Gender Equity Strategy

2014

Ministry of Health and Family Welfare
Government of the People's Republic of Bangladesh

Table of Contents

Abbreviations and Acronyms

ANC	Ante Natal Care
APR	Annual Programme Review
BBS	Bangladesh Bureau of Statistics
BCC	Behaviour Change Communication (BCC)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPR	Contraceptive Prevalence Rate
DGFP	Directorate General of Family Planning
EGVNP	Equity, Gender, Voice and NGO Participation
EmOC	Emergency Obstetric Care
ESP	Essential Services Package
FP	Family Planning
GAD	Gender and Development
GES	Gender Equity Strategy
GEVA	Gender, Equity, Voice and Accountability
GEVATG	Gender, Equity, Voice and Accountability Task Group
GIZ	Deutche Gesellschaft für Internationale Zussamenarbeit
GNSPU	Gender, NGO and Stakeholder Participation Unit
GOB	Government of Bangladesh
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HNPSP	Health, Nutrition and Population Sector Programme
HPN	Health, Population and Nutrition
HPNSDP	Health, Population and Nutrition Sector Development Programme
HPSP	Health and Population Sector Programme
HR	Human Resource
HRM	Human Resource Management
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
LD	Line Director
LAPM	Long Acting Permanent Method
M&E	Monitoring and Evaluation
MCWC	Maternal and Child Welfare Centre
MDGs	Millennium Development Goals
MIS	Management Information System

MNCH	Maternal, Neonatal and Child Health
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MOHFW	Ministry of Health and Family Welfare
MOI	Ministry of Information
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MOR	Ministry of Religion
MOSW	Ministry of Social Welfare
MOWCA	Ministry of Women and Children Affairs
MTR	Mid Term Review
NGO	Non-Governmental Organization
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Services
NSV	Non-scalpel Vasectomy
OCC	One-stop Crisis Centre
OP	Operational Plan
OPIC	Operation Plan Implementation Committee
PIP	Programme Implementation Plan
PMMU	Program Monitoring and Management Unit
PPP	Public Private Partnership
PW	Planning Wing
RTI	Reproductive Tract Infection
ROP	Revised Operational Plan
SRHR	Sexual and Reproductive Health Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TG	Task Group
TOR	Terms of Reference
UHC	Upazila Health Complex
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
VAW	Violence Against Women
WID	Women in Development
WFHI	Women Friendly Hospital Initiative
WHO	World Health Organization

1. Introduction

Gender has important health implications in terms of access to and patterns of service use, engagement in risk behaviors, exposure to risk factors, understanding of information about disease management, prevention and control. This Gender Equity Strategy (GES) of the Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh (GOB), has been developed to address the gender-related issues in health, population and nutrition sector. It has been developed through a consultative process involving different ministries and departments of the governments, NGOs, development partners and other stakeholders. It has also been benefited from the inputs and the experience of implementing the earlier Gender Equity Strategy 2001. The Gender, NGO and Stakeholder Participation Unit (GNSPU) of MOHFW will lead and coordinate the process for implementation of the strategy over a period of ten years (2014-2024) and the primary goals are to increase health professionals' awareness of the role of gender norms, values, and equity in development of health and nutritional status, and to promote the gender perspectives in different health development plans and programs with a view to achieving gender equity in health.

2. Background

2.1. Gender Scenario in Bangladesh

Over past several years, Bangladesh has achieved remarkable successes in health and social sector and met several targets of the MDGs like reducing poverty gap ratio, attaining gender parity at primary and secondary education, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under-five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS and others. In addition, Bangladesh has achieved progresses in, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases. While the mortality rates have improved, major inequalities among the population still need to be addressed.

According to the Human Development Report 2013, Bangladesh ranked 111 out of 148 countries of the world in terms of the Gender Inequality Index in 2012, which is developed on the status of three elements:.[1]a)Reproductive health b) Empowerment; and c) Economic activity .

In spite of above successes, there exist acute disparities in access to economic opportunities for women. gender is a multi-layered and complex phenomenon, where disparities are not only limited to the unequal access and distribution of services between men and women, but become a double burden for women who are from poor, remote, or marginalized communities, based on region and wealth quintiles, marginalization becomes more acute. For example, on access to quality health services – often, in developing countries it has been seen that poor and vulnerable

[1] UNDP: The Rise of the South: Human Progress in a Diverse World, Human Development Report 2013

groups using rural health services sometimes don't have access to the entire range of health services e.g. adequate EmOC, trained medical staff, adequate medication etc In comparison, those in higher wealth quintiles have better access to urban hospital services, private sector health care etc. And in such cases, sectors such as health have to draw specific attention to these conditions and design programs and policies keeping in mind the equity issue.

