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UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Bangladesh

Proposed indicative UNFPA assistance:	\$68.5 million: \$23.0 million from regular resources and \$45.5 million through co-financing modalities or other resources
Programme period:	Five years (2022-2026)
Cycle of assistance:	Tenth
Category per decision 2017/23:	Red
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

Proposed indicative assistance (in millions of \$):

Programme outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	6.5	38	44.5
Outcome 2	Adolescents and youth	4.5	3	7.5
Outcome 3	Gender equality and empowerment of women	7.0	2.5	9.5
Outcome 4	Population dynamics	3.5	2	5.5
Programme coordination and assistance		1.5	-	1.5
Total		23	45.5	68.5

I. Programme rationale

1. Bangladesh is at a crossroads on its sustainable development trajectory. Remarkable progress has been achieved in reducing poverty and transforming socio-economic systems, and the country is now poised for graduation from ‘least developed country’ status. Life expectancy has increased to approximately 72.3 years of age as of 2018, which is a remarkable achievement. Significant progress has been made towards universal access to sexual and reproductive health and access to education. These developments have contributed to demographic and economic shifts that, under the right conditions, present the opportunity for reaping the demographic dividend.

2. However, the pace of poverty reduction has slowed due to inequality, and poverty has risen in some areas, including urban centres. As noted in the United Nations Common Country Assessment, progress in developing and implementing policies and national programmes and increasing access to services for all, is falling short of the intended impact due to persistent deficiencies in the quality, administration and gender-responsive targeting of public programmes. Across the country, some districts have been left behind in the country’s development trajectory. COVID-19 has further exacerbated the trends.

3. The rate of decrease in maternal mortality, which today stands at 165 per 100,000 live births, has plateaued over the last decade, due to several factors. Child marriage rates continue to be the highest in South Asia, with 51.4 per cent of women aged 20-24 years married before age 18. The adolescent birth rate is also the highest in the subregion (74 births per 1,000 women aged 15-19 years). Access to family planning is similarly stagnating, with unmet need at 12 per cent and highest among married adolescents at 15.5 per cent in 2018. The health system struggles to ensure systematic attendance of skilled professionals at births and to make emergency obstetric and newborn care available everywhere. Only 49.6 per cent of women deliver in a health facility and 52.7 per cent of births are attended by skilled personnel; this needs to be addressed urgently to reduce preventable maternal mortality and morbidity. As a consequence of the COVID-19 pandemic, there are concerns that many girls may not return to school, possibly leading to a resurgence in early and child marriage and adolescent pregnancy, with its attendant health, educational, economic and gender-based violence consequences.

4. The COVID-19 pandemic has led to a sharp increase in the number of people considered poor, with 12 million people estimated to have become newly poor due to the pandemic. Gender-based violence, exacerbated by harmful social norms, has become an even graver concern. Before the pandemic, 72.6 per cent of ever-married women reported experiencing at least one form of violence from their husband, a trend that has only worsened during the pandemic. Mental health and psychological needs have increased, especially for women and young people, because of increased violence and stresses related to anxieties, job loss and school closures. The pandemic has highlighted the fragility of progress towards enhanced access to sexual and reproductive health information and services, groups at risk of being left behind on the path to sustainable development, including religious and ethnic minorities, women and children, people with disabilities, and the urban poor. The closure of schools has had far-reaching effects, including a lack of access to economic and life skills education, and youth and adolescent health services, especially for girls.

5. As the Government embarks on the implementation of its eighth five-year development plan (2020-2025), it faces great opportunities but also considerable challenges. Demographic changes have yielded a wave of potential human capital to drive the next phase of development, provided that trends in underinvestment in health, education and decent employment are reversed, allowing the country to benefit from its demographic dividend. However, expenditure of the health and education budgets, respectively, has dropped between 2009 to 2016 – from 13 per cent to 6 per cent (health) and from 9 per cent to 5.4 per cent (education) – lower than the global average. While data is available, there is a need to improve the quality of data and ensure its use to inform planning and policymaking. The Government’s five-year plan renews commitments on expenditure in these areas as part of its efforts to decrease income inequality towards inclusive growth and harness the benefits

of the demographic transition, for which demographic intelligence will be a crucial enabler for implementation and monitoring progress.

6. While the Government has prioritized investments in disaster risk reduction, Bangladesh is one of the countries most affected by climate change, ranking seventh in the Long-Term Climate Risk Index. The phenomena of rapid urbanization, migration, regional inequalities and unsustainable environmental practices have been significantly influenced by the country's high and increasing exposure to natural disasters and the effects of climate change.

