

UNFPA BANGLADESH ANNUAL REPORT 2019

Progress and Highlights



UNFPA

Ensuring rights and choices for all since 1969



ICPD25
International Conference on
Population and Development

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FOREWORD

It brings me great joy to share with you our UNFPA Bangladesh 2019 Annual Report, which shows the progress made towards achieving the results committed in our 9th Country Programme. We have remained steadfast in our commitments to intensify our serving, supporting the Government to ensure the sexual and reproductive health and rights of women and young people, promoted gender equality, tackled gender based violence, strengthened national population data systems, and most importantly, ensured those most likely to be left behind remain at the heart of all UNFPA's programmes.

To us, 2019 was a remarkable year, as we commemorated two important milestones - 50 years since UNFPA was established, and re-energized commitments towards 25 years since the landmark International Conference on Population & Development (ICPD) at the Nairobi Summit together with many friends and partners from Bangladesh.

In 2019, our results marked an increase in the target population's access to and trust in service delivery; a trust that we treasure and will continue to carefully nurture in the next stage of our programming and in the future. Clear improvements are visible in both service access, as well as in health outcomes. Importantly, we have worked with the people we serve, heart-to-heart, advocating for evidence-based policies and programmes to expand access to comprehensive

sexual and reproductive health and gender based violence services, whilst facilitating empowerment and participation, seeking to serve everywhere, and under all conditions. We have done all of this with an emphasis on reaching the most vulnerable, those most underserved- especially women and girls of reproductive age.

The fantastic results have been possible with the continuous support of our great partners and strong team. The Government of Bangladesh, the donor community, private sector, our UN sister agencies and our many NGO implementing partners have made it possible for us to ensure our programming reaches those most in need.

The results so far define how we move forward beyond 2020 and in how we formulate our next Country Programme, which we look forward to co-create with all partners to ensure that it furthers the ICPD Programme of Action, supportive of the Sustainable Development Goals (SDGs). This will enable UNFPA to work in a manner that will benefit those who need us the most and ultimately, towards a Bangladesh where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

ধন্যবাদসহ,

Dr Asa Torkelsson
UNFPA Representative Bangladesh



2019 was an important year for UNFPA globally.

The year marked 50 years since UNFPA was globally established in 1969, and it marked 25 years since the landmark International Conference on Population and Development (ICPD) was held in Cairo, Egypt in 1994, during which 179 governments adopted a landmark Programme of Action, set out to empower women and girls.

Marking these twin anniversaries and in accelerating the ICPD promise, in November 2019, governments, civil society, the private sector, community leaders, international institutions and other stakeholders gathered in Nairobi, Kenya to make commitments on concrete actions to end all maternal deaths, unmet need for family planning and gender-based violence and harmful practices against women and girls by 2030.



“The Nairobi Summit represents a renewed, re-energized vision and community working together to act and deliver. Together, we will make the next ten years a decade of action and results for women and girls, keeping their rights and choices at the center of everything we do.”

*Dr. Natalia Kanem
UNFPA Executive Director*

👉 Follow the discussion
#ICPD25
#NairobiSummit

The Nairobi Summit was co-convened by the governments of Kenya and Denmark together with UNFPA. As a part of the Summit, the Nairobi Statement was released, which included a set of 12 core commitments as a basis for partners to model their own commitments. More than 1,200 commitments from around the world were made, including 1 billion dollars in pledges from donor countries, and 8 billion dollars from the private sector. The Nairobi Summit was also an opportunity for marginalized communities, youth, and grassroots advocates to raise their voices and engage directly with heads of state and policymakers.



The delegation from Bangladesh included the Minister of Health, Mr. Zahedul Maleque, the Minister of Planning Mr. Muhammad Abdul Mannan, four Members of Parliament, UNFPA Representative Dr Asa Torkelsson, academics, civil society leaders and a group of young people. The delegation was actively represented throughout the Summit in several sessions and committed to reducing maternal mortality and unmet need for family planning, preventing and responding to gender-based violence, and harnessing the demographic dividend in conformity with the Sustainable Development Goals.





Bangladesh committed to:

1. Strengthen efforts to reduce Maternal Mortality Rate from 169 to 70 per 100,000 live births by 2030 through adequate coverage and quality of maternal health care, including quality institutional delivery, midwifery services, 4 Ante-Natal Care/Post-Natal Care visits, adequate response to Post-Partum Haemorrhage and Eclampsia, reducing child marriage and ensuring Post-partum Family Planning.
2. Reduce unmet need for Family Planning (FP), ensuring the availability and access to all family planning methods and contraceptives for everyone. Specific attention will be paid to adolescents and young married couples, and ensuring active male participation in Family Planning.
3. Reduce gender-based violence, early and forced marriages, harassment, and discrimination of girls & women through eliminating child marriage, and ensuring the implementation of the National Action Plans to End Violence Against Women and to End Child Marriage.
4. Address demographic diversity and harness fully the demographic dividend to drive continued, good and inclusive economic growth in order to achieve Bangladesh's vision to transit to "middle-income country" status and achieve the Agenda 2030 by strengthening basic social services and making strategic investments in adolescent and youth to realize their full potential.
5. Promote South-South and Triangular Cooperation to accelerate the progress on achieving ICPD and SDGs in developing countries.





Sexual and Reproductive Health and Rights

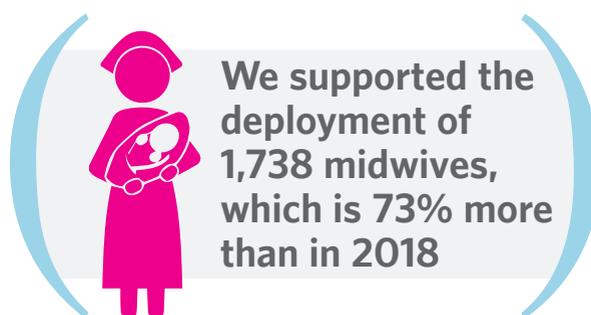
Sexual and reproductive health and rights are at the very heart of development. UNFPA, with our partners, strive towards achieving the goal of universal access to sexual and reproductive health and rights, including family planning. The ability to decide on whether, when, and how many children to have, empowers families and future generations. In Bangladesh, significant efforts have been taken over the years to increase quality access to family planning, as well as skilled birth attendants at deliveries, and critical life-saving support such as antenatal, post-partum and emergency obstetric care.

In 2019, efforts were intensified to expand the provision of sexual and reproductive health and rights services and information in Bangladesh. As a result, there are now more midwives in training and in employment at government health facilities around the country, than ever before. Emergency obstetric and newborn care and access to safe, voluntary family planning methods and counselling are now more widely available to those that need services. Concerted action has also been taken to increase access to quality care for obstetric fistula, and expand services to prevent and treat sexually transmitted infections

OUR RESULTS IN 2019

Midwifery

Midwives save lives. They do not just deliver babies. They also provide comprehensive sexual and reproductive health services, and play an important role in promoting health within their communities. UNFPA's investment in midwives and the midwifery profession has brought Bangladesh closer to ensuring that no woman dies in childbirth.



- In 2019, UNFPA supported the deployment of 1,738 midwives to a total of 338 Upazila Health Complex (UHC)- this is 73% more midwives than in 2018. Over the year, these midwives facilitated a resounding 300,000 ante-natal care (ANC) check ups and over 68,550 normal vaginal deliveries. In 2019, the total number of deliveries increased in 173 health facilities where midwives were deployed.
- In 2019, existing services were strengthened by hastening the third deployment of midwives through extensive advocacy by UNFPA to the Ministry of Health and Family Welfare and the Directorate General Of Nursing & Midwifery (DGNM). As a result, 944 additional midwives have been invited to the Public Service Commission exam. When deployed these midwives will join 1738 currently deployed midwives to staff over 450 Upazila Health Complexes (UHC).
- Health-sector capacity to deliver a midwife-led continuum of care and emergency obstetric and newborn care was strengthened in both education and service delivery. Through the support of UNFPA, midwifery education programs have included action to strengthen the midwifery faculty e.g. through ongoing sexual and reproductive health and rights (SRHR) master's degree programs, simulation lab training, and ongoing onsite and virtual mentoring. In addition, clinical sites have been expanded and now provide mentoring to ensure students gain experience in comprehensive evidence based SRHR. As a result, the number of clinical experiences have increased, and all students are being exposed to more expanded comprehensive SRHR education.
- As a result of efforts to build the confidence and capacity of deployed midwives, intensive mentoring has resulted in significant achievements to ensure evidence based routine care. From 2018 to 2019 skin to skin contact after delivery increased from 70% to 80%, companionship for women in labor increased from 92% to 97%, upright position for delivery increased from 73% to 89% and delayed cord clamping from 82% to 90%.

- Observational research also found significant increases in the provision of 'respectful maternity care' (in accordance with WHO global guidelines) where midwives are deployed, in comparison to where they are not deployed. These include an increased availability of separate ANC corners, use of an ANC card, skin to skin contact after delivery, increased use of the upright position for delivery, and delayed cord clamping. In addition midwives are now providing comprehensive SRHR services, including over 700 Post-abortion care (PAC)/Menstrual regulation (MR) services and over 15,000 family planning (FP) services this year.