Although maternal mortality declined remarkably from 322 per 100,000 live births in 2001 to 194 in 2010 (a decline of 40%), the current level is still high[2]. The adolescent fertility rate is also high, at 68.2 births per 1000 live births.[3]

In general, women and girls have less access to health care and their health status is worse than their male counterparts. For instance, despite the decrease in malnutrition over the last decade, about 25% of women still suffer from malnutrition.[4] And almost 16.5 million women of childbearing age in Bangladesh suffer from anaemia. According to the Bangladesh Demographic and Health Survey 2011, about 42% of ever-married women aged 15-49 are anaemic, 36% are mildly anaemic, 7% are moderately anaemic, and less than 1% are severely anaemic.

Hence, the vulnerability of women is particularly pronounced in the area of reproductive health. It is to be noted here that about 45% of pregnant women do not get any contact with a medically-trained provider during pregnancy, while only 26% of pregnant women receive the recommended four or more ante-natal care (ANC) visits. The overwhelming majority of women do not have access to safe delivery as 71% of births take place at homes and only 4% of the home births are attended by medically trained providers.[5]

Violence against women and sexual abuse of children (especially adolescents) is another challenge towards attaining gender parity in Bangladesh.[6] While the government has enacted a number of stringent laws to protect women from such violence – e.g. Prevention of Repression on Women and Children Act 2002, Acid Crime Control Act 2002 and Dowry Prohibition Act 1980 – enforcement of those instruments remains weak and must be strengthened. Despite policies to empower women in Bangladesh, cultural barriers still exist. Social norms that are not favourable to girls and women need to be addressed, even in the remotest areas of Bangladesh if gender equity is to be reached by creating social awareness and mobilization to bring about positive changes in society.

In the context of gender inequity and how it affects health outcomes and also places additional concerns on the public health sector, the issue of child marriages cannot be overlooked. Three out of 10 girls aged between 15-19 years are already married in Bangladesh. During adolescence, important developmental stages occur that last throughout a lifetime. Trauma and abuse at this stage can negatively impact an adolescent, thus hindering his or her future opportunities and contribution to the society. The situation is even graver for girls under age 15, who are five times

[2] Bangladesh Maternal Mortality and Health Care Survey 2010: Summary of Key Findings and Implications
[3] UNDP: Human Development Report 2013
[4] Bangladesh Demographic and Health Survey 2011: Policy Briefs
[5] Bangladesh Demographic and Health Survey 2011: Policy Briefs
[6] UNICEF Bangladesh: A Perspective on Gender Equality in Bangladesh, September 2011

more likely to die from maternal causes. The children of teen mothers experience serious health consequences as well. They are twice as likely to die as a child of a woman in her 20s. When they survive, these babies have higher rates of low birth weight, premature birth and infant mortality than those born to older mothers. In a country like Bangladesh where the rate of child marriage is at 52%, such a situation puts additional burden on the overall health system as it necessitates higher investments in maternal and new born child program. Lack of women's adequate empowerment due to their low socio-economic status and education, among others, are the main factors that perpetuate gender-based violence. The poorest and least educated/illiterate women are the most vulnerable.[7] Finally, beyond the overall health statistics mentioned above, in some cases, the quality of services provided by the health sector itself could jeopardize gender equality. When social norms and practices are entrenched in strong patriarchal notions, often vulnerable target groups and beneficiaries such as women or adolescents may receive discriminatory treatment from service providers, there could be a lack of adequate female staff, the infrastructure provided may not be conducive to the need for privacy, SRHR management facilities could be lacking and there could be associated costs related to health-seeking that deter communities from accessing services.

2.2. Rationale: Gender Equity Strategy 2014

- In 2011, the third sector-wide programme, Health, Population and Nutrition Sector Development Programme (HPNSDP) launched for five years (2011-2016). Like the previous sector programmes, the Government has recognised the need to address gender equity issues in HPNSDP and has decided to update the existing Gender Equity Strategy (2001).

- The Government of Bangladesh has ratified a number of international conventions and agreements on women's rights like CEDAW and others. It has also prepared a number of documents expressing its commitment to uphold women's rights, such as: National Action Plan for Women's Development: Implementation of Beijing Platform for Action, Health Policy2011, National Women's Development Policy 2011,Bangladesh National Strategy for Maternal Health2014, etc.

- Although disparities between girls and boys, and women and men in areas such as life expectancy, primary school enrolment rates and early childhood mortality had been reduced, differences regarding access to health care services, inequalities and discrimination towards women in a number of areas continue to exist, thereby being a contributing factor to Bangladesh's unfavourable global performance vis a vis achieving gender equality and sustainable growth for boys and girls, men and women alike.