7. The United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022-2026 lays out an ambitious plan to support efforts to ensure that all people in Bangladesh (especially the most vulnerable and marginalized) contribute to and benefit equitably from the integrated social, environmental and economic dimensions of sustainable and inclusive development under the five-year plan, leading to the achievement of the 2030 Agenda for Sustainable Development and the Perspective Plan for 2021-2041. UNFPA, an active player in the United Nations country team, including the United Nations Programme Management Team, the Gender Equality Theme Group, the UNSDCF Monitoring and Evaluation Group, and the SDG Data Group, is committed to promoting coherence across the UNSDCF intervention areas, including through its leadership in sexual and reproductive health and solutions to gender-based violence; its capacity to deliver innovative solutions across the humanitarian-development continuum, and its direct support to the Government on evidence-based and data-driven strategic decision-making.

8. The design of the new country programme has been informed by the recommendations of as well as the lessons learned from the country programme evaluation for the previous country programme, which suggested that UNFPA intensify work on emerging challenges, such as urbanization and climate-induced natural disasters, while building on key achievements, such as its midwifery and data support work. Also, the institutional capacity of partners throughout the programme needs to be further considered as one of the key lessons learned from the evaluation. It also recommended intensifying UNFPA work on gender equality and women's and girls' empowerment, including engagement of men and boys into gender-based violence prevention interventions, making life skills education available for out-of-school youth and strengthening engagement on all aspects of data.

9. The country programme document does not include programming related to the Rohingya crisis. The strategic objectives, actions and budget for the Rohingya are in the Joint Response Plan on the Rohingya Humanitarian Crisis, which is issued on an annual basis.¹

II. Programme priorities and partnerships

10. The tenth UNFPA country programme seeks to accelerate action towards the achievement of universal access to sexual and reproductive health and reproductive rights, focusing on those furthest behind: delivering a resilient, agile and thriving Bangladesh where every woman and girl lives in dignity and safety, every pregnancy is wanted, every childbirth is safe, and the potential of every young person is realized. It supports the Government to achieve the 2030 Agenda, seeks to address the unfinished agenda of the International Conference on Population and Development (ICPD) Programme of Action through the achievement of the three transformative results of UNFPA, and is aligned to the UNSDCF and the Government's eighth five-year plan.

11. National leadership and ownership of development results that reinforce national and local institutions, policies, systems and processes will be prioritized. In addition, the programme will deliver interventions at the subnational level, following the UNSDCF approach to identifying as priority districts lagging and identifying vulnerable groups at risk

¹ The Government of Bangladesh refers to the Rohingya as "forcibly displaced Myanmar nationals". The United Nations system refers to this population as Rohingya refugees, in line with the applicable international framework. In the joint response plan 2021, both terms are used, as appropriate, to refer to the same population.

of being left behind. Support to the Government will be provided to ensure its expansion of and investment in the social safety net, especially in sexual and reproductive health services for women and girls, through legal and policy frameworks and corresponding service delivery, including at the targeted subnational level.

12. The programme will be implemented through a human rights-based approach, upholding principles of gender equality and empowerment of women and girls. It has been designed to build resilience by strengthening local and community capacities to prepare for and respond to climate-induced natural disasters and pandemics, in support of government commitments to the Sendai Framework for Disaster Risk Reduction, and agility in its delivery, drawing on innovation and learning.

13. Partnerships at all levels will play a key role in achieving the programme results. UNFPA will play a convening role to facilitate multisectoral solutions to complex sexual and reproductive health and reproductive rights, gender equality, women's and girls' empowerment and youth development issues, including through joint programming with other United Nations entities. In support of advocacy to take forward the ICPD Programme of Action, partnerships with the Government, academia, civil society organizations, women's networks and youth networks will be strengthened, supported by communications partnerships, including with the media. UNFPA will continue to partner with international financial institutions to deliver timely social services in districts lagging, and for neglected sections of the population. Private-sector engagement will be pursued to leverage resources, and civil society remains a key partner for advocacy efforts. UNFPA will encourage and facilitate mutually beneficial South-South cooperation to facilitate technical exchange and capacity building. High-level policy dialogue, policy advice, technical assistance, knowledge generation and capacity building will be core modes of engagement across all areas of the programme.

