

Country Programme Performance Summary UNFPA Bangladesh

A. Country Information		
Country name: Bangladesh		
Category per decision 2013/31: Red	Current programme period: 2017-2021	Cycle of assistance: 9th

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1 (Sexual & Reproductive Health): Strengthened national policy and health sector capacity to deliver a midwife-led continuum of care and emergency obstetric and newborn care.			
Indicators	Baseline	Target (2021)	End-line data (2020)
National midwifery policy developed and endorsed by the Government	No	Yes	Yes
Number of upazila health complexes providing midwife-led continuum of care	0	50	52
Number of union health facilities in targeted districts providing 24/7 basic EmONC services	0	180	165. Due to the COVID-19 pandemic in 2020, many facilities at union level could not provide 24x7 services thus the target could not be achieved.

Key Achievements

- Several new guidelines to support midwifery regulation in Bangladesh were developed and supported by UNFPA. These include a by-law for the Nursing and Midwifery Act, a midwifery policy, an accreditation guideline for midwifery education, a standardized midwifery examination system, a midwifery career path guideline, a guideline for supportive supervision for midwifery education, revision to the licensing guideline, and a midwifery code of ethics. In 2020, The National Midwifery Action Plan (2021-2025) was developed and endorsed by the Directorate General of Nursing and Midwifery (DGNM).
- The Relicensing Guideline was updated with new criteria demanding continuous professional development before relicensing every 5 years. Standard Operating Procedure (SOP) for midwifery services was revised and translated into Bengali. Key changes include a list of allowed medicines midwives can use to practice the full scope of their profession. Furthermore, the midwifery bachelor's and master's courses were approved by the Ministry of Health and Family Welfare (MoHFW), and will begin in 2021 and 2022.
- As noted in the Country Programme Evaluation Report, UNFPA's advocacy resulted in the inclusion of midwifery into the Disbursement Linked Indicators (DLIs) of the government operational plan and the renaming of the Directorate of Nursing Services to the Directorate General of Nursing and Midwifery, while a dedicated midwifery unit has been established at the DGNM with posts for a Deputy Director for Midwifery. This was an important step towards the professionalization of midwifery in Bangladesh. There are a total of 4,346 licensed ICM standard midwives, of which 1,149 have been deployed by the government in 343 sub-district hospitals and 30 community health facilities. Another 1,750 took the Public Service government exam for deployment at the end of December 2020 and will be deployed by June of 2021. Future deployment of up to 5000 midwives has been approved and another 25,000 are in the process of being approved by the government.
- In order to respond to a maternal mortality and morbidity survey that revealed that 55 percent of all maternal deaths were caused by either hemorrhage or eclampsia, UNFPA supported the Government to develop a national action plan on postpartum hemorrhage (PPH) and eclampsia. Successfully, a standard labor room management protocol was developed for all health facilities to support the implementation of the action plan. Support was provided to mentoring of midwives, including the promotion of the use of the partograph, thus, partograph use during delivery has increased from 19% in 2017 to 82% in 2020. As a result of UNFPA efforts, 98% of upazila (sub-district) health complexes are reported to have been able to provide EmONC services without any stock outs of life-saving drugs in the last 6 months in 2020.
- In order to monitor maternal deaths and respond, UNFPA supported the implementation of the maternal and perinatal death surveillance and response (MPDSR) in 19 districts, making use of the national guidelines. This included training of doctors and nurses at district and upazila levels in the districts concerned.

Output 2 (Sexual & Reproductive Health): Enhanced national capacity to increase demand for, and supply of, family planning information and services.			
Indicators	Baseline	Target (2021)	End-line data (2020)
National policy on family planning with emphasis on quality developed and endorsed	No	Yes	Yes
Percentage of Union Health and Family Welfare Centers providing at least four modern contraceptive methods	82.3%;	90%	99%
Discontinuation rate for contraceptives among women aged 15-49	30%;	20%	37%

