children. Mahi is a very nice and joyful kid.C:\Users\Chapala Razario\Desktop\IMG_20190415_142015.jpgMahi had suffer from simple cough and cold one week ago. Her mother thought it will be cured itself, no need of any treatment. But after two days her condition detoriate due to increase of coldness and she had high fever of about 102\*-103\* F. They bought medicine from a local pharmacy beside their house and gave her. But there was no improvement. She suffered in the same manner for 2-3 days, and then she develops respiratory distress with severe cough. Then on 15 April 2019 they brought Mahi to the SherpurUpazila Health Complex. There Mahi was examined by Md. Nazrul Islam, Sub Assistant Community Medical Officer (SACMO) in IMCI corner. He count her respiratory rate, it was 50 breaths/minute. But there was no chest indrawing. She had 101\* F temperature. She was malnourished also. Md. Nazrul Islam diagnosed her as a case of fast breathing Pneumonia and start treatment according to IMCI protocol. He nebulized the patient, prescribed drugs and advised to give her balanced diet, vegetables and fruits. He also advised to come for follow up after two days. Jui nebulized her daughter and gave drugs according to the prescription at home. After two days Mahi was improved. On 17 April 2019 they came for follow up at IMCI corner in Sherpur Upazila Health Complex. There Md. Nazrul Islam again examined her and saw her progress. He advised to continue the drugs and come for next follow up after five days. Jui follow his advise and came to the UHC accordingly and at this visit Nazrul found Mahi completely well and joyful as before. He advised her to take a single dose of anti-helminthic and also some iron and vitamins to improve her general condition. He counseled her about health education to develop awareness for care seeking timely.Md. Nazrul Islam, Sub Assistant Community Medical Officer (SACMO) was trained on Integrated Management of Childhood Illness (IMCI) for 11 days in 2005 under MNC&AH operational Plan of DGHS that help him to diagnose and manage the preventable and treatable childhood illness to reduce under five mortality rate. |

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

* Lack of awareness and proper education among health care receiver;
* Making appropriate annual action plan and its proper implementation;
* Insufficient nutrition programs and lack of coordination among different ministries;
* Filling up vacant posts of health care giver in service centres;
* Timely fund release, especially for operating the EPI releasing fund in one go.

**7.0 Child-centric development plans:**

| **Dutration of plans** | **Actions taken under plans** |
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| Main plans of Health Services Division for child development | * Maternal and neonatal health service through Basic Emergency Obstetric Care (BemOC) and Comprehensive Emergency Obstetric Care (CemOC);
* Child health care according to updated ESP under 4th HPNSP;
* Treating diarrohea, respiratory problem, measles, malaria;
* Regular treatment of children with malnutrition;
* Expanding EPI coverage for under 1 year child by 95% at the national level and by at least 90% at each district and ensuring equity by continuing vaccine programme;
* Raising 5 dose TT vaccine nationally to 80% and at each district to at least 75%;
* Ensuring that polio does not relapse anywhere;
* Increasing Measles and Rubella vaccine to 95% by 2018 and control of congenital rubella syndrom;
* Ensuring essential newborn and child health service in hard-to-reach and backward regions, especially Sylhet and Chattogram;
* Implementating essential services for newborns, such as emergency newborn service, helping babies breath (HBB), Kangaroo Mother Care (KMC), comprehensive newborn care package, Special Care Newborn Unit (SCANCU)/Newborn Screening Unit (NSU);
* Imparting training and education on nutrition and micro-nutrient supplementation;
* Ensuring distribution of safe and esasential drugs for children;
* Creating awareness about good health and healthy life style through Behavoiral Change Communication (BCC) and Information, Education and Communication (IEC);
* Establishment of 100 Kangaroo Mother Care cormers by 2022 of low birth weight children;
* Development of IMCI corners at all level and continuation health service;
* Establishment of SCANU in 17 districts to treat critical chidren;
* Spending 10% money from CDC Operational Plan for eradication of malaria, ATD control, eradication of Kalaa Zar, Zoonotic Disease control, and ARC, Viral Hepatitis, Diarroahal diseases control.
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**8.0 Conclusion**

Only a healthy child can present a nation a brighter future. Proper health system and healthy environment is required for the children. It requires proper planning and implementation. Health Services Division is working to ensure the healthy and normal life of the disabled children. Our aim is to see that every child is growing up to the optimum level of his/her potentialities and contributing back to the society.