Gender Equity Strategy

June 2001

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

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(Reprint)

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Minister
Ministry of Health & Family Welfare
Government of the People's Republic of Bangladesh
Dhaka

Message

The present Government of Bangladesh has been pursuing an extensive programme for improving and enhancing health of the people. The whole thrust of achieving the goal of health for all is to address predominantly the women, children and the poor. We have been able to launch a pro-people National Health policy for placing the disorderly health and population sector in the right track. Successes are coming out as a result of our concerted efforts.

In our series of efforts we have been able to formulate Gender Equity Strategy which has addressed the gender differentials and inequalities that undermine the health of women and children, particularly the poor. It has set down the strategic objectives which, I hope, will be well reflected in the operational plans. It is the responsibility of all concerned to integrate gender issues in policies, projects and programmes of the health sector to make a smooth journey to equality of women and men.

Heartfelt thanks go to all members of the Gender Advisory Committee, officials and members of NGOs, Stakeholders and Development Partners who have contributed significantly in developing this Gender Equity Strategy. I record my special thanks to the Gender Issues Office of the Ministry for their relentless efforts in pushing forward the Strategy.

I have the pleasure in launching Gender Equity Strategy, 2001.

Joy Bangla, Joy Bangabandhu,
May Bangladesh live long.

(Sheikh Fazlul Karim Selim)

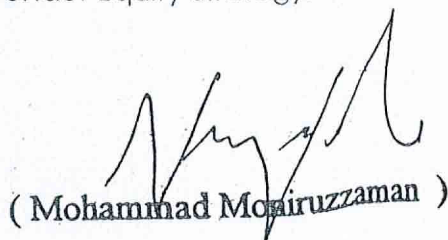
Secretary
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh

I feel pleasure in recording our enormous efforts under Health and Population Sector Programme and beyond to gradually going towards gender equality. There has been a policy emphasis on the improvement of health of women, children and particularly the poor.

In our mounting efforts, we have thought of codifying strategic objectives that address the gender differentials and thereby form the Gender Equity Strategy. This Strategy paves the way for mainstreaming probable gender concerns in all policies, programmes and projects under the Ministry of Health and Family Welfare.

I congratulate my younger colleagues in gender issue wing for taking forward this strategy. Thanks go to all concerned pertaining to Development Partners, NGOs and Civil Society who have put their efforts and intellect in formulating the Gender Equity Strategy.

I wish a successful implementation of this Gender Equity Strategy, 2001



(Mohammad Moniruzzaman)

Foreword

There has been a tremendous development pertaining to women's empowerment and emancipation in Bangladesh. We have our National Women Development Policy and Action Plan in realising the recommendations of Beijing Platform for Action. We could realise that there were gender differentials in many critical areas including health. The Health and Population Sector Programme (HPSP) has addressed the gender issues at length and has emphasised mainstreaming gender issues in all operational plans. In order to have guidance, the Ministry constituted a Gender Advisory Committee headed by the Secretary, Ministry of Health and Family Welfare with members from other Ministries, Development Partners and NGOs. It held several meetings and felt the necessity of formulation of Gender Equity Strategy.

At the outset, Gender Issue Office of the Ministry developed Gender Equity Issue Paper. Afterward Mr. Jafar Ahmed Chowdhury, Deputy Secretary (Gender Issues) prepared a document titled Gender Mainstreaming in Health: Towards Gender Strategy. This was circulated in a three-day workshop in February 2001 in Dhaka which resulted in the Draft Gender Equity Strategy. The strategy got its final shape in another workshop held on 16 May, 2001. This document was circulated to all members of the Gender Advisory Committee and all the Line Directors under HPSP for their valuable comments. On June 24, 2001 an extended meeting of Gender Advisory Committee and the Line Directors approved the Gender Equity Strategy. The Hon'ble Minister for Health and Family Welfare kindly perused and approved the Strategy.

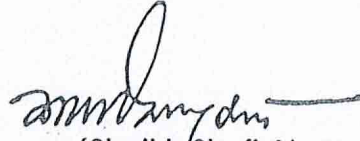
The Strategy enumerates probable gender issues and strategic objectives under the following heads:

1. Essential Services Package;
2. Human Resource Development;
3. Behaviour Change Communication;
4. Support Services; and
5. Sector Wide Management.

On scrutiny, it was found that all these issues and strategic objectives impacted all the operational plans under HPSP and other programmes in the health sector. This Strategy will be reviewed at certain intervals of time and will be revised whenever required.

We hope that all Line Directors, Programme Managers, WID Focal Points and managers of different strata in health, population and nursing services will ensure that the gender issues are adequately accommodated in their policies, operational plans, programmes and actions.

I congratulate my colleagues in the Gender Issue Branch of the Ministry for their sincere efforts in the formulation of Gender Equity Strategy. I record my recognition to the efforts made by Mr. Jafar Ahmed Chowdhury, Deputy Secretary who successfully steered the activities in formulation of the Gender Strategy paper. Thanks also go to HLSP and our colleagues there for their all out support. I also express my thanks and gratefulness to all the officials, and specialists for their contribution in the process.



(Sheikh Shafi Ahmed)
Joint Secretary (Gender Issues/Hospital/Nursing)

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Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APR	Annual Programme Review
BCC	Behaviour Change Communication
CDC	Communicable Disease Control
CIDA	Canadian International Development Agency
CIET	Community Information Epidemiological Technology
DfID	Department for International Development
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DP	Development Partner
DPL	Development Policy Letter
EOC	Essential Obstetric Care
ESP	Essential Services Package
FP	Family Planning
FPHP	Fourth Population and Health Project
GAC	Gender Advisory Committee
GAD	Gender and Development
GES	Gender Equity Strategy
GI	Gender Issues
GIO	Gender Issues Office
GNP	Gross National Product
GNSP	Gender, NGO and Stakeholder Participation (Unit)
GoB	Government of Bangladesh
H	Health
HIV/AIDS	Human Immunodeficiency Virus
HLSP	HLSP Consulting (managing DfID funding)
HPSP	Health and Population Sector Program
HRD	Human Resource Development
HRM	Human Resource Management
IEC	Information, Education and Communication
IFMS	Improve Financial Management System
IST	In Service Training
LD	Line Director
LLP	Local Level Planning
MCH	Maternal & Child Health
MCU	Management Change Unit
MMR	Maternal Mortality Ratio
MOE	Ministry of Education
MoHFW	Ministry of Health and Family Welfare
MoWCA	Ministry of Women and Children Affairs

