annual report 2018 progress and highlights





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

United Nations Population Fund

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UNFPA BANGLADESH

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foreword

Dr. Asa Torkelsson, UNFPA Bangladesh Representative

n behalf of Team UNFPA Bangladesh, it brings me joy and pride to share this

As the United Nations reproductive health and rights agency, our mission is to deliver a world in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled—a world in which every woman and girl lives a healthy life and has reproductive rights, and is free from violence and fear. We curate conditions and provide solutions for women and girls to live in dignity and thrive throughout their lives.

In 2018, UNFPA Bangladesh and our partners supported the Government of Bangladesh in delivering on our ambitious agenda, working tirelessly to reach the most vulnerable women and girls in the country with a view to transforming their lives and future.

As a result, new midwives have been educated, equipped with new skills and deployed—safely delivering babies, improving maternal health even in the remotest areas of the country and securing family planning needs. We have also helped find ways to prevent and support healing from gender-based violence.

With our partners, we have helped spark advocacy and action leading to new laws and policies, creating the necessary conditions for positive changes to be realized. We have collaborated to enhance institutional capacity to deliver integrated and equitable sexual and reproductive health services, respond to gender-based violence, and target investments for adolescents and youth. Our support in generating quality population data in a user-friendly format has been instrumental.

Our intent is to not leave anyone behind. We have reached women and established offices in tea gardens, in refugee camps, in brothels and in other hard-to-reach areas of Bangladesh.

Our 2018 donors

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



The UNFPA Bangladesh team—shown here at the annual staff retreat at Sreemangal, 18-20 September 2018—consists of vibrant national and international staff from different countries and regions. The head office is located in Dhaka and the sub-office, which manages a large humanitarian portfolio, is in Cox's Bazar. Since August 2017, the Rohingya refugee crisis has posed an enormous challenge to serve the Rohingya women and girls on top of UNFPA's regular developmental work. Our staff has worked steadfastly to achieve this year's goals and targets. Each individual in UNFPA Bangladesh plays a pivotal role in directly or indirectly achieving three transformative results: zero maternal death, zero unmet need for family planning and zero cases of gender-based violence in Bangladesh.

UNFPA Bangladesh has also played a key role in providing life-saving sexual and reproductive health and rights and gender-based violence prevention and response care to Rohingya refugees, leading the gender-based violence sub-sector coordination, and responding to over 10,000 incidents of gender-based violence by deploying trained volunteers to administer mental health and psychosocial support to survivors, along with more than 100 UNFPA-trained midwives to help over 300,000 women in need at safe spaces and mobile reproductive health clinics.

Our gender-balanced UNFPA team with staff from 17 countries is our greatest asset, bringing diversity and a wealth of experience to tackle complex challenges. We serve tirelessly and with dignity and respect in all our interactions, pooling our individual unique talents and perspectives to enable our team to deliver essential development solutions.

The results we have achieved have been made possible through the strong support of our donors and partners—the Government of the People's Republic of Bangladesh, civil society organizations, national and international non-governmental organizations, academic institutions and UN agencies. We extend our sincere appreciation to all our donors and partners. Thank you for entrusting your resources to us. Continue to hold us accountable.

Indeed, reproductive health and rights are smart investments in continuing to promote quality growth, and in leading Bangladesh to a future in which all the Sustainable Development Goals are realized.

Going into 2019, we look forward to celebrating the 25th anniversary of the ground-breaking International Conference on Population and Development and the 50th anniversary of UNFPA, with even more success and sustainable impact on the lives of the marginalized and vulnerable.

Just as the country we serve, Bangladesh, is resilient and beautiful with a warm humanitarian heart, so we aspire to be.

On behalf of UNFPA Bangladesh, I thank each one of you for the part you have played in realizing our collective achievements.



sexual and reproductive health and rights



NFPA Bangladesh has been a pioneer in providing critical sexual and reproductive health and rights (SRHR) services and information since 1974, supporting government efforts in this regard. Bangladesh has made tremendous progress towards ensuring SRHR, focusing specifically on skilled birth attendance, emergency obstetric and newborn care, and family planning.

Many achievements have been realized through long-standing engagement with key government ministries and development partners. UNFPA has supported the Government of Bangladesh in successfully introducing a new cadre of midwives into the workforce and strengthening a midwife-led continuum of care and services in the country, thereby delivering effective results in maternal and newborn health care. More than 1,000 midwives were deployed in 350 upazila health complexes this year.

Still, there's much to be done. According to 2015 UN estimates, Bangladesh's maternal mortality ratio is 176 per 100,000 live births. To achieve the Sustainable Development Goals (SDGs), this ratio should be reduced to 70 per 100,000 live births by 2030. UNFPA strives for a Bangladesh where no woman dies giving life, where people young and old and those in marginalized communities enjoy reproductive health and rights, leaving no one behind. Key results are discussed in this section.

Midwifery

Giving birth at home with an unskilled birth attendant can be life-threatening for mother and child. In contrast, delivering at a health facility with a skilled midwife in attendance can ensure respectful, evidence-based maternity care—including comprehensive emergency

obstetric and newborn care, should these be needed. In 2018, UNFPA Bangladesh focused on improving the availability and quality of midwives across the country.

• Contributing to faculty skills enhancement, 60 midwifery faculty were enrolled in Dalarna University's SRHR master's programme and subsequently received online mentoring. Simulation lab training of trainers was provided to build the capacity of midwifery faculty in conducting observed structured clinical evaluations. Also, 356 midwives, including 20 faculty members, received a 28-day sexual reproductive health competency-based training on comprehensive SRHR service delivery.

• Four midwifery faculty are enrolled in **doctoral studies** to advance their careers. Their research is focused on topics relevant to

strengthening midwifery education and improving the quality of SRHR in Bangladesh. They have received ethical clearance on their respective PhD proposals.

- Midwifery-led care services have been established at sub-district hospitals. Eighty-six midwifery-led care sites now offer mentorship programmes providing midwifery education and clinical practice. As a result, 43 facilities provide a basic standard of midwifery-led care, leading to significant increases in evidence-based routine care such as skin-to-skin contact after delivery, companionship for women in labour, upright position for delivery and response to obstetric emergencies.
- Accreditation assessments of midwifery institutions have been initiated. Data collection for an initial quality assessment was completed at all 38 institutes. Based on this assessment, suggestions for improving quality were provided to each educational programme. The accreditation tool is being revised based on this exercise, and the revised tool is being reviewed by the Ministry of Health and Family Welfare.
- The first-ever online election of the Bangladesh Midwifery Society was held in 2018. This included the formation of an election committee and selection of new board members, the majority of whom are diploma midwives. Representation of midwives on the board will further promote the midwifery profession and lead to increased public awareness as well as advocacy for professional issues.
- The Royal College of Midwives is supporting the Bangladesh Midwifery Society in implementing a **young leadership programme** for 14 diploma midwives, 9 of whom are new Bangladesh Midwifery Society board members. The young leaders have received training and mentorship in media, organizational skills and promoting their profession.

Emergency obstetric and newborn care

UNFPA supported the Ministry of Health and Family Welfare in developing a **National Postpartum Haemorrhage and Eclampsia Action Plan**. The ministry disseminated this action plan to health authorities in all districts, and orientation meetings were conducted at the district and sub-district levels for effective implementation.

UNFPA supported the Emergency Obstetric Newborn Care core committee of the Ministry of Health and Family Welfare in discussing strategic issues. **Mentoring** of labour ward (maternity care) staff by doctors from the Obstetrical and Gynaecological Society of Bangladesh was established in 17 public comprehensive emergency obstetric and newborn



Midwifery-led care at subdistrict hospitals by the numbers

92,016

antenatal care visits

29,080

postnatal care visits

22,953

normal vaginal deliveries

care facilities; these are primary clinical sites for midwifery education. There are now 74 upazila health complexes which can manage eclampsia patients, an increase from 42 in 2017; 90 upazila health complexes can manage postpartum haemorrhage, which is an increase from 78 in 2017.

