



UNFPA Bangladesh Annual Report 2017

.....
Key results towards leaving no one behind



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

United Nations Population Fund

Dhaka, Bangladesh

www.bangladesh.unfpa.org

 UNFPA Bangladesh

 @UNFPABangladesh

Contact bangladesh@unfpa.org

UNFPA Bangladesh Annual Report 2017

.....
Key results towards leaving no one behind

contents

iii	foreword
1	sexual and reproductive health and rights
7	gender equality and women's empowerment
9	humanitarian response
15	adolescents and youth
19	population dynamics
22	operations

foreword

Dr. Asa Torkelsson, UNFPA Bangladesh Representative

UNFPA has been partnering with the Government of Bangladesh since 1974 to help the country reach its development goals for sexual and reproductive health and rights, gender equality and women's empowerment, adolescents and youth, and population dynamics.

UNFPA also ensures women and girls are not left behind in emergencies, responding to humanitarian crises across the country, meeting their protection, dignity and reproductive health needs.

2017 was a significant year as UNFPA launched its 9th Country Programme in Bangladesh which runs from 2017 to 2020. It is aligned with international and national development goals including the 2030 Agenda, the Sustainable Development Goals (SDGs), and Bangladesh's Seventh Five-Year Plan in the areas of education, health, gender and equality.

The 9th Country Programme places a special focus on addressing the needs of those most left behind in society, including urban slum dwellers, migrants, refugees, tea garden workers, adolescent girls, people living with or at higher risk of HIV, and ethnic, religious and other minorities.

The 2017 Annual Report covers the key results UNFPA has achieved in each of its programme areas this past year through advocacy, supporting the government in developing and implementing policies and regulations, providing technical and resource support, and fostering strong partnerships with government ministries, NGOs and INGOS, civil society and UN agencies.

I would like to take this opportunity to express our sincere appreciation to all Implementing Partners for their dedication and hard work to implement the 9th Country Programme, and to all donors whose generous support to our programme made these achievements possible.



UNFPA Bangladesh's donors in 2017

- Australia
- Canada
- CERF (Central Emergency Response Fund)
- The People's Republic of China
- The Kingdom of Denmark
- The European Union
- The Kingdom of the Netherlands
- New Zealand
- The Republic of Korea
- The United Kingdom of Great Britain and Northern Ireland
- The Kingdom of Sweden
- Private Donors



© Ahasan Uddin Bhuiyan Abir

The UNFPA Bangladesh Country Office team in Dhaka. UNFPA also has a team in Cox's Bazar District and field officers posted throughout its target districts.

sexual and reproductive health and rights

Sexual and reproductive health and rights transform health systems and societies to be more equitable, robust and sustainable for all. UNFPA is targeting zero preventable maternal deaths and unmet need for family planning in Bangladesh.



UNFPA is working to end maternal deaths in Bangladesh and ensure reproductive health and rights for all. UNFPA is strengthening the health system at all levels – from supporting Government policy to deploying professional midwives – to ensure quality sexual and reproductive health care is delivered across the country, including maternal and newborn care, family planning, fistula treatment, and screenings and treatment for cervical and breast cancers and STIs. UNFPA achieves this by supporting key government ministries and working with NGOs, academia and other civil society actors.

UNFPA is progressing a 'midwife-led continuum of care' by strengthening midwifery education, professionalization, policy and regulation all at once to integrate midwives into the health care system.

New government guidelines to support midwifery education and professionalization. UNFPA helped create new guidelines to strengthen midwifery regulation, education and professionalization in Bangladesh which were drafted under the Directorate General of Nursing and Midwifery's (DGNM) leadership:

- By-law for the Nursing and Midwifery Act
- Midwifery policy
- Accreditation guideline for midwifery education
- Standardized midwifery examination system
- Midwifery career path guideline
- Supportive supervision for midwifery education
- Revision to the licensing guideline
- Code of ethics

Higher education for midwives.

With the involvement of UNFPA, a curriculum for a Bachelor's of Science in Midwifery and one for Family Welfare Visitors were developed in partnership with Auckland University, New Zealand. The current Diploma in Midwifery curriculum was also revised to include all aspects of sexual and reproductive health care.

And the first cohort of 30 students of the landmark, web-based Sexual and Reproductive Health and Rights Master's Programme, provided by Dalarna University, Sweden and supported by UNFPA, graduated in 2017. These graduates will teach midwifery-led care in colleges, supported by UCEP (Underprivileged Children's Educational Programs) for further improvement in pedagogical skills.

“With this master's degree, we have the responsibility to contribute to Bangladesh's sustainable development through sexual and reproductive health and rights and safe motherhood. Our midwifery students can achieve this by learning and providing healthcare. We have learned a lot from the programme and are happy to implement it.”
— Merry Chowdhury, instructor, Chittagong Nursing College, and one of the first graduates of the UNFPA-Dalarna University master's degree in sexual and reproductive health and rights



Sharpening midwives' skills through clinical practice and mentorship.

