Study Report on Gender Equity Analysis of OPs in HPN Sector Program 2017-2022

June 2018

Published by

Health Economics Unit
Health Service Divisions
Ministry of Health and Family Welfare
Government of Peoples Republic of Bangladesh

Study Conducted by

DevResonance Ltd.

An Institution of Development Research and Management

Acknowledgement

This research work initiated in 2nd Year of 4th HPNSP (2017-22) through all OP and PIP analysis serious of consultation with different stakeholders of MoHFW by an expert team combined with Gender, Health and Policy researcher. With the support of Health Economics Unit and technical guidance by Gender, NGO and Stakeholder Participation Unit (GNSPU) this study conducted by DevResonance –An institution of development research and management.

We are grateful to the officials related to MNCAH, CBHC, HRD, HEF, PSSM-FP, PFD, HIS & e-H OPs and other relevant senior officials of MoHFW for their valuable participation at different level consultation meeting and gender equity scoring by themselves.

We would like special thanks to Director General of Health Economic Units who gave us the opportunity to conduct this study. We are also grateful to GNSP unit for their valuable guidance and cooperation at every stages of this study. Without their participation and assistance, it was difficult to complete this study successfully.

Finally, we would special thanks to Mr. Md Ashadul Islam, Secretary of Health Service Division of MoHFW for concluding and his appreciated comments on this study through heart full participation at national dissemination seminar.

On behalf of the team

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Abbreviation

ADP	Annual Development Programme
AFHS	Adolescent Friendly Health Service
AIDS	Acquired Immune Deficiency Syndrome
BDHS	Bangladesh Demographic and Health Survey
BMMS	Bangladesh Maternal Mortality and Health Care Survey
CBHC	Community Based Health Care
CC	Community Clinic
CCSDP	Clinical Contraceptive Service Delivery Programme
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
EPI	Expanded Programme on Immunization
ESP	Essential Service Packages
GAC	Global Affairs Canada
GES	Gender Equity Strategy
GEVA	Gender, Equity, Voice and Accountability
GNSPU	Gender, NGO and Stakeholders Participation Unit
GOB	The government of Bangladesh
HED	Health Engineering Department
HEF	Health Economics and Financing
HEU	Health Economics Unit
HR	Human Resource
MNCAH	Maternal, Neonatal, Child and Adolescent Health
NGO	Non-Government Organisation
NHP	National Health Policy
OP	Operational Plan
PAC	Post Abortion Care
PIP	Programme Implementation Plan
PLSM	Procurement, Logistics and Supplies management
PSSM-FP	Procurement, Logistics and Supplies management of Family Planning
PSSM-HS	Procurement, Logistics and Supplies management of Health Services
SDG	Sustainable Development Goal
TA	Technical Assistance
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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Chapter 1 : Background and Introduction

Bangladesh's aim of becoming middle-income country by 2021 demands substantial importance and investment in health as links between health and development have long been acknowledged. Since health plays a critical role in achieving particular development outcomes, development strategies can also have significant positive and negative impacts on the health of populations. (Begum, 2014). The third sustainable development goal (SDG 3) refers to good health. National Health Policy (NHP) 2011 of Bangladesh visions health as a recognised human right. It asserts that in order to achieve good health for all people, equity, gender parity, disabled and marginalised population's access in health care need to ascertain. The draft Bangladesh National Nutrition Policy 2014 also aims to improve nutritional status of the people particularly mother, adolescent girl and child; and accelerating national development through improvements of lives.

The government of Bangladesh (GOB) has been implementing a sector-wide approach (SWAP) to health, population and nutrition (HPN) since 1998. After the Health and Population Sector Programme (1998-2003) and Health, Nutrition and Population Sector Programme, HNPSP (2005-10), the Health, Population and Nutrition Sector Development Programme, HPNSDP (2011-16) was the third sector-wide programme (Ministry of Health and Family Welfare, 2011). Main objective of this Programme was to ensure quality health care system for all the citizens throughout the country by 2021. The Policy of Health Population & Nutrition Sector Development Plan (HPNSDP) includes the goal which will 'ensure the quality and equitable health care for all citizens in Bangladesh by improving access to and utilisation of health, population and nutrition related services with special attention to improving the health status of the disadvantaged and the underserved - poor, women, children, elderly, marginalised and physically and psychologically challenged'. (WHO, 2010)