Fifty-three government warehouse managers were trained in **stock management** and the avoidance of total stock depletion of medicines and medical supplies. The trainings were followed up with regular phone calls and assistance in remedying low-stock situations. This effort has resulted in improved stock availability of life-saving drugs. Monitoring data for the fourth quarter of 2018 show that 68 of 69 target upazila health complexes (over 98 per cent) provided emergency obstetric newborn care services without exhausting their supply of life-saving drugs over the three-month period; only 25 per cent of the complexes had a comparable record in 2017. UNFPA's successful advocacy with the

Directorate General of Health Services and district health managers resulted in this improvement of the availability and inventory of life-saving drugs at the facility level.

UNFPA has ensured the **availability of blank partographs** and promoted their use in managing deliveries across upazila health complexes and district hospitals. Of the 69 UNFPA targeted upazila health complexes, the use of partographs increased from 19 per cent in 2017 to 81 per cent. Partographs provide a visual record of labour progress and evolving information about the mother and the fetus, helping midwives to appropriately adjust services and quality of care.

Emergency obstetric newborn care **networks and referral pathways** have been organized for all UNFPA-supported districts.

UNFPA's work in this area has resulted in 107 union health facilities providing 24/7 basic emergency obstetric newborn care services—up from

21 in 2017. In the last quarter of 2018, 22 of 69 target upazila health complexes provided four out of seven indicator emergency obstetric newborn care functions. Furthermore, 1,892 high-risk pregnant women were referred to higher-level facilities from the target upazila health complexes after stabilization.

Family planning

With UNFPA's support, the Directorate General of Family Planning has developed **national policies and standards on family planning** to make quality family planning services increasingly accessible and equitable.

As a result of UNFPA's advocacy, the National Technical Committee of the Directorate General of Family Planning approved a **new policy by which midwives can provide family planning services**. Midwives can now also provide services in menstrual regulation, post-abortion care and short-term family planning and intrauterine device services, in accordance with specific trainings provided. The policy represents a fundamental change in Bangladesh's health care system, notably in scaling up postpartum and post-abortion care family planning services through the midwifery cadre.

A Family Planning Technical Forum was established to advocate for and support development and implementation of national policies and programmes on family planning and to establish linkages with donors, non-governmental organizations, the private sector and academia. The forum serves as a platform to discuss national policies and programmes concerning the provision of universal access to information and services for the people of Bangladesh, especially the marginalized.

UNFPA advocacy resulted in a **revitalization of family planning clinics** in the district hospitals of Barisal, Sirajganj, Rangamati and Bagerhat.

Ten **family planning facilitators deployed to low-performance districts** continued to provide technical guidance to local managers and service providers in strengthening family planning service delivery and the supply of contraceptives.

Training on **long-acting reversible contraceptives** and on permanent methods of family planning was provided to 115 health care providers in government facilities. This training played a significant role in initiating postpartum family planning services in Directorate General of Health Services facilities; for instance, the percentage of upazila health complexes where service providers are inserting postpartum intrauterine devices increased from 6.5 per cent in 2017 to 36.0 per cent in 2018.

Training was provided to 139 health care providers on **adolescent-friendly health services** to ensure the provision of quality adolescent health information and services including counselling. There are now 268 service delivery points with at least one trained health care worker able to provide adolescent-friendly SRH information and services. In 2018, more than 9,000 adolescents received such services and information from trained providers.

Training on **effective stock monitoring and supervision** using the electronic Logistics Management Information System (e-LMIS) was provided to 64 district and 72 upazila warehouse managers. The training aimed to improve managers' capacity to update



Family planning by the numbers

9,000+

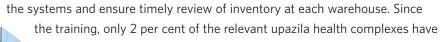
adolescents counselled by trained providers

139

health care providers trained to counsel adolescents

115

government health care providers trained in long-term family planning methods



reported a stock out.

UNFPA organized the **Third National Youth Conference on**

Family Planning in 2018. The focus was on the meaningful participation of young people, showcasing programmes on family planning and young people's reproductive health. In collaboration with SERAC Bangladesh, the conference brought together 300 young leaders, health professionals, advocates and experts on SRHR for youth and adolescents, government officials, and policyand decision-makers from across the country.

Fistula

UNFPA is committed to end obstetric fistula, a childbirth injury caused by prolonged, obstructed labour without prompt medical attention, by working with national partners to improve treatment and rehabilitation services. In 2018, the Institute of Epidemiology, Disease Control and Research incorporated fistula in its existing telephone-based surveillance system to identify probable cases. To ensure needs-and rights-based programming to eliminate fistula, the Global Obstetric Fistula Electronic Registry has piloted fistula patient data collection and synthesis in five facilities.

Fistula patient with her husband at the Fistula Rehabilitation Centre at Moulvibazar Sadar Hospital.

siddesh 3rd

UNFPA spearheaded the development of the **2nd National Strategy for Obstetric Fistula** 2017-2022; this is currently being review for final approval by the Ministry of

Health and Family Welfare. Working with EngenderHealth Bangladesh, UNFPA developed a definition of women with persistent fistula-related disorders and prepared a recommendation to further the national policy dialogue by establishing a common understanding among health care providers as to what constitutes non-curable cases.

UNFPA-supported treatment services were provided to 663

women living with obstetric fistula at six government medical college hospitals and LAMB Hospital. A functional fistula corner has been established in five district hospitals, and 94 fistula cases were identified in UNFPA-supported health facilities. Sixty-five women with fistula were referred to tertiary hospitals in 2018. Another 40 women with fistula received rehabilitation support at LAMB Hospital.

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Cervical cancer

The **National Cervical Cancer Strategy** was approved and disseminated by the Ministry of Health and Family Welfare with UNFPA support in 2018. UNFPA and the World Health Organization (WHO) subsequently provided technical support to the ministry to develop a costed action plan for the strategy.

UNFPA played a catalytic role in bringing together all government departments responsible for funding cervical cancer prevention and treatment services in the country under a single coordination committee. This was initiated to counter disjointed budgeting practices and to create a **more coordinated approach for effective resource utilization**.

UNFPA monitoring results were used in advocacy to ensure the **availability of cervical cancer screening services** at target health facilities. As a result, the number of upazila health complexes screening for cervical cancer increased from 13 in 2017 to 32 in 2018. In 2018, 25,366 women were screened for cervical cancer, with about 5 per cent found to be positive; these cases were referred to government medical colleges for further diagnosis and treatment.



Cervical cancer screening achievements by the numbers

36,305

women screened since 2017

32

upazila health complexes using visual inspection with acetic acid screening method

Health response to gender-based violence

Implementation of the Protocol on Health Sector Response to Gender-based Violence for Health Care Providers, developed by the Ministry of Health and Family Welfare with UNFPA support in 2017, has led to **capacity building of 1,334 health service**

providers. These doctors, nurses and midwives were trained on health

service provision for gender-based violence survivors.

Survivor kits including all the commodities needed to provide medical care and collect forensic evidence from gender-based violence and rape survivors were distributed to 35 upazila health complexes.

A web-based module on the clinical management of rape was developed in Bengali to build the capacity of health service providers at the central and local levels.



HIV and other sexually transmitted infections

UNFPA supported the Ministry of Health and Family Welfare in **updating the National Sexually Transmitted Infection Case Management Guideline**, which was developed in 2006. UNFPA will support the ministry in training district- and upazila-level health service providers on the updated guideline.

UNFPA supported the national **AIDS STD Programme** in developing its first annual report; this documentation of programme performance will help policymakers, implementers, planners and researchers in addressing gaps in service delivery of HIV/AIDS in Bangladesh by 2030.