For midwifery students to build on their knowledge, UNFPA helped strengthen 38 district and medical college hospitals as clinical sites for them to practice their clinical skills. Twenty seven upazila health complexes were also enhanced as secondary clinical education sites where midwife-led care is being modelled in partnership with Save the Children.

In addition to these, by providing teaching aids and mentorship programmes, midwifery students now have more opportunities for hands-on clinical practice to improve their competencies.

And to hone the capabilities of those managing midwifery students, the Directorate General of Nursing and Midwifery and the Directorate General of Health Services with the assistance of UNFPA also carried out orientation programmes for midwife managers and supervisors and introduced mentorship programmes for model midwifery-led care sites.

More midwives trained, deployed and in action. Six hundred diploma midwives, being those who have finished the 3 year midwife diploma course supported by UNFPA, were recruited in 2017 and are now ready to be posted. And over 500 diploma midwives completed three-month internships in 110 sub-district hospital, delivering 13,757 babies and providing 30,000 women with family planning methods and counselling.

Twenty-eight midwives from Bangladesh's first graduating class of 2010 were deployed at UNFPA-supported sub-district hospitals that are midwifery-led care model sites. These midwives conducted 3,194 antenatal care visits, 1,002 deliveries and 685 postnatal care visits in 2017.

Improved technical guidance on preventing maternal deaths.

The Maternal Perinatal Death Surveillance and Response technical guidance was established in 5 districts – Patuakhali, Barguna, Rangamati, Sylhet and Sunamganj – by the Directorate General of Health Services which will help service providers to better collect information, review actions, and prevent maternal deaths.

Increased capacity for emergency obstetric and newborn care.

To steward quality Emergency Obstetric and Newborn Care (EmONC) throughout Bangladesh, an EmONC Committee was revitalized jointly by the Directorate General of Health Services (DGHS), the Directorate General of Family Planning (DGFP) and the Directorate General of Nursing and Midwifery (DGNM). The Maternal and Newborn Health Standard Operating Procedures Guideline was also finalized by the DGHS to address current gaps in EmONC provision. A postpartum hemorrhage and eclampsia



Why midwives?

Professional midwives provide high quality sexual and reproductive health care. They are a cost-effective investment as they are able to avert two-thirds of maternal and newborn deaths. A 'midwife-led continuum of care' means they can provide care at all reproductive health stages including:

- Prenatal care
- Birth
- Postnatal care
- Newborn care
- Family planning counselling
- Other reproductive health services

As midwifery is a relatively new profession in Bangladesh, UNFPA is working at every level to ensure well-educated midwives can step into the workforce and support women and families.

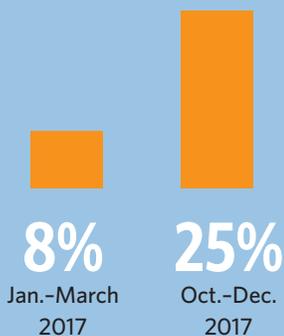
working group was also formed, which drafted an action plan to address these critical birth complications.

To further improve EmONC delivery, mentorship was incorporated into the maternity units of 8 medical college hospitals through the partnership of the DGHS and the Obstetrical and Gynecological Society of Bangladesh (OGSB) to reinforce a culture of delivering evidence-based services. Improvements have already been seen during triage of critical obstetric cases. There has also been increased skin-to-skin contact, readiness for newborn resuscitation, and use of upright birthing positions during deliveries.

As result of UNFPA's support to the DGFP and DGHS to improve availability of life-saving medicines in health facilities and community distribution programmes, more sub-district warehouses now have misoprostol and more sub-district hospitals have oxytocin and magnesium sulphate. The percentage of health facilities with stock of all three essential medicines increased from 8% to 25% in UNFPA-supported districts.

And for making a wider impact, expanded sexual and reproductive health services have been integrated into the planned Universal Health Coverage Package that is being supported by the Health Economics Unit of the Ministry of Health and Family Welfare (MoHFW).

INCREASE IN REPRODUCTIVE HEALTH MEDICINES



Providing sexual and reproductive health care for tea garden workers.

As part of UNFPA's mandate to "leave no one behind," UNFPA supported reproductive health services in 10 tea gardens in Sylhet, ensuring this underserved population is not forgotten. Through the Centre for Injury Prevention Research, Bangladesh (CIPRB), 483 pregnant women, 4,115 eligible couples and 4,693 adolescents were provided with Sexual and Reproductive Health and Rights information and services.

Increasing supply and demand for family planning information and services.