- Without achieving gender equality with reference to health outcomes for the Bangladeshi society, it will not be possible to attain sustainable growth and economic development in

[7] *Ibid*

the longer term as the burden of poor health of a population and sub-optimal quality of health services in a country is an impediment to its overall progress. Thus in the upcoming days, if Bangladesh were to become a Middle Income Country, it needs to focus in making the right choices and investments within the health sector so that it responds to the needs of men, women and also the third gender where relevant.

- In Bangladesh there are several programs and activities under MOHFW related to gender issues. To make these programs and activities effective and target oriented, and to achieve the desired goals in a coordinated and integrated manner, policy guidelines have to be introduced. In order to execute the above purpose, the Gender Equity Strategy 2014 has been developed.

3. Basic Concepts Relating to Gender Issues

It is important to have a clear understanding of basic concepts relating to gender issues before formulating a gender equity strategy. Some definitions provided by the World Health Organisation (WHO), as quoted in the Gender Equity Strategy 2001[8], are reproduced below.

Gender refers to men's and women's roles and responsibilities that are socially determined. Gender is related to how people are perceived and expected to think and act as women and men because of the way society is organised, not because of biological differences.

Gender equality. "Gender equality means the absence of discrimination on the basis of a person's sex in opportunities, allocation of resources or benefits, and access to services."

Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognises that women and men have different needs and power and these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender discrimination: In no country of the world is gender equality fully realised. Gender discrimination refers to any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevent a person from enjoying full human rights.

[8] MOHFW: Gender Equity Strategy, June 2001, p. 27
12 United Nations International Research and Training Institute for the Advancement of Women (INSTRAW): http://www.un-instraw.org

Socially constructed and sexual differences have been used to justify societies in which one sex or other has been relegated to significantly inferior and secondary roles.

Gender mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated.

Gender training is an instrument or tool that supports gender mainstreaming. It provides people with learning experiences in order to increase their gender awareness and sensitivity. The overall purpose of gender training is to provide the knowledge and skills necessary to recognize and address gender issues in the programming process.

Gender focal point is a person or a unit playing an important role in influencing persons in decision making positions and processes. As part of an organisation, gender focal point supports sensitive processes, policies and strategies, so that gender equality and women's development are seriously reckoned with.

4. Review of Gender Equity Strategy 2001

Gender Equity Strategy 2014 is developed based among other things on the experience of the implementation of the Gender Equity Strategy 2001. GES 2001 was the first strategy of this kind in the sector and developed through wide consultations with a view to perusing gender equity issues in the health sector under the framework of Health Population Sector Program (HPSP 1998-2003).

The strategy in its design and formulation was supported by several international gender experts who did the situation analysis and helped to align with the sector program. The strategy made a good start, some introductory programs were also designed to orient the key implementers within the sector. However, the strategy got very limited life to be implemented and faced lot of challenges in the area of capacity, implementation framework and overall change in the sector program.

There was no organized evaluation/review of the strategy. Though the strategy was adopted as a policy document and was supported by the development partners (DFID-under SHAPLA program), it encountered coordination problem from the beginning as different units of the ministry got the responsibility of its implementation . The activities of the strategy were included in the GNSP sub-component of the Policy Research operational plan which at that time was a development project. But the original responsibility and authority was vested with Gender Issues Office (GIO) under the Hospital and Nursing wing of the ministry.

Besides, the activities and interventions which cut across different operational plans, were not well under stood by the managers and directors of the relevant operational plans. Although a

local TA support was provided from DFID, she was based in management change unit (MCU), a third office which was seen as an external entity.

In 2009, "gender equity in HNPSP stock-take and way forward" was carried out by MOHFW However, there had been huge inadequacy in understanding of the issues and problems in relation to gender equity and lack of capacity to translate those issues into implementable activities under concerned operational plans.

Mean while there were changes in the overall focus of the sector program in late 2001 which put this implementation on a slower track.

Overall activities and priorities were well taken in the GES 2001 and many of the problems and issues still remain focused for current sector program.

5. GENDER EQUITY STRATEGY 2014:

5.1 Vision

The MOHFW plays vital role in sustainable development of the country through ensuring quality and equitable health care for all citizens, promoting gender equality.

Mission

Create an enabling policy environment and nurture an effective health care system that ensures the delivery of equitable and quality health care- preventive, rehabilitative and curative - for all citizens of the country, while promoting gender equality among the different sexes.

5.2 Goal

The goal of the GES 2014 is "to improve the health of the people of Bangladesh through better utilization of services especially for women, children, adolescents, socially excluded and geographically marginalized population and the poor".