NGO	Non-Government Organisation
OMC	Organisational Management Committee
OP	Operational Plan
P & L	Procurement & Logistics
PFA	Platform for Action (Beijing)
PIP	Programme Implementation Plan
PRU	Policy and Research Unit
RH	Reproductive Health
RTI	Reproductive Tract Infection
SD	Service Delivery
SP	Stakeholder Participation
SS	Support Services
STI	Sexually Transmitted Infection
SWM	Sector Wide Management
TA	Technical Assistance
TBA	Traditional Birth Attendant
TOR	Terms of Reference
UMIS	Unified Management Information System
UNICEF	United Nations International Children's Emergency Fund
USD/US$	United States Dollar
VAW	Violence Against Women
WAD	Women and Development
WFHI	Women Friendly Hospitals Initiative
WHO	World Health Organisation
WID	Women in Development

Executive Summary

MoHFW Gender Equity Strategy

Executive Summary

Introduction: The need for a Gender Equity Strategy (GES) has been recognised at the highest levels of government in Bangladesh. The health status of poor women and girls is a cause for international and national concern and action. Poor people suffer generally from worse health than the better off, and have less access to affordable, competent health care. Poor women's and girls' low health status is compounded by high rates of maternal mortality and morbidity, and neglect of their health needs stemming from societal discrimination. **The GES is a major step** towards addressing these pressing issues in the health sector of Bangladesh.

Based on the considerable work that has already been done in the MoHFW and on the outputs of workshops with key stakeholders, the Strategy outlines the strategic objectives for gender equity for the component areas of the HPSP. The strategy proposes a process for moving the gender equity work within the Ministry forward.

Aim: The aim of the GES is to enhance the capacity of the HPSP to meet its objective of improving the health of the people of Bangladesh, by addressing the gender differentials and inequities that undermine the health of women and children, particularly the poor. Persistent poverty and gender differentials continue to undermine the effort to achieve better health. HPSP is attempting to develop more client centred provision and increase the utilisation of services in the poorest groups, which are disproportionately women and children. This entails specifically addressing the needs of the poor and women, the reasons for their low level of access to appropriate and competent services, and their lack of voice in the planning, management and delivery of services.

This requires a co-ordinated effort to support health planners and providers in identifying and dealing with gender equity issues in planning and implementing health policy. The GES is designed to provide this co-ordination.

Implementation: This is the first Gender Equity Strategy for the Ministry of Health and Family Welfare, and as such is a groundbreaking document. In order for this to be an active, effective strategy, it will have to be implemented as part of the MoHFW's Operational Plans and monitored and reviewed as an integral part of the review process. The GES covers the period to the end of HPSP - 2001-2003. However, many of the strategic aims are long term and cannot fully be addressed in the time covered by the strategy. Operational Plans will need to identify short-term activities to begin to address the long term strategic objectives. This Strategy will need to be revised in conjunction with the development of any future programme.

Broader stakeholder participation and ensuring the Strategy is carried forward at district and upazila level will be crucial elements of the effective implementation of the strategy. This will be accomplished through a range of mechanisms such as Local Level Planning, In Service Training, District Level Management Training and the activities of the Gender Issues Office. Sustainabilty of this process will be addressed through integration and mainstreaming.

Strategy

1 Introduction

This is the Ministry of Health and Family Welfare's (MoHFW) Gender Equity Strategy (GES) for the period to the end of the Health and Population Sector Programme (HPSP)-2001-2003. It has been developed through collaborative processes coordinated by the Ministry's Gender Issues Office (GIO), which aimed to identify strategic objectives in improving gender equity in health. The content derives from discussions and consultations with MoHFW staff, NGO stakeholders and Development Partners (DPs) with local and international technical assistance. It builds on the considerable efforts already made by the GIO, which leads this work for the MoHFW, and by the Gender, NGO and Stakeholder Participation (GNSP) Unit. The aim of the GES is to provide overall strategic direction to gender mainstreaming in the HPSP and to contribute to the poverty reduction goals of the Government of Bangladesh (GoB).

2 Context for Gender Mainstreaming in the MoHFW

It has been increasingly recognised that the health status of poor women and girls is a cause for international and national concern and action. Poor people suffer generally from worse health than the better off and have less access to affordable, competent health care. Poor women's and girls' low health status is compounded by high rates of maternal mortality and morbidity, and neglect of their health needs stemming from societal discrimination. At the same time, the importance of recognising the roles and responsibilities of men in meeting their own health care needs and the needs of their families has also become apparent, particularly in relation to reproductive health.

2.1 International Context

Internationally, this has resulted in widespread strategic support for mainstreaming gender into health-through the United Nations, World Health Organisation, UNICEF and others. The resolutions of the Fourth World Conference on Women in Beijing, which contain a strong commitment to health, and the recommendations of the Cairo International Conference on Population and Development (ICPD) on reproductive health have been adopted and 'mainstreamed' by many countries, including Bangladesh. These underline the importance of a focus not only on women's health but

on gender equity, that is, understanding health inequalities between women and men as a part of the wider societal pattern of relationships. International Development Partners increasingly reflect this focus through support for programmes promoting gender equity in the context of poverty reduction strategies.

2.2 National Context

The GoB is fully committed at the highest levels to improving the health status of the poor, women and girls by increasing gender equity in all areas, including health. Greater gender equity will be a major contribution to reducing poverty in Bangladesh. Key documents indicate the Government's commitment to mainstreaming gender across the range of government responsibilities. These range from the specifically health focused, such as the Development Policy Letter and its Supplement (1998), to broader documents, such as the Bangladesh Country Paper response to the Beijing Platform for Action. The Ministry of Women and Children Affairs (MoWCA) has prepared the National Action Plan for Women's Development: Implementation of Beijing Platform for Action (PFA) 1996. The MoHFW Health Policy 2000 reinforces this commitment. Gender Mainstreaming in Health: Towards Gender Strategy of MoHFW (2000) is also an important document that demonstrates a strong commitment of the Government.