In partnership with UNFPA, in 2017 the Directorate General of Family Planning:

- Endorsed the National Action Plan on post-partum, post-menstrual regulation and post-abortion care family planning.
- Deployed 7 family planning facilitators to strengthen monitoring systems and ensure an uninterrupted supply of contraceptives in low-performing districts. This was needed as 93% of upazila health complexes were out of stock of modern contraceptives in the previous 3 months. Bottlenecks were identified and addressed through regular monitoring of family planning facilitators, which helped to ensure stock.

- Organized client fairs focusing on interpersonal communication to generate demand for family planning services in 5 districts where 3,772 clients received family planning services with proper, rights-based counselling.

In addition, as a part of the country's family planning revitalization initiative, model clinics in tertiary level medical college hospitals were established where 334 service providers were oriented on using the updated Medical Eligibility Criteria Wheel for client screenings and family planning services provision. One Family Welfare Visitor from family planning departments was deputed to each model clinic to coordinate family planning services and commodity supplies.

Advancing institutional capacity for integrated Sexual and Reproductive Health and Gender-Based Violence services.

The Ministry of Health and Family Welfare (MoHFW), with the support UNFPA, developed and approved a national protocol on 'Health Sector Response to Gender-Based Violence' for health service providers to properly and respectfully respond to cases of sexual violence and other forms of gender-based violence. In total, 66 trainers were trained on the protocol to support its implementation in the health system. And a web-based training module on clinical management of rape for doctors was developed in partnership with the Health Economics Unit of the MoHFW.

Additionally, 19 public and private facilities were supplied with rape management kits and 76 midwives and physicians received training on clinical management of rape. Around 100 service providers in Cox's Bazar were trained in integrating Sexual and Reproductive Health and Rights and Gender-Based Violence services, including clinical management of rape.

Importantly, indicators on gender equity in the health sector are being developed by the Royal Institute of Tropical Medicine and GNSPU (Gender and NGO-Stakeholder Participation Unit of the MoHFW), supported by UNFPA. These will be integrated into the DHIS2 (District Health Information System) in 2018 for regular data collection and reporting.

Improving management and treatment of sexually transmitted infections (STIs).

The Directorate General of Health Services, with UNFPA, revised the National STI Case Management Protocol for the key population and provided syphilis screenings. Over 1700 clients were screened and 437 of them being pregnant women screened during antenatal care visits.

“I'm overjoyed to be holding our first baby. But before speaking with a midwife, my husband and I never heard of family planning. We married young and didn't know what options we had. We are thankful for the midwife's counselling and help with our baby's delivery. We will use a family planning method and wait 4 or 5 years until having out next child.” — Arifa Akhter Mim, age 17; her baby was delivered at Dhaka Medical College Hospital assisted by UNFPA-supported midwives



Improving cervical cancer screening and treatment. The National Cervical Cancer Strategy and the Cervical and Breast Cancer Curriculum were developed by the Directorate General of Health Services, supported by UNFPA, and submitted for approval. This sets the stage for developing and implementing a comprehensive model of care for cervical cancer in all of Bangladesh.

A cervical pre-cancer and cancer prevalence study was conducted in tea gardens in Moulvibazar in partnership with the Centre for Injury Prevention and Research, Bangladesh. More than 1,800 women were screened and 354 women who were found to be VIA positive (those with positive test results) were referred for further diagnosis and treatment at government facilities.

As well, 10,939 women were screened in health facilities in target districts of Bangladesh, of whom 6.5% were found to be VIA positive and referred for further diagnosis and cervical cancer treatment services.

Preventing and treating fistula. The new National Fistula Strategy 2017-2022 was developed by the Directorate General of Health Services (DGHS) and submitted for approval with the assistance of UNFPA. The first Urogynecology Centre was established through MAMM's Institute of Fistula and Women's Health to provide evidence-based, high quality clinical care for women suffering from fistula.

More than 220 fistula surgeries were conducted at 12 government hospitals supported by UNFPA. Trained service providers from two district hospitals in Jamalpur and Moulvibazar performed the important technique of early catheterization during obstructed labour. And 5 medical college hospitals provided rehabilitation services to the fistula patients.

Obstetric fistula is a painful and debilitating childbirth injury caused by obstructed or prolonged labour which creates holes in the wall of the birth canal. This leaves the woman leaking urine and or feces without any control of her own.

Tragically, women who suffer from fistula are pushed further into poverty, often ostracized by their communities, faced with stigma and shame, and left with few work options.

Fistula is however preventable and treatable, which is why UNFPA is invested in providing quality care for pregnant women and fistula patients.



gender equality and women's empowerment

Gender issues are everyone's issues. UNFPA is championing gender equality and women's empowerment across all sectors, aiming to bring gender-based violence and harmful practices against women and girls to zero.





