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Country programme outline for Bangladesh*

Proposed UNFPA assistance: \$18 million, \$15.3 million from regular resources and \$2.7 million through co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2003-2005)

Cycle of assistance: Sixth

Category per decision 2000/19: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	9.2	1.0	10.2
Population and development strategies	1.5	-	1.5
Advocacy	4.3	1.7	6.0
Programme coordination and assistance	0.3	-	0.3
Total	15.3	2.7	18.0

* The transition to the new harmonized programming process called for in decision 2001/11 necessitated a period of adjustment to accommodate the new requirements for country outlines, and has delayed submission of the present document.

I. Situation analysis

1. The Bangladesh health and family planning programme has achieved remarkable success. The total fertility rate (TFR) declined from 6.3 in the early 1970s to about 3.3 in late 1994. However, it has reached a plateau since then, despite an increased contraceptive prevalence rate. Population is expected to stabilize at 258 million by 2050. Maternal mortality remains high at 400 per 100,000 live births, with only 13 per cent of births attended by skilled attendants and only 8 per cent of births taking place in institutions. HIV/AIDS prevalence is low, but the risk of escalation is high. The status of women is characterized by low levels of literacy and employment, limited participation in politics and administration, and a high incidence of gender-based violence.

2. The support provided by UNFPA to the Government to analyse the stall in the fertility decline led to a technical review and stakeholder consultations, which highlighted an apparent decline in quality of care, reduced client satisfaction and limited contraceptive choices. The review indicated that there was a need to operationalize behaviour change communication (BCC) to promote a wider choice of contraceptives, address adolescent fertility, and promote gender equity and equality. The use of permanent family planning methods and intrauterine devices has declined and the use of male methods is low. Discontinuation rates are high -- nearly 50 per cent for oral contraceptives and injectables.

3. The first health and population sector programme (HPSP) began in July 1998; the next sector-wide programme will follow in July 2003. HPSP substituted 128 projects with one programme implemented through 23 operational plans monitored jointly by the Government and its development partners. The programme of UNFPA falls primarily within the

HPSP but uses a parallel funding arrangement rather than a pooled fund.

II. Past cooperation and lessons learned

4. The fifth country programme focused on safe motherhood and the provision of round-the-clock emergency obstetric care in 64 maternal and child welfare centres (MCWCs). A broad range of reproductive health training was provided to key health personnel to strengthen capacity. The provision of equipment and the renovation of facilities improved access to quality and user-friendly maternal and emergency obstetric care services. The success of the programme contributed to the decision by the United Nations Children's Fund to support emergency obstetric care at 123 health facilities and to the decision by the Government to establish, over the next 10 years, emergency obstetric care facilities in all primary health care centres.

5. In order to reach urban areas not covered by HPSP, UNFPA, along with the Asian Development Bank and the Norwegian Agency for Development Cooperation, supported a comprehensive reproductive health initiative implemented in collaboration with six municipalities and several non-governmental organizations (NGOs). Reproductive health services have not, however, been fully utilized; creation of demand is therefore critical.

6. Ten ministries and one private sector organization initiated the integration of reproductive health and gender concerns into social development efforts. While the programme with religious leaders and garment workers has been very successful, the one with the cooperatives and industrial labour organizations has met with limited success. A lesson learned is that BCC should be linked with the provision of services.

7. With support from UNFPA, a committee to address the stall in the fertility decline, with representation from universities, international organizations, government institutions and research organizations, has been examining fertility dynamics and is conducting four studies, including one on regional variations of TFR and one on male child preference. The committee has recognized that in order to improve quality of care, more training in counselling and contraceptive choices and better monitoring and supervision are needed to help reduce discontinuation rates and improve the method mix. The improvement in services and contraceptive choices must be closely associated with generation of demand. Through the population and development strategies subprogramme, UNFPA support also helped to establish the Department of Population Sciences at Dhaka University.

III. Proposed programme

8. UNFPA has provided assistance to Bangladesh since 1974. To achieve harmonization of programme cycles with other United Nations agencies, the sixth country programme will cover a period of three years (2003-2005). The country programme is based on the draft United Nations Development Assistance Framework (UNDAF), developed from the common country assessment (CCA). The draft UNDAF focuses on the rights to survival, livelihood, protection and participation. The United Nations country team has proposed joint programming in three areas: girls' education, safe motherhood (with UNFPA playing a lead role) and poverty reduction. UNFPA is helping to ensure that there are reproductive health and population linkages in the poverty reduction strategy paper. UNFPA will also participate in a health sector-wide approach through a parallel funding arrangement.

9. UNFPA plays a distinctive role in helping various ministries to integrate reproductive health and gender in development. The

experience of UNFPA in advocacy and BCC has paved the way for a positive policy and programme environment. UNFPA has assisted the Government in maintaining contraceptive security and has piloted initiatives on emerging issues, such as the urban reproductive health initiative. The sixth country programme will consolidate past achievements and introduce new initiatives.