Emergency obstetric and newborn care

Timing is critical in preventing maternal death and disability. Post-partum haemorrhage can kill a woman in less than two hours, and for most other complications, a woman has between six and 12 hours or more to get life-saving emergency care. Skilled birth attendants need to be able to identify complications and provide timely emergency assistance.

- To accelerate the reduction of maternal mortality and morbidity and to ensure the availability of 24/7 emergency obstetric and newborn care (EmONC) services, the Ministry of Health and Family Welfare (MOHFW) with technical support from UNFPA developed and disseminated a National Strategy for Maternal Health 2019-30 with Standard Operating Procedures (SOPs) to support implementation. UNFPA will ensure support to MOHFW to implement the national strategy in the coming year.
- Further work was undertaken by UNFPA to support the implementation of the National Action Plan on Postpartum hemorrhage (PPH) & Eclampsia which was developed in 2018. This year, with the support of UNFPA, the Obstetric and Gynecological Society of Bangladesh (OGSB) developed a standard labor room management protocol for all health facilities to support the implementation of this National Action Plan. This protocol will contribute towards ensuring quality service provision and safe deliveries.
- In 2019, UNFPA continued to extend support to the government to ensure the availability and accurate/ routine usage of partographs. Consequently, partograph usage during delivery has increased from 19% in 2017 to 72% in 2019. UNFPA has also supported the government to ensure the availability of life-saving drugs in all health facilities. As a result of ongoing efforts, in 2019, 98% of upazila health complexes are reported to have been able to provide EmONC services without any stock outs of life-saving drugs (in the last 6 months).

Family Planning

Family planning is at the very core of women's empowerment and gender equality. It is the information, means, and methods that allow individuals to decide if and when to have children. Ensuring access to voluntary family planning is a human right.

- In 2019, UNFPA Bangladesh solidified efforts to ensure access to safe and voluntary family planning methods and counselling. Work was undertaken, to ensure access to a variety of quality contraceptives in government health facilities. Data systems were strengthened to support this work and advocacy efforts played a significant role in ensuring the availability of policies supportive of family planning.



- With support from UNFPA, the National Policies and Standards on Family Planning was endorsed by the Directorate General of Family Planning (DGFP), and has been printed and disseminated among the programme managers and service providers throughout the country. This policy guideline will bring uniformity and clarity to direct the implementation of a coherent and coordinated FP programme with emphasis on quality and standards.
- UNFPA supported the Government of Bangladesh (DGFP) to undertake 2 significant research studies- the results of which have played a significant role in policy change and programme scale up by the government. The 1st of which was a study measuring the effectiveness of an intervention delaying early pregnancy among newlywed couples through engaging marriage registrars. The remarkable results from this study have resulted in the DGFP committing to scale up this intervention gradually in the districts with a high burden of child marriage and adolescent pregnancy. The 2nd a feasibility study on the administration of 1st dose Injectable Contraceptives (DPMA) has resulted in the DGFP approval of a new policy which will allow trained community health care providers (CHCP) and family welfare assistant (FWA) to provide 1st dose of injectable contraceptives. It is expected that, with this policy change access to family planning services will improve and discontinuation rate will reduce.

- With UNFPA support, the DGFP has introduced the District Health Information System-2 (DHIS2) by modifying existing service statistics. This has resulted in improvements to reporting quality. In addition, UNFPA also provided support to the Directorate General of Family Planning (DGFP) to maintain and improve stock status of the family planning commodities and maternal and Child Health(MCH) drugs. As a result, 99% of upazila health complexes were without stock out of modern contraceptives and improved the community distribution of misoprostol among the pregnant women.



- A total of 81 service providers were capacitated in 2019 to provide non-clinical contraception including postpartum FP provision. This has resulted in the percentage of Upazila Health Complexes providing postpartum intrauterine device (PPIUD) to increase from 28% in 2018 to 45% in 2019. A resounding 1,677 PPIUDs were inserted in 2019.
- As a result of UNFPA support, a total of 544 service delivery points, now have trained service providers to provide adolescent friendly SRHR services. In 2019, a total of 19,037 adolescent's received SRHR information and services.

Obstetric Fistula

Obstetric fistula is the result of obstructed labour, a major cause of maternal mortality. It is preventable, however, lack of timely access to quality emergency obstetric care and harmful practices are often the prevailing cause of this condition.

- In 2019, the Government of Bangladesh, with the support of UNFPA, renewed its commitment to end obstetric fistula through the development and launch of the Second National Strategy to End Obstetric Fistula. The commitment of the government of Bangladesh (DGHS) was demonstrated through the development and implementation of a number of important tools intended to strengthen the existing health system and capacity. Notably, the development and standardisation of a fistula data recording tool for government Medical College hospitals and private hospitals to improve surveillance, the development of an awareness-building poster for the fistula to use in the district and sub- district level to prevent future occurrence of fistula and the development of a pocket handbook on fistula for field level health workers for fistula identification, referral and prevention.

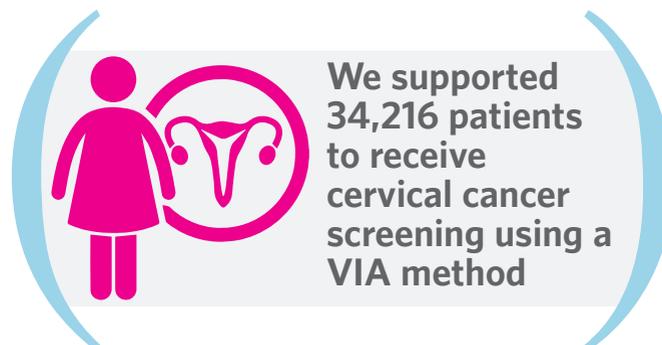


- In addition, 15 functional fistula corners were successfully established in district level facilities. This achievement will contribute to the development of a responsive health system for the prevention of fistula to improve fistula identification and increase access to treatment. In 2019, approximately 12,000 women were screened for fistula. Of these women approximately 900 were identified with genital fistula, 650 were referred to the referral facilities for management and 583 cases were repaired.

Cervical Cancer

Cervical cancer is the most common cancer for women in most parts of the world. It is a preventable disease through timely vaccination and screening. However, in Bangladesh, more than 5,000 women die from cervical cancer every year.

- 2019 was a crucial year for cervical cancer programming in Bangladesh. The National Cervical Cancer Strategy which was approved and disseminated in 2018, was used to develop a corresponding Costed Action Plan in collaboration with the WHO, which is now under review for approval by the government. The implementation of this action plan will ensure progress is made towards increasing access to cervical cancer screening and treatment in Bangladesh.



- Through the support of UNFPA, OGSB was capacitated and authorized by the government to provide training on cervical cancer screening. This will help scale up the support provided to Bangabandhu Sheikh Mujib Medical University (BSMMU) which is currently the sole trainer in this area to further strengthen capacity in Bangladesh and ensure service availability.
- In 2019, with UNFPA support, 34,216 patients received cervical cancer screening services using a VIA method and 1344 Visual Inspection with Acetic Acid (VIA) positive patients were referred to tertiary facilities for further diagnosis and treatment.

Health Sector Response to GBV

Ensuring the availability of comprehensive support to women who suffer violence requires concerted efforts from multiple-sectors. The health sector in particular has a significant opportunity to provide 1st line support to survivors of violence. This is due to the probability that most women are likely to visit a health facility at some point in time.

- In 2019, with the support of UNFPA, a web-based Clinical Management of Rape (CMR) module in Bengali was developed and launched by the Ministry of Health and Family Welfare (MoHFW). This important resource will be used to strengthen the capacity of health service providers to provide clinical management of rape services at both the central and local levels.

HIV and STIs

Sexually transmitted infections pose severe consequences for individuals and communities. Whilst they are serious diseases on their own, left untreated can lead to other complications and poor health outcomes. The very presence of untreated sexually transmitted infections also increases the likelihood of HIV infection and transmission.

- In 2019, UNFPA Bangladesh supported the National AIDS/STD Programme of Directorate General of Health Services to establish a Sexually Transmitted Infections STI through the Institute of Epidemiology, Disease Control and Research (IEDCR). This STI surveillance system is the 1st of its kind in Bangladesh and provides much needed evidence to support the development of a population level STI prevention and response programme in the coming year.
- UNFPA also supported the National AIDS/STD, DGHS to develop the 1st ever National STI Strategy with a costed action plan which is now under review for approval from the MoHFW. The National STI strategy will guide the STI response of the country for the period of 2019- 2027. The goal of the strategy is to bridge to the ongoing implementation of the 4th Five Year Sector Program (HPNSP) and coordinate with the implementation of the plan. These 2 achievements bring Bangladesh closer to establishing a nationwide diagnosis and treatment programme which will vastly improve health outcomes and save lives.