GENDER-SENSITIVE WOMEN'S HELP DESK SERVICES

44

police stations

12

help desks

1,300

women & girls served

62%

satisfaction rate

Persistent gender inequality and gender-based violence continue to deny women and girls opportunities, safety, and their human rights. Removing these barriers could accelerate Bangladesh's progress towards the SDGs. UNFPA, the government and other development partners are joining together to advance gender equality, end child marriage and harmful practices, and prevent and eliminate all forms of gender-based violence (GBV) in all spheres of society.

Eliminating gender-based violence and discrimination in the labour force. A draft Gender-Based Violence Strategy and operational guidelines for the labor sector were developed by the Ministry of Labour and Employment (MoLE) with UNFPA.

Also in partnership with UNFPA, the Department of Inspection for Factories and Establishments (DIFE) incorporated benchmark Gender-Based Violence (GBV) and Sexual and Reproductive Health and Rights (SRHR) provisions in its Factory Inspection Checklist, which was approved by the Ministry of Labour and Employment (MoLE). The findings from monitoring visits by labour inspectors, which included GBV and SRHR issues, were shared with MoLE and the Bangladesh Garment Manufacturers and Exporters Association for their review and actions to create an enabling, safer environment for garment workers.

Rallying civil society to advocate for gender-based violence prevention and response. UNFPA's partnerships with civil society organizations (CSOs) were advanced to a strategic alliance to advocate for strengthened government actions on gender-based violence prevention and response, which led to recommendations on GBV and SRHR issues in CSOs' alternative report for Bangladesh's Universal Periodic Review (UPR).

Providing gender-sensitive services to survivors of gender-based violence in police stations. Forty-four Police Stations in 3 districts along with the Dhaka Metropolitan Police provided services to women and girls according to Standard Operating Procedure on combating gender-based violence, developed with UNFPA's support and approved by Bangladesh Police.

As a result, over 1,300 women and girls received services from 12 Women's Help Desks in police stations in Patuakhali, Cox's Bazar, Jamalpur and Dhaka City. A cellphone-based survey with the women who received services from Women's Help Desks in 2017 revealed that 62% of respondents were satisfied with their services. UNFPA's Gender Team is working with Police on more rigorous monitoring and training to move towards achieving 100% satisfaction from respondents.



humanitarian response

UNFPA provided lifesaving sexual and reproductive health and gender-based violence response for Bangladesh's major crises in 2017, ensuring women and girls were not left behind in emergencies.



UNFPA responded to a number of emergencies in 2017, including floods, landslides, Cyclone Mora and the Rohingya refugee crisis. UNFPA integrates its Sexual and Reproductive Health and Gender-Based Violence interventions to ensure the health, safety and dignity needs of women and girls, who are especially vulnerable in the turmoil of humanitarian crises, are met comprehensively.

Supporting health facilities to deliver Sexual and Reproductive Health services in disasters. In the aftermath of landslides in Chittagong Hill Tracts, partnering with Action Aid and Green Hill, UNFPA distributed vouchers and Reproductive Health Kits to pregnant women and survivors of gender-based violence, and coordinated an awareness programme on maternal health, safe motherhood and facility delivery.

UNFPA supported 9 government health facilities and 6 NGO-run facilities through RTMI (Research, Management and Training International) and Hope Foundation for sexual and reproductive health service provision to Rohingya refugees, displaced persons and the host community by:

- Deploying of 40 midwives and 3 doctors
- Supplying essential equipment and medicines
- Handing out cash vouchers for transportation and community outreach
- Giving referrals to higher level health facilities for complicated and severe cases
- Providing an array of Sexual and Reproductive Health services

The Sexual and Reproductive Health and Rights services provided through UNFPA's interventions include emergency obstetric and newborn care, antenatal and postnatal care, family planning and management of STIs. Also, capacity building of service providers on Menstrual Regulation and Post-Abortion Care was conducted in partnership with IPAS.

In total, 188 emergency Reproductive Health Kits (over 100 tons) were supplied by UNFPA for humanitarian responses in 2017. UNFPA Reproductive Health Kits have essential medicines and supplies that reduce the risk of STIs such as HIV, prevent maternal deaths, and for attending to survivors of rape.

Ensuring access to emergency obstetric and newborn care. UNFPA ensured Emergency Obstetric and Newborn Care (EmONC) was part of the Minimum Initial Services Package – the series of crucial actions required to respond to reproductive health needs in a crisis – in multiple humanitarian emergencies in 2017. UNFPA supported 40 health facilities to provide Basic Emergency Obstetric care (BEmONC) and two referral hospitals with Comprehensive Emergency Obstetric and Newborn Care (CEmONC) in refugee, displaced persons, flood, and cyclone affected contexts.