UNFPA Bangladesh Representative
Dr. Asa Torkelsson meets with sex
workers at the Tangail brothel.

UNFPA supported the Government of Bangladesh in enhancing the capacity of laboratory medical technologists in district hospitals on **syphilis screening**. As a result of this effort, 8 target district hospitals provide sexually transmitted infection screening and treatment services, and 13 provide syphilis screening for pregnant women as part of their regular antenatal care. In 2018, about 3,000 pregnant women were screened for syphilis.





Midwives provide high-quality services to mothers and newborns

Thirty-five-year-old Rekha was pregnant with her fourth child when she and her family arrived at the Sharishabari Upazila Health Complex of Jamalpur District. Shamima, a certified midwife, and Fency, a diploma midwife, examined Rekha and opened a partograph to monitor her labour.



After a while, Rekha's contractions intensified, and the midwives suggested she sit upright. Rekha's family protested, as she had laid on her back during her previous births. The midwives explained the benefits of the upright position for both the mother and the baby. They suggested Rekha try it; saying that if she did not feel safe and comfortable, she could choose any position she liked. Rekha agreed.

The partograph indicated her labour was on a normal path. The midwives asked Rekha whether she wanted to change her position. Rekha told them she was fine and feeling much more comfortable. The midwives

checked the fetal heart rate every half hour and found the baby was not stressed, indicating no episiotomy was needed.

"I felt much more comfortable compared to my previous three deliveries". —Rekha

Soon after, Rekha delivered a healthy baby girl. Fency gave Rekha an oxytocin injection within a minute of the delivery to prevent haemorrhage, and helped shift Rekha to a lying position. Shamima dried the baby, cleaned her mouth and nostrils, wrapped her and put her in skin-to-skin contact with her mother on Rekha's abdomen. Shamima asked Rekha if she had any discomfort; Rekha's happy smile was all the answer needed.



no one left behind

NFPA is ensuring care for marginalized and vulnerable groups across Bangladesh, as these examples illustrate.

Remote communities

One initiative supports marginalized and remote communities in nine upazilas in Rangamati, providing food supplements for pregnant women and their attendants at **midway maternity homes** and helping pregnant women and mothers attend ante- and postnatal care checkups. A total of 766 pregnant women have received regular food service at eight midway homes, and transportation arrangements have been facilitated for 2,392 checkups.

Tea garden communities

UNFPA is also supporting marginalized and remote tea garden communities in Moulvibazar through several interventions, including training 80 paid volunteers (Bagan Sebikas) in 35 tea gardens on maternal health counselling, courtyard meetings to increase community awareness, and skills training in quality maternal and newborn health services to 35 paramedics and midwives. UNFPA designed a potential health insurance financing scheme for tea plantation workers; these efforts have formed the basis for advocacy with government and donors to explore innovative health financing options for marginalized groups. During 2018 in the tea garden communities:

- 1,509 deliveries were performed by skilled birth attendants
- 1,597 women received antenatal care

- 534 women received postnatal care within two days of delivery with 338 receiving postnatal care within 24 hours
- 349 women were referred from tea garden facilities to higher-level facilities

Reproductive health awareness efforts, through handbooks and counselling, reached 5,540 pregnant women, 3,017 mothers and 2,121 adolescents.

Sex workers

In partnership with UNAIDS and UNICEF, UNFPA provides integrated sexual and reproductive health and HIV services, including prevention of motherto-child HIV transmission targeting 760 female sex workers in two brothels in the Tangail and Mymensingh districts. A comprehensive service centre was established in each brothel, staffed with a project manager and a medical assistant. Ten sex workers were trained as change agents to provide health education and awareness-building sessions for their peers; 237 such sessions have been conducted so far. Newly created rapidresponse squads in each brothel have resolved 24 gender-based violence cases. Functional working relationships and referral linkages have been established with district health, family planning, administration, law enforcement and women's affairs departments to ensure needed support and services for this marginalized group. In 2018, for example:

 698 female sex workers were screened and 252 received treatment services for sexually transmitted infections

- 169 sex workers were screened for cervical cancer; 5 positive cases were treated
- 16 pregnant women received antenatal care,
 6 received postnatal care and 6 institutional
 deliveries were ensured
- 50 retired sex workers were trained in various income-generating activities from which to choose an alternative source of livelihood
- Capacity building was provided for self-help groups and community leaders to enhance their ability to operate a community-led programme

In 2019, UNFPA will expand its support to all 11 brothels in the country to ensure universal health coverage that leaves no one behind.

Urban slums

UNFPA enhanced the capacity of 40 community health workers in Dhaka's urban slums to communicate with female residents and their families in accessing and using sexual and reproductive health and rights services. A mobile-based app was developed, focusing on interpersonal communication skills and sexual and reproductive health issues. The app covers interpersonal communication, family planning, antenatal care, birth preparedness, maternal and neonatal danger signs and institutional delivery. Community screenings were conducted in 25 satellite clinics in the slum area to build mass community awareness and participation. The app has been well received by health workers, helping them communicate comfortably with previously reluctant clients, especially males.

Commitment in action

Sagmapru Khyang is a 45-year-old member of the Kuhalong union of Bandarban Sadar Upazila. She takes care of the union's population and ensures basic health services for pregnant women, especially poor women.

Twenty-four-year-old Nomau Khang is one of these women. In October 2018, Nomau experienced labour pain and notified Sagmapru, who immediately took Nomau to the nearest union family welfare centre. The duty nurses there determined Nomau's situation to be critical, requiring care at the district centre.

Sagmapru promptly notified senior management. The deputy director of the Bandarban Family Planning Department was at the union centre, along with UNFPA staff. The problem they faced—and sought to quickly resolve—was that getting from the remote union centre to the district centre entailed a difficult journey for an unaccompanied pregnant woman, as Nomau's family was not with her. Ultimately, the deputy director offered to take Nomau in his own vehicle to the district family planning welfare centre. Once safely there, Nomau gave birth to healthy twin babies.

Thanks to Sagmapru's commitment and the Family Planning deputy director's help, the lives of Nomau and her newborns were saved.



gender equality and women's empowerment



WELCOME TO

NFPA Bangladesh contributes toward improving the status and lives of women and girls, ensuring sexual and reproductive health and rights (SRHR) and making efforts to end gender-based violence (GBV) and all harmful practices against them. According to the 2011 Violence Against Women survey, 87 per cent of all women who have ever been married reported experiencing some form of GBV.

For the first time ever in Bangladesh, with UNFPA's support, women-only spaces were created in police stations and district courts to better address GBV issues and

increase access to justice. Through GBV multi-sectoral programming, UNFPA has made significant progress in providing technical support to develop VEL LAUNCHING CEREMO

policies and national action plans in line with international treaties, commitments and standards, as well as with Bangladesh's 7th Five Year Plan and relevant sectoral plans. UNFPA's vision is to make public and private spaces free of violence for women and girls and enable them to develop better decision-making capacities at all levels and in all spheres of life. Highlights of our efforts in 2018 follow.

 National Plan of Action on Violence against Women 2018-2030 revised. The national plan was revised, approved and disseminated by the Ministry of Women and Children Affairs (MoWCA). The revised document incorporates targets for SRHR for adults and adolescents which were absent in the previous plan. UNFPA provided technical inputs and facilitated input from national and international non-governmental organizations, civil society organizations and researchers/ academics. UNFPA will continue to support MoWCA in 2019 by developing a

GBV strategy and operational guideline approved. The strategy and quideline were finalized and approved by the Ministry of Labour and Employment (MoLE); they provide guidance on prevention and on responding to GBV with greater sensitivity in all aspects of ministry operations. MoLE will initiate the strategy by providing training and orientation for the ministry and its departments.

monitoring mechanism for implementation and costing of the approved plan.