A woman in a blue long-sleeved shirt and a light-colored checkered headscarf is walking outdoors. She is carrying a large, round, woven basket on her back and holding a long, dark wooden tool, possibly a pestle or mallet, over her shoulder. The background shows lush green trees and a simple wooden structure. A blue text box is overlaid on the lower part of the image.

“At first, I thought my fistula was something normal, and that it could be cured with traditional herbal medicine.”

- Marma (55), Bandarban

"I have been suffering from fistula for the past 20 years, and I didn't know where to go for treatment or who to tell what was going on inside my mind", says 55-year-old Marma. "I live in a village called Krikhong Para in Bandarban Sadar Upazila. I had been living with fistula since the birth of my first child in 1995. I went through a long and painful labor and it took almost 18 hours to give birth to a baby girl. Sadly, my baby did not survive. At first, I thought my fistula was something normal, and that it would be cured soon with traditional herbal medicine. Later, I gave up trying."

Obstetric fistula is a hole in the birth canal caused by prolonged obstructed labor, without prompt medical intervention. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation, and deepening poverty.

Fistula patient screening is one of the priorities of UNFPA's programme in ensuring universal sexual and reproductive health and rights of women and girls. In order to reach fistula patients, we provided technical support to establish a fistula corner in the Bandarban District Hospital. We also ensured that relevant authorities in Bandarban are aware that if a patient with fistula is discovered, she should be immediately directed to the civil surgeon or the UNFPA District Officer.

"I was surprised when UNFPA visited my house and spoke to me about my condition. With their help, I visited the Community Clinic, and was then sent to the District Hospital. At the hospital, the doctor performed surgery on me to treat the fistula. I am so happy that my fistula was cured and I am finally able to live a normal life again."



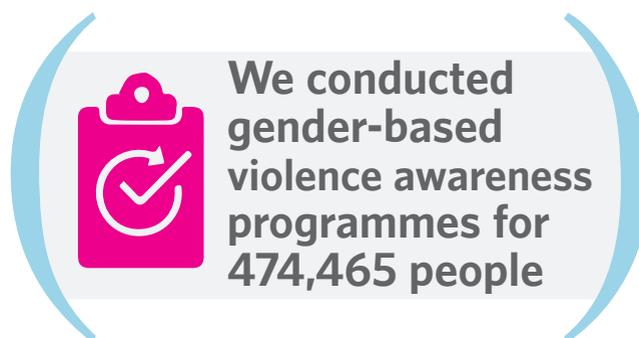
Gender

Gender equality is a fundamental human right and is essential for advancing development and reducing poverty. Empowered women contribute to the health and productivity of entire families and communities, and the roles they play as caregivers improve prospects for the next generation. In Bangladesh, women account for the majority of the poor and experience greater deprivation and vulnerability to poverty and socioeconomic adversity due to their status in society. Violence against women is prevalent throughout Bangladesh and it is estimated that nearly two thirds of women in Bangladesh have experienced sexual and gender-based violence in their lives.

In 2019, UNFPA Bangladesh continued with increased momentum to advocate for gender equality and women's and girls' empowerment. Throughout the year, efforts were intensified to promote legal and policy reforms and provide technical assistance to ensure gender-sensitive data collection, while supporting initiatives that improve women's and adolescent girls' sexual and reproductive health and rights.

OUR RESULTS IN 2019

- Gender equality and prevention of Gender-based violence (GBV) **10 specific actions to address sexual harassment** have been adopted by the government, development partners, UN Agencies and I/NGOs through a high level national dialogue during *16 Days of Activism* jointly led by UNFPA and UN Women. These actions will be implemented and further policy advocacy will be undertaken to address sexual harassment against women and girls in the country.



- For the first time, **a country profile on Gender-Biased Sex Selection has been developed** for Bangladesh following a technical study on "Exploring Gender-Biased Sex Selection in Bangladesh: Causes and Consequences" supported by UNFPA. This has raised the profile of Gender-Biased Sex Selection and initiated important discussions at a national level to address this harmful practice.
- For the first time in Bangladesh, with the support of UNFPA, **MoWCA developed a plan to implement GBV and SRHR recommendations** which were received from the 3rd Universal Periodic Review (UPR) report on *women's human rights* which was submitted to the UN Human Rights Council (UNHRC) in 2018.
- The **MoWCA developed an operational guideline for NNPC** (local VAW Committee) which will be used to further implement and improve coordination amongst GBV service providers in districts across the country.
- The Labour Inspectors of the Department of Inspection for Factories and Establishments (DIFE), through the support of UNFPA, have been **capacitated to monitor GBV and SRHR issues in the factories using a checklist developed with UNFPA** technical support. In 2019, this resulted in 15 RMG factories receiving GBV and SRHR related recommendations to **improve labour standards**.

- As a result of revisions made to the *National Action Plan on Violence against Women (NAP-VAW)*, MoWCA, with UNFPA technical support, developed an **annualized results framework** in collaboration with relevant ministries. **This framework will be used to allocate resources for the activities and monitor implementation of the plan.**



- **Referral mechanisms were established** in four (4) districts (Jamalpur, Bogura, Patuakhali and Cox's Bazar) with UNFPA support to ensure the provision of coordinated and comprehensive services for GBV survivors in both development and humanitarian settings. As a result, **2,833** women and girls were referred to multi sectoral services and **6,501** women and girls who were at risk of GBV used services ranging from medical, psycho social and legal services.

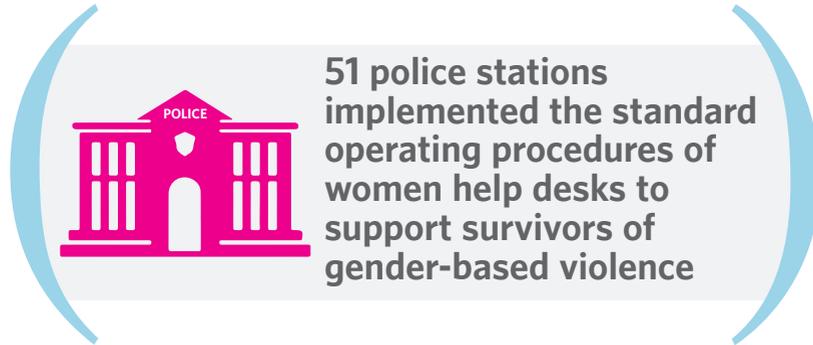


- **474,465** people were reached through **GBV awareness programmes** implemented through engagement of VAW prevention committees at district, upazila and union level. In total, **122 local VAW prevention committees have been made fully active** and as a result they have addressed **129 GBV and Child marriage cases** successfully.



- In 2019, UNFPA continued to work with Bangladesh Police in responding to women and girl survivors on GBV issues. As a result, a total of **12,277** women and girls received GBV- related services ranging from investigation, counseling, referral services, etc. from 27 Women Help Desks (WHD), which were especially established for women and girl survivors in the Police Stations.
- The Bangladesh Police, with UNFPA technical support, also developed a community awareness module for sensitizing communities about their services and increasing women's and girls' access to the services offered by police stations. Based on a cellphone survey conducted in 2019, approximately **72%** of the respondents claimed they were satisfied with the services received at these Women Help Desks, which is an **11%** increase from the baseline in 2017.

- The Bangladesh Police also made a decision through a high level meeting to adopt and roll out the **Standard Operating Procedures (SOP) of Women Help Desk (WHD)**, developed through UNFPA technical support, in all Police Stations across the country. This was implemented in **51** police stations at the district level and selected metropolitan level police stations.



A close-up portrait of a young woman with dark hair pulled back, smiling warmly. She is wearing a teal police uniform with a badge on her chest and a shoulder insignia. The background is softly blurred, showing red and white vertical stripes.

"I feel that creating a safe environment for women and girls is my duty towards my people, my community, and my country."

- Aklima, Sub-Inspector, Pallabi Police Station

"I am responsible for the safety of women and children, two of the most vulnerable groups in our country. This means that I can't treat their cases like other cases. I have to listen; I have to feel. Most police officers don't take a personal interest in such cases. But to me, I feel that creating a safe environment for women and girls is my duty towards my people, my community, and my country.

As a sub-inspector at the Women Help Desk at the Pallabi Police Station, I handle cases of gender-based violence. I have received a lot of training but I don't think that any amount of theoretical training can replace the real-life learning that we experience at a Women Help Desk.

I think one of the biggest lessons I've learned is that the truth doesn't always match the circumstance. A seven-year-old disabled girl was bleeding from her ears, which led her parents to bring her to us. It was clear that she had been sexually abused, but the culprit was yet to be found. Her family members blamed one man, but we eventually found out that he had nothing to do with it. Through my many discussions with the survivor and her family, I realised that her brother-in-law was acting strange. Due to his aggression and other behavioural issues, I had a feeling he could be the real culprit. My instincts were right.

I made sure that legal action was immediately taken. I also referred the survivor to other critical services such as psycho-social and health services."

In Bangladesh, 72.6% of women have experienced some type of violence by an intimate partner in their lifetime. However, some strong women are coming out in support of their more vulnerable sisters. Aklima is one such woman. With UNFPA's support, the Bangladesh Police has established 31 Women Help Desks in four districts and in the Dhaka metropolitan area. More help desks are planned to be established across the country, to ensure that all women and girls can live in a safer Bangladesh.