Midwives saving lives as emergency first responders. 100 midwives were deployed through UNFPA's partner NGOs – RTMI, Hope Foundation, and Save the Children – to strengthen humanitarian response during floods and Cyclone Mora, and influxes of refugees and displaced persons from Rakhine, Myanmar. The midwives provided safe delivery services, initial stabilization of obstetric and newborn emergencies, and reproductive health care including family planning and medication and referrals for gender-based violence.

In 2017, midwives deployed to humanitarian situations screened 110,000 women and girls, distributed over 4,000 Clean Delivery Kits, conducted over 30,000 antenatal care check-ups, 3,000 post-natal care check-ups, 1,300 deliveries in facilities, and referred over 200 obstetric emergencies, many of which actions saved the lives of mothers and newborns.

Mobile health clinics during crises. During the responses to Cyclone Mora, landslides and floods, 55 Mobile Health Clinics with gender-based violence response components provided access to life-saving health services to communities, including clinical management of rape. Over 12,000 women and girls received psycho-social support in the aftermath of monsoon floods.

Sexual and Reproductive Health Coordination in Cox's Bazar District. UNFPA led the Reproductive Health Working Group (Reproductive Health Subsector) under the Inter Sector Coordination Group Health Sector, and oversaw and coordinated sexual and reproductive health services for Rohingya refugees, other displaced persons, and the surrounding host community in Cox's Bazar District which is vulnerable to disasters and refugee influxes.

Gender-Based Violence Coordination in Cox's Bazar District and Nationally. UNFPA led Gender-Based Violence (GBV) Coordination of actors and activities at the national level under the Humanitarian Coordination Task Team (HCTT) as Lead of the GBV Cluster. UNFPA also led GBV coordination in Cox's Bazar under the Protection Sector of the Inter Sector Coordination Group as the lead of the GBV Sub-Sector.

At the national level, the GBV Cluster, led by UNFPA, responded to three national disasters in 2017. The National Cyclone Contingency Plans for 2017-2018 were also reviewed by the GBV Cluster and GBV response preparedness actions were identified to prevent and respond to GBV in future disasters.

MIDWIVES IN HUMANITARIAN SITUATIONS PROVIDED:

110,000

screenings for women and girls

30,000+

antenatal care check-ups

4,000+

Clean Delivery Kits

3,000

post-natal care check-ups

1,300

deliveries in facilities

200+

obstetric emergency referrals

Clean Delivery Kits are kits given to pregnant women who will deliver their babies soon so they have essential supplies for a clean, safer delivery such as soap, gloves, a sheet for a clean delivery surface, a razor to cut the umbilical cord and more. UNFPA encourages women to take these kits to health facilities when it is time for them to give birth.



Rohingya women and girls call UNFPA Women Friendly Spaces “shanti khana,” meaning peace house as they find peace, safety, support and solidarity with other women and UNFPA caseworkers and case managers. The Women Friendly Spaces offer information sessions on gender-based violence and sexual and reproductive health topics, and case management and service referrals for survivors of gender-based violence.

The GBV Sub-Sector in Cox’s Bazar in 2017 was able to:

- Develop a technical guideline on setting up women and girl friendly spaces with partners
- Create Minimum Standards Checklists and initiate a service audit process to enhance referral systems
- Introduce a Dignity Kit guidance document to enable item standards and establish mechanisms for aligning kit distributions
- Conduct a multi-sector service audit via its “GBV referral pathway task force” of existing GBV services and facilities to support the development of referral pathways at the zonal level
- Draft a GBV Sub-Sector Strategy

Women Friendly Spaces for comprehensive support for women and girls.

As part of humanitarian response to Cyclone Mora, landslides, floods and the Rohingya influx since August 2017, 25 Women Friendly Spaces, including 19 in Cox’s Bazar, were established in partnership with Mukti and Action Aid, to provide comprehensive support to women and girls. Women Friendly Spaces were well integrated with health services, offering referrals to and from health service delivery points. In total, 189,406 women and girls were reached with life-saving health services and 147,276 women and girls benefitted from life-saving gender-based violence response services. More than 90,200 women and girls received UNFPA Dignity Kits.



For UNFPA’s response to the Rohingya August 2017 influx in Cox’s Bazar, a total of 59,939 women and girls accessed UNFPA-supported Women Friendly Spaces for services run by Mukti, of whom 8,812 were referred to various essential services and 3,208 were gender-based violence (GBV) survivors who were referred for life-saving medical care, GBV case management and psychosocial services.

UNFPA-supported Women Friendly Spaces have proven effective in reaching women and girls with gender-based violence risk mitigation interventions. Over 52,300 women and girls were reached by Women Friendly Spaces workers through awareness-raising outreach sessions which also mobilized the community for their own protection during the response.

Dianity Kits

Women and girls often lose their personal items when an emergency strikes. UNFPA Dignity Kits provide hygiene and safety items such as clothing, sanitary napkins, underwear, soap, sandals, a towel, a whistle and torch flashlight so they can more freely move around to access aid and services.