A. Sexual and reproductive health

14. Reducing maternal mortality and morbidity and unmet need for family planning through health system strengthening will directly contribute to UNSDCF outcome 2 on equitable development and well-being, especially the outputs related to universal access to high-quality, gender-responsive social services and protection. The programme is closely aligned to the UNSDCF objectives for strengthening policy and regulatory frameworks, particularly for the protection of women and children, as well as adolescents and youth and social protection; and the empowerment of people, particularly those left behind, to utilize social and protection services. These interventions will aim to boost the quality of care in significantly reducing maternal mortality and the unmet need for family planning, especially at the facility level.

15. Output 1. Updated and improved legal and policy frameworks, regulations and compliance, accountability and data management systems will strengthen the health system and decrease maternal morbidity and mortality and unmet need for family planning, using integrated, multisectoral and human rights-based approaches across the development and humanitarian continuum.

16. This will be achieved through advocacy, technical assistance, evidence generation and support to vertical and horizontal coordination across the Government to (a) strengthen evidence-based laws, policies and other decision-making and accountability processes on comprehensive sexual and reproductive health services, ensuring adequate budget allocations and health expenditure to improve the equity, quality and uptake of integrated services for all, including within the context of universal health coverage; (b) strengthen comprehensive knowledge management, data generation and analysis in the public and private systems; and (c) strengthen national and community preparedness and ensuring prioritization of sexual and reproductive health and gender-based violence needs during and following humanitarian crises, especially in areas vulnerable to climate change-induced disasters, to build resilience.

17. Output 2. Improved availability of high quality, human rights-based and comprehensive integrated sexual and reproductive health information and services across the development

and humanitarian continuum, especially for the most vulnerable and marginalized women and girls.

18. This will be achieved through technical assistance, social and behaviour change communication and advocacy, with a focus on the quality of care, to (a) strengthen the health system and facility readiness, including human resources and supply management in both the public and private sectors; (b) improve the capacity to provide high-quality basic emergency obstetric and neonatal care at the district and lower levels; (c) strengthen family-planning services, in particular, to address unmet need and the prevention of adolescent pregnancies; (d) strengthen midwifery education and professional development at the facility level; and (e) strengthen mental health and psychosocial support services within sexual and reproductive health and gender-based violence programmes for at-risk populations and service providers, including in emergency settings.

B. Adolescents and youth

19. Through efforts to ensure adolescents and youth are meaningfully engaged and empowered adolescents and youth, realize their sexual and reproductive health and reproductive rights and live a life free of discrimination, violence and psychological distress, the programme will contribute to UNSDCF outcome 2, particularly outputs related to social protection and the protection of children and youth.

20. *Output 1. Adolescents and youth in target districts, including disaster-prone districts, acquire comprehensive life skills for improved sexual and reproductive health and reproductive rights, mental health and gender-equitable attitudes.*

21. The programme will (a) increase the capacity of education and health institutions to expand life skills education and adolescent-friendly sexual and reproductive health services to in-school and out-of-school adolescents and youth, including by incorporating life skills education more comprehensively in policy frameworks; (b) increase the livelihood and life skills knowledge among girls, including married girls; (c) strengthen community engagement in advancing gender-equitable attitudes and advancing access to life skills education, including for marginalized young people; (d) enhance the resilience of adolescents and youth to cope with, adapt to and recover from disaster and climate-related shocks, including through preparedness and response strategies and forecast-based actions; (e) expand specialized and non-specialized mental health and psycho-social service delivery tailored for adolescents and youth and their caregivers, especially vulnerable and marginalized young people; and (f) establish and expand youth platforms to foster meaningful youth participation and leadership across the humanitarian-development continuum.

22. *Output 2. Girls, including those that are married or are at risk of adolescent pregnancy and child marriage, benefit from improved economic and life skills education opportunities, are protected from violence and able to access protection interventions and services across the development-humanitarian continuum.*

23. This will be achieved through capacity development, outreach and awareness-raising efforts to (a) increase the capacity of national and local government actors, women and youth-led grassroots organizations to implement strategies to end child marriage and prevent adolescent pregnancy; (b) strengthen economic empowerment programming and services for the poorest adolescent girls and their families; (c) increase knowledge on adolescent pregnancy among girls, including married girls, through life skills education; (d) foster gender-equitable attitudes and support for girls' rights – including awareness of child marriage – within communities and among their leaders, including in disaster-prone areas; (e) empower adolescent girls in disaster-prone districts to increase resilience and awareness of communities on preventing child marriage through life skills education and menstrual health services; and (f) build the capacity of women and youth-led grassroots organizations to take action to prevent child marriage.