Adolescent & Youth

UNFPA works closely with our partners, to ensure young people have access to sexual and reproductive health information, counselling and services, including contraception, in order to make informed decisions about life-changing matters. We also advocate for the inclusion of comprehensive sexuality education into school curricula as life skills education and work within communities to end child marriage. Bangladesh has the highest adolescent pregnancy rate outside Sub-Saharan Africa with 113 out of 1,000 teenage girls falling pregnant before the age of 19. The primary cause for adolescent pregnancy lies in the high rate of child marriage in Bangladesh, which is one of the highest in the world.

In 2019, we undertook a number of actions to achieve our commitments to the adolescents and youth of Bangladesh. This year, through advocacy, policy dialogues and technical assistance, we expanded our programmes in ensuring increased access and availability of sexual and reproductive health and rights information and services, gender-responsive life skills education, and prevention of child marriage. We worked with a multitude of partners, in particular young people themselves, to advocate for the expansion of life skills education to ensure more adolescents can be reached.

OUR RESULTS IN 2019

Life Skills Education

- The Bangladesh National Skills Development Authority (NSDA) with technical support from UNFPA, **finalized and printed the Competency Standards (CS) for life skills training** for Technical Vocational Education and Training (TVET). Based on these Competency Standards, the NSDA developed Competency Based Learning Materials (CBLM) in English, which were finalized and printed in 2019. The Bengali translation of these materials will be completed in 2020, subsequent to which they will be printed and disseminated to vocational training providers. It is envisaged that life skills education will become part of the vocational training courses in Bangladesh, allowing for a systematic and standardised application, among vocational training providers.



A total of 158,550 adolescents received life skills and sexual and reproductive health education from 300 secondary schools and 50 madrasahs through the Generation-Breakthrough project which successfully came to an end in 2019

- **The Ministry of Youth and Sports (MoYS) together with UNFPA finalized the report of the Youth Development Index** which will be submitted to the inter-ministerial committee for their approval in 2020. This report highlights issues faced by youth and measures progress made against several thematic areas, e.g. health, education, employment, participation and inclusion; that align with the national policies of Bangladesh and inform the status in reference to regional and international commitments.
- **Two episodes of the Shanana cartoon and the Dosh Unisher Mor radio programme were disseminated**, which covers topics of gender diversity and sexual reproductive health targeting youth and adolescents, to all secondary schools and madrasas in Bangladesh. This has created an opportunity for all school-going adolescents to better understand SRHR and gender issues.



Generation Breakthrough

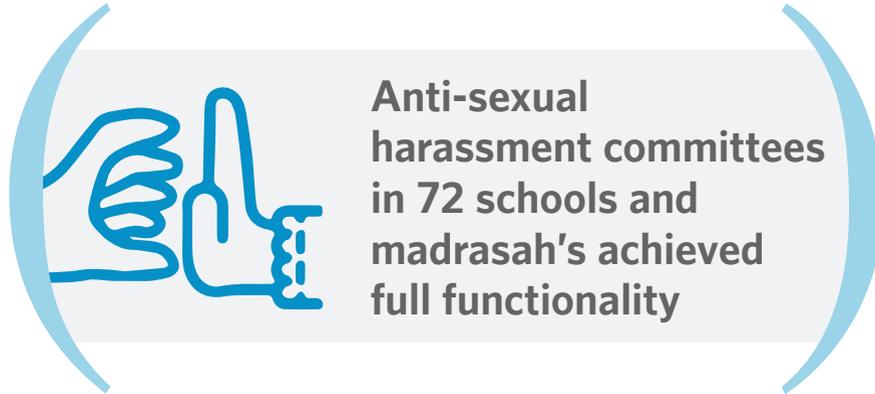
- **The effective implementation of the Generation Breakthrough (GB) project continued in 2019**, with several key results being achieved at the culmination of the project on 31 December 2019. Results from the end line survey of the project show that interventions have resulted in significant improvements in knowledge, attitude and practices on SRHR and gender issues, among students in schools/madrasas and clubs. Overall, students have developed numerous skills to protect themselves from GBV and most are able to identify services which provide GBV prevention and adolescent friendly health services.

- **The helpline established through the project with support from UNFPA is now available for all adolescents** to access information and counselling on Sexual Reproductive Health (SRH) and GBV issues. In 2019, a total of 6,427 adolescents received services from the helpline, and cumulatively 20,862 adolescents availed services since 2016.
- A total of 158,550 adolescents (multiple count) received life skills and SRH education from 300 secondary schools and 50 madrasahs and increased their awareness on SRHR information and services and can now comfortably seek services within their reach.



A total of 3,240 adolescent girls completed the life skills education curriculum delivered through adolescent clubs of the Global Programme to End Child Marriage

- **In 2019, the Directorate of Secondary and Higher Education (DHSE), Ministry of Education expanded the life skills and SRH education** to replicate the Generation Breakthrough model. An additional 250 secondary schools within five target districts commenced the training of Master Trainers, so that life skills education can be delivered to all students in these schools in 2020. During the reporting year, ongoing community engagement contributed to 1,895 community stakeholders speaking in favour of providing Life Skills Education (LSE) to adolescents.



Child Marriage

- **A total of 3,240 adolescent girls completed the life skills education curriculum delivered through the adolescent clubs of the Global Programme to End Child Marriage (GPECM).** These life skills education sessions not only empowered adolescent girls but also increased their understanding of the negative effects of child marriage. With increased skills and knowledge on the consequences of child marriage, it is expected these adolescent girls will stand up against child marriage in their own community.
- **In 2019, the anti-sexual harassment committees achieved full functionality in 72 schools and madrasahs and the committee member spoke against child and forced marriages** during public events organized for adolescent girls and community stakeholders. Finally, the community engagement action taken on ending child marriage, resulted in 1,523 community stakeholders supporting marriage after 18 years old.



"I pleaded with my parents to not give my 15 year old sister in marriage."

- Iqbal* (13), Katupalong Camp, Ukhiya, Cox's Bazar

"My name is Iqbal and I am thirteen years old. I live in a camp in Kutupalong, Ukhiya in Cox's Bazar district. While in the camps here, I noticed that many parents worry about the future of their children, especially their daughters. I saw many parents marrying off their daughters at a very young age. This was very common in the camps and it made me very sad.

One day, a volunteer from Plan International asked me to join a programme called "Champions of Change", which provides life skills education to boys who are around my age. I became very interested in the sessions and I started attending regularly. The sessions were very engaging and explained to us different things that we usually do not talk about, such as how we should treat girls with respect and care.

We also discussed a lot about child marriage. Through the sessions, I realised that marrying a girl before she turns 18 years is not right. It affects her life in so many ways. This made me worry about my sister. She is 15 years old. My parents had been receiving many proposals to marry her off. One day, when they were discussing it, I spoke up. I explained to them what I had learned - about how child marriage can harm a girl. I pleaded with my parents to not give my sister in marriage. Sadly, I could not stop my sister's marriage, but my parents did decide to push the event until six months or one year later. They promised to think about their decision during this time.

I was happy that I was able to at least postpone the wedding, and that my parents said that they will think about the decision again. This inspired me to share my family's story with my friends and relatives. My friends also understand that child marriage is a curse for boys and girls. I will continue to share this message so that parents do not marry off their young daughters."



Population Dynamics

Population trends and dynamics play a powerful role in development, and must therefore be factored into planning and policy decisions. Population size and structure impact a country's economy as well as its ability to provide social protections and access to health care, education, housing, sanitation, water, food and energy. Through censuses and surveys, UNFPA supports the collection of demographic information around the world, and engages in policy discussions at the global, regional and national levels to ensure evidence-based decision-making.

With a population estimated at close to 160 million, Bangladesh averages more than 1,000 people per square kilometer throughout the country, making it one of the most densely populated countries in the world. It is also one of the most populated countries. Additionally, 20% of the population comprise of young people between the ages of 15-24 years, which provides vast opportunity for development if the right investments are made. UNFPA supports Bangladesh in identifying and understanding these important population dynamics, and in ensuring that they shape national policies and plans.

In 2019, we made significant progress towards strengthening the capacity of national institutions to disaggregate, analyze, and disseminate quality population level data in a user-friendly manner. Significant efforts were made to ensure that data collected by government institutions is of high quality, upholds international principles and standards, and produces data that can be widely disseminated and utilized for development. In the year of the ICPD25, concerted action was also undertaken through advocacy and engagement initiatives to support parliamentarians in their efforts to advocate for the ICPD agenda at a national and local level.