Recommendations on GBV and SRHR submitted. UNFPA supported the UN Country Team and the Civil Society Organizations Forum in submitting the third cycle Universal Periodic Review report on women's human rights to the UN Human Rights Council (UNHRC). For the first time in these reports, GBV and SRHR issues have been highlighted; this was missing from earlier reports. The Government of Bangladesh received recommendations on GBV and SRHR issues, and MoWCA's Department of Women Affairs disseminated these to 231 relevant stakeholders in three UNFPA target districts. MoWCA is developing a plan for implementing the UNHRC recommendations.

- Factory Inspection Checklist developed. UNFPA provided technical support to MoLE's Department of Inspection for Factories and Establishments to develop a factory inspection checklist comprised of specific GBV and SRHR points. UNFPA aimed at increasing the awareness and capacity of 18 manager-level employees and labour inspectors on SRHR and GBV in order to hold them accountable as standard bearers in ensuring the rights of female employees. With UNFPA support, the department conducted multiple trainer trainings; the trained inspectors subsequently operationalized the checklist. Five factories have been recommended for using the checklist and thereby improving their labour standards.
- Referral mechanisms established. Referral mechanisms were established in four UNFPA target districts to provide multi-sectoral GBV-related services, as part of the ASTHA project spearheaded by UNFPA to strengthen government efforts to address GBV and increase utilization of multi-sectoral response services in Bangladesh. Services and rights-related information were provided through 122 courtyard community sessions to 4,321 women and girls who are at risk or survivors of GBV. Services were provided to 1,334 women and girls, including medical care, psycho-social support, legal aid and referrals.
- Women's Help Desks established in police stations. With UNFPA support, 31 Women's Help Desks have been established in police stations in four target districts and Dhaka Metropolitan City to provide assistance in cases of GBV (see box next page). A phone-based survey of service recipients found that almost three-quarters were satisfied with Help Desk services in 2018. Most of the respondents who reported being dissatisfied with the services noted that their interviews had been conducted by male police officers, which highlights the importance of having female police officers. See the box to the right for more survey findings.
- Training on women-friendly standard operating procedures for police personnel provided. One hundred and fifty police personnel in 51 police stations received training on standard operating procedures to make police stations women friendly. Additionally, 115 women police officers received training on Women's Help Desk operation guidelines in four UNFPA target districts and Dhaka Metropolitan City.
- Women's Help Desks established in four district courts. To ensure
 minimum standards and essential prevention and response services for women and girls
 at risk of GBV, Court Women's Help Desks have been established in four district courts
 to provide legal advice, information, assistance and referrals. During the reporting year,
 1,111 women and girls have accessed the help desks and received services. A female fulltime legal support officer has been appointed to assist and guide women and girls in
 courts.



Women's Help Desk success by the numbers

4,505

women and girls received services

31

Women's Help Desks

71%

of surveyed respondents were satisfied with Help Desk services in 2018

62%

of surveyed respondents were satisfied with Help Desk services in 2017

Services provided



- General diary, 50%
- Case filing/first investigation report, 27%
- Counselling, 20%
 - Referral services, 2%
- Information and other services, 1%

Women's Help Desk: A beacon of hope for survivors of gender-based violence

Sharmin Akter used to take evening walks on the road outside her home. She was on one of these walks last August when three men suddenly appeared and forced her at knife point into an auto rickshaw.

The next day, failing to find his daughter, Sharmin's father came to the Women's Help Desk at the Jamalpur Sadar police station and filed a missing person report. Officer Josna took immediate action, sending out wireless messages to all police units across the country and attempting to track Sharmin's mobile phone.

"They held me for five days and raped, beat and tortured me. If it were not for the fast action of the Women's Help Desk officer, I would not have survived". —Sharmin

One day later, Sharmin was found in Sreepur, more than 150 kilometres away from her home. Josna and some of her colleagues rushed to Sreepur, where they rescued Sharmin. They also, with the support of the local police, arrested the three perpetrators at the Sreepur rail station.

Sharmin's story was horrific. The three men had held her hostage first in a house and later shifted her to a hotel, raping her numerous times. She was denied food and water and was not permitted to take a shower. She tried to escape several times, but was caught—and beaten—each time.



Sharmin was taken to hospital for a medical examination, which confirmed signs of recent forceful sexual intercourse. A case was filed with the Jamalpur police station under the Prevention of Women and Child Repression Act of 2000, and the kidnappers were remanded to custody.

But the Women's Help Desk's involvement with the case did not end there, because Sharmin's problems did not end with the jailing of her abusers.

The stigma and shame of the incident caused Sharmin's husband to reject her. Help Desk officers called both parties in for counselling. Slowly, gradually, they worked with Sharmin and her husband, eventually helping him to accept Sharmin as his wife again. The family is now reunited, thanks to the efforts of the Women's Health Desk personnel, and the healing process continues for them all.

humanitarian response





espite demonstrating resilience in the face of extreme adversity, the Rohingya refugee population remains exceptionally vulnerable. Space, resources and existing infrastructure have been placed under an immense strain, creating a dire humanitarian situation—especially for women and girls. Of the 1.2 million refugees in Bangladesh, an estimated 303,800 are women and girls of reproductive age.

UNFPA has been providing life-saving sexual and reproductive health (SRH) services, supplies and information as well as prevention of and response to gender-based violence (GBV) to support survivors on the path to healing, empowerment and recovery. At the Women Friendly Space (WFS), UNFPA's signature intervention, 106,496 women and girls accessed a safe haven for the first time, and 1,730 women and girls participated in life skills training at Women-Led Community Centres. UNFPA is proud to lead the GBV sub-sector to ensure effective coordination between multiple actors and the provision of life-saving services that meet the specific needs of vulnerable women and girls.



Family planning by the numbers

154,155 people reached

33.7%

contraceptive prevalence rate

36%

of facilities provide at least 5 (3 short-acting, 2 long-acting) forms of family planning

Sexual and reproductive health

UNFPA expanded and strengthened its interventions from a minimum initial service package to comprehensive life-saving SRH services through the deployment of skilled birth attendants, community paramedics, and laboratory staff, and by providing health response services to GBV. A total of 13,416 deliveries were reported, with facility-based deliveries increasing in the refugee and host communities from 22 percent to 43 percent (32 percent among the Rohingya camps alone). Highlights of this work follow.

- More than 110 midwives were deployed to ensure quality delivery of comprehensive SRHR services, including focused antenatal care for pregnant women, 24/7 delivery services with initial stabilization of obstetric and newborn emergencies, postnatal and newborn care, counselling and health promotion, family planning services, menstrual regulation, post-abortion care, and adolescent SRH care. The midwives have the needed commodities, access to consultations and referral systems that allow them to provide life-saving care to critical cases.
- Service provision and uptake are improving for comprehensive family
 planning access and facility provision of three short-acting contraceptive
 methods and two long-acting reversible contraceptive methods. Long-acting
 reversible contraceptive services are being provided for Rohingya refugees.

A collaborative agreement was signed in this regard between UNFPA and the Bangladesh Directorate General of Family Planning.

