

UNFPA Management response	UNFPA Country Programme Evaluation: Bangladesh (2012-2016)
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Note: The following management response lists the recommendations as they appear in the evaluation report. Please refer to the report for more details on each recommendation. Recommendations may be organized by clusters, e.g.: strategic recommendations, recommendations associated with the country programme. Within each cluster, recommendations should be ranked by priority levels (High, Medium, Low).

Instructions for completing the management response:

1. Boxes in white to be completed upon receiving the present request
2. Boxes in grey to be completed one year later.

Cluster 1: Strategic-level recommendations		
Recommendation 1	To Country Office	Priority level: High
<p>In view of the Sustainable Development Goals (2016-2030) highlighting vulnerable populations, UNFPA should focus more strategically when planning the 9th country programme on prioritizing and targeting women and girls vulnerable to abuse of their rights, morbidity and mortality and psychological hardship, and those not fully accessing the health and education systems, and how to reach them.</p> <ul style="list-style-type: none"> ▪ UNFPA should place greater emphasis on women and girls who risk home births and adolescent pregnancy, who are vulnerable to gender based violence, those who discontinue contraception methods, and those using high risk sexual practices. ▪ UNFPA should focus on women and girls who live in remote rural areas or are homeless, migrants or school dropouts, slum dwellers and those migrating daily into slums, among others, and strategies to reach them. ▪ UNFPA should take into consideration people who do not access the national health or education systems and strategize ways to gain their trust and reach them with information and assistance. ▪ UNFPA should consider the factors which are leading to vulnerability or exclusion in assessments ▪ UNFPA should ensure regular sampling of target populations to gauge progress on outcomes such as prevalence of GBV and child marriage and adolescent pregnancies, girls dropping out of school, and discontinuation of contraceptives. 		
<p>Management response -</p> <p>The UNFPA Bangladesh Country Office agrees with the recommendation. The new 9th Country Programme (2017-2020) has put emphasis on the realization of the spirit of the Agenda 2030 and SDGs to “reach the furthest behind first” and “leave no one behind.” Proposed interventions place increased focus on migrants, urban slum dwellers, refugees, tribal populations such as those CHT and other ethnic and religious minority groups, tea garden workers, garment factory workers, adolescent girls, and people living with or at higher risk of HIV, in addition to continuing to address the vulnerability of women and girls against violence, including in the humanitarian setting. As part of the its CPAP, UNFPA Bangladesh Country Office (CO) has already carried out a careful geographic mapping exercise to select key target districts for this purpose, to focus its downstream implementation work where vulnerable population groups concentrate.</p> <p>More specifically, regarding sexual and reproductive health and rights, UNFPA Bangladesh will continue to focus on ensuring 24/7 Emergency Obstetric and Neonatal Care services for marginalized populations including those living in remote locations of the country. Continued efforts will be made to address maternal morbidities and sexually transmitted infections among these vulnerable groups, along with special attention to address unmet need in family planning among them. With regard to prevention and mitigation of gender-based violence, UNFPA Bangladesh will continue focusing its programme on women and girls who are at a greater risk of GBV, especially among these most vulnerable group, such as women garment workers, refugees, and women and girls living in slum areas. In addition, UNFPA Bangladesh will continue regular sampling of target populations to monitor the progress of the outcomes related to GBV prevalence.</p> <p>For adolescent girls, UNFPA Bangladesh will intensify its focus on both the prevention of child marriage and</p>		

the mitigation of negative consequences of child marriage, such as delaying the first pregnancy and spacing the second pregnancy. The CO will continue with its efforts to reach out to out-of-school adolescent girls to empower them by providing with life skills education, given the challenges of reaching this vulnerable population.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Undertake a geographical targeting exercise for the 9th Country Programme and its Action Plan, taking into account district-wise disaggregated data on SRHR, GBV, child marriage and other indicators, the new UNDAF target districts, synergies of different programmes, etc.	May 2016	P&D	Completed	Reflected in the draft 9th CPD submitted to the Executive Board
Strengthen the government's monitoring capacity for GBV prevention and response	December 2020	Gender		
Target districts with the poorest SRHR indicators and those that host one or more vulnerable groups.	2017	SRHR		
Expand the current family planning approach to further focus on young adolescents, including married girls, and ensure that they have adequate knowledge about FP methods	December 2018	SRHR, together with A&Y		
Target GBV high-risk districts and population groups in CP9, based on the VAW prevalence (to be informed by the VAW Survey 2015)	December 2017	Gender		
Identify strategies for meeting the needs of out-of-school adolescent girls and empower them	December 2020	Adolescents & Youth, Gender		
Ensure assistance to the Bangladesh Bureau of Statistics to publish the 2nd Violence Against Women Survey (2015) Report	December 2016	P&D and Gender		