Key Achievements

- With the support of UNFPA, the National Policy on Family Planning was endorsed by the Ministry of Health and Family Welfare (MoHFW) to bring uniformity in the implementation of accessible and equitable family planning service provision. The National Action Plan for Postpartum Family Planning, was endorsed and disseminated among program managers and service providers across the country. UNFPA also supported the development of standard operating procedures and counseling materials to improve quality of FP services, in line with the national FP policy.
- With UNFPA's advocacy, a new policy was approved that allows midwives to provide family planning services, which is expected to contribute to the improvement of post-partum and post-abortion family planning services through the midwifery cadre. This has also enhanced the opportunities for women to receive FP services in district hospitals and Upazila Health Complexes, which are under Directorate General of Health Services (DGHS), rather than Directorate General of Family Planning (DGFP).
- With the support of UNFPA, DGFP deployed FP counselors at the health facilities in order to enhance FP services in DGHS facilities. It is particularly important in terms of postpartum family planning to provide FP services for mothers who delivered in DGHS facilities. Moreover, UNFPA supported the government in reaching its FP 2020 commitments through the development of an action plan for the acceleration of FP achievements and building partnerships to enhance programme implementation and monitoring. As part of the programme, 18 Family Planning Facilitators were deployed to support dissemination at a local level, covering 24 underperforming districts.
- UNFPA supported the government in strengthening the coordination with stakeholders for forecasting, continuous procurement, maintaining and monitoring regular stock status of FP commodities, and maternal and child health drugs. As a result, 99% of Upazila Health Complexes (UHCs) had no stock out of modern FP contraceptives, and improved community distribution of misoprostol among the pregnant women.
- DGFP increased the capacity of service providers to provide non-clinical contraception including postpartum FP provision. This has resulted in the percentage of Upazila Health Complexes providing postpartum IUD (PPIUD) to increase from 5% in 2017 to 41% in 2021. A total of 3,741 PPIUD were inserted during the CP9 period.
- UNFPA advocacy in parliament resulted in the sub-committee on maternal health of the Bangladesh Association of Parliamentarians on Population and Development (BAPPD) to include family planning, which provided UNFPA with an access point in Parliament for future FP advocacy.

Output 3 (Sexual & Reproductive Health): Increased institutional capacity to deliver integrated and equitable sexual and reproductive health services, including addressing STIs/HIV, in development and humanitarian contexts.

Indicators	Baseline	Target (2021)	End-line data (2020)
Percentage of facility-based deliveries among people in urban slums	37%	55%	37% (no new data)
Number of new fistula cases operated annually	320	800	293 (2017-2020: 1762)
Number of disaster-prone districts with MISP implementation capacity	0	22	22
Number of targeted district health facilities providing integrated SRH and GBV services	0	20	20

Key Achievements

- MoHFW, with the support of UNFPA, renewed its commitment to end obstetric fistula through the development of the Second National Strategy to End Obstetric Fistula (2017-2022). The 'Elimination of Fistula' programme, with UNFPA support, covers 4 divisions and has 20 fistula corners operating in district hospitals. A total of 1,762 women living with obstetric fistula received treatment services from UNFPA supported facilities during the CP9 period.
- With support from UNFPA, the National Cervical Cancer Strategy was used to develop a Costed Action Plan in collaboration with the WHO. To support medical colleges and training centers in training medical professionals, UNFPA spearheaded the development of the national cervical cancer screening and pre-cancer management curriculum, both in English and Bengali. A training guideline and checklist on Visual Inspection by Acetic Acid (VIA) was developed and approved by the DGHS. UNFPA also supported DGHS MIS to establish a cervical cancer e-tracker, which can track patients moving from VIA screening centres to colposcopy clinics and treatment centres. 180,472 people received cervical cancer screening services using a VIA method, and 7,100 VIA positive patients were referred for further diagnosis and treatment during the CP9 period.
- Supported implementation of the Protocol on Health Sector Response to GBV for Health Care Providers by building the capacity of health service providers; ensuring availability of required support in twenty district and sub-district hospitals.
- An innovative Android-based mobile app was rolled out to increase 24/7 referral services at three midwifery centers in the slums around Dhaka and in 2020, a total of 427 normal vaginal deliveries were conducted. Furthermore, UNFPA supported two facilities (Dhaka Medical College Hospital and Mitford Hospital) in Dhaka city where 5,113 normal vaginal deliveries were performed, and 731 postpartum hemorrhage and 3,113 eclampsia cases managed by midwives.
- UNFPA supported MOHFW to update the national Sexually Transmitted (STI) Case Management Guideline in 2018 and strengthened capacity to provide syphilis screening services in target district hospitals. Furthermore, UNFPA supported the AIDS STD Programme (ASP) of DGHS to establish a STI surveillance system, which is the first of its kind in Bangladesh and provides much needed evidence to support the development of STI prevention and response programming in the coming years.

- The Health Economics Unit, with the technical support of UNFPA, reviewed and updated the web-based Clinical Management of Rape (CMR) training module in Bangladesh on its website. MOHFW also issued directives to ensure health sector response to GBV at district and sub-district levels. Effective collaboration between the Health Economics Unit and UNFPA with the MIS Unit of DGHS resulted in the collection of GBV services data by using the national DHIS2. Accordingly, all 64 district hospitals and all Upazila Health Complexes (UHCs) were provided with the necessary materials to document GBV statistics.
- Strengthened the capacity of disaster-prone districts through capacity building of 1343 health service providers, including midwives, nurses, doctors, health facility managers, and governmental officials, on lifesaving minimum initial service package (MISP). Comprehensive Service Centers (CSCs) were established in 11 brothels to provide integrated SRH and HIV services to female sex workers.