The MoHFW has already taken forward the challenge of mainstreaming a gender perspective for health and family planning in recently produced documents on developing a gender strategy (see Annex 4 - Process). The goal of the HPSP is to contribute to the health and family welfare status of the most vulnerable women, children and poor of Bangladesh. A number of programmes in other key sectors implemented throughout the country contribute to the achievement of this goal along with HPSP. The focus on increasing equity for those with least access to health care-particularly women and children and the very poor-points to the need for a gender perspective in the implementation of the programme. This need has been clearly recognised by the GoB and its Development Partners. The 1999 HPSP Annual Programme Review recommended that gender issues be mainstreamed in policy, research programme, planning, implementation and service delivery.

3 Background

For Bangladesh, health and population are among the most urgent development issues. The population of 132 million is projected to grow to 250 million before stabilising. The population density of 881 persons per square kilometre is one of the highest in the world[1]. The current GNP per capita of US$386 is among the lowest in the world, and poor health is a severe problem. Over 56% of the children are malnourished, and the main causes of death remain poverty-related infectious diseases exacerbated by the effects of malnutrition.

Bangladesh has also made remarkable progress and there are major achievements on the health side: child immunisation has increased from 10% to 70%, and the mortality of children under five years has dropped considerably (26%) over the last five years. Reductions in infant and under-five mortality have been attributed mainly to services such as immunisation, outreach clinics and diarrhoea disease control, helped by better birth spacing and healthier lifestyles achieved through health education. Life expectancy at birth improved from 45 years (1970) to 60.8 years (1999), mainly due to lower child mortality.

However, gender differentials in health remain a major challenge. Bangladesh is one of the few countries in the world where life expectancy at birth is lower for females than males. In Bangladesh, social inequalities and discrimination against women are so intense that they have reversed women's biological advantage. Severe malnutrition amongst girls is 25% higher than amongst boys and mortality rates for girls (aged 1 - 4) are higher than for boys.

A maternal mortality rate of 3.0 deaths per 1,000 live births has been quoted, placing Bangladesh among the countries with the highest maternal mortality in Asia. About 70% of mothers suffer from nutritional deficiency anaemia. Less than 40% of the population has access to basic health care, 75% of pregnant women do not receive antenatal care, and over 90% of all deliveries still occur at home without assistance from appropriately skilled personnel.

[1] MoHFW. Health Policy. 2000.

Violence against women is common—according to a recent study as many as 60% of women are subjected to abuse[2]. Gender discrimination in the social spheres is common, affecting women's mobility and their access to education and employment opportunities, resulting in both direct and indirect health costs for women. The female literacy rate, at 26%, is half that of men. Ninety-five per cent of female-headed households are estimated to be below the poverty line, with 40% classified as very poor. The Gender Equity Strategy is, therefore, a vital tool in the fight against poverty.

However, the importance of women's health to the wellbeing of the family and to society as a whole is recognised as a priority by the government. Significant efforts have been made in the past in promoting women's health and in generating employment opportunities for women in the health sector. Women employees make up roughly 30% of the total work force of the health sector, the majority in front-line and community-based service delivery roles. However, women remain under-represented in high level and managerial posts. For example, women constitute only 15.5% of doctors in Directorate General of Health Services (DGHS) and 21.1% in Directorate General of Family Planning (DGFP) and only 9.3% and 10% of managers respectively[3]. Situation is reported to has slightly improved over last three years. There are now a considerable number of female officers in the MoHFW.

4 Gender Equity Strategy – Overview of Process

To demonstrate the MoHFW's stated commitment to mainstreaming gender equity, the Gender Issues Office and the Gender, NGOs and Stakeholder Participation Unit were established to ensure the mainstreaming of gender equity into HPSP.

The GIO holds the lead for development of the Gender Equity Strategy, with support from the GNSP and the gender focal points. To support this process, the GIO established the Gender Advisory Committee (GAC) (for Terms of Reference please see Annex 3), with representation from a range of stakeholders. Its responsibilities include:

- providing guidance and advice on the implementation of the National Action Plan for Women's Advancement:

[2] Narripokkho, 2000
[3] 'The Workforce Situation in Health and Family Planning Services' B. Hossain, quoted in HRD Strategy, 1997

Implementation of the Beijing Platform for Action in the Health and Population Sector

- review of the gender operational plans under HPSP
- development of appropriate gender strategies.

A Gender Advisory Group, with representation from MoHFW, DPs and NGOs produced a Gender Issues Paper after an extensive review of major policy and programme documents, which illustrate the wealth of commitments and implementation plans for mainstreaming gender made to date, as well as the extensive information available on gender issues in many different areas. The Gender Issues Paper was subsequently issued by the GIO as a first Draft Gender Strategy. In November 2000, the GIO issued Gender Mainstreaming in Health: Towards Gender Strategy, which provided further direction for the development of a strategy.

Discussions were held across the MoHFW, with Development Partners and NGOs to gain agreement for the way forward, which resulted in recommendations for a working structure, process and timeframe and a Strategy Framework Document incorporating the Gender Issues Paper for further development. The components identified by the Gender Issues Paper as priorities for the strategy include:

- Service Delivery: Essential Services Package (ESP) / Hospitals
- Human Resource Development
- Behaviour Change Communication
- Support Services
- Sector Wide Management

A series of workshops with representation from GoB, NGOs and Development Partners were held to develop and review the GES (for further details, please see Annex 4).

5 A Gender Equity Strategy for HPSP

5.1 Aim of the Gender Equity Strategy

The **aim** of the GES is to enhance the capacity of the HPSP to meet its objective of improving the health of the people of Bangladesh, by addressing the gender differentials and inequities that undermine the health of women and children, particularly the poor.

Persistent poverty and gender differentials continue to undermine the effort to achieve better health. HPSP is attempting to develop more client centred provision and increase the utilisation of services in the poorest groups, which are disproportionately women and children. This entails specifically addressing the needs of the poor and women, the reasons for their low level of access to appropriate and competent services, and their lack of voice in the planning, management and delivery of services. It is clear that this requires a co-ordinated effort to support health planners and providers in identifying and dealing with gender equity issues in planning and implementing health policy. The GES is designed to provide this co-ordination.