5.3 Guiding Principles of Gender Equity Strategy 2014

The guiding principles of the GES 2014 are as follows:

1) **Alignment with national commitments** and policy in relation to gender and based on **data and evidence of effectiveness:** It is essential that all the functions under MOHFW is in line with the Government of Bangladesh's commitment towards international agreements, the Constitution of the State and other policies regarding equality. In addition to that all planning and program based on accurate data have been disaggregated

by sex, geographical location, age and other factors to allow effective targeting of resources.

2) **Accessible service provision**: Service provision that is non-discriminatory and accessible for all the population, particularly women, girls, poor and geographically marginalized people, is essential if Bangladesh is to achieve the country's goals in health sector.

3) **Coordination and partnership**: Meaningful partnership with key stakeholders in planning, service delivery and monitoring help to ensure links with key sectors with an impact on health.

4) **Resources and capacity**: Having adequate resources, such as financial, human, infrastructure etc. and capacity for planning and analyzing data regarding various services (women-friendly hospital initiatives, OCCs and other gender-sensitive services) are essential to ensure the delivery of services.

5) **Civil society involvement:** It is indispensable in planning, service provision, monitoring and evaluation process.

6) **Transparency and Accountability**: Need to ensure transparency and accountability at all levels focusing on gender, equity and voice issues.

5.4 Objectives of Gender Equity Strategy 2014

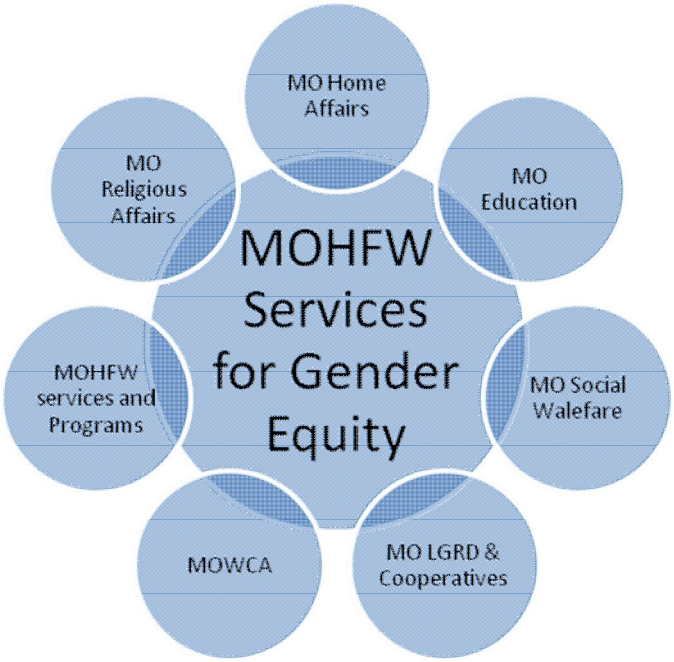
The Objectives of the GES 2014 are as follows:

- 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 utilisation 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, policymaking and budgeting.



- To foster meaningful dialogue with representatives of civil society and other stakeholders, particularly women, girls and other socially excluded communities, on planning, implementing and reviewing health and family welfare services and gender equity strategy.
- To ensure good governance and stewardship mechanisms within the health system

5.5 Strategic framework:

The strategic plan comprises six core strategic objectives and several intermediate objectives. Each intermediate objective has several indicators.

Strategic Objective 1: Introduce Gender-sensitive policies, plans and evidence-based approaches: To ensure policies, strategies, operational plans and other programs adhere to the principles of gender equity and effective practice

Intermediate Objective 1.1: Ensure plans and programs are in line with the GOB's commitment to gender equity.

Activities:

- Review all relevant national and international documents, policies and strategies .
- Review existing regulatory approaches at the national level which might address patients' rights or create a duty for public-sector organizations to address gender equality.
- Ensure gender sensitivity of Health Policy 2011 in activities of MOHFW.
- gender analysis of the PIP and relevant OPs of HPNSDP for focusing the priorities in the next sector program

Indicator:

- Number of OPs that are gender sensitive and budgets allocated are gender responsive.
- Number of relevant national and international documents, policies and strategies that are reviewed.

Intermediate Objective 1.2: Collect adequate and relevant gender disaggregated baseline information, and use gender responsive indicators and monitoring processes as a minimum standard for activity. Health indicators must be disaggregated by sex and age and interpreted appropriately in order to monitor and evaluate gender interventions. Collect data on gender relations, norms, roles, and responsibilities in relation to the health needs to be addressed by the program and analyze that information to identify gender-based constraints and opportunities.

Activities:

- Develop information management approaches that focus on the role of quality data in providing knowledge about gender inequities. For example, gender-sensitive health indicators that can help identifying key differences between women and men in relation to health and in the social determinants of health, in order to support policy change.
- Establishing positive practices in the systematic collecting of gender disaggregated statistical data.
- Education and training for application of the methodologies for collecting data.
- Data used in planning and developing baselines on gender sensitive performance indicators.