Recommendation 2	To Country Office		Priority level: High	
<p>UNFPA should continue to enhance the demographically significant adolescents and youth focus by considering creation of a distinct programmatic area with strong technical interface with other areas, and through this unit coordinate and promote more dedicated advocacy to bolster the inputs, outputs and outcomes in the health system and in communities to attract and reach greater numbers of adolescents and youth with reproductive health and gender equality information and services.</p> <ul style="list-style-type: none"> ▪ UNFPA should consider creating a separate Adolescents and Youth programmatic area, which will effectively oversee, and help to focus efforts of the other programmatic areas, ensuring that their efforts are cohesive in a well-developed and well-documented strategy. ▪ The 9th Country Programme strategy should address weaknesses/strengths in coverage and content of the adolescent corners in health centers and in community clubs and go beyond to other forms of communication with vulnerable and marginal groups who do not access these resources. ▪ The strategy should ensure that eliminating child marriage is promoted through all programmatic areas and efforts are well monitored and documented. ▪ The strategy should address life skills development to enhance young people’s employability to use the window of opportunity to reap the demographic dividend. ▪ The strategy should create results indicators with strong data sources to ensure that the outcomes and results can be measured and are contributing to national level indicators on child marriage and gender equality. ▪ UNFPA should work closely with other stakeholders such as UNICEF and NGOs/CBOs to promote goals of adolescent development and sexual and reproductive health. ▪ UNFPA should document and share lessons learned through Generation Breakthrough on all phases of development of the project so that it can be replicated. ▪ UNFPA should develop exit plans and create benchmarks for eventual takeover by the Government. 				
<p>Management response - The UNFPA Bangladesh Country Office agrees in general with the recommendation. The proposed 9th Country Programme for Bangladesh (2017-2020) includes a separate Outcome on Adolescents & Youth, with a special focus on: a) a provision of life skills education and the prevention of child marriage as well as mitigating its consequences, and b) capacity development of health service providers to provide SRHR information and services to adolescent girls based on needs of all adolescents and youth.</p> <p>Some of the specific points of this recommendation, i.e. the addressing weaknesses/strengths in coverage and content of adolescent corners and development of an exit plan, by their nature require a much larger country engagement. UNFPA will contribute to national initiatives by Government and CSOs. The specific points of the recommendation related to gender mainstreaming, use of data for policy advocacy and results-based programming, resource mobilization and stronger support for gender equality strategies and interventions are addressed under the Recommendation 3.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Maintain the newly established A&Y Unit in the Country Office, for more effective and focused A&Y programming for the rest of the 8CP cycle and in the new 9th CPD 2017-2020. The A&Y Unit will serve as the “hub” of UNFPA Bangladesh initiatives for adolescent and youth empowerment including on life skills, child marriage, GBV and Adolescent SRHR, to ensure coordination and programmatic synergies and	December 2020	Senior Management		

collaborations of all units of the Country Office on A&Y				
Ensure the inclusion of a separate Outcome area on A&Y in 9CP	May 2016	Senior Management, and A&Y Unit	Completed	Reflected in the draft 9th CPD submitted to EB
Advocate to the Government to mainstream life skills education in vocational training and school curricula, to further enhance the employability including young women	December 2020	A&Y		
Ensure that 9CP has a distinct focus on contributing to the national efforts at eliminating child marriage	December 2020	A&Y, Gender, SRHR, P&D		
Ensure the documentation of lessons learnt and good practices from UNFPA supported A&Y initiatives to be used for future programming	September 2019	A&Y		
Continue collaboration with UNICEF and other key partners to promote goals of youth development and A&Y SRHR	December 2020	A&Y		
Conduct an assessment of the adolescent corners in health centres and develop a strategy for UNFPA's continued support to these corners. UNFPA will explore options for building the capacity of service providers in select health systems so as to be more responsive to the needs of adolescents and youth.	June 2018	A&Y and SRHR		

Recommendation 3	To Country Office, Asia and Pacific Regional office and Headquarters	Priority level: High
<p>In view of contributing to the Sustainable Development Goals, especially SDG 5: Achieve gender equality and empower women and girls, UNFPA should strengthen the country programme gender equality strategy and the profile of the gender equality programmatic area and press for greater clarity in the division of roles among partners.</p> <ul style="list-style-type: none"> ▪ UNFPA should ensure that the gender equality strategy for the 9th Country Programme: <ul style="list-style-type: none"> ○ covers the range of gender equality support at all levels and reflects the global, regional, and national UNFPA strategies ○ reflects the inputs of other actors supporting the gender equality agenda and national plans of action in Bangladesh and where UNFPA comparative value and strengths are appropriately positioned ○ mainstreams gender in all Outcome areas, with the Gender Unit assigned a clear responsibility to ensure the gender-mainstreaming ○ addresses the nexus including health sector response to GBV, and GBV in humanitarian settings ○ sets strong indicators and means to collect data on a regular basis to track them ○ sets out the means by which sustainability will be attained through exit strategies and benchmarks for increasing government resources and clear means to effect replication of successful interventions ○ heightens the profile of the UNFPA Gender Equality interventions and using successful fund raising strategies to secure financial and human resources ○ uses all possible channels of communication regarding prevention of GBV and child marriage including the health system and the traditional health practitioners ▪ UNFPA should strengthen terminology and approaches that encompass the range of Gender Equality concerns, emphasizing gender equality as a rights based discipline with legal and institutional standards for the elimination of abuse of women’s rights of which violence is one symptom. ▪ UNFPA should increase quality of reporting and monitoring so that the interventions of the GE programmatic area and follow-up on monitoring are clearly described in documentation. ▪ UNFPA should, as per the goals of the Seventh Five Year Plan, capitalize on the strengthening number of women parliamentarians. ▪ UNFPA should continue work in the pillar coordination group and the Local Consultative Group – WAGE to develop the joint gender equality strategy. ▪ UNFPA should draw on global and regional expertise and UNFPA experience in other countries to seek other perspectives and strategize stronger support for Gender Equality strategies and interventions. ▪ UNFPA should develop an office management plan that strongly supports the Gender Equality programmatic area with strong staffing support including capacity development and ensuring that Gender Equality concerns are firmly mainstreamed. ▪ UNFPA should select implementing partners with a view to those who have the capacity to achieve the strongest outcomes and determine a structured capacity development program with benchmarks for those who require further capacity. ▪ UNFPA should establish clear targets for results at all levels of influence, including policy and legislation, leadership, strengthening adjudication, local level planning and implementation, community awareness, and reduction of harmful traditional attitudes and behaviors. 		
<p>Management response - The UNFPA Bangladesh Country Office accepts the main recommendation, and also partially accepts the sub-set of recommended action points. The proposed 9th Country Programme 2017-2020 places an increased emphasis on ensuring that women and girls enjoy lives of dignity and realize their full potential. Women’s and girl’s empowerment and gender equality will thus continue to underpin all interventions at different levels – upstream policy advocacy and downstream service provision, and a special attention will be placed on gender mainstreaming in all other programme components during development of CPAP. UNFPA will continue to seek to maximize its comparative advantages and niches among the Development Partners, especially with regard to promoting the implementation of laws and</p>		

policies and transform gender norms to advance gender equality, reduce gender-based violence (GBV) and harmful practices such as child marriage, in partnership with the Government, private sector, civil society, academia and mass media. The 9CP will accelerate support to health sector response to GBV and address GBV in humanitarian settings, as well as strengthen assistance with building and expanding data and evidence base on GBV and child marriage.