Output 1 (Adolescents & Youth): Increased capacity to implement evidence-based policies, strategies and services for adolescents and youth including sexual and reproductive health and rights, gender-responsive life skills education, and prevention of child marriage.

Indicators	Baseline	Target (2021)	End-line data (2020)
A national curriculum on gender-responsive life skills education has been developed and endorsed by Government	No	Yes	Yes
Number of service delivery points with at least one trained service provider who can provide adolescent-friendly sexual and reproductive health information and services in selected districts	10	600	606
A costed National Plan of Action to eliminate child marriage has been developed and the budget has been allocated	No	Yes	Yes

Key Achievements

- UNFPA supported GoB to enact laws and policies to protect and enhance the rights of women and girls, and adolescents and youth, as well as creating an environment for preventing sexual harassment in secondary schools through Life Skills Education interventions. UNFPA supported the government in developing and enacting key policy documents - the National Youth Policy along with the Action Plan, the Adolescent Health Strategy and the Action Plan, and the National Plan of Action to End Child Marriage.
- A total of 34,599 adolescents received information and counseling services through Alapon helpline services established with UNFPA support.
- A total of 158,550 adolescents received life skills and sexual and reproductive health education from 300 secondary schools and 50 madrasahs through the Generation-Breakthrough project which successfully came to an end in 2019.
- A total of 606 service delivery points (SDPs) have at least one trained service provider to provide adolescents-friendly SRH services. A total of 44,215 adolescents received ASRH service through SDPs during the CP9 period.
- A total of 3,240 adolescent girls completed the life skills education curriculum delivered through the adolescent clubs of the Global Programme to End Child Marriage (GPECM). These life skills education sessions not only empowered adolescent girls, but also increased their understanding of the negative effects of child marriage.
- UNFPA supported the development of competency standards (CS) for life skills education integrated in Technical Vocational Education and Training (TVET) nationally. Based on these Competency Standards, the NSDA developed Competency Based Learning Material (CBLM) and the English version of the four CBLM.
- For the first time in Bangladesh, the Ministry of Youth and Sports (MoYS) produced a report on the ‘Youth Development Index’ in Bangladesh, which provides a geographical, age-wise, and social group-wise data trend analysis on youth participation, employment, and opportunities, and can be used to formulate equitable development planning for A&Y.
- The Ministry of Education, expanded the life skills and SRH education to replicate the Generation Breakthrough model in an additional 250 secondary schools of five CP9 target districts. As stated in the country programme evaluation report, the strategies pursued by UNFPA have been successful in yielding the Government’s interest in expanding the A&Y Generation Breakthrough interventions in 6,500 secondary schools countrywide which is currently in process. In addition, the Secondary Education Development Programme (SEDP) is planning to reach a total of 11,815 Secondary Schools by 2022.

Output 1 (Gender Equality and Women’s Empowerment): A national mechanism operationalized to plan, coordinate and monitor strategies, policies and protocols to address gender-based violence and harmful practices.

Indicators	Baseline	Target (2021)	End-line data (2020)
A costed annualized results framework to operationalize the National Action Plan to prevent violence against women and children is in place	No	Yes	Yes
Number of national training institutions that integrate a module on GBV/harmful practice into pre/in-service training	1	4	4

Key Achievements

- MoWCA finalized and disseminated the National Plan of Action (NPA) to Eliminate Child Marriage (2018-2030). MoWCA, with the technical support of UNFPA, has revised the NPA for NAP-VAWC and developed the cost annualized results framework of the NPA. The cost plan will help MoWCA provide strategic direction for future planning, identify resource gaps and allocate resources accordingly, and monitor and measure progress in implementing the NAP-VAWC.

- For the first time in the country, UNFPA supported MoWCA in formulating a plan to implement recommendations on issues related to GBV and SRH related issues, received from the Universal Periodic Review (UPR). MoWCA also developed an operational guideline for NNPC (local VAW Committee) that will be used to implement and improve coordination amongst GBV service providers in districts across the country.
- The Ministry of Labour and Employment, in support of UNFPA, developed a GBV strategy and its operational guideline for the labour sector that provides guidance on gender-based violence prevention and response, with greater sensitivity and responsiveness in all aspects of MoLE operations.
- As a result of strong advocacy efforts and technical support provided to MoLE by UNFPA and ILO, for the first time, GBV and SRH issues have been incorporated in the Factory Inspection Checklist of the Department of Inspection for Factories and Establishments (DIFE) and in the training module of MoLE. Accordingly, training of the Labour Inspectors was provided which resulted in monitoring of factories and provision of feedback to factories to further improve their workplace labour standards.
- Bangladesh Police integrated Standard Operating Procedures (SOP) on women-friendly police services in the training curriculum of Police Training Centers. The module is used to train Police Sub-Inspectors, and they will be able to provide women-friendly services for GBV survivors in the police station.
- DGNM incorporated GBV issues in the diploma midwifery syllabus and training courses for midwives in both development and humanitarian settings.