- Through its implementing partners, UNFPA supported 35 health facilities in the Rohingya camps and host communities in the Ukhiya and Teknaf sub-districts with human resources, commodities and/or technical support. These health facilities have been strengthened by providing 24/7 emergency obstetric and newborn care services, stronger referral pathways and care for morbidities—including obstetric fistula and cervical cancer—with appropriate SRH commodities and equipment. Seventeen health facilities host a laboratory assistant providing basic lab services for antenatal care clients.
- A total of 428 community health workers/volunteers were deployed to spread key messages centred on safe, facility-based delivery; the benefits of antenatal care; danger signs during pregnancy; postnatal care; family planning options; and services for GBV. They have also been involved in community distribution of misoprostol to prevent postpartum haemorrhage.
- UNFPA launched two innovative pilot projects aimed at inclusive adolescent SRHR programming. First, community-appropriate adolescent "corners" have been created to target adolescent girls seeking health care, benefiting 104 girls in 2018.
 Second, the Skilled Girl Force programme was established to help girls become community health workers for their peers; 300 girls have benefited from this programme.
- Twenty community paramedics were deployed to support the establishment of an improved recording and reporting system for reproductive health commodities, which ensures that supplies and essential drugs were in place in 20 health facilities. UNFPA standardized the SRH registers in the supported facilities, strengthening commodity management and avoiding the risks of stock depletion or waste.
- A trial innovative e-stock registry system was launched to track and monitor
 the distribution chain of emergency reproductive health kits from procurement to
 end user. This web-based mobile-responsive system allows visualization, analysis
 and monitoring of available stock and consumption data for better management of
 reproductive health commodities in emergencies.

SRH sub-sector coordination in Cox's Bazar

UNFPA coordinates the SRH sub-sector group under the health sector led by the World Health Organization (WHO). The sub-sector group is made up of some 53 partners

SRH services by the numbers

327,862

women and girls of reproductive age

2.4%

are pregnant

120,071

antenatal care visits

13,416

deliveries

43%

facility-based deliveries

1,122

referrals to high-level facilities

14,707

postnatal care visits

4,252

menstrual regulation procedures

1,335

post-abortion care procedures

Note: Data are for host communities as well as newly arrived (since August 2017) and existing Rohingya refugee populations.



including UN agencies, the Ministry of Health and Family Welfare, and international and national non-governmental organizations (NGOs).

- The SRH sub-sector developed a service quality monitoring checklist to guide on-site mentoring of health care providers and launched a series of evidence-based SRH trainings to approximately 600 doctors, midwives and paramedics. The sub-sector also developed a pool of master trainers within the sector on key SRH topics to help roll out the trainings to front-line service providers as part of the ongoing capacity-building programme.
- The SRH sub-sector, in collaboration with UNFPA and the Centers for Disease
 Control and Prevention (CDC), carried out a community-based retrospective study
 of maternal mortality surveillance to provide more robust maternal mortality
 surveillance in the camps; the full report is expected to be available in early 2019.
 Prospective community-based maternal mortality surveillance will continue in 2019
 using the Early Warning Alert and Response System reported by community health
 volunteers and maternal death audit, which will be led by the SRH working group.

Gender-based violence in emergencies

Women singing at Women Friendly
Space at Cox's Bazar. The orange scarf is
part of the Dignity Kit.

GBV continues to be a constant threat to women and girls. Female-headed households as well as adolescent girls and children are highly at risk, given the lack of educational and livelihood opportunities for economic security.

opportunities for economic security.

UNFPA integrates its GBV programme through its national implementing

partners on the ground. The integration of SRH and GBV services is an innovation which enables women and girls from the camps and the host communities to access both sets of services at a service point of their choice. Highlights of this work follow.

Women Friendly Spaces

Nineteen WFSs have been established in partnership with the national NGO Mukti to offer a safe haven for women and girls. In these spaces, they can access specialized GBV case management services and referrals, information and awareness-raising sessions, and individual or group psychosocial support, including social recreational activities. A midwife is deployed at every WFS to provide clinical management of rape, family planning and related SRH services.

These spaces allow women and girls to find peace in the midst of over-crowded and male-dominated camps, where they can make use of water, sanitation and hygiene facilities and re-build their social support networks.

UNFPA provided GBV case management and psychosocial support activities, guided by the principles of confidentiality, respect, non-discrimination, safety and security, at each WFS, as mentioned above. Case management systematically assesses the needs of a GBV survivor and encourages her recovery through active listening and emotional support from trained case workers. Psychosocial activities aim to help survivors restore their sense of safety, dignity, functioning and self-worth. These activities aim to connect women and girls with their own social support networks, through which they can take control of their own lives and strengthen their innate resilience mechanisms. Women and girls are encouraged to form support groups and are equipped with skills to provide psychological support for each other.

WFSs also provide for **community engagement and women's empowerment**.

This year, 497,689 women and girls were reached by WFS workers through awareness-raising outreach sessions; 106,496 women and girls accessed WFS for the first time, and 71,694 received psychosocial support. Nineteen Women Support Groups have been established, one in each WFS, and 380 women have become empowered to proactively engage in leading sessions on GBV prevention and emergency referrals, as well as on the availability of SRH services in the respective facility.

UNFPA places a high priority on **safeguarding young people's well-being** and supporting their successful transition to adulthood. A total of 855 adolescent girls participated in the WFS Girl Shine programme, which is conducted by Mukti staff and supported by IRC.

Nineteen **Community Watch Groups**—consisting of 380 men and women, including religious leaders, community leaders and community members—were sensitized with regard to GBV and SRH. Working together to protect their communities, they were supported by social mobilizers and service providers.

Male volunteers have been trained as watchmen and tasked with protecting their communities at night, especially in areas where security risks are higher for women and girls. Some 850 religious leaders have been actively engaged in raising awareness on GBV prevention and risk mitigation initiatives.

"Every place we go, we are together; it feels like we have been friends for years. We come here every day in the morning and afternoon".

—Rahela, WFS attendee



Women-Led Community Centres

UNFPA partnered with the World Food Programme (WFP) and the NGO Gana Unnayan Kendra in establishing 10 Women-Led Community Centres. The initiative aims to contribute to the social and economic empowerment of women and girls, as well as to promote their self-reliance through the provision of life skills and vocational training for livelihood opportunities in the future.

The 10 centres conducted 520 sessions on life skills (GBV, hygiene, nutrition, basic literacy) and vocational training such as tailoring. A total of 1,730 beneficiaries (1,008 women and 722 adolescent girls) participated in these trainings. Forty volunteers from camps and host communities have been mobilized.

Dignity kits

Preserving women's and girls' dignity during humanitarian crises is essential to their self-esteem and confidence, and critical to protection. Personal hygiene items, particularly menstrual hygiene and basic items that would allow them to interact comfortably and safely in public, are essential.

UNFPA has continued to distribute dignity kits, with 73,169 kits distributed in 2018. Dignity kits contain hygiene, sanitary and garment items, among other essentials, which are adapted to the needs of women and girls. The content of the kits has evolved in response to feedback received through consultations with female refugees. For instance, the kits now include a long cloth that can be modified to become a dress, a shawl, etc., during the winter season for warmth.

GBV sub-sector coordination in Cox's Bazar

UNFPA continues to take the leadership role in coordinating the GBV sub-sector in Cox's Bazar, which is comprised of 28 humanitarian aid organizations, including UN agencies, civil society, international NGOs and government entities such as the Ministry of Women and Children Affairs. In 2018, the sub-sector developed a 2019 Joint Response Plan budgeting \$23.5 million for addressing GBV.

One of the sub-sector's strategic priorities in 2018 was to **enhance coordination** and access to multi-sectoral GBV response services. Over half (58 per cent) of the minimum service coverage has been achieved by providing urgently needed GBV



2

case management and psychosocial support services for children and adults in the refugee camps. Multi-sectoral GBV referral pathways have been established in 28 camps, with the aim of enabling GBV survivors to have safe access to multiple service options including life-saving health care, clinical management of rape, psychosocial support, emergency shelter and legal information.

The GBV sub-sector has **coordinated several specialized standard-setting task forces** including the Case Management Task Force, the Needs Assessment Task Force and the Dignity Kits Task Force.

GBV information management system

Both GBV case management and information management system capacities were reinforced in 2018 to ensure that GBV survivors receive quality case management services and that their information is shared in a safe and ethical manner.