Indicator:

- gender-sensitive indicators and Gender disaggregated data in health data in place
- Number of gender analyses done (annually)
- Number of gender-disaggregated data incorporated in strategic documents from the field of health.
- Increased capacity for collecting and processing of gender-disaggregated data.
- Number of health personnel trained on management of gender-disaggregated data .
- Number of conducted training courses.

Intermediate Objective 1.3: Ensure gender auditing in every health facilities in a regular basis.

Activities:

- Seek to address the significant health gaps to improve the equity in distribution of resources (e.g. doctors, nurses, beds, facilities and public expenditures) .
- Advocate and support gender analyses of health financing and insurance proposals to ensure that they do not discriminate or disadvantage women and effectively address women's health and family planning needs As a minimum, essential packages for women's health and antenatal, pregnancy and birth care need to be secured from public funding. It may be appropriate to link the availability of some packages to the workplace in order to improve women's access.

Indicator:

-Number of bed allocated for female patient in equitable manner.
-Percentage of female health care provider.
-Gender disaggregated health budget in every OPs in place.
-Annual gender auditing in place.

Intermediate Objective 1.4: Development of Gender sensitive IEC materials and increased awareness providing women and girls information and services to protect and promote their rights including sexual, reproductive and other rights and alert them on specific harmful practices such as child marriage, risky sexual behaviour and other health hazards.

Activities:

- Review IEC materials from gender perspectives;
- Conduct workshops, seminars, experience sharing, field visits, etc.

Indicator:

- Number of prepared and distributed informative materials adapted to the needs of the target groups
- Number of Gender sensitive IEC materials developed.
- Number of workshops, seminars arranged.
- Number of Mass-media campaign featuring Gender equity.

Strategic Objective 2: Ensure equitable access and utilization of services using a life-cycle approach -aiming to protect the health of young girls, adolescents and elderly women within a rights-based approach.

Identifying the most important potentials and threats to health at each stage is essential to creating the right, effective preventive interventions: Women face many barriers in accessing health information and services, including: limited mobility and autonomy in making health decisions; prioritization of health needs of male family members and children over their own; lack of access to economic resources; child-care and care giving responsibilities; and, a culture of silence related to sexual and reproductive health.

Intermediate Objective 2.1: Strengthen MNCH, services including adolescent**,** reproductive health, geriatric health and nutrition services: Enhance Gender sensitive health services at all levels .

Activities:

- All hospitals converted into Women Friendly Hospitals; Insufficient resource mobilization for scale-up that integrates gender could significantly limit the reach and effects of scale-up efforts.
- Practise Rights & Accountability based approach by strengthening Community Support System to remove barriers for poor women to access safe delivery & EmOC facilities
- Mobilize communities to increase awareness on birth preparedness, and care seeking for obstetric complication, and to prevent harmful practices including child marriages .
- Counseling and developing awareness of adolescents on SRHR, personnel hygienic practices, nutrition, puberty, anaemia, RTI/STI, unprotected sexual activities, drug addiction, accident, violence and sexual abuse .

- Preventing unwanted teenage pregnancy has to be planned in the context of promoting affordable and accessible health care and contraception for young women. Access to safe abortion and counselling in addition to the provision of comprehensive sexual and reproductive health information and services within the ambit of adolescent friendly health services.
- Strengthen essential newborn care at district upto community levels.
- Provision of geriatric health services.
- Provide nutritional counselling to adolescent girls, pregnant and lactating mothers, together with Vitamin-A supplementation of mothers at their postnatal period .

Indicator:

- Number of facilities converted into Women Friendly Hospitals.
- Number of community health centers offering services according to community needs through Rights & Accountability based approach.
- Percentage of women aged 20-24 who had a say in when and whom to marry.
- Adolescent Fertility: Percent of women age 15-19 who had their first birth before age 18.
- Number of facilities providing adolescent friendly health services.
- Maternal mortality ratios for girls 18 and under.
- Number of facilities providing geriatric health services.

Intermediate Objective 2.2: Enhance gender sensitive family planning and counseling services: focus needs to be on improving gender equity in access to and affordability of quality health and family planning services , particularly for vulnerable groups of women such as the poor (rural and urban),women belonging to marginalized communities and living in neglected areas in the country,

Activities:

- Gender sensitization training for the service providers .
- Implement gender sensitive FP services;(Special clinic hours: Inattention to underlying gender norms can result in discriminatory services e.g. those that do not consider men's needs),
- Women's preference for female providers to insert intrauterine devices.
- Promotion of condoms/ Vasectomy services.