5.2 Overall Objectives for the Gender Equity Strategy

- To contribute in the implementation of the GoB's national policies and priorities on gender equity and women's rights by providing overall strategic guidance to facilitate the incorporation and mainstreaming of gender equity priorities at all levels from the MoHFW up to field services
- To produce co-ordinated strategic guidance on gender equity for the MoHFW that is consistent with other GoB strategic guidance (e.g. stakeholder participation, poverty alleviation, links with MoWCA, Ministry of Education) and other related ministries
- To facilitate ownership of gender equity strategic objectives among implementing staff
- To foster dialogue with civil society and other stakeholders on implementing the gender equity strategy

- To provide a framework for the development and implementation of Operational Plans across the different Directorates

- To provide a basis for setting future policy directions for gender equity in the health sector

5.3 Strategic Objectives

The strategic objectives should be viewed in the context of the following:

- The need to reach agreement on and develop systems for collecting gender disaggregated data

- The need to collect baseline data for measuring and monitoring progress in reaching objectives

- The importance of focusing on a limited number of strategic priorities, not trying to cover every aspect of gender equity

- The need to set realistic and practical targets, particularly for what is achievable in the first 1 - 2 years

- The importance of having indicators which are easily measurable and do not require large inputs of time

- The need to ensure that any activity resulting from these objectives is co-ordinated with any similar initiatives from other operational areas or sectors

The following sections detail the strategic objectives of the five components, developed from the workshop and consultation process.

5.3.1 Service Delivery: Essential Services Package (ESP) / Hospitals

The overall strategic objective of ESP is to improve the health of poor women and girls by strengthening existing services and mobilising communities to increase awareness of their health needs. ESP covers the main areas of service delivery and cuts across several directorates. Priority strategic objectives have, therefore, been developed for each of its subcomponents.

Year 1: It is recommended that objectives in the first year should focus on consolidating the evidence base in relation to demand side constraints (behavioural and practical) on service utilisation

No.	Service delivery area / Issue(s) identified	Strategic objective(s)
1	**Family planning** Imbalance in responsibility for contraception	To create greater gender equity in fertility regulation and decision making by: • Encouraging and motivating men to adopt appropriate contraceptive methods • Developing greater sharing of family planning decision making among women and men • Increasing community and stakeholder participation in the planning and implementing of family planning services • Ensuring that services are both women and men friendly • Improved gender equity in access to services through programmes such as doorstep and one-stop services and access in under-served areas
2	**Reproductive health** Poor maternal health outcomes among poor rural women	To improve maternal health outcomes among poor rural women by: • Upgrading the skills of community based midwives • Ensuring more efficient logistics and procurement of essential drugs and equipment for community clinics (through decentralisation process) • Creating a more enabling environment for qualified staff—particularly women—to work at district level through hardship allowances or other benefits • Using community mobilisation to improve women's participation in maternity care decision making and making community clinics functional • Ensuring that services are women friendly
3	**Communicable diseases** Lack of awareness of gender equity issues in communicable diseases	To identify and act on gender related issues in communicable disease management by: • Increasing knowledge and understanding of gender equity issues in communicable diseases among relevant stakeholders • Raising awareness about communicable diseases and available services among women at

No.	Service delivery area / Issue(s) identified	Strategic objective(s)
	Lack of awareness about communicable diseases among girls and women	community level, including the use of mothers' clubs, religious leaders, media etc. • Reviewing curriculum for gender equity content and making and implementing appropriate changes in teaching programme • Improving men's and women's ability to negotiate safer sex and STD prevention through the use of condoms.
4	**Child health** Gender differentials in uptake of services	To combat gender discrimination against girls in relation to health care by: • Creating community awareness through community and religious leaders • Ensuring that services are girl friendly • Creating safe environment for girls and women to talk
5	**Violence against women** High levels of violence against women	To support MoWCA initiative on VAW by: • Strengthening existing health facilities to include preventive and curative care for violence victims • Replicating one-stop crisis centres at upazila level • To identify ways in which violence and gender-based discrimination is reproduced in the work-place and address them
6	**Hospitals** Poor access by women to hospital services	To increase women's access to and utilisation of hospital services by: • Supporting the Women Friendly Hospitals Initiative • Enhancing women's knowledge of hospital services and facilities • Developing staff incentives to offer better services to women • Monitoring the impact of user charges on poor women • Ensuring privacy for female patients in the delivery of services—private examination space and toilet facilities in all health centres (Link with Support Services) • Providing confidentiality and security for women staff members to ensure the safe and effective delivery of services • Learning to respect and accept difference of opinion

No.	Service delivery area / Issue(s) identified	Strategic objective(s)
7	**Nutrition** Poor nutrition in girls and women	To combat gender discrimination against girls in relation to nutrition by: • Working with NGOs, religious leaders and other stakeholders to mobilise communities to ensure positive attitudes towards girls • Providing food and micronutrients supplements to poor women/families
8	**Adolescent Health** Need for increased access to reproductive health care for adolescents	To improve the access of adolescent girls and boys to reproductive health care by: • Including reproductive health care in the school curriculum using an intersectoral approach • Developing government/NGO partnership for education / support of adolescents outside the formal education system, for areas such as consequences of early marriage/ birth • Ensuring adequate financial and human resources to adolescent health care • Ensuring that services provided are adolescent friendly • Promoting peer education initiative

5.3.2 Human Resource Development

The health sector in Bangladesh employs a significant number of women. They are concentrated in certain occupations and at certain levels. At field level, and in areas such as family planning, women are particularly strongly represented. Women providers are essential in rural Bangladesh, yet posts often remain unfilled and quotas for women in recruitment and seniority are not easily met. The overall strategic objective in human resources is to increase the role of women and senior management and to improve the capacity of women providers to better meet the needs of clients, particularly women and the poor, by developing policy and practice which is sensitive to gender equity.

Year 1: The evidence based on gender equity issues in human resources first requires strengthening as a prerequisite for further policy initiatives. This will entail carrying out a number of needs assessments and surveys, using primarily qualitative methods.