Output 2 (Gender Equality and Women’s Empowerment): Increased availability of information and services to prevent and address gender-based violence and harmful practices, in both development and humanitarian settings.

Indicators	Baseline	Target (2021)	End-line data (2020)
Number of districts with functional referral mechanisms to provide coordinated and comprehensive services for GBV survivors, including in humanitarian settings	0	5	4
Advocacy and social behaviour change communication (SBCC) plan for GBV prevention has been developed and implemented	No	Yes	No

Key Achievements

- A referral mechanism is established in the four target districts, and 917 frontline service providers have been trained in referral pathways, psychosocial first aid, mental health, and psychosocial support (MHPSS). As a result, 3,439 women and girls received multi-sectoral referral services, and 9,793 GBV survivors received medical, psychosocial, and legal services.
- Fifty-one (51) police stations at the district level, as well as selected metropolitan level police stations, adopted the SOP developed with UNFPA technical support. Bangladesh Police provided GBV services to a total of 30,184 women and girls at 31 Women Help Desks (WHD) in various Police Stations. According to a cell phone survey conducted in 2020, about 73% of the respondents claimed they were satisfied with the services they received at these desks (11% increase from 2017 (62%)).
- Bangladesh Police adopted the idea of UNFPA supported STOP-GBV projects and WHD in the approved infrastructure of police stations across the country. This includes a separate room to maintain the confidentiality of the GBV survivors and handle them with care which was not previously included separately in the infrastructure design.
- Supported MOWCA to keep 122 targeted local NNPC (VAW Committee) functional. These committees were very active in eliminating child marriage at the local level, thus contributing to preventing child marriage cases in target districts.
- Distributed 22,865 dignity kits to the most vulnerable women and girls during the Cyclone AMPHAN and flood in the eastern and northern parts of Bangladesh.
- Led the GBV coordination at the national level and served as a multi-stakeholder coordination platform at the national and sub-national levels. The GBV Sub-cluster has been established in five monsoon and cyclone-prone districts to enhance the capacity of local organizations at the sub-national level on GBViE. Led by the GBV cluster, a full-fledged GBV contingency and preparedness plan was developed. As part of the response plan, the contents and referral package of the UNFPA designed Dignity Kits (DK) have been endorsed by the GBV cluster members as a standardized cluster package.
- An advocacy and social behavior change communication plan has been drafted in 2020. The detailed implementation plan will be developed in 2021 which will be implemented in UNFPA targeted districts to GBV.

Output 1 (Population Dynamics): Increased capacity of national institutions to further disaggregate, analyse and disseminate quality population data in a timely and user-friendly manner to inform evidence-based planning, budgeting, and monitoring progress.

Indicators	Baseline	Target (2021)	End-line data (2020)
A SDG and 7th Five-Year Plan monitoring and reporting framework put in place with UNFPA’s support	0	2	2
A Population Census 2021 Master Plan with resource requirements was developed and endorsed by the government	No	Yes	Yes
Number of national population databases that facilitate mapping of socioeconomic inequalities and demographic disparities accessible by users through web-based platforms	2	7	10

Key Achievements

- The General Economics Division (GED) of the Bangladesh Planning Commission has developed the SDGs M&E Framework for identifying data sources of SDG indicators, setting multi-year targets, and mapping the ministries responsible for implementing specific targets, aligned with the 7th Five Year Plan (2016-2020). UNFPA, as a member of the UN Data Group, played an important role in incorporating the UNFPA mandated indicators in the framework.
- A population and development section has been incorporated in Bangladesh's Eight Five-year Plan (2021-2025), which was a result of continuous and successful negotiation effort of UNFPA.
- With the support of UNFPA, the Bangladesh Association of Parliamentarians on Population and Development (BAPPD) developed a three-year advocacy plan that includes key priority policy advocacy issues related to improving maternal health, ensuring safe delivery and family planning, eliminating child marriage, preventing GBV, Population dynamics, and youth development. This plan will provide the necessary guidance to support the three sub-committees of BAPPD to advocate to the Parliamentary Standing Committees and concerned ministries to increase the budgets required for the aforesaid issues and to enact laws/policies for achieving SDGs and ICPD PoAs.
- The Master Plan for 2021 Population and Housing Census is supported by UNFPA, and questionnaire finalization has been completed. For the first time in the country, a multimodal data collection will be employed in the 2021 census.
- Supported the BBS to produce geo-coded digital small-area maps of 9 disaster-prone districts in Bangladesh. The map included the 2011 Census population data, geo-codes of all administrative units of the districts, and the risks and vulnerabilities in the areas which are being referred for local-level humanitarian response planning and preparedness. BBS also developed and launched a website (<http://www.gis.gov.bd>) on the GIS platform with UNFPA support.
- Provided technical support to BBS to use REDATAM for the dissemination of survey data. This has increased the availability of demographic data disaggregated by age, sex, and location among users for research and planning purposes. To date, 10 datasets on this platform are available and are accessible to external users for further spatial analyses of data.
- Eight thematic policy papers were produced for policy advocacy and were referred to a variety of times during the development of the 8th FYR plan of Bangladesh. There were 5 policy briefs produced for advocacy at the national and local levels, which were also used to make specific recommendations to the GED during the Eighth FYP development.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Sources
Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.					
Number of women, adolescents and youth who have utilized integrated sexual and reproductive health services	84,605	2017	1,516,305	2017-20	BGD MIS
Proportion of births attended by skilled health personnel	42.1%	2014	52.7% 59.0% (MICS 2019)	2017-18	DHS 2017-18
Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	72.6%	2014	75 %	2017-18	DHS 2017-18
Contraceptive prevalence rate	62.4%	2014	61.9% 62.7% (MICS 2019)	2017-18	DHS 2017-18
Unmet need for family planning	12%	2014	12%	2017-18	DHS 2014, 2017-18
Country reported no contraceptive stockouts in at least 60 percent of service delivery points during the last three months	60% of SDPs with no contraceptive stockouts during the last three months.	2017	98.5% of SDPs with no contraceptive stockouts during the last three months.	2020	Directorate DGFP Logistic MIS