Gender equity implies fairness in the way women and men are treated. According to the United Nations Population Fund (UNFPA), "Gender equity is the process of being fair to women and men." The Government of Bangladesh (GOB) has made it a priority to eliminate discrimination against women and girls and promote gender equity. The planning and designing of all the HNP sector programmes had been geared to improving gender equity. Under the support to HNPSP 2005-2010, Gender Equity Strategy 2014 was adopted by MOHFW in remedying actual and emerging gender gaps. The HPNSDP programme has improved the coordination on gender equity issues through assigning and strengthening Gender, NGO and Stakeholder Participation (GNSP) Unit as the focal point.

The deliberate approach through implementation of three successive sector programmes during 1998 - 2016 contributed to improvement of women's health situation. For example, expanded programme of immunisation (EPI) is a successful activity of GOB in the development of maternal, neonatal and child health. Bangladesh has been maintaining the trend of national coverage of fully vaccinated children by one year of age at a level above 80% (82.3% as per Directorate General of Health Services, 2016). The EPI coverage evaluation survey 2015 found no significant difference by sex disaggregation: between male and female. Meanwhile, the

revitalisation of the community clinics (CCs) has provided a woman-friendly platform where more than 90% of service seekers are women availing various public health care (PHC) services near at home (Economic Relations Division, 2018).

Further, the nutritional status of women has improved over time and women's life expectancy at birth increased from 63.5 years in 2000 to 72.9 years in 2016 (for men it increased from 63.7 to 70.3 for the corresponding period) (BBS, 2017). It is important to note that major allocation of HNP services goes for maternal, neonatal and child health development. Gender, Equity, Voice and Accountability (GEVA) is a central theme of the sector programme aimed at enhancing availability of quality services and providing a congenial environment of dignity, respect and privacy to women and adolescent girls.

The implementation of CC-based services, provision of separate toilets, establishment of breast feeding and nutrition corners in the women friendly hospitals and establishment of special newborn care units (SCANUs) in public hospitals, etc. have contributed to a great extent to increasing access of poor women to HNP services. According to the Bangladesh Health Facility Survey 2014, 47.6% of the public health facilities excluding CCs had separate improved toilets for female patients (NIPORT, ACPR & ICF International, 2016). Women-friendly hospitals (28) render specialised psychosocial counseling to women survivors of violence and link them with legal aid agencies (Economic Relations Division, 2018). Separate room with assurance of privacy and essential equipment has been set up in these facilities for examination of the victims. The Women Friendly Hospital Initiative (WFHI), which is currently the only programme in health sector having an accreditation system, is likely to be expanded to other facilities in the hospital service network. Besides, MOHFW as a vital partner of the MOWCA led multipurpose project called "One Stop Crisis Centre (OCC)" has also been delivering services to survivors of gender-based violence in eight divisions of the country.

Though GOB has made a commitment to strive for gender equity as exemplified by the Health and Population Sector Programme's (HPSP) main goal to improve "the health and family welfare status among the most vulnerable women, children and poor of Bangladesh," there are still areas where gaps persist between policy and programme objectives and results. There are gender disparities in immunisation and treatment of various health problems.In the Global Gender Gap Index calculated by educational attainment, health and survival, economic participation and political empowerment from the World Economic Forum, Bangladesh ranked 68 out of 142 countries in 2014 with a score of 0.697 (Begum, 2014). For example, BBS (2017) shows regional disparities in maternal mortality per 100,000 live birth (rural 190, urban 160).