The GBV Information Management System (GBVIMS) was rolled out in Cox's Bazar as a jointly led effort of UNFPA and the UN Refugee Agency (UNHCR) to collect and share information for effective service agency coordination. The system compiles GBV data from 15 humanitarian aid partners, with another 4 slated to be added in 2019—thus allowing 98 per cent of all GBV-related reported data in the Rohingya camps to be captured. Mapping partners' interventions has been helpful in providing an overview of coverage and gaps in terms of both geography and services.

An information-sharing protocol was developed and signed in October 2018 by 15 organizations. The protocol will regulate and set guidelines for safe and ethical GBV incident data sharing both internally and at the inter-agency level. Overall, the GBVIMS is a significant achievement, given the importance of data in effectively advocating for Rohingya women's rights and dignity.

Coordination and capacity development at the national level

SRH working group. UNFPA is leading the SRH working group, whose member agencies provide SRH in emergencies in their programmes. In emergency situations where health service demands are high, but time and resources are limited, SRH services are prioritized on the basis of saving lives, optimizing scarce resources and responding to the needs of the affected community. Members of the SRH working group collectively identify annual progress and gaps in order to propose solutions that can address the SRH needs of women, men and young people in emergency situations.

Outreach by the numbers

614,477

people reached by GBV prevention and outreach activities

62,113

people in host communities reached by GBV sub-sector partners

34%

girls

64,848

men and boys in risk mitigation activities, including community mobilization and male engagement





GBV cluster. As the lead global GBV UN Agency, UNFPA heads up quality standard setting, capacity building and trainings of key stakeholders on GBV programming as part of the humanitarian coordination system. In Bangladesh, UNFPA coordinates a GBV cluster at the national level as part of the Humanitarian Country Task Team led by the UN Resident Coordinator. The GBV cluster is co-led by the Ministry of Women and Children's Affairs, encouraging government leadership in prioritizing GBV prevention and service provision in emergency preparedness and response.

In 2018, UNFPA coordinated the development of a GBV cluster strategy and reinvigorated a natural disaster preparedness discussion; this led to the development of a flood and cyclone response plan. The cluster workplan was developed with clear actions and financial commitments from cluster members. Strong links were established with other national clusters to ensure the integration of Inter-Agency Standing Committee GBV Guidelines into their programming, building the capacity of international and national organizations beyond those staff focused on GBV work. A key success was UNFPA's work with the Joint Needs Assessment Working Group, which led to better mainstreaming of GBV issues into the assessment tools, and a commitment to include GBV in assessor training.



adolescents and youth



ife skills education needs to begin at an early age. UNFPA provides life skills education to adolescents and youth, with a focus on preventing gender-based violence and providing information on sexual and reproductive health and rights (SRHR) through secondary schools, madrasahs and club-based interventions. UNFPA is also a strong advocate for ending child marriage and supported the Ministry of Women and Children Affairs in finalizing and disseminating the National Action Plan to End Child Marriage. This year, the Ministry of Youth and Sports, with UNFPA's support, finalized a National Plan of Action to implement Bangladesh's National Youth Policy. The plan sets out the actions to be taken to ensure appropriate life skills education and SRHR information and services are available to youth. Key accomplishments of 2018 follow.

Life skills and youth development

Life skills education to be integrated into Bangladesh's technical and vocational education and training. The National Skills Development Council, with technical support from UNFPA, completed the final draft of a set of Competency Standards for life skills education and began developing the corresponding competency-based learning material—an effort that will be finalized in 2019. These materials will enable systematic and standardized application by technical and vocational training providers.

Framework for Youth Development Index finalized by Ministry of Youth and Sports and UNFPA. The index will highlight issues faced by youth and measure progress made in several thematic areas (e.g. health, education, employment, peace and security) aligned with national policies and regional and international commitments.

Adolescent resource centres established to provide genderresponsive life skills and livelihood training for adolescent

girls. Seventy-two centres were set up by the Department of Women Affairs of the Ministry of Women and Children Affairs in the Bogura and Jamalpur districts, and will be operational in 2019.

Policy dialogue addressed safe spaces for youth.

On International Youth Day, a roundtable discussion on safe spaces for youth was conducted in partnership with the *Daily Star* national newspaper. Safe spaces allow youth to be treated with respect and without judgement or criticism when they seek information and assistance. The discussion focused on findings from assessment of UNFPA's Adolescent Friendly Health Corners.

Roundtable on SRH of urban adolescents held. Participants at the roundtable, conducted in partnership with the *Daily Prothom Alo* national newspaper, agreed that rapid urbanization and taboos surrounding

SRH meant that the needs of urban adolescents have not been addressed effectively. The limited capacity of the Ministry of Local Government, Rural Development and Co-operatives to provide primary health care services to urban adolescents has exacerbated the problem. Participants stressed that coordination among relevant ministries needed to be increased in order to provide appropriate services for adolescents in urban areas.

Cartoon produced by UNFPA broadcast nationwide.

The second series of the *Shahana* cartoon covered topics of gender diversity and SRH and targeted adolescents and youth.

Seventy-two schools and madrasahs established anti-sexual harassment committees. Training of committee members began in 2018 and will be completed in 2019.



Generation Breakthrough

Successful implementation of Generation Breakthrough continued in

2018. By its sixth year of operation. Generation Breakthrough has reached 162,142 adolescents with life skills and SRH education at 300 secondary schools and 50 madrasahs (this total may include some double counting). The project's helpline, established with support from UNFPA, allows all adolescents in the country to access information and counselling on SRH and gender-based violence issues. In 2018, 4,217 adolescents received services from the helpline; cumulatively, since the helpline's establishment in 2015, 16,950 adolescents have availed themselves of its services.

Generation Breakthrough inspiring national replication and upscaling.

In 2018, the Directorate of Secondary and Higher Education of the Ministry of Education expanded life skills and SRH education to replicate the Generation Breakthrough model in an additional 250 secondary schools in five target districts. The government also plans to implement the Generation Breakthrough project model or its components in two further divisions through its Secondary Education Development Programme, using revenue funds.

15.3% 28.4%

Baseline Midlin

Percentage of adolescents (in school) who reported knowing of at least one youth-friendly facility in or around their school/madrasah or community

52.7% 74.5%

Baseline

Midline

Percentage of adolescents (in clubs) who reported gender-equitable attitudes

0.4%

1.3%

Baseline

Midline

Percentage of adolescents (in schools) who have comprehensive knowledge on sexual and reproductive health and rights issue (composite index)

Public awareness raised through ongoing community engagement.

Generation Breakthrough has contributed to 1,911 community stakeholders speaking in favour of providing life skills education to adolescents.

Child marriage

Global programme to end child marriage. Extensive advocacy and technical support by UNFPA to the Ministry of Women and Children Affairs resulted in the ministry's finalizing, approving and disseminating a National Plan of Action to End Child Marriage. UNFPA will support the ministry in costing the plan to end child marriage in 2019.

Information disseminated to improve understanding and promote advocacy. The findings of a national study, the Context of Child Marriage and Its Implications in Bangladesh, carried out by the University of Dhaka with UNFPA support, were disseminated and used for advocacy efforts at the national and sub-national levels. A policy brief was produced; and a policy dialogue, held in partnership with *Daily Prothom Alo* and involving experts from different sectors, was organized to advocate nationally for investments in girls' education towards the ultimate ending of child marriage.



Helping kids understand their bodies

amjid is a 15-year-old boy from Dhaka. Although every adolescent goes through puberty, Tamjid didn't know that the physical and emotional changes he was experiencing are a normal part of growing up. In Bangladesh, taboos around puberty are the rule rather than the exception. Although Tamjid felt insecure, he was not able to talk about his feelings and fears with either his parents or his teachers.



UNFPA recognizes the changing relationships and stress that accompany the changes adolescents go through—especially if there is no one to talk to. UNFPA reaches out to adolescents from public schools and madrasahs to educate them on sexual



and reproductive health and rights and on genderbased violence.