Summary of National Progress

Bangladesh has made progress in achieving the Sustainable Development Goals (SDGs) health indicators. National commitment and policy support are reflected in the 7th Five Year Plan, National Health Policy 2011, Bangladesh Population Policy 2012, and Health, Population and Nutrition Sector Programme (HPNSDP). The Government's Seventh Five Year Plan includes fiscal years 2016–2020, and sexual and reproductive health is included under the health, nutrition and population development part of the plan. Maternal health is part of the HPNSDP and includes expanding the access and quality of MNCH services and strengthening of various family planning interventions to attain replacement level fertility. The Eclampsia and Postpartum Hemorrhage (PPH) Action Plan of 2018 identifies postpartum hemorrhage and eclampsia as the two main causes for maternal deaths in Bangladesh, and provides measures to address both. The National Midwifery Policy/National Policy Guideline for Midwives focuses on the quality of maternal and newborn care in order to reduce maternal and newborn mortality. The policy aims to create a positive environment for midwifery governance and practice, and to promote midwifery education, accreditation, and quality of midwifery care, in a way in which it becomes integrated with other care in hospitals and communities. The national cervical cancer strategy provides guidelines for the

strengthening of its programme, and the national fistula strategy includes the adoption of a goal of zero incidence of obstetric fistula, to treat all genital fistulas on a road map to a fistula-free Bangladesh by 2030.

Improvements in medical care, including improved access to, and utilization of health facilities, combined with other determinants of health, such as fertility reduction, higher education levels in women and girls, and increased per capita income, have helped to sharply reduce the Maternal Mortality Ratio (MMR). The MMR reduced from 648 in 1981 to 165 in 2019 (Sample vital statistics registration system, 2019) 196 in 2016 (Bangladesh Maternal Mortality and Health Care Survey, 2016), though it has plateaued over the last decade. Proportion of births attended by skilled health personnel was 42.1% in 2014 (BDHS, 2014), which increased to 53% in 2017 (BDHS, 2017-18). The under-five mortality rate has persistently declined from 36 per 1,000 live births in 2015 to 28 in 2019 (SVRS, 2019), which already achieved the SDG target of 2025 set by the government. In addition, the neonatal mortality rate (NMR) decreased to 15 per 1,000 live births in 2019 from 20 in 2015 (SVRS, 2019); which also achieved the SDG target of 2025, set by the government.

Following a successful Family Planning programme, the total fertility rate (TFR) fell from 3.3 in 1999-2000 to 2.3 in 2017. The proportion of women of reproductive age who have their need for family planning satisfied with modern methods is targeted to reach 75 per cent by 2020 against the baseline of 72.6 per cent in 2014 (BDHS, 2014), and according to MICS 2019, the proportion is 77.4 per cent. The Service Coverage Index of WB-WHO (2019) assessed that Bangladesh achieved a score of 54 percent on a UHC index of essential Health Services. The contraceptive prevalence rate (CPR) increased substantially in the period 1994 to 2004, when it increased from 45 to 58 percent, while the increase slowed down from 2004 to 2014 when usage increased by 4 percentage points, and now remains unchanged since 2014. Overall, 12% of currently married women in Bangladesh had an unmet need for family planning services in 2017.