OUR RESULTS IN 2019

Strengthening national capacities

- **Population and Housing Census 2021 questionnaire was drafted.** The Bangladesh Bureau of Statistics (BBS), with UNFPA technical support, drafted both the short-form and long-form questionnaires for the Bangladesh Population and Housing Census which will be conducted in 2021. Furthermore, UNFPA Bangladesh, in collaboration with the Economic Relations Division (ERD), organized a consultation meeting with development partners to harness support to ensure the Population Census 2021 is undertaken with ease and as efficiently as possible.
- **BAPPD developed a three-year advocacy plan.** With UNFPA support, the Bangladesh Association of Parliamentarians on Population and Development (BAPPD) developed a three-year advocacy plan. The priority policy advocacy issues included in this plan are - i) Improving maternal health, Ensuring safe delivery and family planning (FP), ii) Eliminating child marriage and preventing GBV, and iii) Population dynamics and youth development. This plan provides the guidance to support the three sub- committees of BAPPD to advocate to the Parliamentary Standing Committees and concerned ministries to increase the required budgets for the aforesaid issues and to enact laws/policies to achieve the SDGs and ICPD PoA.



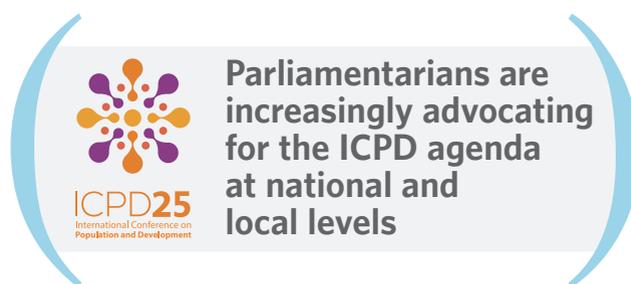
- **Geo-coded digital small-area maps of disaster-prone districts were produced.** In 2019, BBS, with UNFPA support, prepared four geo-databases to generate a small area digital atlas. The global positioning system (GPS) was used to identify the landmarks of four disaster-prone districts (namely Bhola, Jhalokathi, Pirojpur and Barisal) to gain information related to available facilities such as education institutions, health facilities and cyclone shelters where disaster- affected people can take shelter. The map also included population data based on the 2011 Census and geo-codes of all administrative units of the district. These maps will be used in local-level planning to ensure preparedness ahead of any natural disasters.

- **Population Situation Analysis (PSA) was conducted.** UNFPA Bangladesh conducted a Population Situation Analysis (PSA) in partnership with the Department of Population Sciences of Dhaka University. The PSA provides a comprehensive analysis of the population situation and demographic trends in Bangladesh, through reliable data and evidence. This has supported the United Nations inter-agency process of the Common Country Analysis (CCA) to ensure that Sexual Reproductive Health (SRH) and Population Dynamics are integrated into the priorities of the upcoming United Nations Sustainable Development Cooperation Framework (UNSDCF).
- **Gender-biased sex selection study was completed.** As part of UNFPA's global programme on Gender Biased Sex Selection, UNFPA Bangladesh in collaboration with the Department of Population Sciences of the University of Dhaka, successfully completed a study on "Exploring Gender-Biased Sex Selection in Bangladesh" using primary data. The study suggests that the Bangladesh society as a whole is at a high risk of becoming gender-biased and sex-selective at birth. Notably, the study highlights the existence of a high desired sex ratio at birth (SRB) and son preference across the country. Additionally, other demographic, socioeconomic, cultural, spatial and technological factors were identified which could impact the Sex Ratio in Bangladesh. The results from this study have initiated important discussions within government ministries to ensure that this issue receives the attention it warrants and the necessary action to address the issue.



45 Senior Government Officials and SDG focal persons of different ministries were capacitated to measure and report on the 16 SDG indicators under UNFPA's commitment

- **Maternal morbidity data was collected through MICS.** UNFPA Bangladesh in collaboration with UNICEF and BBS introduced a new module in the Multiple Indicator Cluster Survey (MICS) survey which was completed in 2019. UNFPA provided necessary technical support to BBS and UNICEF to collect the data for this new module. The inclusion of this module has made data available relating to maternal morbidity in Bangladesh- which will be highly useful in future programme planning.
- **The capacity of MPs and Government officials was enhanced.** During the reporting period, several capacity building initiatives were undertaken to strengthen the capacity of government officials and to sensitize policy makers on the ICPD including population and development issues. Firstly, 45 senior government officials and SDG focal persons of different ministries were capacitated to measure and report on the 16 SDG indicators under UNFPA commitment. Secondly, 19 government officials successfully completed a three-month long Diploma Course on Population, Reproductive Health and Gender Issues from Population Sciences Department, Dhaka University. Thirdly, 22 government officials from different ministries and divisions completed a certificate course on the demographic dividend in Bangladesh from the Population Sciences Department of the University of Dhaka supported by UNFPA. In addition, 60 Members of Parliament (MPs) and GOB Officials were sensitized on the changing population dynamics and unfinished agenda of the ICPD through orientation workshops organized by the Bangladesh Parliament and BAPPD. Lastly, the General Economics Division (GED) enhanced the knowledge and understanding of 65 government officials on population and development issues which will enable them to develop and evaluate appropriate plans and policies relating to ICPD25.



- **Parliamentary Standing Committees provided recommendations on P&D issues.** The Parliamentary Standing Committee on the Ministry of Women and Children Affairs (MoWCA) provided three specific recommendations to MoWCA. These include; - 1) Mandatory 12- grade education to stop child marriage; 2) Creation of the provision of a student counsellor in all schools and colleges; and 3) Organisation of a session on the harmful consequences on child marriage on a weekly basis in school and colleges. MoWCA have committed to work with the Ministry of Education (MoE) on the implementation of these important recommendations.
- **Advocacy material was produced.** Three advocacy materials were produced during the reporting period. These include; - 1) Changing Population Age Structure and its Implications for Development, 2) Demographic Transition towards Elderly: Challenges to Achieve SDGs, and 3) Trends, Patterns and Implications of Adolescent Motherhood in Bangladesh. The materials were successfully used to sensitise and capacitate policymakers, high-level government officials and other relevant officials/experts on the population age structure shift and the resulting implications for socio-economic development with a focus on planning.

Population Policy

- **Maternal Health Protection Bill was handed over to MoHFW.** The Maternal Health Protection Bill, drafted by the sub-committee 'Improving Maternal Health, Ensuring Safe Delivery and Family Planning' of BAPPD in collaboration with UNFPA, was handed over to the Minister of the Ministry of Health and Family Welfare (MoHFW). The Health Minister directed the health ministry Secretary to examine and process the Bill. The Bill will contribute to reducing maternal mortality and morbidity in the country by ensuring emergency medical services, notifying maternal death accurately and ensuring the accountability of service providers and family members.
- **Policy papers were produced by the Population Expert Group.** The population expert group formed under GED leadership with UNFPA support is comprised of renowned experts in population and development disciplines. This group provides the necessary support to the GED in formulating national plans and policies. In 2019, the expert group members produced four policy papers which were discussed in expert group meetings. Based on the meetings decisions, the expert forum provided specific recommendations to the GED which will guide the planners and decision makers in the formulation of 8th Five Year Plan (2021-2025) and other respective development plans of the Government. The policy papers discussed in the meetings include; -1) The Unfinished Agenda of the ICPD Programme of Action in Bangladesh; 2) Trends and Patterns of Age-specific Fertility Rates, Adolescent Pregnancy and its Implications on Socio-economic Development for Bangladesh; 3) Unmet need for Family Planning: Challenges to Achieving SDGs; and 4) Harnessing the demographic dividend – a matter of urgent action.



- **Parliamentarians are advocating for the ICPD agenda at national and local levels.** UNFPA Bangladesh organized a high level policy dialogue with Parliamentarians (MP) at the Bangladesh Parliament Secretariat which engaged the Hon'ble Speaker and Chief Whip. The policy dialogue included the presence of the UNFPA Asia Pacific Regional Office (APRO) Regional Director who advocated for the ICPD25 to galvanise and strengthen the commitment of the Parliamentarians to achieve unfinished ICPD Programme of Action (PoA) in Bangladesh. As a result of UNFPA's advocacy with Members of Parliament (MP) on the ICPD agenda, six Members of Parliament (MP) including the Hon'ble Speaker and Chair of the Bangladesh Association of Parliamentarians on Population and Development (BAPPD) advocated on population and development issues during the budget session in 2019. Additionally, four MPs, local administration (Deputy Commissioner, District Superintendent of Police and Upazila Nirbahi Officer) and locally elected representatives spoke openly on the ICPD agenda at local level meetings held with the community. These meetings were organised by the Parliament Secretariat and local administration in Rangpur, Moulvibazar, Rajshahi, Sirajganj and Gazipur districts. Furthermore, 16 district administrations spoke in favour of UNFPA commitments in the local meetings and made decisions/recommendations on issues related to ICPD agenda.



"I am actively advocating for the inclusion of the ICPD agenda into the 8th Five Year Plan to pave our way towards a sustainable and equitable future."

- Aroma Dutta, Honorable Member of Parliament

"As a Member of Parliament, we place people at the forefront of our work. Their rights and choices are inalienable regardless of their origin or identity, and our success lies within the assertion and enactment of those rights.

Being a long-standing champion of women's rights with a 40 year-long track-record of working at the grassroots to empower disadvantaged women, I found the ICPD25 conference held in Nairobi in November 2019, as a consequential event for the lives of millions of women and girls.