Several studies examine the nature of the differences in health between genders and the healthcare they are provided with. There is a distinctive correlation between the ratio of male to female population in Bangladesh and sex selective healthcare. Men usually form the largest group of people admitted in hospitals, while the female are less likely to receive modern medical healthcare and are generally given traditional home remedies instead. Studies provided evidence that there was a higher female than male mortality rate, due to giving birth, through the childbearing ages in rural Bangladesh which reflected as the sex-biased nutrition and healthcare, favouring the male population. In 2011, the maternal mortality rate was reported as a high 220 per 100,000 live births (Partridge, et.al. 2013). Male mortality rate was exceeding that of female in the neonatal period due to the simple biological risk of death being higher in male than in female children. Additionally, the malnutrition rate was found to be substantially higher among female children than the male. Further dietary surveys proved that males consistently consumed more calories and proteins than females at all ages, even when nutrient requirements varied with body weight, pregnancy, lactation, and activity levels were

considered. Although child infection rates were similar between males and females, the utilisation of health care services at a free treatment unit showed male preferences.(Chen, Huq, & D'Souza, 1981). With the economic growth of the country, brought about by increased work opportunities, more women move away from their families to pursue paid work. This results in mental health issues, including depression, which too is a global health priority. There is also evidence that there is a limited access to mental health services (Akhter et al., 2017). Furthermore, the health situation for urban women living in slums is worse than that for rural women, since the slum areas do not have adequate sanitation, water and health facilities which results in poor health ("CEDAW 29th Session 30 June to 25 July 2003," n.d.)

With the provision in 2001 to mainstream gender equity, there has been increasing recognition of the importance of improved gender equity in health sector plans and programmes. However, the implementation of policies and plans was limited mainly due to weak institutional mechanisms and leadership. More generally, there is a growing consensus that no equity in health care will be achievable until there is equity in inputs including but not limited to gender, geography, poverty, illiteracy etc. Insufficient coordination between various sub-sectors in health, population and nutrition resulted in duplication, wastage and missed opportunities both at the top as well as at the operational level. Implementation of their programmes falls on the shoulder of far fewer number of workers at the fringe level when there is multiplicity of line directors at the national level which results in inefficiency from ineffectiveness. There is a necessity and scope for mainstreaming the nutrition related programmes and community clinic based activities. (ESSA, 2017).

With the vision of accelerating progress of health, MOHFW aims to reduce gaps and promote gender equality enabling women to experience their full fundamental rights ("Volume-I Planning Wing Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh," 2011). Gender inequalities persist in terms of getting proper healthcare in Bangladesh. Such inequities pose critical challenges across the country and its culture and is still an important social concern. Inequities and poverty systematically aggravate the disadvantaged position of the poor with respect to health and health care utilization, undermine population health and severely hinder equitable and sustainable development of the nation. Therefore, reducing health inequities should be an integral part of the ongoing fight against poverty and ill health and a core goal of contemporary development archetypes. Unless the needs of the poorest segments of the population are effectively addressed, equity in health and overall socioeconomic development will be difficult to achieve (Khan, Krämer, Khandoker, Prüfer-Krämer, & Islam, 2011). The government should take comprehensive approach in prioritising the health rights of the citizens and progressive recognition of these rights. The main objective of the OPs in the HPN Sector Programme is to effectively mainstream gender in all aspects and delivery points of its operational plan programmes, to ensure quality and equitable healthcare for all citizens in Bangladesh by improving access and utilisation of health, population and nutritional services, through developing and effective, efficient and sustained health system and an improved and responsive efficient human resources.

The MOHFW plays a vital role in the sustainable development of the country by ensuring quality and equal healthcare for all citizens, thereby promoting gender equality. The Government of Bangladesh, through MOHFW seeks to create conditions whereby its people have the opportunity to reach and maintain the highest quality of health as a fundamental human right.

The main objective of the OPs in the HPN Sector Programme of the MOHFW is to effectively mainstream gender into all Operational Plans through several procedures that are to be

implemented, which would lead to its success. There are significant disparities in the health status of women compared to men. The project requires the development of a framework of assessment and analysis of programmes implemented by the OP in HPN sector so that health policy makers can successfully identify the underlying gender issues that need to be addressed in the design and implementation of this programme. A thorough research and evaluation is to be performed to examine how gender related norms and behaviours influence specific health behaviours. It further requires major challenges and hindrances to be recognised to be able to prioritize them, to create gender transformative shifts in social norms and individual attitudes as well. By way of this, advice and recommendations are to be provided to strengthen gender focus and to be able to find approaches to solve these gender issues.