UNFPA's Contributions

- UNFPA together with partners contributed in strengthening the SRH policy environment. Relevant strategies, guidelines, and protocols were developed and updated to reflect international norms and standards. UNFPA supported the government to develop the maternal health strategy, the Second National Strategy to End Obstetric Fistula (2017-2022), postpartum hemorrhage (PPH) and eclampsia, the National Policy on Family Planning, the National Cervical Cancer Strategy, and the Midwifery Regulation including the act, policies, action plans, SOP, and guidelines. UNFPA also supported the government to implement and monitor their implementation.
- UNFPA supported in building capacities for maternal health services through midwifery education programme. UNFPA also deployed 1,149 midwives in the government health facilities.
- Contributed to reducing maternal and neonatal deaths by increasing availability of EmONC services and supported the development of national protocol on health sector response to GBV as well as trained health providers. UNFPA also supported data collection and monitoring of programme through national health MIS (DHIS2).
- Supported the Government to increase the ability to forecast, procure, maintain and monitor regular stock status of FP commodities, and maternal and child health drugs.
- UNFPA supported a policy formulation that allowed midwives to provide family planning services to improve postpartum and post-abortion family planning services through the midwifery cadre in the country.
- UNFPA supported the Government to increase cervical cancer and STI screening and treatment services through capacity building of health service providers at districts and sub-district health facilities.

Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Sources
Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	9.1	2013	11.6	2019	MICS 2019, Bangladesh Bureau of Statistics (BBS)
Country engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies	Yes	2016	Yes	2020	SIS Reports

Summary of National Progress

The National Adolescent Health Strategy 2017-2030 has identified four priority thematic areas of intervention: adolescent sexual and reproductive health, violence against adolescents, adolescent nutrition, and mental health of adolescents. It also fills a gap where adolescent health issues were not addressed comprehensively in other documents. An action plan has also been developed to implement the policy. The National Youth Policy, along with the National Plan of Action (NPA), sets out the actions to ensure that information and services related to appropriate life skills education and sexual reproductive health are available to young people.

The country has developed a framework for the Youth Development Index that highlights issues faced by youth and measures progress made in relation to several thematic areas, e.g. health, education, employment, peace and security; that align with the national policies of Bangladesh and inform the status in reference to regional and international commitments. The education system is being strengthened to provide comprehensive sexuality education to young people in secondary schools.

The Ministry of Education has expanded life skills and SRH education to replicate the UNFPA-supported Generation Breakthrough model in an additional 250 secondary schools. The Government has also planned to implement the Generation Breakthrough model in 6,500 secondary schools countrywide, which is currently in process. The health system is improving its services to make it friendly for young people, and health providers showcase a non-discriminatory attitude toward young people.

UNFPA's Contributions

- Supported the Government of Bangladesh (GoB) in enacting laws and policies to protect and enhance the rights of women and girls, and adolescents and youth, as well as create an environment for preventing sexual harassment in schools through Life Skills Education interventions in secondary schools.
- Collaborated with other UN agencies and Development Partners to support the government in developing and enacting key policy documents - the Adolescent Health Strategy and its Action Plan, the Secondary Education Development Programme, and the National Youth Policy and its Action Plan. The National Youth Development Index was developed with the support of UNFPA to help the country keep track of investments on youth development.
- UNFPA provided support to ensure that the A&Y have access to reliable and complete SRH and GBV prevention information, and counselling, through a call centre based helpline.
- Supported the government in facilitating capacity building training for local level health professionals to ensure that the health service delivery points have at least one trained service provider who can provide AFSRH information and services in target districts.
- Continued to assist the Ministry of Education in developing comprehensive sexuality education in line with international standards.
- UNFPA developed the competency standards for life skills education integrated in Technical Vocational Education and Training (TVET) nationally. Based on these competency standards, NSDA has developed corresponding Competency Based Learning Material (CBLM).
- The anti-sexual harassment committees achieved full functionality in 122 schools and madrasahs and committee members spoke against child and forced marriages during public events organized for adolescent girls and community stakeholders.

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Sources
Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care	a) SR: 14% (b) CU: 67% (c) ANC: 65%	2014	-	-	DHS 2014, The 2018 DHS did not consider the analysis of this data. The next DHS is in 2022
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual, or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence	54.7%	2015	-	-	VAW survey, and GoB 8 th FYP progress (2021-2025). No new data.
Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	6.2%	2015	-	-	VAW survey, and GoB 8 th FYP progress (2021-2025). No new data.
Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting by age	N/A	N/A	NA	NA	NA

Summary of National Progress

Bangladesh has been a signatory to several important international conventions and agreements on women's and girls' rights and development. It ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984, endorsed the Beijing Platform for Action (BPFA) in 1995, and committed itself to the MDGs in 2000 and SDGs in 2015. The GoB has adopted several policies, acts, and legal frameworks to uphold the rights of women in the country. These include the Prevention of Women and Child Repression Act of 2000, the National Plan of Action (NAP) for the prevention of the violence against women and children for 2018-2030, the Domestic Violence (Prevention and Protection) Act of 2010, the Domestic Violence Prevention and Protection Rules of 2013, the Prevention and Suppression of Human Trafficking Act of 2012, the DNA Act of 2014, the ICT and the Pornography Control Act of 2017, the National Children Policy of 2011, the Child Marriage Restraint Act of 2017, the Dowry Prohibition Act of 2018, the Women Development Policy of 2011, and a National Action Plan for 2013. Bangladesh also has two special laws dedicated to combating violence caused by acid throwing- the Acid Prevention Act of 2001 and the Acid Control Act of