With my participation, facilitated by UNFPA, I got a grasp of the progress the world has made from Cairo to Nairobi in terms of making reproductive rights and choices a reality for everyone, everywhere. Reflecting on our own achievements, I see how much has changed in Bangladesh over the last decade. We have performed well in the population and development front, achieving a near replacement fertility rate and substantially bringing down maternal mortality.

But the sense of all these achievements fade away when we look at the burgeoning rate of gender-based violence. At the same time, the progress we have made is stagnant, particularly in the rate of contraceptive prevalence. We must collaboratively work to achieve the SDGs and the newly devised Agenda 2041 for Bangladesh, by addressing these gaps, and by recognizing health and population issues as cross-cutting across socio-economic development. This is why I am actively advocating for the inclusion of the ICPD agenda into the upcoming 8th Five Year Plan (2021-2025) to pave our way towards a sustainable and equitable future.

Certainly, we have been able to secure a better life for many in Bangladesh, but unfortunately, not for all. If we are to deliver on the underpinning principle of the SDGs - "leave no one behind" - we will have to put concerted focus on the urban poor and the other left-behind cohorts of the population. At the same time, we need to engage young people in advancing the ICPD agenda, while empowering them with the right skill set and quality education to harness their potential.

As a follow up to the Nairobi Summit, we, the government, UN and other development partners, should come together to devise a forward-looking comprehensive action plan, bringing in the perspective of the rapidly changing population dynamics in Bangladesh. Through this, we can collectively progress towards building a better Bangladesh, conducive to the rights and choices of all people."



Humanitarian

During natural disasters and other emergencies, sexual and reproductive health needs are easily overlooked – yet these needs are often staggering. In crisis situations, one in five women of childbearing age is likely to be pregnant. Without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women also lose access to family planning, exposing them to unwanted pregnancies in perilous conditions. In Bangladesh, UNFPA works closely with national partners to ensure women and girls are not denied their sexual and reproductive health and rights, including hygiene, during humanitarian situations, and also ensure they do not face any sexual violence or exploitation.

Currently, more than 900,000 stateless Rohingya refugees are residing in congested camps in Ukhiya and Teknaf Upazilas. Two years into the crisis, UNFPA continues to respond to the Rohingya crisis, and has supported thousands of women and girls in camp settings and the affected host community population. Comprehensive sexual and reproductive health and rights service provision in camps and settlements have been further expanded through UNFPA led coordination mechanisms, resulting in significant increases in access to lifesaving facility delivery and voluntary family planning methods. Access to gender-based violence prevention mechanisms have also increased, ensuring more women and girls are on the road to recovery and empowerment.

UNFPA has also solidified our national-level emergency preparedness and response mechanisms in 2019. Significant efforts were made to strengthen internal and external capacities to deliver on humanitarian preparedness and response across the country, including during natural disasters.

OUR RESULTS IN 2019

ROHINGYA RESPONSE

Sexual and Reproductive Health and Rights

- In 2019, UNFPA deployed 146 lifesaving midwives. These midwives were deployed to UNFPA supported health facilities and women friendly spaces. As a result 124,141 received antenatal care and 18,630 women were provided with post- natal care. 6,748 facility-based deliveries were recorded, all of which were supported by midwives.
- UNFPA also launched 13 referral hubs to operate 24/7 in 7 camps. As a result of improvements to referral coordination mechanisms, **15,437 lifesaving emergency referrals services were provided in 2019.**



- UNFPA also ensured the availability of all types of right-based family planning, in all UNFPA supported health facilities. In 2019, a total of **122,656** patients received family planning services, which included first time visits and revisits. Training provided by UNFPA to front line service providers (midwives and paramedics) on comprehensive family planning services and counseling, including long acting reversible contraceptives, has contributed to this increased number of family planning counselling sessions.
- Through the deployment of midwives in WFS, a total of **22,345** service users received syndromic management for STIs, 1135 received menstrual regulation and 109 received lifesaving post abortion care.

- In order to ensure the availability of comprehensive SRHR services, the cervical cancer screening programme was scaled up and established in 13 health facilities. As a result of this service expansion, a total of 7,331 women were provided with lifesaving screening for cervical cancer.
- In 2019, UNFPA continues to lead the SRHR Working Group in Cox's Bazar. The working group successfully coordinated the necessary shift from the implementation of the minimum initial service package (MISP) to the provision of **comprehensive SRHR services in all camps and settlements**. This was achieved through ongoing technical support and coordination provided by UNFPA, to build the capacity of all partners delivering SRHR services. In total 59 different SRHR training for midwives and other healthcare providers were supported through the WG.
- Additionally, the SRHR WG, successfully convened and coordinated the multilateral Maternal and Perinatal Mortality Surveillance and Response (MPMSR) committee, which operationalized MPMSR in the camp settings. **From the month of September 2019 community based maternal mortality surveillance was initiated in camp settings.**

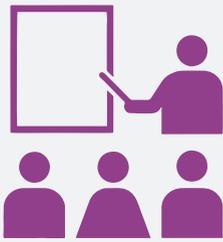


Gender-based Violence

- In 2019, UNFPA scaled up its efforts to increase the availability of information and services to prevent and address GBV and harmful practices. Interventions focused on mental health and psychosocial support (MHPSS), were integrated with SRHR services, and made available to both the refugees and host communities. **As a result of efforts made, MHPSS services were expanded from a total of 21 WFS to 23 WFS.** All of which are now providing comprehensive case management services, access to family planning, clinical management of rape services, general information about GBV and SRHR along with other social awareness issues.
- A total of **18,202** women and girls attended social support activities offered in WFS and at the community level through Women Support Groups. In 2019, Women Support Groups made significant strides in the key areas of women and girls protection and representation at both the community and institutional levels. **Members of the Women Support Groups are now able to sign their names, facilitate awareness sessions with their fellow women and girls and are reported to have the capacity to raise problems and protection issues on behalf of other women and girls to the different authorities- including camp management, for awareness and resolution.**



- A total of 10 Women Led Community Centres introduced structured psychosocial support (PSS) activities to service users, who are now receiving livelihood and vocational training. In total, **16,669** women and girls attended structured PSS activities for the first time in all UNFPA supported women friendly spaces in 2019, and a total of **5,974** women and girls graduated from UNFPA supported livelihoods training. Of those that graduated, **1,133** women and girls are reported to be engaged in Income generating activities.
- A total of **128,348** women and girls received GBV, SRH, hygiene, disaster management, trafficking, drugs, etc information for the first time by attending outreach information sessions. **Outreach sessions were conducted in the community for those women and girls who are unable to come to women friendly spaces further ensuring access to lifesaving information and services.**



128,348 women and girls received information on gender-based violence, sexual and reproductive health and rights, hygiene, disaster management, trafficking, drugs, etc. for the first time

- A total of 95,165 adolescent girls received the GEMS (gender equality movement in school) curriculum in all WFS. This life skill- based curriculum provided the girls with valuable information and skills on gender, emotions, conflict negotiation, relationships, and hygiene. 11,953 men and boys were also engaged in GBV prevention activities through Women Led Community centres as part of ongoing GBV prevention programming.
- In 2019, UNFPA continues to lead the GBV sub-sector (GBV SS) and through the ISCG mobilized approximately USD 12 million as part of the Joint Response Plan 2019. One of its key system strengthening achievements for this year has been the establishment of a coordinated system between the district and camp level services. **This will ensure a functional referral mechanism to enable multi-sectoral response services can be accessed by survivors.** The GBV SS also finalized the Standard Operating Procedure (SOP) for GBV which will guide and support implementing partners to provide comprehensive GBV services in line with international standards.

NATIONAL-LEVEL EMERGENCY PREPAREDNESS & RESPONSE

- In total, 40 staff members and key IP staff completed an intensive simulation training on humanitarian preparedness. **This has resulted in the increased availability of critical human resources in the event of an emergency.**
- A national pool of 54 master trainers was also established to impart MISP training in Bangladesh. In 2019, they successfully provided training to 160 health service providers and program managers including government and NGO emergency workers. **UNFPA Bangladesh and its IPs are now better prepared to effectively operate during humanitarian emergencies, to implement timely, and ensure effective humanitarian assistance in emergencies is delivered in line with UNFPA's commitments.**