Definition of Gender Equity:

Gender equity means fairness and justice in the distribution of benefits, power, resources and responsibilities between women and men. The concept recognizes that women and men have different needs, power and access to resources, and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.[1]

[1] *WHO; HEALTH SYSTEMS AND POLICY ANALYSIS; POLICY BRIEF 12* .

At a Glance all OPs in HPN sector as per PIP

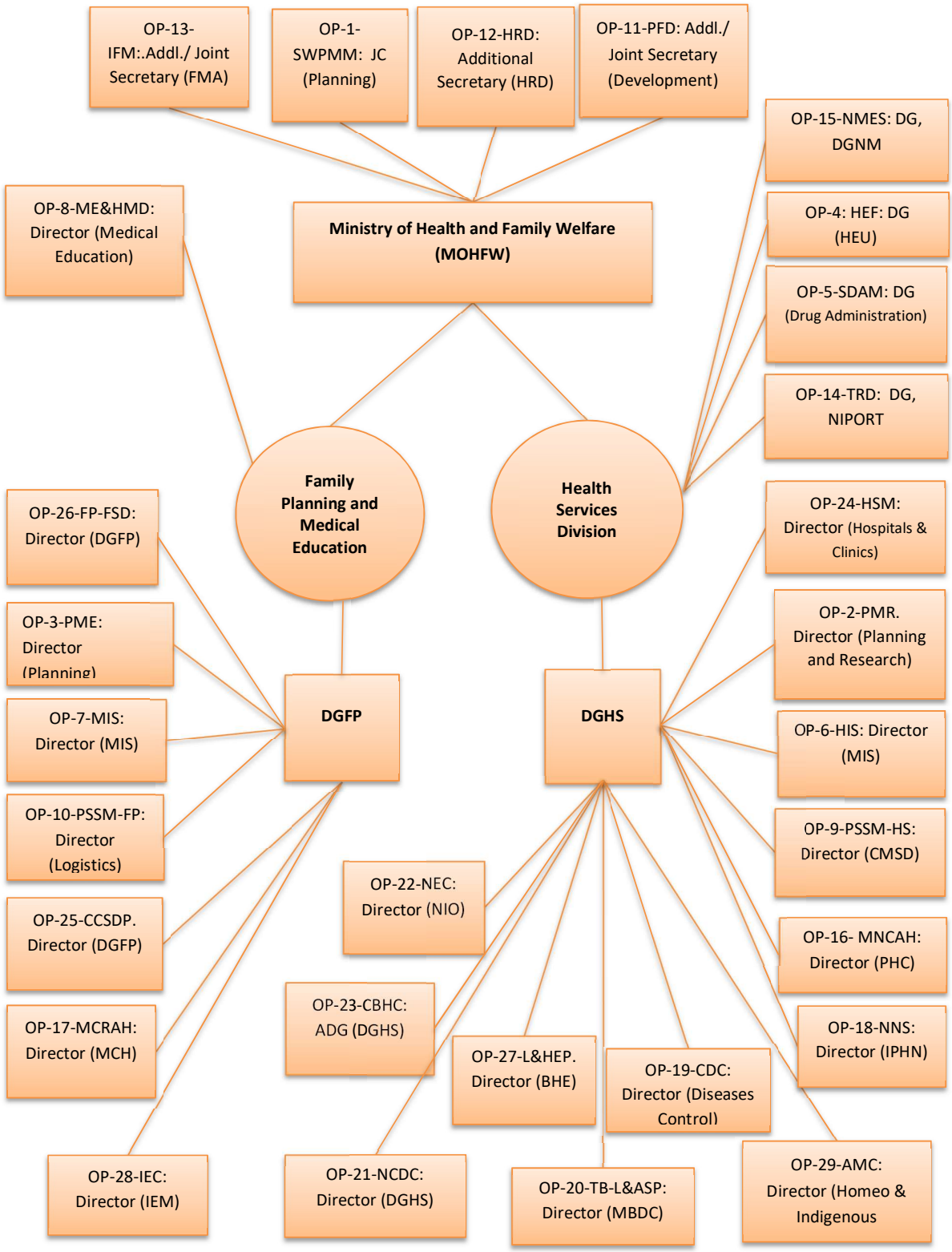

Figure 1: Operational Plans of HPN sector