2002. Further, to protect rights of people with disabilities, the Rights and Protection of the Persons with Disabilities Act of 2013 was enacted, which provides for prohibition of any kind of discrimination on grounds of disability by any authority or institution. According to the Global Gender Gap Index of 2020, Bangladesh ranks 50th out of 152 countries. Bangladesh (overall score of 72.6 percent) is the only one of the seven South Asian countries to feature in the top 100 of the Global Gender Gap Index. The number of ministries using gender responsive budgeting has risen to 43 in FY 2019 from 4 in FY 2010. The share of expenditure on women's development as a proportion of the total budget increased to 29.65 per cent in FY 2019 from 24.65 per cent in FY 2010.

The government adhered to the UN Declaration of SDGs, where Goal Five explicitly states that women should enjoy full and effective participation and equal opportunities for leadership at all levels of decision-making, and political, economic, and public life should be ensured. At the national parliament, women make up 20% of elected members, and 23% of those in local government. This is a clear indication of the potential for political empowerment of women in Bangladesh. BBS has conducted two surveys –one in 2011 and the other in 2015, to identify the incidence of violence against women. In 2011, the percent of women subjected to any form of violence by her current intimate partner in the last 12 months stood at 77.34, and that perpetrated by a past intimate partner was 34.67. In 2015, 54.7% of ever-partnered women and girls were subjected to any form of violence by their husbands. The lower value of the indicator in 2015 implies a reduction in the occurrences, indicating an improvement in women's situation. The proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 stood at 23.8 percent (MICS, 2012-13) and 58.6 percent (BDHS, 2014) respectively. There has been some improvement in the ratio, as in 2019 it stood at 15.5 percent for before the age of 15, and 51.4 percent for before the age of 18 (MICS, 2019). MoWCA, in collaboration with UNFPA, has established the Gender-Based Violence Cluster at the national level in 2017, and subsequently, five Sub-National Gender-Based Violence Clusters have been established. One national toll-free number (109) was introduced throughout the country since 2012.

UNFPA's Contributions

- Developed and disseminated the National Plan of Action (NPA) to Eliminate Child Marriage (2018-2030). A framework for costing the NPA to End Child Marriage has been finalized, and costing of the NPA will be completed in 2021 with the support of UNFPA.
- Contributed to revision of the National Action Plan to Prevent Violence against Women (NAP-VAW) for 2018-2030, and is developing a cost annualized results framework of the NAP-VAW.
- The 'BAPPD sub-committee on Eliminate Child Marriage and Prevent Gender-based Violence' provided substantive technical support to formulate Bylaws/Rules of the Child Marriage Restraint Act, 2017. UNFPA facilitated the Inter-Ministry meetings at the Bangladesh Parliament and a series of consultations with technical assistance from the Law Review Committee for reviewing the Bylaws/Rules where a paper was presented with specific recommendations from UNFPA.
- Produced in-depth analyses of key thematic areas, including VAW and Gender-biased Sex Selection (GBSS), being used for policy decisions and strategic discussions on violence against women and children in the country.
- For the first time the United Nation Country Team (UNCT) submitted a UPR report [3rd cycle] where UNFPA took the lead and successfully incorporated GBV and SRH issues.
- Bangladesh Police, with the support of UNFPA, have increased the capacity of police officials to implement the SOP for Women Help Desk (WHDs) in police stations. Bangladesh Police also integrated the SOP on women-friendly police service in their training curriculum with the help of UNFPA.
- Supported MoLE to develop a GBV strategy and its implementation guideline for the labour sector, and incorporate GBV and SRH issues in the Factory Inspection Checklist of DIFE. UNFPA also supported MoLE to train Labour Inspectors to monitor factories using the checklist.
- With the support of UNFPA, MoWCA developed an operational guideline for the local VAW Committee (NNPC).
- UNFPA coordinates the GBV Cluster at the national level. The GBV Sub-cluster was established in five monsoon and cyclone-prone districts to enhance the capacity of local organization at the sub-national level on GBViE.