C. Gender equality and women empowerment

24. Achieving gender-equitable social norms, an enabling non-discriminatory legal and policy environment and strengthened systems to prevent and respond to gender-based violence and harmful practices in development and humanitarian settings will directly contribute to the UNSDCF outcome five, which foresees the acceleration of legal and social measures to prevent and respond to the high levels of gender-based violence and harmful practices that women, girls and gender-diverse people face. Moreover, the programme will contribute to the achievement of gender-responsive outputs mainstreamed throughout the UNSDCF.

25. *Output 1. Gender norms and acceptance of gender-based violence and harmful practices, including among vulnerable groups, are transformed, contributing to more inclusive and resilient communities.*

26. This will be achieved through (a) social and behavioural change communication and community engagement initiatives to strengthen the prevention of gender-based violence, harmful practices and social norms among targeted communities, individuals and service providers; and (b) capacity building among marginalized and excluded people, especially women and girls, to combat discrimination and harmful social norms and participate in decision-making, including in disaster and climate change-affected communities.

27. *Output 2. An enabling legal and policy environment; strengthened national and subnational capacities; and improved coordination and survivor-centred service provisions to better address gender-based violence, in particular among vulnerable groups, in development and humanitarian settings.*

28. UNFPA will (a) provide technical advice and support, including on data collection, evidence-based research and analysis, to understand the prevalence of violence, harmful practices and social norms and associated risk factors; and to undertake treaty body reporting and align national legislation with international standards and commitments; (b) increase awareness, knowledge and capacity among relevant government stakeholders to implement and monitor existing laws, policies and prevention and response programmes related to gender-based violence, harmful practices and social norms; (c) increase the capacity of the Government and other stakeholders to coordinate multisectoral gender-based violence and harmful practices prevention and response programmes, laws and policies for all; (d) increase institutional and individual capacity for the implementation of multisectoral, survivor-centred gender-based violence responses, including referral and monitoring responses, in line with international standards, including in humanitarian settings; (e) strengthen capacities to prevent and address violence in urban areas, in collaboration with private-sector organizations and the public transportation sector; and (f) increase the capacity of law enforcement agencies to deliver multisectoral survivor-focused services, in line with international standards. Overall, efforts will be made to undertake evidence-based innovative programming, especially concerning addressing the COVID-19 pandemic and its recovery and for enabling scaling-up of what works.

D. Population dynamics

29. Generating and analysing data to understand, manage and leverage demographic changes in Bangladesh links closely to the UNSDCF strategic priority one, which envisions inclusive and sustainable economic development, green and equitable economic development, thus harnessing the demographic dividend.

30. *Output 1. Use of demographic intelligence and disaggregated population data for national policies, plans and programmes is increased to enable Bangladesh to harness the demographic dividend, advance the ICPD Programme of Action and achieve the 2030 Agenda.*

31. This will be achieved through technical assistance, capacity building and advocacy to (a) improve government capacity to collect, analyse and disseminate disaggregated population data, including on addressing inequalities and the impacts of health, education

and social services spending; (b) strengthen national capacity to use demographic intelligence and high-quality disaggregated population data to inform policies, plans and programmes and their monitoring, with a focus on addressing inequalities; and (c) equip policymakers with knowledge and skills on population and development and its interlinkages with sustainable development.

III. Programme and risk management

32. National execution will continue to be the UNFPA operational modality for the country programme, under overall coordination by the Economic Relations Division of the Ministry of Finance. Mechanisms for quality monitoring and reporting at programme, outcome and output levels will be emphasized, in line with the UNFPA results-based management policy.

33. The country office will align staffing to programme needs while continuing to receive technical assistance from the Asia Pacific Regional Office and multidisciplinary expertise across United Nations entities. As Bangladesh prepares to graduate from ‘least developed country’ status, programme design will evolve commensurate with the changing development and financing landscape, to promote sustainable results.

34. Several risks could impact the programme delivery. First, the COVID-19 pandemic could further stretch basic services and social protection and disrupt health systems affecting programme results. Support to an immediate and longer-term response to the crisis will help the Government mitigate the impacts of any resurgence of the virus.

35. Second, the risks posed by climate-induced natural disasters could further exacerbate the crisis of gender-based violence, deepen inequality and multidimensional poverty, and raise the acute need for basic services and social protection while overwhelming national systems in vulnerable and hard-to-reach areas. UNFPA will leverage its comparative advantages across the humanitarian-development continuum, aligned with UNFPA social and environmental standards. In the case of climate-induced disasters or pandemics, UNFPA would explore reprogramming funds, in consultation with the Government, toward activities to lessen the impact and enhance resilience.