By cutting through the taboos and myths associated with puberty—including menstruation—Tamjid and other adolescents know what they can expect during this time of their life and no longer have to feel insecure, fearful or ashamed. Tamjid now shares the information he received with his peers and urges them to call the helpline UNFPA has established for adolescents with questions and concerns about sexual and reproductive health and rights and gender-based violence.

"I used to feel too shy to discuss menstruation with anyone.

And I used to wonder why boys should know about these girls' issues anyway. But after participating in the programme, I understand, and I'm no longer shy or afraid to talk about menstruation with teachers, parents or friends". —14-year-old girl



population dynamics



NFPA Bangladesh made significant progress in 2018 towards **strengthening the capacity** of national institutions to disaggregate, analyse and disseminate quality data related to population and development for evidence-based planning. We also made strides in **building the commitment** of policymakers, lawmakers and programme managers in advancing both the International Conference on Population and Development (ICPD) Beyond 2014 Agenda and the Sustainable Development Goals (SDGs) of the 2030 Agenda.

Population data

administrative data.

Master plan for 2021 Population and Housing Census developed. In

2018, the Bangladesh Bureau of Statistics (BBS) completed the master plan for the 2021 Population and Housing Census with UNFPA technical support. The plan was prepared through a consultative process, with the questionnaire and methodology pre-tested

in the field. It will now be used to conduct the sixth round of the Bangladesh

Population and Housing Census, employing a multimodal data collection
approach.

workshop on

Workshop on

Gef Guest

Mr. Md. Nojibur Rahman

Principal Secretary to the Hon'ble Prime Minister

Mr. Saurendra Nath Chakrabhartty

Secretary, Statistics and Informatics Division (SID)

Dr. Asa Torkelsson, Representative, UNFPA Bangladesh

Dr. Krishna Gayen, Director General (Additional Secretary), B

Date & Venue: 05 December 2018, Auditorium, Bangladesh Bureau of Statistics (2008)

Administrative data used for SDG monitoring and

reporting. With UNFPA's support, the General Economic Division of the Planning Commission strengthened the capacity of SDG focal points in relevant ministries and of United Nations Data Group members on administrative data collection and reporting on SDG indicators—particularly the 16 indicators for which UNFPA has responsibility. UNFPA also supported the SDG Cell in the Statistics and Informatics Division of the Planning Commission in harmonizing the SDG action plans of the various ministries and divisions with the core principles of the SDGs. This will help the BBS report on relevant SDG indicators using the ministries'

Harmonization of major demographic surveys initiated. With UNFPA support, the BBS prepared a comprehensive position paper on the harmonization of major demographic studies in the country. The paper included a cost analysis, including a cost-saving mechanism. The BBS also prepared a draft roadmap for harmonizing the surveys. A high-level steering committee, headed by the Secretary of the Statistics and Informatics Division, and a technical committee, also chaired at the secretary level, were formed to take this harmonization initiative forward.

Functional geographic information system (GIS) platform put in place.

The GIS platform first established by the BBS with UNFPA support in 2016 was made more user friendly in 2018—and consequently was better and more widely used. A website was

developed to share relevant GIS data of all member organizations. With UNFPA support, the BBS prepared a geo-coded digital GIS map of two of the country's most disaster-prone districts (Barguna and Patuakhali) with information on available facilities where disaster-affected people can take shelter. The map also includes population data based on the 2011 census and geo-codes for all administrative units in the respective district.

Government officials' capacity enhanced. Several government capacity-building initiatives on population and development issues were implemented in 2018.

- Forty government planning officials from different ministries received a week-long
 training on the National Transfer Account. The training increased their
 understanding and skills development through hands-on exercises and application to
 macro-level policy issues. These officials will now be part of a larger pool of experts
 able to share knowledge and increase the sustainability of the National Transfer
 Account in policy application.
- The General Economic Division prepared a brief for policymakers presenting evidence
 of the monetary benefits for young and elderly dependants in the public
 system within the National Transfer Account framework.
- With UNFPA support, the General Economic Division coordinated two policy dialogues on (i) the socioeconomic impacts of child marriage as a challenge for development and (ii) the socioeconomic welfare implications of managing dependent population trends. These dialogues contributed to sensitizing and increasing the understanding of policymakers, high-level government officials and national experts on population-development linkages, thus promoting the SDGs.
- The General Economic Division provided capacity-building training to 40 high-ranking government officials on challenges, policies, programmes and the current situation of adolescent reproductive health issues, mortality/morbidity, maternal and newborn health, and family planning in Bangladesh.
- Ten mid-level government officials successfully completed a three-month-long diploma course on population, reproductive health and gender issues from the Dhaka University Population Sciences Department, supported by UNFPA.

Rohingya needs assessment survey completed and results disseminated.

A cross-sectional study was conducted in Cox's Bazar through the International Centre for Diarrhoeal Disease Research to determine health needs based on accurate estimates and demographic profiling of the Rohingya population in Bangladesh. The findings were shared with UNFPA and other UN agencies active in Cox's Bazar to serve as an essential element in programme planning.



Census and survey microdata disseminated

In 2018, four census datasets (Sample Vital **Registration System** 2010, Economic Census 2013, Multiple Indicator Cluster Survey 2013, and Household Income and **Expenditure Survey** 2010) were uploaded and disseminated through the REDATAM web portal, making a total of nine datasets uploaded so far. More demographic data are thus now available by age, sex and location for research and planning purposes facilitating their use in the mapping of socioeconomic and demographic inequalities.

Evidence and recommendations for the 8th Five-Year Plan produced. The

General Economic Division, in collaboration with an UNFPA-supported population expert committee, produced several thematic papers to be used in formulating Bangladesh's upcoming Five-Year Plan 2021–2025. The papers are (i) "Analysis of the Dependent Population and Its Socioeconomic Welfare Implications in Bangladesh in the 21st Century"; (ii) "Maternal and Neonatal Health in Bangladesh: A Critical Look at Policy, Programme and Challenges to Achieve Sustainable Development Goals"; and (iii) "Effective Use of Human Resources in Bangladesh for Inclusive Economic Growth and Income Distribution: An Application of National Transfer Accounts".

Population policy

Successful advocacy conducted with the Bangladesh Parliament for policy changes. UNFPA has had rich policy discussions and successful advocacy efforts with the Bangladesh Association of Parliamentarians on Population and Development, a group formed under the Honourable Speaker of the Parliament, resulting in crucial policy-level changes.

For the first time in Bangladesh parliamentary history, a Maternal Health Protection Bill has been drafted. A sub-committee of the Bangladesh Association of Parliamentarians on Population and Development drafted the bill, assisted by a

parliamentary law review committee headed by a Joint Secretary and with technical assistance provided by UNFPA. To prepare the bill, the drafting committee held several consultation workshops

and meetings at the divisional and national levels, again with technical and financial support from UNFPA.

The committee also organized policy dialogues and meetings to sensitize and solicit support from members of Parliament. The bill will contribute to reducing maternal mortality and morbidity in the country by ensuring emergency medical services, maternal death notification and the accountability of service providers and family members.

 Bylaws and rules are being formulated for the 2017 Child Marriage Restraint Act. UNFPA is facilitating and coordinating much of this complex process, as well as providing technical support to the Standing Committee on the Ministry of Women and Children Affairs through the Eliminate Child Marriage and Prevent Gender-based Violence Sub-committee, formed under the Strengthening Parliament's Capacity in Integrating Population Issues into Development project. UNFPA facilitated an inter-ministerial meeting at the Bangladesh Parliament organized by the Ministry of Women and Children Affairs and a series of consultations, with technical assistance from the Law Review Committee, on bylaws and rules; this included review of a paper containing specific recommendations from UNFPA.