Some of the recommended action points, however, appear to be infeasible to the UNFPA Bangladesh, and thus its 9CP will unlikely to address them, for instance:

- The second recommended action point (following) is not entirely clear as to exactly what action(s) is recommended to the CO, and thus not feasible to act upon - “UNFPA should strengthen terminology and approaches that encompass the range of Gender Equality concerns, emphasizing gender equality as a rights based discipline with legal and institutional standards for the elimination of abuse of women’s rights of which violence is one symptom.”
- While UNFPA indeed has been playing a key coordinating role for the current UNDAF 2012-2016 Pillar 7 (Gender Equality); however, the next UNDAF 2017-2020 will most likely not have a separate pillar on gender equality, and therefore no such UNDAF gender “pillar coordination group” is envisaged. UNCT will still work out the mechanisms of coordinating the UNDAF implementation and UNFPA will continue to play a leading role in UNCT on gender equality along with UN Women, especially taking the lead on GBV including in humanitarian settings.
- While UNFPA will continue to be an active member of the LCG WAGE WG. As part of this development partners/Government of Bangladesh consultation group, UNFPA will assist the government with the implementation of the existing national gender equality policies, such as National Policy for Women’s Advancement, National Women Development Policy, National Action Plan for Gender Equality, and National Action Plan for the Prevention of Violence Against Women.
- As recommended, UNFPA will seek to reflect “the inputs of other actors supporting the gender equality agenda and national plans of action in Bangladesh and where UNFPA comparative value and strengths are appropriately positioned.” Noting that UN Women and UNDP are already leading on political participation and empowerment, UNFPA will continue to advocate with the Parliament Secretariat, Standing Committees and Sub-Committees for the prevention of GBV and child marriage, safe motherhood, and youth empowerment.
- GBV is widespread in Bangladesh. The first scientifically collected data was available in 2013. Four years would be insufficient to think of an exit strategy.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Ensure that GBV is reflected in a costed National Action Plan on Child Marriage (to be developed), and also in the next National Health Sector Plan	December 2016	Gender, A&Y, SRHR		
Plan and initiate programmatic support to the national health sector response to GBV, including utilizing all possible channels of communication in the health system as recommended, including e.g. midwives	December 2017	Gender, in collaboration with SRHR		
Establish and operationalize a new “GBV Cluster” in the national humanitarian architecture	December 2020	Gender Unit, Humanitarian Affairs Officer		
Initiate assistance to the Government with implementing the Labour Rules and factory Inspection Checklist, to which GBV has been incorporated with UNFPA assistance	2017	Gender		

Intensify its assistance to Police with the implementation of the Standard Operating Procedures for GBV case management and GBV data integration in the national crime data management system, in 9CP target districts	December 2020	Gender		
Ensure an inclusion of a dedicated Gender component in the 9th CPD 2017-2020	May 2016	Senior Management	Completed	Reflected in the draft 9th CPD submitted to EB
Ensure that the next 9CP action plan is accompanied with a set of clearer targets for results at all levels of influence as recommended, along with stronger indicators and means to collect data on a regular basis to track them, and to ensure quality of monitoring, documenting and results reporting	December 2016	Gender, M&E		
Select those Implementing Partners for 9CP with the biggest prospect of achieving the envisaged Gender outcomes, based on open tender and capacity assessment	December 2016	Gender, Operations		
Ensure that the 9CP Resource Mobilization Strategy includes the need for the Gender component	December 2016			
Ensure that the new CPAP Human Resources capacity assessment plan reflects the need for a strong staffing support in gender to deliver on the CP Gender Equality outcome and to mainstream gender in all areas of the CP	December 2016	Senior Management, Gender		
Continue an active involvement in LCG WAGE and other coordinating groups to establish and position UNFPA's concerns, mandates and comparative advantages, adequately	December 2020	Gender		
APRO will continue to engage CO in roll out and capacity development opportunities pertaining to global guidelines on promotion of gender equality and prevention and response to gender based violence, including in humanitarian setting.	Ongoing	APRO		

Recommendation 4	To Country Office		Priority level: Medium	
<p>UNFPA should assess the most appropriate means of reaching key influencing groups and prioritize advocacy and communications interventions according to those which will have the most impact.</p> <ul style="list-style-type: none"> • UNFPA should finalize the Country Office communications plan • UNFPA should develop joint communication plans with partners and other stakeholders • UNFPA should make better use of demographic data to influence politicians and government leaders to promote better understanding of the issues and to appraise the appropriateness of government projects • UNFPA should include Divisional leaders in advocacy and communications • UNFPA should utilize data already collected on communications, such as the KAP study on cervical and breast cancer, to design appropriate campaigns 				
<p>Management response - The UNFPA Bangladesh Country Office fully accepts the main recommendation, while it has a reservation/question about one specific recommended action point i.e. on “Divisional leaders” above.</p> <p>The proposed 9th Country Programme 2017-2020 focuses on upstream advocacy for transformative policy and budgeting. The UNFPA Country Office develops and implements an annual advocacy and communication work plan. The new CPAP will have the advocacy and communications strategy to guide the country programme’s advocacy and communication work. High quality evidence-based factsheets and policy briefs will be developed to facilitate policy dialogues and other advocacy efforts and engagements with parliamentarians, policy makers, law enforcement, health care providers, gender officials, other practitioners and implementers, both at the national and local levels. UNFPA will establish partnerships with media, academia, research institutes, and civil society in such efforts.</p> <p>UNFPA Bangladesh will continue to work with leaders at the Divisional level in the 9th CP; however, given the structure of local governance in Bangladesh in terms of the delegation of power and devolution of budget, an effective and necessary entry point for advocacy and communication at the sub-national level will continue to be at the level of District (e.g. Member of Parliament, Deputy Commissioner, Civil Surgeon, etc) and below at Upazilla and Union, etc.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Develop the 9CP advocacy and communication strategy	December 2016	Advocacy and Communication s Unit		
Develop and implement an annual Advocacy and Communications work plan	2017-2020 (annual)	Advocacy and Communication s Unit, in collaboration with SRHR, A&Y, Gender, P&D and M&E		
Develop and publish a new set of advocacy and communications materials on key issues (e.g. child marriage, midwifery, family planning, EmONC, GBV), based on emerging data	2018	Advocacy and Communication s Unit, in collaboration with SRHR, A&Y, Gender, and M&E		
Continue to support district level evidence-based planning and budgeting (i.e. local level planning) ensuring the inclusiveness and equity by reflecting the needs of vulnerable groups in district public health programming.	December 2020	SRHR		