Indicator:

- increased % of use of condoms/ Vasectomy services.
- Contraceptive prevalence (% of women ages 15-49).
- Number of female service providers(women's preference).
- Percentage of women who have a say in decisions regarding own health and contraception .

Intermediate Objective 2.3: Ensure that HIV/AIDS programs recognized and build in gender sensitive mechanisms; support policy and programs to strengthen HIV prevention and promote SRH among most at risk populations, particularly female sex workers.

Norms related to early marriage and femininity prevent women and girls from having control over their own bodies and a say in sexual and reproductive decisions. This can prevent women and girls from accessing HIV information and services and from negotiating safer sex with their partners.

Activities :

- Improve women and girls access to prevention services including information and sexual and reproductive health services;
- Support female-controlled preventive methods;
- Equalise access to treatment and support including access to voluntary testing and counselling, as well as services to protect themselves and their children from infection.
- Include programmes having strategies to increase male involvement, offer reproductive choices to women living with HIV and provide comprehensive treatment, care and support for the mother.

Indicator:

- Availability of HIV testing in number of facilities.
- Number of male/female partners of clients who undergo HIV testing and counselling.

Intermediate Objective 2.4: Strengthening and increasing the existing preventive programs (cancer of the cervix, breast cancer, cancer of the ovaries etc).

Activities:

- Increase in the female population to which cancer screening was made for cancer of the cervix.
- Increase in the number of appropriately equipped laboratories at the level of PHC.
- Conduct of annual campaigns on examinations such as mammography, Pap test etc to screen cancer, STIs, etc., for early diagnosing of reproductive health diseases in women.

Indicator:

- Percentage of the female population to which cancer screening is available.
- Number of health campaigns conducted every year.

Intermediate Objective 2.5: Respond To Gender-Based Violence: The proposed activities under this strategy will focus on strengthening health sector to respond to gender-based violence.
Activities:

a. continued advocacy with policy makers to institutionalize care for gender-based violence into health systems
b. Establishment of hospital-based care centers at district level for survivors of gender-based violence in selected locations.
c. Development of operational guidelines that emphasize confidentiality and referral guidelines, development of protocols adapting international protocols concerning GBV.
d. Develop a system of reporting of cases of gender-based violence managed at health facilities .
e. Capacity building including adequate sensitization of health staff in detection and management of such cases.
f. Post-Exposure Prophylaxis (PEP) interventions that provide comprehensive medico-legal services to victims of sexual violence including emergency contraception, trauma counselling, legal services.

g. Declaration of a national day for the prevention of domestic violence/GBV in the annual health promotion calendar.

Indicators

- Proportion of women age 15-49 subjected to physical or sexual violence in the last 12 months by an intimate partner (%),
- Proportion of women age 15-49 subjected to physical or sexual violence in the last 12 months by persons other than an intimate partner (%).
- Ensure there is a one stop crisis centre (OCC) set up and functioning in all district hospitals.
- Operational guidelines and referral guidelines in place.
- A system of reporting of cases of gender-based violence managed at health facilities in place.
- Trained staff available at health service facilities for the management of Gender-Based Violence.
- Celebration of the Day for the prevention of domestic violence /GBV.

Strategic Objective 3: To ensure gender mainstreaming in all programs with MOHFW and other ministries and organizations through equitable planning and budgeting. Advocacy with policymakers to change, develop and/or enforce laws and policies that promote gender equality and human rights.

Intermediate Objective3.1: Incorporation of Gender equity with concerned ministries& organizations so that mainstreaming of the gender perspective is in legislative drafting, budget preparation and other activities with major implications for gender equality will continue Establish linkages among various Ministries and with civil society organizations working in areas such as education, poverty reduction, violence prevention, and legal reform.

Activities:

- Ensure that ministry has an GAC that meets regularly-to arrange meetings & sharing ideas with planners & policy makers of all concerned ministries.
- Ensure gender sensitive budgeting and reporting on the same.
- Ministry has focal point whose job description includes the coordination and promotion of gender mainstreaming.
- Report on the progress of gender mainstreaming on an annual basis.
- The ministerial working group on GEVA will regularly monitor progress in gender mainstreaming and will issue recommendations to ministry as to how its implementation could be enhanced.
- Establish monitoring systems for tracking regularities and consistencies in the expenditure and utilization of funds on a regular basis.

. **Indicators:**

- GAC and GEVA functioning.
- gender responsive / sensitive budgeting in place.

Strategic Objective 4: To ensure gender balanced human resources (service providers) in health sector with appropriate skills to deliver gender sensitive, non-discriminatory services.