No	Issue identified	Strategic objective(s)
1	Lack of up-to-date information on where women are working and at which grade	To establish a management information system able to provide gender disaggregated employment data, using UMIS/PMIS by: • Continuing the process of unifying the databases of Family Planning and Health. • Making more effective use of data already in the system • Extending the data collection downwards from Class 1 employees as resources allow • Reviewing client/provider ratio for effective balance
2	Gender imbalance in health sector employment and seniority	To meet government quotas for redressing imbalances in women's health sector workforce participation by: • Creating appropriate incentives for service in rural areas • Understanding blockages and improving career planning for women employees • Affirmative action to increase the number of women in senior position
3	Conditions of service that do not take account of particular family responsibilities and women's special needs during pregnancy and breast feeding	To develop women and family friendly human resource policy and practice by: • Reviewing the needs of both women and men employees in managing their employment and family responsibilities • Advocating for changes in national level terms and conditions on the basis of this evidence • Reviewing needs of women during pregnancy and breastfeeding • Advocating changes in national level terms and conditions on the basis of this evidence • Reviewing paternity and maternity practices
4	Poor physical working conditions and security in rural postings and in some health facilities	To improve female staff retention and morale by: • Reviewing their practical work and security needs, including toilet facilities • Formulating measures for improvement and support to women

No	Issue identified	Strategic objective(s)
5	Sexual harassment in the workplace	To create a workplace free of physical and mental harassment by: • Developing the evidence base on harassment, particularly in rural facilities • Reviewing the effectiveness of existing grievance procedures and making any necessary recommendations • Developing facilities for counselling—non-directive support—to those who have experienced sexual harassment • Identify ways which violence and discrimination are reproduced in the work place and address them
6	Providers/managers lack positive attitudes and skills in relation to gender equity both in relation to staff and service users	To improve providers / managers gender equity related attitudes and skills by: • Orientation and development of HR to ensure appropriate training with emphasis on providing user friendly and women friendly services • Gain personal insight in understanding as to how we are individually affected/implicated in gender equity by our behaviour

5.3.3 Behaviour Change Communication

The overall strategic objective of BCC is to improve the effectiveness of IEC by incorporating a gender perspective into all its promotional work. In addition to its strategic communications work in promoting gender equity issues, the BCC unit is well placed to work with other government information services providers to publicise the gender equity strategy through the media and other means. BCC should be seen as supporting all of ESP on gender.

Year 1: BCC staff have expressed the need for further support on how to mainstream gender. It is recommended that the first year operational plans focus on increasing internal technical capacity.

No	Issue identified	Strategic objective(s)
1	Lack of understanding of and commitment to gender equity strategy at all levels, including within BCC	To improve understanding and ownership of gender equity goals within the health sector by: • Initiating regular training and development activities on gender issues within the BCC and throughout the MoHFW and specifically within line directorates • Sensitising other organisations which deal with health IEC • Supporting the dissemination of the gender equity strategy through the media
2	Lack of attention to gender issues in IEC material	To make IEC messages more effective to male and female audiences by: • Reviewing all IEC materials, both government and NGO, from a gender equity perspective • Developing/creating IEC material focussing on gender equity • Improving co-ordination among agencies responsible for IEC
3	IEC focus on sex workers for HIV/AIDS targeting is too narrow and should be broadened to include wider population	To reach wider community men and women with effective messages on HIV prevention by: • Establishing links with and improving co-ordination among relevant ministries and NGOs • Developing more gender sensitive IEC materials • Carrying out advocacy at workplaces with both male and female employees.
4	Neglect of gender issues in IEC materials for child health	To reach parents, children and the wider community with IEC materials that are sensitive to issues of gender discrimination in child health by: • Linking with other ministries and agencies involved in child related policy and activities • Developing more gender sensitive IEC materials • Addressing girls and boys separately or together as appropriate
5	Neglect of adolescents' IEC needs	To reach adolescents, parents and wider community with IEC materials that meet their needs by: • Linking with other ministries and agencies involved in adolescent related policy and activities • Developing more gender sensitive IEC materials • Enabling parents to talk to their children about sensitive issues

5.3.4 Support Services

The overall strategic objective of the support services subcommittee is to reduce infrastructure constraints to the delivery of effective services for women and girls.

Strategic objectives for support services also cut across a number of different directorates. Objectives will therefore need to be advocated for and co-ordinated with the relevant directorates.

No.	Issue identified	Strategic objective(s)
1	Lack of privacy in health facilities	To increase utilisation of health facilities by women by: • Ensuring private examination space and toilet facilities in all health centres
2	Irrational M/F hospital bed ratio	To move towards needs based planning of health facilities by: • Initiating needs based research and policy development with the relevant directorates (link to ESP/Hospitals) • Implementing the recommendations of this research
3	Difficulties in procurement/ distribution of essential drugs and equipment affecting women's access to health care	To ensure that the priority health needs of women and children can be met by: • Carrying out research on how procurement and construction are related to gender • Improving the logistics and supply of essential drugs and equipment to health facilities
4	Lack of clear knowledge of job description / responsibilities among providers	To improve the quality of service provision in health facilities by: • Making job descriptions available to all service providers and carrying out orientation of providers on their responsibilities to clients with emphasis on gender equity issues (link to HRD)

5.3.4 Support Services

The overall strategic objective of the support services subcommittee is to reduce infrastructure constraints to the delivery of effective services for women and girls.

Strategic objectives for support services also cut across a number of different directorates. Objectives will therefore need to be advocated for and co-ordinated with the relevant directorates.

No.	Issue identified	Strategic objective(s)
1	Lack of privacy in health facilities	To increase utilisation of health facilities by women by: • Ensuring private examination space and toilet facilities in all health centres
2	Irrational M/F hospital bed ratio	To move towards needs based planning of health facilities by: • Initiating needs based research and policy development with the relevant directorates (link to ESP/Hospitals) • Implementing the recommendations of this research
3	Difficulties in procurement/ distribution of essential drugs and equipment affecting women's access to health care	To ensure that the priority health needs of women and children can be met by: • Carrying out research on how procurement and construction are related to gender • Improving the logistics and supply of essential drugs and equipment to health facilities
4	Lack of clear knowledge of job description / responsibilities among providers	To improve the quality of service provision in health facilities by: • Making job descriptions available to all service providers and carrying out orientation of providers on their responsibilities to clients with emphasis on gender equity issues (link to HRD)

6 Implementation

This is the first Gender Equity Strategy for the Ministry of Health and Family Welfare, and as such is a groundbreaking document. In order for this to be an active, effective strategy, it will have to be implemented as part of the MoHFW's Operational Plans, monitored and reviewed as an integral part of the review process. The GES covers the period to the end of HPSP—2001-2003. However, many of the strategic aims described above are long term and cannot be fully addressed in the time covered by the strategy. Operational Plans will need to identify short-term activities to begin to address the long-term strategic objectives. This Strategy will need to be revised in conjunction with the development of any future programme.