Recommendation 5	To Country Office	Priority level: Medium
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UNFPA should take a more active role in the UN joint assessments and response, make relevant contributions, and ensure that preparedness and response are reproductive health and gender sensitive and include appropriate interventions in times of emergencies to prevent gender based violence. UNFPA should work toward stronger communications and coordination with Government and UN agencies as well as other stakeholders supporting disaster and emergency affected populations such as documented and undocumented refugees.

- UNFPA should ensure that the Country Office has assigned an emergency response team among staff to promote mainstreaming
- UNFPA should take part in the UN joint assessment or follow it closely and be prepared to contribute according to needs assessments
- UNFPA should promote strong follow-up on contributions to response so that they are accounted for and to assess their usefulness in the emergency
- UNFPA should collaborate through SPRINT to promote faster dissemination of MISP and information on ways to promote gender sensitive emergency response
- UNFPA should establish stronger relations with the Department of Disaster Management to promote RH and gender sensitive response
- UNFPA should streamline coordination arrangements with UNHCR for documented refugees in camps and undocumented refugees with IOM and other stakeholders
- UNFPA should use good practices and lessons learned from RH and GE efforts in the refugee camps in planning assistance to undocumented refugees
- UNFPA should ensure that the MISP training materials and workshops cover all aspects of gender equality and protection of women and girls in disasters and emergencies, including protection of dignity
- UNFPA should ensure capacity building on gender sensitivity and prevention of women’s rights abuses in disasters and emergency response reach all UNFPA staff
- UNFPA should extend area coverage for the MISP in the UNFPA targeted districts of southern Bangladesh: Satkhira, Khulna and Bagerhat (which are prone to disasters) as well as the 3 hill districts

Management response - The UNFPA Bangladesh Country Office fully accepts this recommendation. In the proposed 9th Country Programme (2017-2020), UNFPA Bangladesh places an increased focus on assisting institutional capacity development to deliver multi-sectoral services to those affected by humanitarian emergencies in Bangladesh, which is ranked the 5th in the World Risk Index in 2014. 9CP will further strengthen preparedness for and response to disasters, especially for integrated SRH and GBV services, capacity to address inequities and restore the dignity of the most marginalized communities in emergencies.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Establish and position UNFPA in the national humanitarian architecture, including an establishment of a new “GBV Cluster” to be co-led by UNFPA	2020	Senior Management, Humanitarian Affairs Officer, Gender Unit		
Continue integrating the global and UNFPA specific guidelines, i.e. the Minimum Initial Service Package (MISP) and Minimum Standards for Prevention and Response to GBV in Emergencies, in sexual and reproductive health services provided by the government and CSOs	2020	SRHR and Gender Units and Humanitarian Affairs Officer		
Promote faster dissemination of MISP and gender-sensitive emergency response in partnership e.g. with SPRINT,	2020	Humanitarian Affairs Officer, SRHR and Gender		

exploring ways to expand the coverage of UNFPA-supported disaster prone districts on MISP		Units		
Ensure the completion of the following online courses on SRHR and GBV in emergencies by UNFPA Bangladesh staff: <ul style="list-style-type: none"> • Minimum Initial Service Package for Reproductive Health in Crisis Situations • Adolescent Sexual Reproductive Health (ASRH) in Humanitarian Settings • Managing Gender-based Violence Programmes in Emergencies 	2018	Humanitarian Affairs Officer, SRHR, and Gender Units		
Form a Country Office Emergency Team	June 2016	Senior Management, Humanitarian Affairs Officer	The team is established in May of 2016.	
Participate in a UN joint needs assessment in the aftermath of a disaster	December 2020	Humanitarian Affairs Officer, SRHR and Gender Unit		
Establish and utilize a monitoring & tracking system to account for and follow up on the status of UNFPA humanitarian contributions (e.g. RH Kits)	December 2020	Operations, Humanitarian Affairs Officer		
Continue to coordinate with UNHCR, IOM and other relevant stakeholders for a comprehensive service provision to both the registered and unregistered Rohingya refugees and host communities on SRHR and GBV, including codification, sharing and utilization of good practices and lessons learnt	2020	SRHR and Gender Units and Humanitarian Affairs Officer		