Whistle



Underwear



Maxi
and Thami



Bucket



Reusable
sanitary napkin



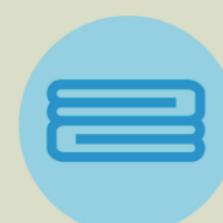
Shawl



Flashlight
with batteries



Cloth
washing soap



Towel



Sandals



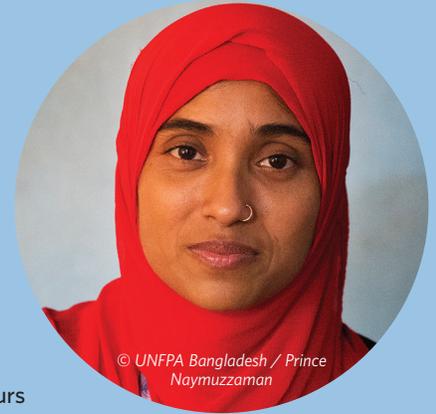
© UNFPA
Bangladesh /
Fathema Sultana

UNFPA's Rohingya Crisis Response: Women and Girls First



© UNFPA Bangladesh / Melissa Ludeke

UNFPA and Hope Foundation provide “tom tom” emergency transport for pregnant women in remote areas so they can reach health facilities in time.



© UNFPA Bangladesh / Prince Naymuzzaman

“It is very difficult work at times but I am a woman and I see the misery of women through my own eyes. I work from early hours of the morning until late at night, but I remind myself of their suffering. No matter how tired I am, it’s more important that I can make their life a little bit easier. I put myself in their shoes. If I was in their situation I hope someone else would do it for me.” — Sharmin Sultana, UNFPA Women Friendly Space Caseworker

“Volunteers are trusted because they know the language and culture - women are confident to share their stories with them. The women face a lot of violence, so we can’t expect them to always come here to seek help. Sometimes we have to go to them.” — Mosrafa, Programme Manager, UNFPA Women Friendly Space, Leda



© UNFPA Bangladesh / Prince Naymuzzaman



© UNFPA Bangladesh / Prince Naymuzzaman

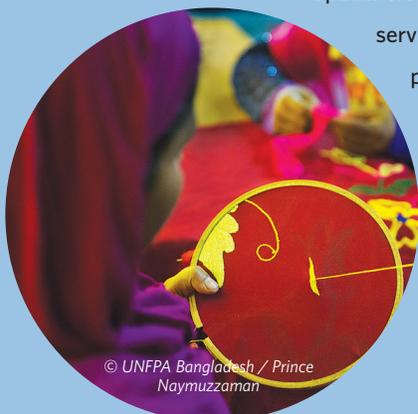
UNFPA mobile reproductive health clinics in and around refugee camps and settlements ensure women have access to professional health services.

UNFPA Women Friendly Spaces not only provide safe spaces for women and girls to access services and information, but to participate in activities they enjoy such as stitching, crafts, gardening, games, dramas, singing and dancing.



© UNFPA Bangladesh / Prince Naymuzzaman

Rabeya, a UNFPA Midwifery Officer, stabilized the mother of this newborn, who was brought into the clinic immediately following birth, shaking uncontrollably from shock and her baby still attached to the placenta. With warmth and satisfaction, Rabeya swaddles the healthy baby girl born in Kutupalong Refugee Camp, welcoming new life.



© UNFPA Bangladesh / Prince Naymuzzaman

adolescents and youth

Bangladesh's 50 million adolescents and youth are the country's future. If given the right opportunities, skills and knowledge, they and Bangladesh will thrive.





**UNFPA'S GENERATION
BREAKTHROUGH
PROJECT HAS REACHED:**

82,500
adolescents

300
schools

150
adolescent clubs

50
madrasas

Around one-third of Bangladesh's population are adolescents and youth. For Bangladesh to reap the benefits of its sizeable adolescent and youth population, UNFPA works with the government to put the right investments and policies in place for their health, education and employment so they reach their full potential for healthier, happier lives and can contribute to Bangladesh's sustainable development.

National Youth Policy. Bangladesh's National Youth Policy, contributed to by UNFPA, was finalized and approved by the Ministry of Youth and Sports (MoYS). This policy highlights the importance of making age-appropriate life skills education and sexual and reproductive health and rights information and services available to youth to enable them to make effective transitions into adult life.

National Adolescent Health Strategy. The Ministry of Health and Family Welfare (MoHFW) approved the National Adolescent Health Strategy and developed the corresponding National Plan of Action. This key strategic document highlights the importance of investing in the health of adolescents and ensuring the availability of sexual and reproductive health information and services to all adolescents, irrespective of marital status.