36. Third, should social norms that oppose gender equality, women and girls’ empowerment and sexual and reproductive health and reproductive rights become more pervasive and reflected in public policy, the programme’s implementing environment could become more difficult. This could have serious consequences for gender equality and women’s and girls’ empowerment, the prevention and response to sexual and gender-based violence, and access to sexual and reproductive health services, while making advocacy, behavioural change and the rollout of services more difficult. UNFPA will continue to generate evidence and advocate at the highest levels to inform decision-making on these issues.

37. The programme will mitigate operational risks associated with implementing large scale programming in a complex and dynamic country context. The country office will assess and manage operational and programme risks. To facilitate risk-sensitive programme management, UNFPA will continue to ensure that necessary programme and operational capacities are in place in the country office.

38. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels concerning country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

39. UNFPA is committed to monitoring programme results both for the country programme and the new UNSDCF. For tracking the results of the UNSDCF, UN INFO will be used as the main monitoring platform and to guide discussions at the UNSDCF Steering Committee, comprising the United Nations country team and the senior members of the line ministries led by the Ministry of Finance.

40. UNFPA will continue to be engaged in inter-agency working groups such as the data group, the monitoring, evaluation group, the gender equality theme group, as well as the programme management team, and will provide technical and programmatic guidance and coordination leadership to implement the UNSDCF and to contribute to SDG monitoring, including through the voluntary national reviews.

41. The country office has a comprehensive monitoring and evaluation strategy in place. UNFPA and the Government will manage and monitor the programme, following UNFPA policies and procedures, using adaptive results-based management and accountability frameworks. Field visits and regular technical meetings with implementing partners will be used to track progress and adjust annual workplans accordingly. Annual and midterm reviews of the programme will be conducted to analyse progress made and assess the reorientation of programme strategies. A country programme evaluation will be conducted towards the end of the implementing period to identify lessons learned and priorities for the following cooperation cycle. Quality assurance and capacity-building measures for UNFPA implementation partners will be ascertained through annual project and programme management training.

42. A costed monitoring and evaluation plan will be implemented and reviewed periodically, ensuring that adequate resources are allocated for monitoring and evaluation of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR BANGLADESH (2022-2026)

NATIONAL PRIORITY: Health (health, population and nutrition)				
UNSDCF OUTCOME INVOLVING UNFPA: By 2026, people, in particular, the most vulnerable and marginalized, have improved access to and utilization of quality, inclusive, gender and shock-responsive, universal and resilient social protection and basic services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: 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				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicators: <ul style="list-style-type: none"> • Maternal mortality ratio <i>Baseline: 165 (2019); Target: 100 (2026)</i> • Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 77.4% (2019); Target: 80% (2026)</i> • Proportion of deliveries conducted by skilled birth attendants <i>Baseline: 59% (2021); Target: 72% (2026)</i> 	Output 1. Updated and improved legal and policy frameworks, regulations and compliance, accountability and data management systems to strengthen the health system, to decrease maternal morbidity and mortality and to reduce unmet need for family planning using integrated, multisectoral and human rights-based approaches across the development and humanitarian continuum	<ul style="list-style-type: none"> • A national human rights-based family planning strategy developed and endorsed by the Ministry of Health and Family Welfare, in line with FP2030 commitments <i>Baseline: No (2021); Target: Yes (2026)</i> • Minimum initial service package for reproductive health is integrated into national humanitarian preparedness and response plans and endorsed by the Government <i>Baseline: No (2021); Target: Yes (2026)</i> • Sexual and reproductive health indicators, disaggregated by age, sex and geography are periodically collected for priority districts through the national health information system and analysed for vulnerability <i>Baseline: No (2021); Target: Yes (2026)</i> 	Directorate General of Health Services; Directorate General of Family Planning; Directorate of Nursing and Midwifery; Bangladesh Midwifery Society; Bangladesh Nursing and Midwifery Council; Obstetrical and Gynaecological Society of Bangladesh; academic institutions; civil society organizations; United Nations organizations; nongovernmental organizations	\$6.4 million (\$0.7 million from regular resources and \$5.7 million from other resources)
	Output 2. Improved availability of high-quality, human rights-based comprehensive, integrated sexual and reproductive health information and services across the development and humanitarian continuum, especially for the most vulnerable and marginalized women and girls	<ul style="list-style-type: none"> • Percentage of public health facilities in priority districts providing midwifery-led high-quality care, including emergency obstetric and newborn care <i>Baseline: 7% (2021); Target: 73% (2026)</i> • Percentage of priority subdistrict health centres in hard-to-reach areas providing human rights-based post-partum and post-abortion family planning <i>Baseline: 14% (2021); Target: 53% (2026)</i> • Percentage of district and subdistrict hospitals with medical staff trained to provide survivor-centred clinical support and referrals to survivors of gender-based violence <i>Baseline: 12% (2021); Target: 43% (2026)</i> 		
NATIONAL PRIORITY: Health (health, population and nutrition)				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, people, in particular, the most vulnerable and marginalized, have improved access to and utilization of high-quality, inclusive, gender and shock-responsive, universal and resilient social protection and basic services.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.				