Recommendation 6	To Country Office		Priority level: Medium	
<p>The UNFPA 9th Country Programme should plan the handover of programmes and interventions with the Government to anticipate the eventual decreases in funding and work more closely with UN and other agencies in Bangladesh, sharing resources and strategic analyses, to make stronger progress toward results.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Work more closely with UN and other agencies in Bangladesh, sharing resources and strategic analyses. This might include, for example, WHO for midwifery, UNICEF for adolescents, USAID for Family Planning, EngenderHealth for Obstetric Fistula, and WHO for CBC and UNAIDs for sexually transmitted diseases, UNHCR, IOM and MSF for undocumented refugees, and UNDP and UN Women for Gender Equality. ▪ Advocate with UNICEF and donors such as JICA for support from the government to deal with the challenges in the midwifery profession; a working group would be helpful to strengthen the DNS in midwifery and to support for a faculty positions dedicated to midwifery; at the Directorate level, needs to be a special one for midwives, and to secure a Division focus and coordination with the Assistant Director of Nursing at the District level. ▪ Work with USAID to identify channels for communications through private pharmacies improve coverage to reach vulnerable groups with contraceptives and information on preventing sexually transmitted diseases. ▪ For adolescents and youth, joint initiatives with UNICEF should be strengthened to promote proven concepts and techniques for reaching adolescents and their parents 				
<p>Management response - While the UNFPA Bangladesh Country Office fully agrees with the gist of the recommendation pointing to the fact of the decreasing trend of funding and the increasing need for ensuring the sustainability of the programme/project and the take-over by the Government, it partially accepts the second specific recommended action point, with an additional observation about the first recommended action point.</p> <p>On the second recommended action, UNFPA will follow the agreed division of labor and roles based on the agency mandate, as outlined e.g. in UNDAF, and continue to collaborate with other UN agencies, bilateral agencies and national/international NGOs.</p> <p>Specifically, UNFPA will continue its partnership with UNICEF on prevention of child marriage and mitigation of its consequences, but UNICEF is not a partner for the national midwifery programme.</p> <p>Alternately UNFPA Bangladesh will continue to work with WHO and other partners including JICA regarding coordinated support for midwifery. Working groups have already been active and meeting regularly both within the Government under the direction of the High Level Committee and with the supporting development partners. Divisional and district level managers are involved in the orientations for midwives and their managers. They are also involved in the process of site assessment for midwifery led care model sites. Stakeholder meeting and divisional and district orientations have already been in the current workplan under the 8CP and continue to be assisted in 9CP.</p> <p>On the first recommended action, it needs to be clarified here that UNHCR works for the documented refugees in the official camps, while IOM works for the undocumented refugees living e.g. in the makeshift camps, and UNFPA has been collaborating with both and other UN agencies active in Cox's Bazar District.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Actively participate in the formulation of the next UNDAF 2017-2020 to ensure “working more closely with UN and other agencies in Bangladesh, sharing resources and strategic analyses, to make	Ongoing	Senior Management, M&E, P&D		

stronger progress toward results”				
During the 9CP, work more closely with WHO for midwifery, UNICEF for adolescents, USAID for Family Planning, EngenderHealth for Obstetric Fistula, and WHO for CBC and UNAIDS for STI, IOM for undocumented refugees, and UNDP and UN Women for Gender Equality.	December 2020	SRHR, A&Y, Gender		
Collaborate with UNICEF in ensuring the use of proven tools and techniques to address the needs of adolescents and youth - especially in relation to child marriage.	December 2020	A&Y, Gender		
Explore a new partnership with USAID on policy advocacy for increased national budget allocation to Family Planning and life-saving drugs, and utilization of the new cadre of midwives for some FP services, as well as enhancing health education and services for unmarried adolescents and youth.	December 2017	SRHR/FP		
Continue to engage with existing formal and informal working groups/forums to collaborate with relevant partners to support the government on midwifery	December 2020	SRHR/Midwifery		

Cluster 2: Programmatic-level recommendations: Reproductive health and rights

Recommendation 7

To Country Office

Priority level: High

In view of Sustainable Development Goal #3 target: Ensure universal access to sexual and reproductive health-care services, including for family planning, UNFPA should support data collection to gather sufficient evidence for resource allocations in Family Planning and continue to work on strengthening health worker capacity to supervise, monitor, and follow-up on contraceptive discontinuation and promotion of long acting and permanent methods.

UNFPA should:

- 1. Demonstrate its strength in Family Planning through increasing high level advocacy with Parliamentarians, Divisions, Ministerial stakeholders, religious and community leaders, as well as donors and other UN referring to demographic data, to promote greater coverage of gaps in usage of information and contraceptives
- 2. Collect data on reasons for discontinuation and long acting and permanent (LAPM) methods, and acceptability among the selection available while advocating for methods that may be preferred
- 3. Train health workers to efficiently categorize their clientele in terms of contraceptive acceptance and family planning and focus efforts on those who discontinue to help them select another method
- 4. Replicate the ICT4RH if it is successful as soon as possible and ensure that follow-up with clientele and on training utility is part of the ICT requirements for staff
- 5. Select among approaches for those with high probability of success for introducing family planning before marriage, monitoring contraceptive acceptance and discontinuation including couple registration and marriage registration, use of census and population data and MIS HMIS data
- 6. Expand advocacy for provision of information to unmarried adolescents and youth and reaching the influencing groups as well as women of child bearing age who live in remote areas or are from marginal groups
- 7. Use lessons from previous successful work in raising the CPR and CAR such as in the refugee camps among Rohingya
- 8. Tie in closely the benefits of Family Planning to preventing maternal mortality and to promoting a woman's right to choose the number of children she will have and when.

Management response - The UNFPA Bangladesh Country Office accepts the main recommendation, and the sub-set of recommended action points except for the second and fourth ones.

In the proposed 9th Country Programme 2017-2020, UNFPA Bangladesh will further strengthen the national family planning programme to achieve the FP2020 commitments which include increasing acceptor rates, and decreasing unmet need and discontinuation rates. The main focus will be on: a) improving the method-mix by increasing acceptor rates for LAPMs, and b) strengthening post-partum family planning (PPFP).

The second and fourth sub-recommendations cannot be accepted due to the following reasons:

- The “collection of data on reasons for discontinuation” of methods has been studied in the Bangladesh Demographic and Health Survey (BDHS) once in every three to four years (the latest one in 2014), and the reasons for low uptake of LAPM in Bangladesh are available in the recent study “*Assess the constraints to promote long acting and permanent methods (LAPM)*,” 2013. Therefore there is no need for UNFPA Bangladesh to undertake additional studies on these topics.
- The ICT4RH Project is not a model to replicate, as it was not successful due to a lack of government coordination, ownership and willingness, and also because of its high operational costs. Therefore, scaling up of ICT4RH *per se* is neither feasible nor desirable.