National Plan of Action to End Child Marriage. The final draft National Plan of Action to End Child Marriage was developed by the Ministry of Women and Child Affairs (MoWCA) with the participation UNFPA.

Increasing national capacity to implement adolescent-friendly health services in the health system. The capacity of the Directorate General of Family Planning to implement adolescent-friendly health services and life skills education was enhanced as 154 health service delivery points in target districts were equipped with trained service providers to provide adolescent-friendly health services.

National adolescent sexual and reproductive health helpline reaching young people. The national helpline established in partnership with Plan International is available for all adolescents to access information and counselling on Sexual and Reproductive Health issues. Over 6,200 adolescents used the services from this helpline.

Adolescent sexual and reproductive health and life skills education.

Nearly 82,500 adolescents received life skills and Sexual and Reproductive Health (SRH) education in 150 adolescent clubs, 300 schools and 50 madrasas through UNFPA's innovative Generation Breakthrough project. This was implemented by the Ministry of Women and Children Affairs (MoWCA) and the Ministry of Education and Plan International. The adolescents who received life skills and sexual and reproductive

health education from clubs and educational institutions have increased in their knowledge of life skills, and are now aware of places within their reach to comfortably seek adolescent sexual and reproductive health services

Ongoing community engagement contributed to 1,996 community stakeholders speaking in favour of providing life skills education to adolescents, which provides young people with critical thinking skills to make good decisions for their futures.

Policy briefs to end child marriage and violence against women.

Two policy briefs on child marriage were produced based on findings of primary research funded by UNFPA and conducted by the Population Council which will be used to advocate for eliminating child marriage with Parliamentarians in and through the Sub-Committee on Ending Violence Against Women and Child Marriage and the Standing Committee of the Ministry of Women and Children Affairs (MoWCA).

A GEMS student (Gender Equity Movement in Schools, UNFPA Generation Breakthrough Project) at Oxford Missionary School, Barisal, holds up her class diary. It is one of the curriculum materials used to engage adolescents and youth in deeper reflection and critical thinking on gender roles in society and how to promote gender equity and peaceful relationships with others.



Generation Breakthrough Project

This innovative project empowers young people with knowledge and life skills so they can reach their full potential and contribute to Bangladesh's economic growth, sustainable development and peaceful society.

Young people are taught about their sexual and reproductive health, gender equality, how to stop child marriage and gender-based violence, and how to make good decisions for their futures. Adolescents and youth are engaged through school curriculum, games, dramas, community radio, a telephone helpline, and outreach programmes. The project also involves the role models who impact young people the most, including parents, teachers, sports instructors and community leaders.



Generation Breakthrough street drama, Bauphal, Patuakhali

“ I learned a lot through the exercises, games and training. My mind changed, and I started pushing my parents to treat my sister equally at home. I said to them, ‘Mum, Dad, just as I can bring in money for us, so can she if you give her the same chances

I have.” — Mohammad Rabiul

Hassan, age 17, adolescent club peer leader, Barisal



© UNFPA / Matthew Taylor



© UNFPA / Matthew Taylor

“ I played the mother of boy who is studious, gentle and calm. But society did not like him. They want to see a boy as vocal, strong, rough and tough. If we can change the attitude of society the violence will be reduced.”

— Mim Akhter, age 13, a Generation Breakthrough street drama performer, Ayla Secondary School, Patuakhali

“ The computer games are really interesting and exciting! Normally I forget my class lectures but I don't forget the information I received from playing the interactive computer games.” — Marjia Aktar Mim, age 14, student, Indrokul High School, Patuakhali



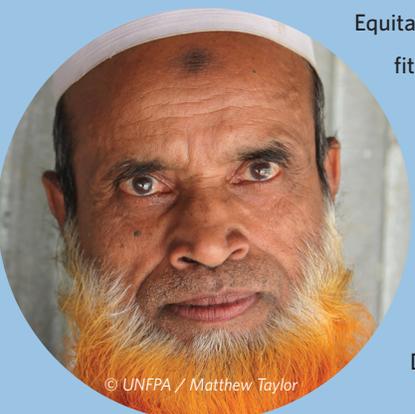
© UNFPA / Matthew Taylor

“ When it comes to violence against women, we see it everywhere. The Gender Equitable Movement in Schools curriculum fits [with Islamic teaching] and it shows our students that no violence is acceptable, no matter how small the incident. It makes it clear that everyone must always say no.” — Mohammad Nurul Ameen, teacher, Modhobadda Noor-e-Dakhil Madrasa, Patuakhali

“ Many young people feel shame and confusion in their adolescent years, but after the training they understand that the changes are normal.” — Anamika Byapari, assistant teacher, Oxford Missionary School



Photo: © UNFPA Bangladesh



© UNFPA / Matthew Taylor

population dynamics

With a population of over 160 million people and one of the greatest population densities in the world, Bangladesh needs population research and data more than ever to plan and make policies for a sustainable, healthy, prosperous future.