MASTER TRAININGS

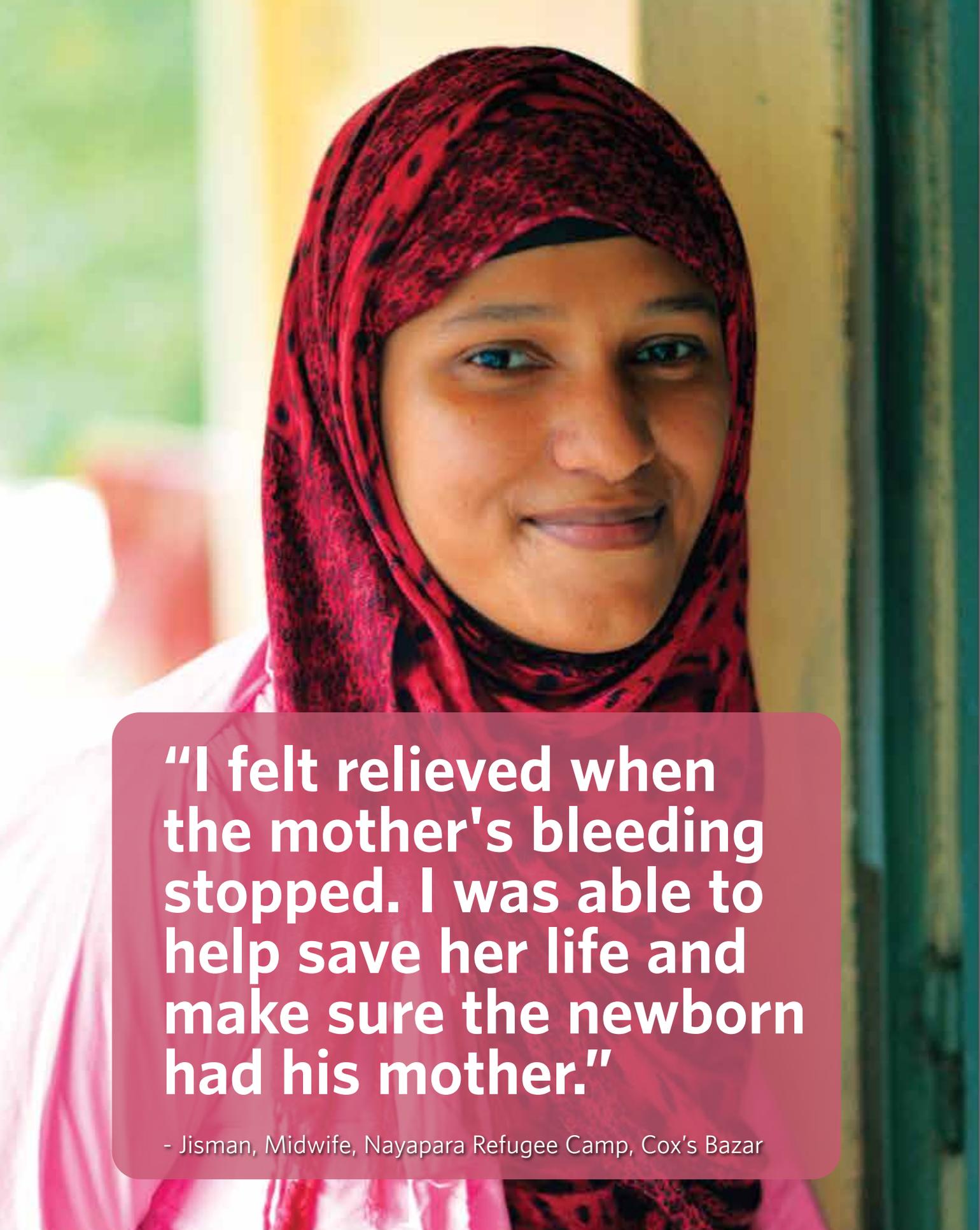
A national pool of 54 master trainings were established to impart the Minimum Essential Services Package (MISP) training across the country

- **UNFPA also ensured sufficient emergency supplies (reproductive health kits, dignity kits, and tents) which enabled an immediate humanitarian response to save the lives of women and girls.** As a result of pre-positioning, 10,188 women were provided with lifesaving reproductive health kits and a total of 25,500 dignity kits were provided to flood-affected women and girls of reproductive age.



23,111 women and girls received multi-sectoral services in response to gender-based violence, through 15 Women Friendly Spaces across the country

- Additionally, 43,425 women and girls (pregnant mothers and adolescent girls) received sexual reproductive health services in 90 mobile camps supported by UNFPA and a total of 12,632 women were served by midwives.
- A total of 15 WFSs were also established including GBV referral pathways to assist survivors of GBV to access multi sectoral services, including medical services, psychosocial counselling, legal support and services to support safety and security. A total of 23,111 women and girls received services through WFS.
- **At the national level, through UNFPA leadership**, the GBV cluster undertook several strategic engagements that ensured the required momentum for GBV in emergency (GBViE) prevention and response mechanisms in 2019. A national protocol for government entities during disaster- 'the Standing Order on Disaster (SOD)' was revised in 2019. Cluster members advocated for the inclusion of GBV and SRHR interventions as lifesaving, which enabled the GBV cluster to successfully mobilized approximately 24% of resources required for the humanitarian flood response plan (HRP) - in response to this year's major monsoon flooding in the north and northwest region.



“I felt relieved when the mother's bleeding stopped. I was able to help save her life and make sure the newborn had his mother.”

- Jisman, Midwife, Nayapara Refugee Camp, Cox's Bazar

"My name is Jisman Khatun and I am a midwife. I work in Teknaf, a natural disaster-prone area in the Nayapara registered refugee camp. I help to take care of women and girls of reproductive age. I started working in RTM International in July 2018. My workplace is a primary health care center that caters to 15,655 women, most of whom are married. The number of girls who get pregnant at an early age is high in the community. Because of this, the level of complications are also high. We are always mentally prepared for a complicated case to take place at any moment.

Up until now, while working in the camp, I have assisted in over 100 childbirths and managed many emergency cases, including eclampsia, PPH (postpartum haemorrhage), prolonged labour, obstructed labour, breech delivery, shoulder dystopia, and CMR (clinical management of rape). Among them, there is one event that I remember especially well.

Just like any other working day, I was on duty and conducting a health education session for mothers who would come for antenatal care service. Suddenly, a community health worker brought in a mother and her newborn, and was shouting that it was an emergency. The patient had been bleeding heavily for over an hour. I called out for help and took the mother's history. I learned that she was a mother of six children, and two hours ago, she had delivered a healthy baby at home by an unskilled person. Unfortunately, the placenta had not been delivered. I emptied her bladder, put in a catheter and another midwife opened an IV channel. I delivered the placenta manually, and after that, the bleeding was under control. We let the mother breastfeed the baby and kept her under close observation, checking on her frequently.

I felt relieved when the mother's bleeding stopped. I was able to help save her life and make sure the newborn had his mother. The mother's family was very pleased with me and they showered me with prayers. It was really one of the most memorable experiences in my career as a midwife."



Leaving No One Behind

All people, regardless of their backgrounds, have rights and responsibilities to fulfill their potential in life, and lead decent, dignified and rewarding lives in a healthy environment. This means that our work needs to reach all segments of society. Those often left behind are people living in poverty and other vulnerable situations, including persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees, internally displaced persons and migrants. Their voices must be heard, and their active participation as agents of change needs to be promoted.

By adopting the 2030 Agenda, Member States, including Bangladesh, have committed to leave no one behind in their implementation of the Sustainable Development Goals (SDGs). This means that the specific needs of vulnerable groups need to be addressed, so that each and every individual can enjoy sustained, inclusive and sustainable economic growth and social progress. In Bangladesh, we provide targeted support to marginalized and vulnerable groups across the country to save lives by ensuring universal access to sexual and reproductive health and reproductive rights and by upholding human rights and dignity, leaving no one behind.

OUR RESULTS IN 2019

Remote Communities

In 2019, UNFPA initiatives supported a total of 416 pregnant women in remote communities through food provision from 8 Midway Homes in Rangamati. Furthermore, 677 pregnant women were also provided with food in government health facilities, and 3,231 pregnant women and mothers received transportation to enable access to ante- and postnatal care checkups.

Sex Workers

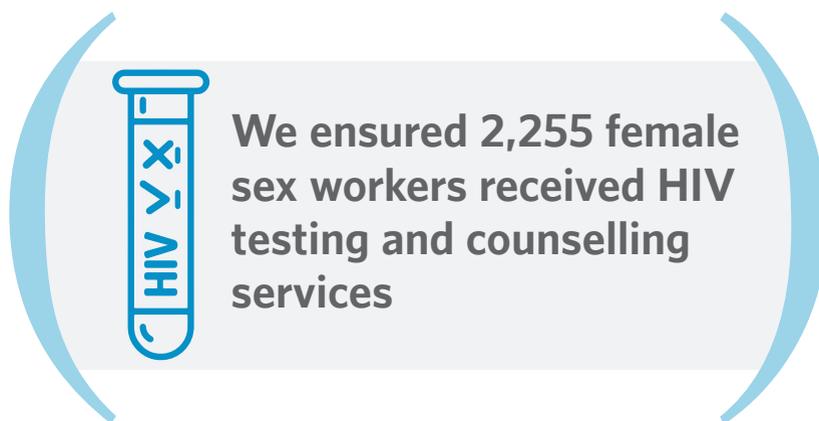
In 2019, UNFPA continued to provide integrated sexual and reproductive health and HIV services to female sex workers in 11 brothels in eight districts of Bangladesh. The following results were achieved:

- 2,009 female sex workers in 11 brothels received carcinoma cervix screening services using a VIA method and 1,996 received treatment services for sexually transmitted infections
- A total of 2,255 female sex workers received HIV testing and counselling services. 1 test was found positive and referred to the Bangabandhu Sheikh Mujib Medical University for confirmation and treatment



- 59 female sex workers received antenatal care. 22 women gave birth and received postnatal care and 16 institutional deliveries were ensured.
- 452 gender based violence (GBV) cases including 12 sexual harassment were mitigated by the Community Squad Team led by CBO leaders.
- 73 female sex workers were brought under the social safety net programme of the government.