Intermediate Objective 4.1: Ensure the development of gender sensitive and gender balanced human resources who are capable in providing quality services to all, irrespective of the individual's sex. Integrating gender into the process is challenging due to the limited knowledge and experience in gender of program planners and implementers. Training can increase awareness of the benefits of gender integration and improve skills for integrating gender All health-care staff and managers need to be aware of gender differences in health and implement a gender-sensitive approach in the planning and delivery of services**.**

Activities:

- Availability of gender balanced service providers **.**
- Provide or organize gender sensitization training to all staff .
- Train management staff in upazilla and districts, and those in health worker training and health promotion activities on collection of sex-disaggregated data and monitoring of these data.
- Design incentive measures or positive reinforcement measures for healthcare providers who have shown exemplary initiative in implementing gender-sensitive activities in line with the policy.
- Adapt curriculum; analyze gender relevance in content of training materials and curricula; conduct participatory activities with medical and nursing school staff to help them understand the importance of gender norms and biases

Indicators:

- Number of trained service providers in place.
- Number of implemented training of service providers.
- Gender sensitive content of training materials and curricula in place.
- Incentive mechanisms or positive reinforcement for those health facilities that have a track record for progressing on all the gender-sensitive indicators outlined in the policy in place.

Intermediate Objective4.2: Ensure that gender sensitive policies are practiced in HR dealings.

Activities:

- Policy on maternity leave in place.
- Breastfeeding rooms are made available for staff.
- Harassment free workplace policy.
- Policy to address safety and security at workplace.

Indicators:

- Maternity leave in place.
- Functioning crèches and breastfeeding rooms.
- Availability of gender balanced service providers.
- Revised recruitment rules and polices in place.

Strategic Objective 5: To ensure involvement of key stakeholders- representatives of civil society and other stakeholders, particularly women, men, girls and other socially excluded communities, on planning, implementing and reviewing health and family welfare services and gender equity strategy.

Intermediate Objective 5.1 : Dialogue with civil society, stakeholders, NGOs on gender mainstreaming so that ownership and acceptance of an intervention or practice is increased. It occurs, when communities are engaged and drive the process. Engage a broad range of stakeholders representing women's and men's groups and vulnerable populations. Broad engagement also increases cultural sensitivity, awareness of underlying gender barriers and constraints, and community ownership. Encourage working with men and boys to promote gender equitable norms and attitudes (e.g. those related to fatherhood, sexual responsibility, gender-based violence) .

Activities:

- Community-based interventions to change harmful gender norms and practices and unequal gender relationships including working with women to provide life skills training.
- Plan & implement dialogues, Incorporate feedback in policy document.
- Meaningfully involve women's groups, young people, and people with gender expertise in the programme planning, design, project implementation and in decision-making bodies.
- These practices include working with social networks to change social norms in support of family planning; consulting women on how services can meet their needs; involving women in changes and monitoring quality ; engaging men in FP counseling; and conducting advocacy in gender-based violence or girls education.
- Ensure regular orientations and meetings with civil society and different stakeholders at local level, upazilla, district, regional and central level on gender equity.

Indicators:

- Community groups and community support groups are in place.
- Women are actively involved in community groups & decision making.
- Men as Partners' programme in place: Community action teams of Men as Partner / volunteers:
- Existence and participation of networks like adolescent clubs, youth groups, NGOs etc in official MoHFW meetings and decision-making forums;
- Number of meetings of network.

Strategic Objective 6: To ensure effective stewardship by the government ministry responsible for health .

Intermediate Objective 6.1: Ensure governance & stewardship in health sector program.

Activities:.

- Ensure that all district and community consultations include equal representation of men and women.
- Ensure gender focused capacity building for all focal points.

Indicators:

- Percentage of men and women in management committee in place.
- Number of focal points trained on gender training.

Intermediate Objective 6.2: Ensure strengthening the existing Monitoring and Evaluation system and accountability. Develop indicators to measure progress toward gender and health outcomes, as well as the implementation process. Special emphasis should be placed on monitoring how the program is meeting the needs of women and men. Throughout implementation, it is important to re-examine the gender analysis to determine whether additional constraints or opportunities are emerging and then adjust the program accordingly**.** Evaluate the effectiveness of the program in achieving gender and health outcomes. Evaluations can help to determine whether program activities are affecting gender and health outcomes as intended and to inform to redesign, where necessary.

Activities:

- Incorporate findings of APR, MTR of HEF-GNSPU, monitoring& evaluation reports and other studies related to gender used for making programmatic decision.
- Ensure that baseline and periodic monitoring surveys are conducted.
- Action plans should be drawn up setting out goals, actions and timeframes to meet priorities identified. Ensure that these are built into local service planning and delivery and translated into key performance indicators (KPI's) where relevant in the annual work plan.
- Establish feedback mechanisms to enable proper monitoring and ensure that necessary adjustments can be made.