UNFPA does upstream advocacy, strengthens national statistical capacity, generates disaggregated data, and conducts research to inform government policies and planning around population, sexual and reproductive health and rights, gender, and adolescents and youth issues.

Advocacy with Members of Parliament. As a result of UNFPA's advocacy, 2 Members of Parliament actively advocated for the elimination of child marriage, youth development and reduction of maternal mortality in the 16th and 17th sessions of the 10th Parliament in 2017. Eight Members of Parliament spoke on ICPD (International Conference on Population and Development) agendas at local level meetings with community people organized by the Parliament Secretariat.

Sustainable Development Goals (SDGs) Monitoring and Evaluation Framework. The General Economics Division of the government developed the final draft of the SDGs Monitoring and Evaluation Framework to identify data sources of SDG indicators, to set multi-year targets and to map ministries responsible for the implementation of specific targets, aligned with Bangladesh's 7th Five Year Plan (2016-2020). UNFPA provided technical inputs to finalizing targets and identifying data sources for 16 UNFPA- mandate related indicators.

New population expert group for improved development programmes. A Population Expert Group of 24 experts in population and development formed, under the General Economics Division and with the support of UNFPA, to lead knowledge generation, sensitization and integration of population dynamics in development programmes, specifically in national and sectoral plans.

UNFPA actively engages members of parliament on it mandated issues. The Speaker of Parliament Dr. Shirin Sharmin Chaudhury shared at one meeting, "we need to create a skilled women's workforce by eliminating child marriage and reducing maternal mortality from the society," when addressing a local-level consultation under UNFPA's Strengthening Parliament's Capacity in Population and Development Issues (SPCPD) Project.



Draft Master Plan for Population Census 2021.

A draft Master Plan for Population Census 2021 was developed by the Bangladesh Bureau of Statistics with the help of UNFPA.

Geographic information system platform for knowledge exchange.

UNFPA contributed to establishment of a Geographic Information System (GIS) Platform by the Bangladesh Bureau of Statistics that enabled government and academic institutions, and development partners to exchange GIS data and maps for programme planning and implementation in a more coordinated way.

Improved local level planning of emergency response through geo-coded digital small-area maps.

The Bangladesh Bureau of Statistics prepared geo-coded digital small-area maps of disaster-prone district, Bhola, with information on shelters. The map was found to be very useful for local level planning of emergency response in 2017.

More data made available through REDATAM. As of 2017, seven databases were uploaded into the REDATAM interactive computer system by the BBS and made available to external users, including short and long questionnaires of population and housing from the 2011 census, slum census 2014, and Violence Against Women (VAW) Survey 2011 and 2015.

Comprehensive analysis on sex ratio at birth. A comprehensive analysis based on population surveys was conducted together with Department of Population Sciences, Dhaka University on the 'Sex Ratio at Birth.' The study findings will contribute to strengthening evidence-based national policies and programmes in addressing son preference, low value of girls and gender inequalities resulting in gender-biased sex selection in Bangladesh.



© UNFPA Bangladesh / Prince Naymuzzaman

operations

The year 2017 was an exceptional start of the new country programme which created opportunities to test and further strengthen the efficiency and effectiveness of our service delivery in all aspects of operation functions to the maximum level in facilitating a higher implementation rate in both development and humanitarian settings.

We have established partnerships with 25 Implementing Partners (10 Government and 15 Non-Government Organizations). Twenty three of them were audited in 2017 for 2016 audit-cycle and one qualified opinion was observed which was rectified later and the qualification was satisfactorily resolved. Similarly for the 2017 audit-cycle, 13 Implementing Partners (7 Government and 6 NGOs) were audited, and due to their good accountability and due diligence practices none of them were qualified.

The volume of procurement services that the UNFPA Country Office provided to Implementing Partners was the largest ever. Approximately 100,000 customized UNFPA Dignity Kits were procured and distributed to respond to multiple emergencies in the country. Approximately 100 metric tons of Emergency Reproductive Health Kits and other commodities were procured and supplied to respond to the multiple emergencies the country faced in 2017.

Resource allocation and expenditure for the country programme in 2017 (US\$)

Type of resources	Budget	Expenditure	Balance	Implementation rate
Regular resources	5,443,097	5,209,888	233,209	96%
Other resources	11,097,467	8,919,802	2,177,665	80%
Institutional budget	780,113	773,188	6,925	99%
Total	17,320,677	14,902,878	2,417,799	86%



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled

United Nations Population Fund

Dhaka, Bangladesh

www.bangladesh.unfpa.org

 UNFPA Bangladesh

 @UNFPABangladesh

Contact bangladesh@unfpa.org