As the GES will require substantial effort and co-ordination across all the line directorates, it is recommended that a carefully phased process of introduction of objectives and associated targets be carried out. Objectives for the first year Operational Plans should be largely process based and aimed at ensuring the evidence base for gender planning is sufficiently developed to enable meaningful targets to be set for subsequent years. This should be linked to a process of capacity building and strengthening on gender issues within the Ministry.

Broader stakeholder participation and ensuring the Strategy is carried forward at district and upazila level will be crucial elements of the effective implementation of the strategy. Sustainabilty of this process will be addressed through integration and mainstreaming.

6.1 Operational Plans:

Stage One: 2001/02: Because of the timing of the development of the GES, the first stage of incorporation of the GES into Operational Plans will not be fully part of the Operational Planning process. Following GES workshops proposed Operational Plan activities have been developed for the Directorates. To facilitate their implementation, support will be offered to Line Directors, Gender Focal Points and Directorates in the component areas identified in the GES:

- Awareness of the background, aims and objectives of the GES
- Relating the GES to the Operational Plans of their Directorates
- Implementation of the Operational Plans

This will be led by the GIO through the **Organisational Management Committee (OMC)**. A suggested working structure for monitoring implementation could involve:

- Additional Secretary: Lead
- Joint Secretary: Hospitals/GIO
- Deputy Secretary: GIO
- Joint Chief: Planning
- Joint Chief: PRU
- Line Director: ESP
- Sr. Assistant Secretary (GI)

A model for working arrangements for Line Directors is as follows[4]:

Service Delivery: ESP / Hospitals	**HRD**	**BCC**	**Support Services**	**SWM**
LD-ESP	LD-HRM	LD-BCC	LD-Facilities	LD-PRU
LD-ESP	Director-Admin H		LD-P&L H	Director - Planning H
LD-Hospitals	Director-Admin FP		LD-P&L FP	
LD-Nursing	LD-IST		Director-Finance H	Director - Planning FP
			Director-Finance FP	
			LD-IFMS	LD-SWM
			LD-UMIS	LD-MCU

Stage Two: 2002/03: The full integration of the GES into the Operational Planning cycle will be achieved in the cycle for 2002/03. Planning activities will be held to consider progress to date and develop recommendations for activities for February/March 2002 discussions of the 2003/03 Operational Plans.

Technical Assistance will be offered to support Line Directors in this work.

[4] Line Directors will have effective liaison with the concerned Joint Secretaries of the MoHFW.

6.2 Broader Stakeholder Participation / National Implementation

Broader stakeholder participation and carry forward of the strategy to district and upazila level will be approached on a number of levels. Emphasis will be on all levels of health care workers, NGOs, community groups, professional associations, the private sector, other government sectors (e.g. teachers). This work will also provide an opportunity for capacity building within the Ministry and among health care providers.

- **Gender Issues Office**: The GIO will have responsibility for the facilitation of broad distribution, discussion and development of the GES through the district and upazila levels. A model that may be useful for this process is the approach taken by the Safe Motherhood programme, which used a partnership approach involving a commercial communications agency, an NGO and local health providers to facilitate awareness of and involvement in the Safe Motherhood programme. As funding is required for implementation of this approach, it will rely on the GIO having access to funds through an Operational Plan. **This is one of the key areas to ensure the effective involvement with a wide range of stakeholders.**
- **Local Level Planning (LLP)**: The Local Level Planning process will integrate gender equity issues into its processes, which are broadly inclusive of staff at local levels and have the capacity to develop greater awareness of and participation in gender equity work. This will include a gender equity element in the Toolkit, orientation / training and implementation activities.
- **In Service Training** (IST): IST can play a very important role in ensuring that there is raised awareness on the part of staff throughout the service on gender equity issues and on the background, aims and objectives of the GES throughout the key services provided through ESP. This can also provide a mechanism for involvement in the development of OPs and in longer term strategic thinking around gender equity issues. NGO providers should be invited to make presentations on particular gender related issues, such as violence against women or sexual harassment. Current training resources will be reviewed in terms of progress with the GES.
- **District Level Management Training:** This programme will provide access to all mid-level managers through training. The programme will integrate gender equity elements that will be an integral part of the training.

The GNSP under the PRU, will undertake studies and research on gender issues and will support the work of the Ministry through the provision of information.

Technical Assistance and resources will be made available to facilitate the above implementation proposals.

6.3 Monitoring

To ensure that gender equity is fully integrated and mainstreamed into the work of the MoHFW, it will need to be monitored as part of the standard, ongoing monitoring and review processes of the Ministry and HPSP. The success of the strategy will be measured through the Operational Plans, through the review process.

6.4 Timeframe

Date	GES	Operational Plans	District / Upazila Stakeholder Participation
July 2001	Implementation	Integration of GES into Operational Plans	
July - Dec 2001		Implementation of 2001/02 OPs	• Revision of LLP Toolkit to include gender equity. Orientation / implementation begins. • Review/revision of IST resource materials. • District Level Management: Curriculum under development. • GIO begins national roll-out of strategy/ broader stakeholder participation (ongoing).
Nov - Mar 2002		Planning for 2002/03 OPs	
Jan 2002		Review/revision of 2001/02 OPs	District Level Management Training begins
Feb 2002		Proposals for 2002/03 OPs	
Early 2003	Review of GES 1 and begin development of GES 2		

7 Constraints to Success of GES

In addition to the issues mentioned in 5.3, the main constraints identified are as follows:

- The successful implementation of the strategy will depend on the already existing ownership and commitment being fostered and sustained. Further capacity building and support will assist the GES to move forward effectively.
- Long-term success of the strategy will depend upon the success of HPSP and commitment from the MoHFW and its Development Partners and other stakeholders, both in terms of staff time and in terms of funds available to implement the recommendations in the Strategy and Operational Plans.
- At present, civil society and other (e.g. private sector, other ministries) stakeholder participation in the GES process is quite narrow. A concerted effort will be needed by the implementing bodies to bring more parties into the process, if the GES is not just to become a bureaucratic exercise. GNSP of the Policy Research Unit can play a positive role in this regard.
- Many of the strategic objectives require co-operation across line directorates. The framework for GES assumes that Operational Plans can be negotiated with the relevant Line Directors.