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Establish a Parliament Sub-Committee on Family Planning under BAPPD (Bangladesh Association of Parliamentarians on Population and Development)	2020	P&D, SRHR		
Advocate the FP2020 targets to bureaucrats of relevant Ministries, Divisional Directors of Health Services and Family Planning, District-level health managers and other officials and health care providers	2020	SRHR/FP		
Assist with developing a National Adolescent Health Strategy and Action Plan, to provide information and services for adolescents, regardless of marital status	2018	SRHR, and A&Y		
Assist MoHFW with developing a National Action Plan for Post-Partum Family Planning	2017	SRHR/FP		
Harmonize the two separate MISs of DGFP and DGHS to capture FP-related services for all women (married and unmarried)	2018	SRHR/FP		
Ensure that rights of clients are included in the Family Planning Manual for service providers and managers	2017	SRHR/FP		
Train the frontline health workers (i.e. Family Welfare Assistants) and managers (e.g. Family Planning Inspectors, Family Welfare Visitors, etc) on client segmentation and ways to motivate couples on uptake of LAPMs	2018	SRHR/FP		
Further develop capacity of service providers for the Rohingya refugee camps for improving quality of FP services (counselling, infection control, management of side effects, etc) drawing on good practices and	2020	SRH, Humanitarian Affairs Officer		

lessons learnt				
Develop and implement differentiated demand creation activities focusing on women of reproductive age in hard-to-reach areas and marginalized groups	2018	SRHR/FP		

Recommendation 8	To Country Office and APRO	Priority level: High		
<p>In view of the Sustainable Development Goal #3 Target: reduce by one third premature mortality through prevention and treatment, UNFPA should advocate for a national strategy to address cervical cancer and breast cancer and to prioritize screening and treatment regimens specific for each type of cancer.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Advocate for a national strategy to address both types of cancer while specifying appropriate referrals and regimens to treat them ▪ Advocate for an evidence based approach to screening and treatment of breast cancer ▪ Support localized campaigns in the most vulnerable areas to reach those not yet reached and facilitate access to appropriate treatment and follow-up ▪ Support a nationwide campaign, such as through television coverage, along with readiness of services for prevention, detection and treatment ▪ Coordinate with other actors working on similar issues both nationally and regionally drawing attention to the high incidence and prevalence and bringing in new ideas and resources ▪ Collect more data on the reasons that women who suffer or die from cancer did not seek screening or treatment. This may constitute a type of morbidity and mortality review such as conducted for the maternal neonatal health initiative and involving all levels of the health system. 				
<p>Management response - The UNFPA Bangladesh Country Office partially accepts this recommendation. The proposed 9CP 2017-2020 will focus on the prevention and treatment of cervical cancer. Since the etiology of breast cancer is complex and there is no cost-effective public health approach for screening and management of breast cancer vis-a-vis cervical cancer, UNFPA Bangladesh will not be in a position to support breast cancer screening and management as part of the 9th CP.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Assist MoHFW with developing a national strategy on cervical cancer prevention	2018	SRHR		
Help establish a quality monitoring and supervision system	2020	SRHR Unit		
Make data available on cervical cancer screening and treatment programmes in the central MIS of DGHS and DGFP	2018	SRHR		
Provide assistance to increase the number of functional VIA centers and colposcopy centers	2020	SRHR		
Continue campaigns on cervical cancer for the most vulnerable populations in the country, including in the refugee camps and tea gardens	2020	SRHR		
APRO will include Bangladesh in regional technical consultations and advocacy initiatives related to cervical cancer	Ongoing	APRO		

Recommendation 9	To Country Office	Priority level: Medium		
<p>UNFPA should advocate for greater attention to replicating the obstetric fistula treatment and recovery model and promoting development of an effective surgical team nationwide accompanied by streamlined rehabilitation centers and national awareness campaigns.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Advocate at the ministry level to fund the national fistula campaign in light of the services that can be provided when women respond for surgeries ▪ Work with the model rehabilitation center to establish strong referral ties to the GoB livelihood strategies when recovering women return home ▪ Strengthen the Community Fistula Advocate program, champion them, and include other volunteers ▪ Strengthen technical support and monitoring by UNFPA staff, particularly at the district level ▪ Confer with trained surgeons or conduct a survey to determine reasons for lack of dedication to the surgery and collect recommendations for improvement ▪ Support fistula surgeons and technical experts on rehabilitation to visit the districts, Upazilas and unions to share perspectives and motivate and support local stakeholders. 				
<p>Management response - The UNFPA Bangladesh Country Office fully agrees with this recommendation. The proposed 9CP 2017-2020 will support the national obstetric fistula strategy, with the overall vision of eliminating obstetric fistula. It entails a three-pronged approach of preventing new fistula cases, early identification and treatment of fistula cases, and rehabilitation of post-operative and inoperable cases.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Assist the MoHFW with updating the national fistula strategy	2017	SRHR		
Advocate for inclusion of fistula treatment and management at different levels of service delivery points in National Health Sector Operational Plan	2020	SRHR		
Assist the MoHFW with ensuring that the fistula reporting system incorporates data from all facilities and is incorporated in the national health MIS	2018	SRHR		
Assist the MoHFW with developing a dedicated team of fistula surgeons and retaining its network and capacity	2020	SRHR		
Continue to train and motivate the Community Fistula Advocates for identifying new fistula cases	2020	SRHR		
Continue a nationwide awareness campaign for eliminating obstetric fistula	2020	SRHR		

Recommendation 10	To Country Office	Priority level: Medium		
<p>In view of the Sustainable Development Goal #3 – Ensure Healthy Lives, UNFPA should engage in a stronger response to the potential increase in sexually transmitted infections and diseases through testing and research.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Participate in more detection work through supporting testing and surveillance ▪ Conduct research such as a survey on STDs ▪ Collaborate with UNAIDS, UN WOMEN, WHO and UNICEF among others to explore the connection between GBV and STDs 				
<p>Management response - The UNFPA Bangladesh Country Office fully agrees with this recommendation. The proposed 9CP 2017-2020 gives priority to reaching out to key populations in high-burden areas with STI prevention and management services, focusing on integrating HIV and STI with sexual and reproductive health services.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Advocate for setting up a national STI surveillance system	2018	SRHR		
Develop a ‘Core Package of HIV and SRH Services for Key Populations in Bangladesh’	2017	SRHR		
Carry out an operational research that contributes to updating the national STI guideline and for policy advocacy for mainstreaming STIs	2018	SRHR		
Conduct an assessment of interlinkages between GBV and STIs in collaboration with relevant UN Agencies and other partners	2018	SRHR, Gender		