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Sources
Country has conducted at least one population and housing census during the last 10 years	Yes	2011	No	2021	Census planned for 2021
Country has achieved 100 percent birth registration and 80 percent death registration	No: Birth registration: 37%; Death registration: 49%	2013	No: Birth registration: 56%	2021	MICS 2019
Expected total population	94% (PES report)	2011	No new data	2021	Census planned for 2021
Net census undercount	4% (PES report)	2011	No new data	2021	Census planned for 2021
Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	29.0%	2017	54%	2020	Bangladesh Bureau of Statistics

Country has a national urban policy or regional development plan that responds to population dynamics	Yes	2017	Yes	2018	Bangladesh Delta Plan 2100
Proportion of children under 5 years of age whose births have been registered with a civil authority	37.0%	2013	56.2%	2019	MICS 2013 and 2019

Summary of National Progress

The Bangladesh Delta Plan 2100 (BDP 2100) is a strategic and comprehensive planning document approved by the GoB in 2018 that covers the longest period (50-100 years), covers population and development issues. The 8th FYP (2021-2025) of Bangladesh is aligned with the Bangladesh Perspective Plan 2021-2041, the Delta Plan 2100, and the SDGs. The next census is scheduled to be conducted in 2021, where a multimodal data collection will be employed for the first time in the country. The Bangladesh Maternal Mortality and Health Care Survey (BMMS) and Bangladesh DHS were conducted in 2016 and 2017 respectively. The last Multiple Indicators Cluster Survey (MICS) was also conducted in 2017-18, where a separate section related to maternal morbidity was included for the first time in Bangladesh. In addition, the country has put in place a National Statistics Development Strategy (NSDS), which lays out priorities to improve the national statistical system in the country. The Statistical Act, 2013 has been enacted in the National Parliament to eliminate the duplication of data generation by several government agencies by mandating BBS as the standalone national agency to produce official statistics in coordination with all stakeholders. Capacities for the collection, analysis and dissemination of population data of BBS have been substantially enhanced over the last few decades. A Population Expert Committee was formed at the General Economics Division (GED) of Bangladesh Planning Commission to lead knowledge generation, sensitization, and integration of population dynamics in government development programmes, specifically in national and sectoral plans. The Bangladesh Association of Parliamentarians on Population and Development (BAPPD) was formed under the chair of the Speaker of the Bangladesh Parliament and established three sub-committees on Family Planning and Maternal Health, Ending VAW, Child Marriage, and youth development to promote ICPD PoA through parliamentarians at a national and local level.

UNFPA's Contributions

- UNFPA contributed to the SDG nationalization process in Bangladesh as well as contributed in preparation of DHS and other national surveys including the dissemination of results. In addition, UNFPA also provided technical support in building capacity of national institutes on data generation, analyses, and dissemination, to inform evidence-based planning, budgeting and monitoring, and developing knowledge products on population development issues.
- UNFPA provided support to the General Economics Division (GED) to develop the SDGs M&E Framework where all UNFPA prio indicators were incorporated. The SDG focal persons enhanced understanding on the availability of data sources, metadata of indicators, disaggregation of data, and reporting of the indicators.
- UNFPA was also actively involved in the development of the Eighth Five Year Plan (2021-2025) of Bangladesh. The 'SDG Cell' at the BBS was supported to streamline the SDGs Action Plan of respective Ministries/ Divisions in line with the core principles of SDGs.
- UNFPA supported BBS to develop the statistical system and implement several activities that cut across the National Strategy for the Development of Statistics (NSDS). Promotion of a Government open data policy through the dissemination of micro-data (REDATAM), setting up a GIS platform, publication of the statistical report with population figures and GIS features (district ATLAS, disaster-prone ATLAS etc.).
- UNFPA also supported the Bangladesh Parliament in forming BAPPD, which now has an active role at the national and local levels (districts and upazilas) in preventing child marriage, reducing maternal mortality through safe delivery, and ensuring social security of women and girls. BAPPD, in consultation with UNFPA, drafted a Bill entitled 'Maternal Health Protection Bill', which is expected to reduce maternal mortality and morbidity in the country by ensuring emergency medical services, proper notification of maternal deaths, and accountability of service providers and family members as well.

D. Country Programme Resources						
SP Outcome	Regular Resource		Others		Total	
Choose only those relevant to your CP	Planned	Expenditure	Planned	Expenditure	Planned	Expenditure
Outcome 1: Sexual and reproductive health	10,750,000	7,081,444	27,520,000	47,260,913	38,270,000	54,342,357
Outcome 2: Adolescent and Youth	5,520,000	2,939,420	5,200,000	7,658,584	10,720,000	10,598,004
Outcome 3: Gender equality and women's empowerment	8,930,000	4,803,704	1,580,000	12,985,705	10,510,000	17,789,409
Outcome 4: Population dynamics	3,150,000	2,563,567	2,000,000	246,708	5,150,000	2,810,275
Programme coordination and assistance	2,580,000	798,439	-	0	2,580,000	798,439
Total	30,930,000	18,186,574	36,300,000	68,151,870	67,230,000	86,338,484

The amount under column final expenditure represents a combination of actual expenditures up to 31st Dec 2020 and estimated expenditure till Dec 2021 based on a signed agreement for co-financing resources.