8 Areas for Development

The following are the areas for further development, both during implementation period of the Gender Equity Strategy 2001-03 and development of future strategic plans.

- **Baseline data**: A key task of any further dedicated technical support to the Gender Equity Strategy of the MoHFW should be to liaise with UMIS on data to develop baselines for measuring achievements in reaching strategic objectives.
- **Intersectoral Collaboration**: Intersectoral collaboration (including cross-Ministerial working) at both national and local levels is essential to ensure effective programmes and messages that are consistent across the GoB. In particular, ongoing communication and/or collaboration mechanisms should be established where there are opportunities for added value and to avoid duplication. These include close working with the MoWCA (for example, violence against women initiative and

leadership development programme – PLAGE), the Ministry of Education (in relation to a range of child and adolescent health related issues), local, legal and enforcement agencies (such as the police in relation to violence against women). It is also very important for this strategy to link to the monitoring process for the Beijing Platform and ICPD implementation. The GIO, with backing from the Gender Advisory Committee, would be the appropriate lead agency on this.

- **Stakeholder Participation**: Stakeholder participation is one of the crosscutting themes of HPSP. There must be a coordinated approach to the integration of stakeholder participation into the strategic planning process. The GIO, in its role as responsible for developing and monitoring the Gender Equity Strategy should coordinate with the GNSP, MCU and others in its development of the MoHFW's Stakeholder Participation Strategy.

  Stakeholder participation should be more fully integrated into the strategic planning and review processes, at both national and local levels. Improved mechanisms should be developed to ensure full participation on the part of stakeholders such as NGOs who are not necessarily funded to participate in strategic planning. These might include transport costs, food, per-diems, partly funded staff posts, or other incentives etc.

- **Promotion of Strategy**: There will be a campaign to increase awareness of the strategic plans and operational successes of the Gender Equity Strategy. Awareness will be heightened:
  - Within the MoHFW (to ensure staff are aware of proposed programmes and their potential roles in terms of implementation, review etc.)
  - Within the GoB (to ensure effective communication about the aims of the Strategy as well as collaboration in relation to any operational elements that may need a coordinated approach.)
  - In the wider media (to heighten awareness on the part of the public of the plans and success of the MoHFW and GoB in the field of gender equity and health.)

  The Strategy should be translated and summaries provided for broad distribution and use in training. Complete copies should be available on request.

- **Technical Assistance**: Sufficient resources for capacity building and support will be made available to ensure the successful implementation of the Gender Equity Strategy through the Operational Plans.

Annexes

Annex - 1

Key Documents

Official documents

Government of the People's Republic of Bangladesh.	Development Credit Agreement between People's Republic of Bangladesh and International Development Association, Health and Population Program Project, June 30, 1998
Government of the People's Republic of Bangladesh.	Consideration of Reports submitted by States Parties under Article 18 of the Convention on the Elimination of all Forms of Discrimination against Women. Third and fourth periodic reports of States Parties. Bangladesh. United Nations. Committee on the Elimination of Discrimination against Women. CEDAW/C/BGD/3-4. 1 April 1997 (http://www.un.org/esa/gopher-data/ga/cedaw/17/country/bangladesh)
Government of the People's Republic of Bangladesh. Ministry of Women and Children Affairs.	Review and Appraisal of Implementation of the Beijing Platform for Action. Special Session of the UN General Assembly Meeting. Women 2000: Gender Equality. Development and Peace for the Twenty-first Century. Bangladesh Country Paper. June 2000.
Health Economics Unit, Policy Research Unit	Towards a poverty strategy for the health sector. Research note 21. March 2001.
MoHFW	Aide Memoire, no. MOHFW/Planning/99/209, First Annual Programme Review Report April 19-May2 1999
MoHFW	Development Policy Letter HPSP, Minister of Health and Family Welfare, 28 April 1998. (DPL) Development Policy Letter (Supplementary) HPSP, Minister for Health and Family Welfare, 28 May 1998 (DPL—Supp)
MoHFW	Development of a Gender Draft Plan of Action Prepared by the GNSP Unit of the Policy and Research Unit
MoHFW	Gender Mainstreaming in Health Towards Gender Strategy. 2000. (J. A. Chowdhury edited)
MoHFW	Health Policy. 2000.
MoHFW	Report of The National Workshop on Reproductive Health with a Gender Perspective Organised by MOHFW, Sponsored by SIDA, UNFPA, UNICEF, WHO and World Bank.1997
MoHFW. BCC	Behaviour Change Communication Draft Strategies and Action Plan for HAPP-5: 1998-2003, prepared by Syed Jahangeer Haider. 1997
MoHFW. BCC	Integrated Behaviour Change Communication Strategy for Health and Population Sector, prepared by The Task Force for developing an integrated BCC strategy for Health and Population Sector. 1999
MoHFW. CIET Canada	Baseline Service Delivery Survey Final Report (Draft), 1999

MoHFW. HPSP	Health and Population Sector Programme (HPSP) 1998-2003 Programme Implementation Plan (PIP) Part 1, April 1998
MoHFW. HRD	HRD Unit, MOHFW. 1997 Human Resource Development in Health and Family Planning in Bangladesh: A Strategy for Change
MoHFW HRD	Workshop on Human Resource Development Policy Research Priorities in the Context of HPSP, Dhaka, 12.7.2000. Report
MoWCA	Review and Appraisal of Implementation of the Beijing Platform for Action; Special Session of the UN General Assembly Meeting. Women 2000: Gender Equality, Development and Peace for the Twenty-first Century. Bangladesh Country Paper. June 2000.
World Bank	World Development Report 2000/2001: Attacking Poverty. Washington, Oxford. 2000

Other documents

Ahmed, S., James, B.	Framework for Development of a Gender Equity Strategy 2001-2003, MoHFW Management Change Unit Bangladesh, Draft 9 January 2001
Baume, Elaine, Juarez, Mercedes, Standing, Hilary	Gender and Health Equity Resource Folder. A resource from the Health and Social Change Programme at Institute for Development Studies, University of Sussex. Oct 2000. (http://www.ids.ac.uk/bridge/reports_gend_heal.htm)
Commonwealth Secretariat	Gender Management System Handbook. Commonwealth Secretariat. London: Commonwealth Secretariat. 1999. (Gender Management System Series)
Commonwealth Secretariat	Gender Mainstreaming in the Public Service; A reference manual for governments and other stakeholders. Commonwealth Secretariat. London: Commonwealth Secretariat. 1999. (Gender Management System Series)
Development Partners	HPSP Report on Development Partner Visit to Nilphamari District, October 24th-29th 1999
Huq, Shereen Naripokkho	Gender and Citizenship: What does a rights framework offer women? IDS Bulletin. Vol 31. No 4. Oct 2000. pp 74-82 Lives not Valued, Deaths not Mourned. The Tragedy of Maternal Mortality in Bangladesh
World Health Organisation. Women's Health and Development. Family and Reproductive Health.	Gender and Health: Technical Paper. Geneva: WHO. 1998. (WHO/FRH/WHD/98.16)

Annex - 2

Definitions

The World Health Organisation provides some definitions used during the preparation of this strategy:

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.