Indicators:

- Monitoring and Evaluation system in place.
- Availability of public reporting on progress made through published reports, web portals etc.

5.6 Implementation, Monitoring and Evaluation of Gender Equity Strategy 2014

5.6.1 Implementation

Review of 32 OPs reveals that very limited gender-sensitive activities are included and no separate budget are allocated for those activities. The priority activity in this case would be to review all the OPs by the Operational Plan Implementation Committee (OPIC) to make the necessary adjustments for including GES activities and required budgets accordingly. Since the Planning Wing of MOHFW oversees the planning and budgeting process of development activities for the ministry, GNSP Unit should work closely with PW to ensure separate budget allocation for those activities in the OPs.

Gender Equity Strategy 2014 has been developed for a period of 10 years, and it would be implemented after sorting-out the short, mid and long-term interventions of the strategy.

A work plan would be developed in collaboration with various stakeholders at different levels (national, district, upazila and below) to ensure the effective implementation of GES 2014.

5.6.1.a Gender, NGO and Stakeholder Participation Unit (GNSPU)

The Gender, NGO and Stakeholder Participation Unit of MOHFW carries out the implementation of the activities related to EGV of Health Economics and Financing OP. The vision of GNSPU is based on the core values of access, equity, gender equality and ethical conduct. At program/activity level, GNSPU is responsible for addressing gender issues and building the capacity of service providers. It is mainly responsible for (a) providing policy and technical support; (b) conducting relevant studies; (c) capacity building for policy planners, managers, service providers and stakeholder; and (d) knowledge dissemination on the issues related to Equity, Gender, Voice and NGO Participation (EGVNP).

To execute its mandated activities GNSPU closely works with the ministries especially with MOWCA, DPs and NGOs working in relevant fields. In addition to that there is a Gender, Equity, Voice and Accountability (GEVA) Task Group under HPNSDP to oversee the overall implementation of policy and program level activities accordingly.

5.6.1.b Strengthening GNSP Unit

Bangladesh has a strong network of NGOs those are supporting the Government's efforts in implementing HPN program especially in poor and hard-to-reach areas. GNSPU overseas the activities of the NGOs working in the HPN sector and also acts as a focal point of PPP. The priority activities of GNSPU laid down in the ROP of HEF in this connection are to develop a Strategy for facilitating Stakeholder Participation and PPP in HPN sector, develop and maintain formal and informal networks with national and international stakeholders, experts on EGVNP issues. To implement the assigned duties and responsibilities, GNSP Unit needs to be strengthened further in human resource and capacity aspects.

5.6.1.c Capacity Building on EGVNP Issues for policy makers, managers, providers and stakeholders

1) Conduct training programmes at central and field level.
2) Organise dissemination workshops, seminars and conferences.
3) Organize exposure visits in and abroad

5.6.1.d Revitalisation of Committees (GNSPU)

1) **Gender Focal Points**: Assign gender focal points in each OPs.Develop TOR for gender focal points, assign skilled staff with decision making to the roles and ensure development of capacity.

2) **Gender Advisory Committee**: Review and revise TOR for gender advisory committee. Ensure effectiveness of governance of gender structure has been reviewed and actions taken accordingly under MOHFW.

3) **Gender, Equity, Voice and Accountability Task Group**: Ensure the TOR of GEVA task group to be reviewed and revised and it continues to work as a link between MOHFW, NGOs and development partners.

5.6.2 Way Forward

The GES 2014 is aimed to embody past experiences, upcoming Sector Program, MDG experiences, Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) framework. The successful implementation of the strategy would depend on the commitment of GoB in terms of human resources and adequate budget and require among other things, common understanding and participation of all stakeholders including development partners and ministries. It will guide the policymakers, program implementers and a broad range of other stakeholders in implementation of the next Sector Program. However, MOHFW will strive to pursue a roadmap based on gender equity on the way forward.

References:

1. UNDP: Rise of the South: Human Progress in a Diverse World, Human Development Report 2013
2. Bangladesh Maternal Mortality and Health Care Survey 2010: Summary of Key Findings and Implications
3. World Bank: Gender Equality Data and Statistics: Bangladesh
4. Bangladesh Demographic and Health Survey, September 2011
5. MOHFW: Operational Plan: Health Economics and Financing, HNPSDP: July 2011-June 2016
6. MOHFW: Gender Equity Strategy, June 2001
7. United Nations International Research and Training Institute for the Advancement of Women (INSTRAW): http://www.un-instraw.org
8. James, B., Bose, S: Gender Equity in HNPSP: Stock-take and Way Forward: Getting the Basics in Place: Building on Success, February 2009