Recommendation 11	To Country Office		Priority level: Medium	
<p>In view of the Sustainable Development Goal #3 targets of reducing the global maternal mortality ratio and ending preventable deaths of newborns, UNFPA should continue to advocate for stronger support for midwifery-led facility based deliveries and women who are receiving training and education as midwives and skilled birthing attendants to ensure sustainability of the investment in their training to promote good working conditions with recognition of their skills.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Work toward a supportive environment for midwifery posts at union level where a strong need has been identified ▪ Advocate with health system staff to participate in the midwifery education ▪ Advocate with national and international agencies and other stakeholders for dedicated institutions and faculty for midwifery ▪ Continue to support the high level midwifery working group including other relevant UN agencies and donors to strengthen the advocacy voices ▪ Press for resources to provide midwifery students with adequate lodging during their studies to avoid dropouts and promote greater achievement ▪ Seek guarantees that midwifery graduates (registered) will have residences and security in their posting so that they will stay where they are posted 				
<p>Management response - The UNFPA Bangladesh Country Office fully accepts this recommendation. A realization of the ‘paradigm shift’ towards the establishment of a “midwifery-led continuum of maternal health care system” is one of the core focuses of UNFPA’s 9th Country Programme 2017-2020. UNFPA’s support to the national midwifery programme will focus on both upstream and downstream interventions. A special attention will be given to creating an enabling environment through strengthening legislation, education, practice and advocacy/awareness for midwifery.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Advocate to the MoHFW to ensure that midwives are deployed to those facilities that are ready	2017	SRHR/Midwifery		
Maintain regular meetings of the High Level Midwifery Working Group.	2020	SRHR/Midwifery		
Advocate for securing adequate housing for midwifery students, as well as for deployed midwives	2020	SRHR/Midwifery		
Assist with in-service training on clinical preceptorship and mentorship for hospital maternity staff	2017	SRHR/Midwifery		
Provide assistance to establishing dedicated midwifery faculty	2017	SRHR/Midwifery		
Continue orientation programmes for midwifery managers at the district facility level to orient them on the roles of a midwife	2020	SRHR/Midwifery		

Recommendation 12	To Country Office		Priority level: Medium	
<p>In view of the Sustainable Development Goal #3 targets of reducing the global maternal mortality ratio and ending preventable deaths of newborns, UNFPA should continue to advocate for, and support the government to, improve the access to quality EmONC services.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Advocate and support the government to implement a national policy for EmONC that includes timely access and a minimal service package ▪ Advocate for a national EmONC plan that maps a network of 24 hour services as delineated the above EmONC policy ▪ Advocate for government investments to be directed toward functioning 24/7 EmONC services ▪ Support models at district level to demonstrate well-functioning EmONC services ▪ Advocate for, and provide technical support to, a national level governmental system for ongoing EmONC training, supervision, and support to facilities and providers implementing EmONC ▪ Support the use of midwives as the first line provider for Basic EmONC (BEmONC) (these include assisted vaginal delivery, use of parenteral antibiotics and oxytocic drugs, resuscitation for babies, and premature/small baby care) 				
<p>Management response -The UNFPA Bangladesh Country Office fully accept this recommendation. UNFPA as part of the proposed 9th CP 2017-2020 will support predominantly advocacy and policy dialogue to improve the availability, the accessibility and the quality of EmONC services particularly at the Upazilla (sub-district) and the Union (town) levels. The goal of the advocacy will be to help realise the provision of quality 24/7 midwives-led model normal delivery care with linkage to Basic EmONC and Comprehensive EmONC facilities.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Help establish a high level committee for coordinating policy implementation and service provision related to EmONC	2017	SRHR		
Advocate for the inclusion of EmONC in the National Health Sector Plan's Operational Plans of Line Directors of DGHS and DGFP.	2017	SRHR		
Work with Obstetrical and Gynaecological Society of Bangladesh (OGSB) to ensure that all EmONC protocols and guidelines are up to date	2017	SRHR		
Map out partners and develop a network of EmONC facilities with referral linkages	2018	SRHR		
Continue with the provision of EmONC and life-saving skills training for service providers	2020	SRHR		

Programmatic-level recommendations: Population and Development

Recommendation 13	To Country Office	Priority level: Medium
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Given the importance of the capitalizing on the demographic dividend in the coming years and the need for greater availability of data on vulnerable populations as per the Sustainable Development Goals and the 7th Five Year Plan, UNFPA should advocate for increasing government support for capacity building in data collection and analysis and report writing skills. UNFPA should further strengthen its advocacy role with lawmakers using up to date demographic data to promote sexual and reproductive health and rights and gender equality, while having a specific focus on the most disadvantaged groups such as women, adolescents and youth, and those affected by disasters and emergencies.

UNFPA should:

- Strengthen collaboration with the Planning Commission in order to include the 7th Five Year Plan targets and mainstream SDGs targets into the national and sectoral plans, and formulate a monitoring and reporting framework
- Advocate for greater support from the Government for human and financial resources (e.g. to purchase equipment with the Government budget) toward greater efficiency in national data collection efforts which could make a huge developmental difference
- Strengthen data collection capacity on morbidity and mortality (i.e. maternal, neonatal, children under 5, premature deaths from communicable and noncommunicable diseases, traffic accidents, deaths from hazardous chemicals, etc.) and measure the progress toward SDG goals
- Provide technical support and training expertise, possibly through a specialized training institution to coordinate and avoid duplication, to strengthen data collection – and support training for qualified national staff to enhance their analytical skills and report writing
- Ensure that data, analysis and reports produced by the national statistical office is available to users easily (through the internet and web based platform)
- Identify more institutions to conduct research with research grants, such as for vaccine and medicines; health financing; recruitment, development, training and retention of health workforce; and early warning, risk reduction and management of health risks.