10. The goal of the sixth country programme is to contribute to improving the reproductive health status of the people of Bangladesh, thereby leading to sustainable social development and poverty reduction. The outcomes of the programme are to contribute to: (a) increased use of quality reproductive health services; (b) gender equity and equality through male participation, reduction of gender-based violence and increased numbers of women decision makers in politics and civil administration; (c) positive behaviour changes among youth and men in sexual and reproductive health; and (d) increased national capacity in reproductive health and population policies and programmes, in line with the Programme of Action of the International Conference on Population and Development (ICPD).

Reproductive health subprogramme

11. The outputs of the reproductive health subprogramme are: (a) increased accessibility to clinical contraception; management of reproductive tract infections (RTIs) and sexually transmitted infections (STIs); provision of emergency obstetric care and safe motherhood services, particularly for the most vulnerable population and youth; and (b) strengthened capacity in service provision for informed family planning and strengthened referral and networking to address delays in emergency obstetric care.

12. Safe motherhood and quality of care efforts will reinforce emergency obstetric care services in MCWCs and urban clinics, increase

the number of women giving birth with skilled birth attendants and improve counselling. Adolescent reproductive health, male participation, gender-based violence and neglected reproductive health issues, such as vesico-vaginal fistulas, early detection of cervical and breast cancer, and complications from unsafe abortions, will be addressed on a pilot basis in the MCWCs. Efforts will continue in the prevention and management of RTIs/STIs and the prevention of HIV/AIDS, focusing on young people. The role of traditional birth attendants will be examined and a better referral system established. UNFPA will select a few geographical areas where it will focus efforts to further improve maternal care. NGO partnerships will continue to provide an effective way to reach the urban and peri-urban poor, where the feminization of poverty is prevalent.

13. Contraceptive choices will be broadened through training in the provision of clinical and non-clinical contraception, midwifery skills, neonatal care, and counselling for doctors, nurses and other health workers. The programme will support emergency contraception and introduce female condoms. Male involvement in family planning and in women's reproductive health will be emphasized through BCC.

14. UNFPA will support contraceptive security by assisting in the procurement of quality contraceptives and other reproductive health supplies. It will assist the Government in national capacity-building in procurement and monitoring and will play a coordinating role among agencies providing technical assistance in this area.

Advocacy subprogramme

15. The outputs of the advocacy subprogramme are: (a) increased understanding of gender issues, contraceptive choices, reproductive rights and reproductive health among youth and men; and (b) strengthened

support of parliamentarians, religious leaders and other opinion leaders for reproductive health and gender equity.

16. The subprogramme will help to mobilize elected representatives and opinion makers, religious leaders and the media to expand the alliance for population and reproductive health issues, in support of the other two subprogrammes. The media will be encouraged to cover thematic issues in reproductive health and population and development. Support will also be provided to help Bangladesh remain an HIV/AIDS low-prevalence country.

17. The programme will also promote policy support for adolescent reproductive health. Innovative educational approaches, including peer counselling for youth and orientation of parents, will be promoted. Population education in non-formal educational settings and in vocational training institutes and youth clubs will be strengthened.

18. UNFPA will play a lead role in supporting BCC within HPSP. The technical and institutional capacity of the Unified Behaviour Change Communication Unit in the Ministry of Health and Family Welfare will be strengthened to provide better coordination, management and strategy development. The attitudes of husbands and mothers-in-law will be addressed, and women will be encouraged to give birth with the help of skilled birth attendants. Training and orientation in interpersonal communication for field-level health workers will also be emphasized.

Population and development strategies subprogramme

19. The outputs of the subprogramme are: (a) selected analysis and utilization of census-related health, population and sex-disaggregated data for gender-sensitive policies and programmes; and (b) increased policy- and programme-level interventions related to population variables.

20. The committee to address the stall in the fertility decline will be expanded to include more representatives from Government. Research will be promoted to address population variables. Increased utilization of the results of the 2001 population census through user-friendly thematic publications and analyses of population and development issues will be supported. Operations research on sociocultural issues will also be supported. Continued assistance will be provided for teaching, training and curriculum development at the Department of Population Sciences at Dhaka University; limited support will also be provided to other universities.

IV. Programme management, monitoring and evaluation

21. UNFPA will participate in a health sector-wide approach through a parallel funding arrangement. The sixth country programme will be nationally executed for the most part, through specific government directorates and departments. NGOs will be involved in the delivery of services, in providing technical expertise and in piloting new initiatives. Funding to NGOs will account for 10 per cent of resources.

22. An annual programme review chaired by the Ministry of Health and Family Welfare will be complemented with frequent financial monitoring and field visits. The Economic Relations Division in the Ministry of Finance will chair the midterm review. Nine national project personnel will operate as a multidisciplinary team located in selected ministries, geographical areas and the country office. UNFPA Country Technical Services Team specialists as well as national and international experts will provide technical assistance.

23. UNFPA will continue to work with the Directorates of Family Planning and Health in the Ministry of Health and Family Welfare.

Emergency obstetric care in urban areas will be addressed through the Ministry of Local Government and Rural Development, with the participation of NGOs and private institutions. A number of ministries, NGOs and the private sector will participate in the advocacy subprogramme. The inter-ministerial population coordination committee in the Ministry of Health and Family Welfare will ensure coordination of activities. The Ministry of Planning, the Ministry of Health and Family Welfare, NGOs, universities and the committee to address the stall in the fertility decline will implement the population and development strategies subprogramme.