Sex: Genetic/physiological or biological characteristics of a person, which indicates whether one is female or male.

Mainstreaming gender: Integration of gender concerns into the analyses, formulation and monitoring of policies, programmes and projects, with the objective of ensuring that these policies reduce inequalities between women and men.

Gender equality: Absence of discrimination on the basis of a person's sex in opportunities and the allocation of resources or benefits or in access to services.

Gender Equity: 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 that these differences should be identified and addresses in a manner that rectifies the imbalance between the sexes.

It is important to note the difference between a women centred focus and a gender focus. The term **Women in Development (WID)** emerged in the early 1970s. The WID approach recognised that women and men experienced development differently. It focused on the sexual division of labour and on women's perceptions and experiences. WID programmes mobilised women's groups at field level throughout the world. It led to the development of many worthwhile women-focused projects that contributed to concrete development gains for women. WID was less concerned with men's crucial position in the control of assets and in decision-making.

The **Women and Development** (WAD) approach evolved in the second half of the seventies. WAD strategies focused on the relationship between women and the development process rather than purely on strategies for the integration of women into development. It grew out of the concern for the limitations of the modernising development theories that tended to be male dominated. It was critical of the WID theory that women had been left out of development. WAD took the stand that women had always been important economic actors but that they had been integrated into development in exploitative ways that had served to sustain existing international structures of inequality. It also recognised that men had been similarly treated.

The **Gender and Development** (GAD) perspective emerged in the eighties as an alternative to WID and WAD. GAD is concerned with the interdependent relations between men and women, the ways in which these relationships produce inequalities between them, for instance in access to resources within the family, community and wider institutions.

Annex - 3

Gender Advisory Committee

Terms of Reference

- To provide guidance in the implementation of the National Action Plan for Women's Advancement: Implementation of the Beijing Platform for Action (PFA) in the Health and Population Sector.
- To review and guide the implementation of Gender Operational Plan under HPSP.
- To guide the development of appropriate Gender Strategies for the Ministry of Health and Family Welfare in consonance with National Policy for Advancement of Women
- To review, monitor and guide the activities of Gender Issues Office of the Ministry of Health and Family Welfare.
- To explore and assist in procuring resources within HPSP, and other national and international agencies for implementation of gender focused programmes.
- To streamline and implement national and international experiences on gender within HPSP.
- The Committee may change or amend its terms of reference to suit the needs of time and can co-opt any member if necessary.

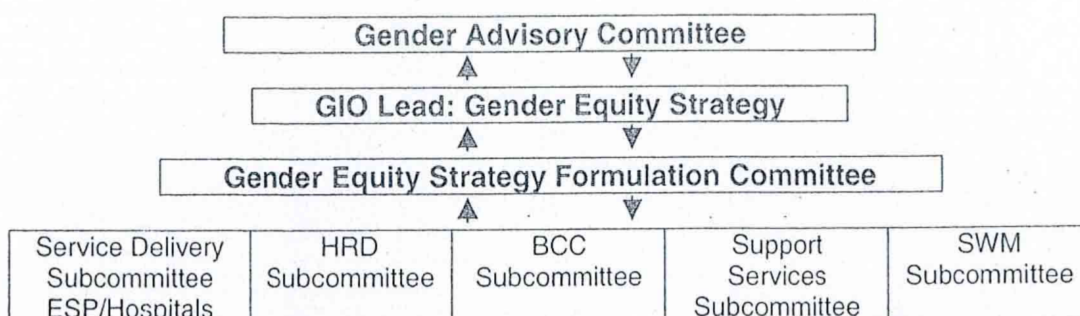
Membership

Membership of the GAC includes representatives of the Government of Bangladesh, NGOs / civil society and Development Partners. As indicated in the ToR, membership can be changed to meet the needs of the tasks at hand.

Annex - 4

Strategic Development Process

The following structure was agreed to take the Gender Equity Strategy forward:



The Gender Advisory Committee, chaired by the Secretary, is responsible for making recommendations to the Minister for approval of the Strategy.

Components:

The areas covered by the prioritised components include:

Service Delivery: Essential Services Package (ESP) / Hospitals

- Reproductive health
- Adolescent health
- Violence against women
- Childbirth
- Communicable diseases
- Nutrition
- Hospitals

Behaviour Change Communication

Promotional activities to redress gender inequalities in issues such as:

- Son preference
- Violence against women
- Men's responsibility in family planning
- Child survival campaign
- Awareness raising about infectious diseases such as HIV/AIDS, STI//RTIs, etc

Support Services

- Quality of service delivery
- Construction
- Procurement of commodities

Human Resource Development

- In-service and Pre-service training
- Recruitment, deployment
- Human Resources planning

Sector Wide Management

- Health information
- Policy research
- Health Economics Unit
- Human Resource Development Unit
- GNSP Unit
- Institutional Reform Management

Process:

A three-day workshop, led by the MoHFW and opened by the Secretary MoHFW, was held in February 2001 with the aim of developing a shared strategic vision to contribute to the development of a GES for the MoHFW. Representatives of both the policy and operational (health and family planning) areas of the MoHFW, NGOs and Development Partners participated in

- Identifying priorities from among the issues described in the Draft Gender Strategy
- Developing strategic objectives to address the identified priority areas
- Beginning the development of Operational Plans and indicators to take forward the strategic objectives.

Following this workshop, a Draft GES was developed and made available for distribution and consultation by the GIO. A second major workshop with membership from the GoB, DPs and NGOs in May 2001 finalised the content of the strategy.