Management response - The UNFPA Bangladesh Country Office accepts the general recommendation and partially accepts the action points. In the proposed 9th CP 2017-2020, UNFPA will continue to play a strong leadership role in supporting the Government for collecting, analyzing and disseminating disaggregated population data for evidence-based national and local planning and budgeting. A priority will be given to promote inclusiveness and address inequalities and inequities to ‘leave no one behind’ in response to the Agenda 2030 and SDGs, to reap a demographic dividend, and to foster greater accountability of duty-bearers.

However, with regard to the last recommended action point, UNFPA Bangladesh will not be in a position to address the issues such as “vaccine and medicines”, and “early warning, risk reduction and management of health risks.”

Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Lead policy analyses and research on population dynamics, particularly on demographic dividend, to influence the Government planning, policy decision, budgeting, and reporting	2020	P&D		
Support the Ministry of Planning to improve monitoring and reporting on the progresses of 7 th Five-Year Plan and SDGs, particularly through support to a national SDG Monitoring Framework (especially SDGs 3 and 5) and to integrate emerging population issues in the national and sectoral	2020	P&D		

development plans.				
Assist BBS with developing a Master Plan for the 2021 Population and Housing Census and advocating for larger government financial and human resources allocation to the next 2021 Census	2020	P&D		
Continue capacity development initiatives for BBS, in collection, compilation, analysis and reporting of population data	2020	P&D		
Support BBS in maintaining the user-friendly online access platform to the general public on Census and other key national surveys data	2020	P&D		
Ensure quality of data concerning maternal deaths and morbidity, including support to Sample Vital Registration System (SVRS) data	2020	P&D, SRHR		
Assist BBS in developing technically demanding skills such as analysis of real time data, geo-referencing, etc. in line with the requirements of SDGs	2020	P&D		
Strengthen national capacity to use GIS for emergency preparedness and response	2020	P&D, Humanitarian Affairs Officer		

Recommendation 14	To Country Office, APRO and Headquarters	Priority level: High		
<p>In view of contributing to Sustainable Development Goal 5: Achieve gender equality and empower women and girls, UNFPA should strengthen the potential to contribute to outcomes through higher quality monitoring and reporting, ensuring high quality data availability, periodic surveys on attitudes and behaviour, and a structured communication plan while continuing to strengthen coordination among partners and stakeholders for providing promised services and referrals for survivors of gender based violence.</p> <p>UNFPA should:</p> <ul style="list-style-type: none"> ▪ Increase quality of monitoring and reporting on outputs and outcomes so that the steering of the interventions can be more efficiently documented and followed ▪ Ensure availability of high quality data to measure progress toward outcomes and results - Cross check data on outcomes for child marriages and cases of GBV ▪ Conduct periodic mini surveys to test knowledge, attitudes and behaviour in targeted districts ▪ Develop as part of the CO communications strategy, structured plans to increase communications especially for men and boys and for people not fully accessing the health and education systems ▪ Work closely with partners and other stakeholders to monitor protective mechanisms that have been jointly developed and center on prevention and response to GBV, to avoid any lapses of support to vulnerable women who are depending on the support services offered through careful budgeting and monitoring of transfers or discontinuations of funds and of the quantity and quality of the promised services ▪ Continue to improve referrals and coordination among service providers ▪ Continue working to decrease the perception gap regarding linkages between the sustainable entrepreneurship, GBV & RH 				
<p>Management response - While the UNFPA Bangladesh Country Office fully agrees with the gist of the recommendation pointing to the need for higher quality monitoring and reporting on GBV based on data, and partially accepts the list of specific recommended action points as explained below.</p>				
<p>On the second recommended action point to “ensure availability of high quality data”, UNFPA Bangladesh has already provided financial and technical assistance to the national statistics office (BBS) to conduct the second round of the Violence Against Women Survey during the 8th CP cycle, and its report is due publishing within 2016.</p>				
<p>Given the diminishing financial resources available for GBV-related initiatives in the current global aid environment, it will not be feasible for UNFPA Bangladesh to take on the resource-intensive third recommended action point, i.e, “conduct periodic mini surveys to test knowledge, attitudes and behaviour in targeted districts.”</p>				
<p>Also, related to the fifth recommended action point, in the next 9CP, UNFPA Bangladesh will focus more on the ‘system strengthening’ at both national and sub-national levels for GBV prevention and response, and will no longer fund any ‘direct service provision’ such as Women Support Center (WSC).</p>				
<p>As for the last recommended action point, UNFPA’s priorities in 9CP will not include “working to decrease the perception gap regarding linkages between the sustainable entrepreneurship, GBV & RH”, given UNFPA’s mandate, expertise and available resources. Instead, UNFPA will strengthen national capacities (both the government and private sector) to address sexual harassment at workplace, in addition to continued promotion of SRHR info and service referral for garment factory workers.</p>				
Key action(s)	Deadline	Responsible unit(s)	Annual implementation status updates	
			Status (ongoing or completed)	Comments
Develop factsheets and policy briefs, based on the Child Marriage Study results, for policy advocacy, planning and budgeting	2016	P&D, A&Y		
Advocating for updating the National	2017	Gender		

Action Plan to Eliminate VAW based on results of the 2nd VAW Survey (2015)				
Lead the UNCT forum to coordinate GBV initiatives and participate in other Government-Development Partners coordinating bodies	2020	Senior Management, Gender Unit		
Assist in establishing a functional referral/coordination mechanism for a comprehensive package of services for GBV survivors in targeted districts	2020	Gender, SRHR		
Establish a more robust results framework on Gender Equality/GVB for 9CP and its Action Plan, to ensure increased quality of monitoring and reporting during the 9CP cycle	December 2016	Gender, M&E		
Develop a specific strategy to engage men and boys as part of CPAP, including on SBCC	December 2016	Gender, Advocacy and Communications		
APRO will continue to provide technical support to Bangladesh CO for not just collection of data on gender equality specific indicators but also its appropriate analysis, dissemination and use for policy advocacy and programing.	Ongoing	APRO, CO		