- The community based organization (CBO) leaders earned a total BDT 513,246 through social marketing.
- 9 Medical Assistants from 11 brothels were capacitated to provide SRHR services to the female sex workers.



Tea Garden Communities

UNFPA in collaboration with the Government of Bangladesh, the Teagarden Authority and the Centre for Injury Prevention and Research, Bangladesh (CIPRB) is supporting marginalized communities to ensure quality of care, improve reproductive and maternal health services in 35 tea gardens of Moulvibazar district.

In 2019, UNFPA supported the establishment of a referral hub to ensure women with pregnancy and childbirth related complications were referred timely to higher facilities. Tea garden communities including youth, adolescents, eligible couples, and newly pregnant mothers were sensitized on government health services including their health care rights.

Furthermore, 5,000 pregnant women received MCH handbooks that helped them to increase their knowledge on maternal health including topics such as antenatal and postnatal care, menstruation health and hygiene, practices in food and nutrition.

In 2019, the following results were observed:

- 276 deliveries were performed by skilled birth attendants
- 1,643 women received antenatal care (multiple count)
- 477 women received postnatal care within two days of delivery
- 389 women with pregnancy related complications were referred from tea garden facilities to higher-level facilities by professional midwives and tea garden midwives
- Social autopsies were conducted for 30 maternal and neonatal deaths involving a total 1,432 community people including 587 women.





A woman with a yellow and red sari is holding a baby in a blue and white striped shirt. They are standing in a lush green forest with tall trees and sunlight filtering through the leaves. The woman has a gold nose ring and is looking towards the camera. The baby is looking slightly to the side.

“We now know the importance of regular check-ups during pregnancy.”

- Shima (31), Noakhali



"My name is Shima. I am 31 and I live in a very small village in Chatkhil Upazila in Noakhali District. I am a housewife and I come from a poor family. Like many other pregnant mothers in our area, I did not receive proper care, nutrition, or check-ups during my pregnancy. I also did not know about the importance of birth spacing and family planning.

I delivered my third child at home by a local 'Dai', an untrained birth attendant. My delivery took a long time, but I don't think the Dai realised. After a very difficult delivery, I gave birth to my baby girl. But, I suffered from dribbling urination and I did not know what to do. I felt helpless. My mother-in-law thought I was cursed to deliver three daughters in a row, and they did not help me.

Finally, with the help of a neighbor, I visited the Chatkhil Upazila Health Complex. I asked for advice and a cure for my unbearable condition. They said that I had not been healthy before or after the birth process. After some tests, they confirmed that I had fistula. They told me to go to Dhaka for treatment, but I could not afford the cost for treatment and to stay in Dhaka city."

UNFPA supports those left behind like Shima. The Gynae Consultant from the Upazila Health Complex contacted the UNFPA Field Officer to get further support, and together they agreed with the MAMMS Institute that the whole treatment and any related costs would be made free for the patient. With this information, the Field Officer was able to convince the family that the best thing for Shima would be to receive treatment in Dhaka city.

"I was able to undergo the surgery and I am feeling fine now. My husband and I are very happy, and we are so thankful to UNFPA. We now know the importance of regular check-ups during pregnancy and in deliveries by skilled birth attendants. We promise to educate others in our community."



Communications & Operations Support

The communications and operations teams at UNFPA Bangladesh provide support to the Country Office, Sub-Office, and Field Officers to ensure cohesive and streamlined communications and smooth functioning and facilitation of programme implementation across the country. As support functions, the teams are integral in ensuring that UNFPA delivers its impactful and vibrant programme in Bangladesh, and achieve the programmatic results and desired impact in transforming lives.

In 2019, in particular, the communications and operations team played an important role in supporting preparations and post-support to the landmark Nairobi Summit, commemorating 25 years since the International Conference on Population and Development.

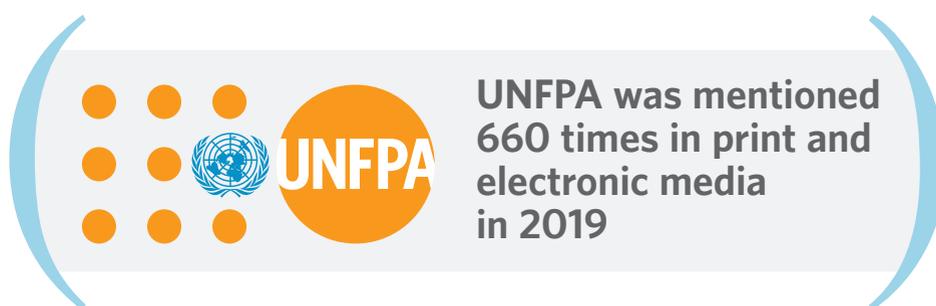
OUR RESULTS IN 2019

COMMUNICATIONS SUPPORT

The UNFPA Bangladesh Communications team plays a key role in ensuring that the vibrant programme delivered within the country is cohesively communicated with key audiences, locally, regionally, and globally. This includes translating content into local languages, and packaging them in ways which speak to diverse audience groups. The communications teams work closely with the Country Office, Sub-Office, and Field Officers to ensure the triple zeros are met: zero preventable maternal mortality, zero unmet need for family planning, and zero incidents of harmful practices, including gender-based violence.

In 2019, particularly, the following highlights were achieved:

- A total of 710 items of social media content were developed, including 9 newspaper supplements, which were published on notable occasions, such as, World Population Day, International Youth Day, International Midwifery Day 2019 and World AIDS Day. In total, UNFPA was mentioned 660 times in the print and electronic media in 2019.
- In addition, 4 new episodes of the Shahana cartoon were disseminated through 1 private TV channel and at the end of the year, the Government of Bangladesh requested 600 copies of each to distribute to all schools in Bangladesh. Government TV and one private channel 'Duronto' (a channel for adolescents) regularly aired all 6 episodes of Shahana.



- Throughout the year, the Country Office conducted a number of events and activities that reached out to multiple stakeholders to advocate for the ICPD25 programme of action for achieving the 2030 Agenda on Sustainable Development. UNFPA Bangladesh successfully reached out to over 1,200 adolescents and youth through national and sub-national level consultations, engaged with 50 Parliamentarians, including the Speaker of Parliament, through high-level policy dialogues, and engaged with over 50 media outlets at a press conference on ICPD25 / SWOP.

- During a visit by the Regional Director, a one-on-one TV interview and press conference with 5 pre-selected media outlets, was facilitated to emphasize why it is critical for Bangladesh to fulfill the commitments of the ICPD.
- A number of Civil Society Organization consultations and a photo exhibition on 'Humans of ICPD' were also successfully delivered. The photo exhibition and overall ICPD25 promotional activities received extensive coverage on traditional and social media, and increased UNFPA Facebook audience by 1,000+ new followers.

OPERATIONAL SUPPORT

The UNFPA Bangladesh Operations Team provides leadership and advice in all aspects of the Country Office management and operations, finance, administration, procurement and information technology as well as human resources. The main role of Operations unit is to ensure a fully accountable, smoothly functioning, well-managed and results-oriented SRO and to facilitate programme implementation and delivery by providing for the operational needs of programmes and projects.

The main activities performed during 2019 include, but are not limited to the following:

- Handled collected revenues \$23.50 million in 2019 while an amount of \$11.20 million was carried forward from 2018. A total amount of \$34.70 million was handled in 2019
- Managed expenses in the amount of \$34 million

**\$ 34
Million**

**A total of expenses
amounting \$34 million
was managed in 2019**

- Procured goods and services worth \$2.4 million. This included Reproductive Health Commodities, Dignity kits and medical supplies for both regular programme implementation and humanitarian response
- Followed up and coordinated the completion of the HR alignment process by hiring 24 staff during the year. This included 5 International and National Temporary Appointment staff in the Sub-Office in Cox's Bazar, as well as 10 Service Contract personnel. In addition, the Bangladesh Country Office also issued a total of 104 Individual Consultant contracts

Other 2019 accomplishments related to corporate policies and procedures include:

- Implementation of corporate systems and applications in support of finance, HR, Procurement, Admin and logistics as well as security and IT. Project staff were advised and trained in the application of NEX procedures. Adhered to and provided guidelines for support staff in processing all operations-related transactions and promptly addressed any issues or concerns
- Managed advances and reviewed financial reports of 44 implementing government and non-governmental organization partners
- Commissioned and managed a Harmonized Approach to Cash Transfer (HACT) Audit for 15 implementing partners (3 from government and 12 from non-governmental organizations). In addition, the unit also facilitated the conduct of Remote and Comprehensive Internal Audit of the CO during the year.

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United Nations Population Fund Bangladesh

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