Parliamentarians advocating for the ICPD agenda at local and national

levels. UNFPA's advocacy with members of Parliament on the ICPD agenda has resulted in two members actively advocating in Parliament for the elimination of child marriage (see box next page), youth development and a reduction of maternal mortality. Thirteen members of Parliament have spoken on the ICPD agenda at community-level meetings attended by over 22,000 people, including local elected representatives; these meetings were organized by the Parliament Secretariat with UNFPA support. Additionally, nine district administrations discussed child marriage issues in regional meetings, recommending a process be initiated to prepare a bill aimed at reducing maternal mortality. The resulting Maternal Health Protection Bill was—as noted earlier in this section—drafted with UNFPA technical support in 2018.

UNFPA Bangladesh Representative
Dr. Asa Torkelsson meets with Dr. Shirin
Sharmin Chaudhury, speaker of the
Bangladesh Parliament, 11 March 2018.





A champion to promote maternal health and end child marriage

Professor Dr. Md. Habibe Millat was elected a member of Parliament of Sirajganj District in 2014. This district had high maternal morbidity and mortality rates; it also had a high rate of child marriage, due primarily to social attitudes and customs, poverty, gender discrimination and natural disasters. Parents who are unable to feed their children or pay for their education often view child marriage as their best option to safeguard the future of their daughters.

Prof. Millat became an advocate of maternal health and of ending child marriage. As a public representative, he is supporting the Bangladesh Government's vision to stop child marriage by raising these issues inside and outside of Parliament sessions to ensure quality services and administrative actions, along with robust monitoring. He has used the media to create mass public awareness of these issues, appearing on talk shows and organizing several public meetings to strengthen the social movement against child marriage and reduced maternal mortality.

Additional actions
he has undertaken
include forming
community and
student committees;
organizing discussion
meetings with
stakeholders including
marriage registrars, social



and religious leaders, teachers and parents; building capacity of locally elected public representatives and strengthening monitoring systems; ensuring discussion, follow-up and regular monitoring of progress at monthly upazila coordination meetings; as well as activating community clinics to ensure that all necessary commodities are available at health centres.

As a result of Prof. Millat's efforts, Bangladesh has seen significant reductions in both maternal mortality and child marriage. Notably, the local administration of the district's Kamarkhand upazila was declared a child marriage-free upazila.



operations and communications





Commitment to zero tolerance

In 2018, all UNFPA staff and contractors were guided through online PSEA training for UN staff and gained a better understanding of PSEA and how it relates to their roles. An orientation on PSEA and sexual harassment was conducted during a staff retreat where these concepts were further clarified. Outreach was conducted to build the capacity of eight implementing partners to prevent sexual exploitation and abuse in their organizations and work areas. With headquarters support, a 2019 PSEA work plan was finalized.

Operations

The Operations unit ensures that UNFPA Bangladesh has the resources, training and logistics support it needs to fulfil its mission. Total expenditure for 2018 was \$27,120,863. To this end, **goods and services costing more than \$3.5 million were procured** in 2018. This included contraceptives, dignity kits and reproductive health kits; as well as medical equipment, vehicles, information technology equipment, office supplies and furniture for both regular programme implementation and humanitarian response.

To ensure maximum efficiency, UNFPA actively participated in a **collaborative procurement initiative** involving other UN agencies and signed numerous memorandums of understanding to draw on long-term agreements.

A notable **training achievement** in 2018 was Preventing Sexual Exploitation and Abuse (PSEA) capacity building (see box). Other training provided addressed both technical and logistics topics, as these examples illustrate:

- To enhance logistics capacity in humanitarian response and instil better understanding of how to handle reproductive health kits, UNFPA organized a workshop for implementing partners and their staff involved in logistics and warehouse management.
- UNFPA organized two full days of training covering—among other topics—financial management, audits, partnership, the Global Programming System (GPS), good practices, the partnership modality and PSEA—for government and non-government implementing partners.

Other 2018 accomplishments in the operations area revolved around **corporate policies** and **procedures**, primarily with regard to audits. The team:

- Managed advances and reviewed financial reports of 39 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)
- Adhered to and provided guidelines for support staff in processing all operationsrelated transactions and promptly addressed any issues or concerns

Media and communications

Media and communications efforts during 2018 were aimed at raising awareness of UNFPA and its activities in a variety of traditional and innovative ways.

• Four new episodes of the *Shahana* **cartoon** were produced and disseminated through six private TV channels.

- A mobile-based job aid app was developed focusing on interpersonal communication skills and sexual and reproductive health issues, and 100 urban health providers were trained in its use by BBC Media Action with UNFPA support. The training helped participants understand how to use the app in providing needed information and services to women and girls in urban areas on maternal health.
- A total of 518 social media content items for Facebook,
 Twitter and YouTube were developed.
- Six newspaper supplements were published highlighting
 World Population Day, International Youth Day, Safe Motherhood
 Day, International Midwifery Day and "Making SDG 3 Meaningful
 for Marginalized People". Five op-ed articles were published on different
 issues, including sexual and reproductive health and rights, gender-based
 violence and child marriage.
- Roundtable discussions were organized with leading national daily newspapers to promote the UNFPA agenda, particularly regarding women, adolescents and youth.
- Several high-level special events sought, and received, extensive media coverage. These revolved around the Bangladesh visits of the UN Secretary-General, the UNFPA Executive Director, UNFPA Global Goodwill Ambassador Ashley Judd's mission to Cox's Bazar and the global 16 Days of Activism Campaign. UNFPA used the occasion of these high-profile visits and campaigns to coordinate three innovative Melas (fairs). See box on the next page.



UNFPA work displayed to high-level visitors and broad public audience through Melas

Duilding on the cultural relevance and nature of the Mela (fair) in Bangladesh, the UNFPA Country Office took an innovative approach to knowledge sharing and dissemination. The Mela concept was applied in an interactive, creative project context to share our work. In 2018, UNFPA organized three Melas, with specific themes and objectives.

- The first fair, UNFPA Mela, was organized around UNFPA Executive Director Natalia Kanem's (shown in the photo below) first visit to Bangladesh in May. A key objective of her visit was to familiarize herself with the Rohingya crisis and to observe UNFPA's collaboration programmes and response mechanisms in the country. The opportunity was used to provide an overview of UNFPA operations in Bangladesh at a single location, highlighting our collaboration projects around the country. Different UNFPA units—including Midwifery, Adolescents and Youth, Women Friendly Space, and, Population, Planning and Research—set up booths at the Mela displaying their field activities and services in an interactive manner.
- The Sustainable Development Goals Mela was held in July in collaboration with UNICEF, the International Labour Organization and UN Women to mark UN Secretary-General António Guterres's first mission to Bangladesh; it brought several UN agencies under one umbrella. Themes of particular relevance to Bangladesh were highlighted—adolescents and youth, women's economic empowerment, ending violence against women, ending child marriage—and the interventions supported by UN agencies to address these.
- The year concluded with the first-of-its-kind
 Solution Fair (Shomadhan Mela), which was jointly

spearheaded by UNFPA and the Government of Bangladesh. The day-long fair was organized as part of the globally celebrated 16 Days of Activism campaign in Dhaka. It featured 14 stalls representing non-governmental organizations, civil society organizations and UN Agencies including UNFPA. The fair was designed for participants who lacked access to information about the responses undertaken by these entities to combat genderbased violence. It thus helped raise awareness on resources and service centres available for preventing violence against women in Bangladesh, along with reintegrating mechanisms available to support survivors of gender-based violence. The event was an extensive information dissemination effort by UNFPA, and it attracted widespread media coverage. With the theme "Orange the World: #HearMeToo", the Solution Fair was attended by more than 300 guests, including government and UN dignitaries, ambassadors, national celebrities, activists and the general public.



Note

All monetary units mentioned in this report are U.S. dollars. All names used are pseudonyms to ensure privacy and confidentiality.

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