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> Percentage of women aged 20-24 years who were married before age 18 <i>Baseline: 51.4% (2019); Target: 30% (2026)</i> Adolescent fertility rate (births per 1,000 women aged 15-19 years) <i>Baseline: (2019); Target: 60 (2026)</i> 	<p>Output 1. Adolescents and youth in priority districts, including disaster-prone districts, acquired comprehensive life skills for improved sexual and reproductive health, mental health and gender-equitable attitudes</p>	<ul style="list-style-type: none"> National primary and secondary school curriculum incorporated comprehensive life skills education content and endorsed by the Government <i>Baseline: No (2021); Target: Yes (2026)</i> Number of education training institutions in priority districts that adopted gender-transformative life skills education curriculum addressing reproductive health and gender equality for both in-school and out-of-school adolescents and youth <i>Baseline: 285 (2021); Target: 300 (2026)</i> Percentage of young people represented from established youth platform in engaging in national-level policy dialogue on youth issues across the humanitarian-development continuum <i>Baseline: 0 (2021); Target: 5% (2026)</i> 	<p>Ministries of: Youth and Sports, Education, Health and Family Welfare, Women and Children Affairs; national skill development authority; civil society organizations; non-governmental organizations; academia; media; parliamentarians, United Nations organizations</p>	<p>\$5.1 million (\$3.6 million from regular resources and \$1.5 million from other resources)</p>
<p>NATIONAL PRIORITY: Social protection (social security, social welfare and social inclusion). Gender equality and women’s empowerment</p>				
<p>UNSDCF OUTCOME INVOLVING UNFPA: Women, girls and gender diverse people benefit from an environment in which they are empowered to exercise their rights, agency and decision-making power over all aspects of their lives and are free from all forms of discrimination, violence and harmful norms and practices.</p>				
<p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p>				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF Outcome indicators:</p> <ul style="list-style-type: none"> 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. <i>Baseline: 54.7 (2015); Target: 20 (2026)</i> 	<p>Output 1. Positive change in gender norms and decreased acceptance of gender-based violence and harmful practices, including among vulnerable groups, contributing to more inclusive and resilient communities</p>	<ul style="list-style-type: none"> Percentage increase of the target population with knowledge of key causes and consequences of gender-based violence among participants of community mobilization initiatives in priority districts, disaggregated by men and boys, women and girls <i>Baseline: 0; Target: 80% increase from the baseline</i> 	<p>Ministries of: Women and Children Affairs; the private sector, the media, civil society organizations, non-governmental organizations; United Nations organizations</p>	<p>\$2.1 million (\$1.4 million from regular resources and \$ 0.7 million from other resources)</p>
	<p>Output 2. An enabling legal and policy environment and strengthened national and subnational capacities, coordination and survivor-centred service provision to address gender-based violence, in particular among vulnerable groups, in development and humanitarian settings</p>	<ul style="list-style-type: none"> Number of laws, policies and regulations on gender equality, gender-based violence and harmful practices and women’s [reproductive] rights developed or revised with amendments or repeal of discriminatory provisions, in line with the global evidence base and international standards <i>Baseline: 0 (2020); Target: 3 (2026)</i> Existence of a national mechanism to coordinate multiple stakeholders, including civil society, and organizations working with vulnerable groups and men and boys, to strengthen multisectoral initiatives for prevention and response to gender-based violence 		<p>\$7.4 million (\$5.6 million from regular resources and \$ 1.8 million from other resources)</p>

		<p>across the development and humanitarian continuum <i>Baseline: No (2020); Target: Yes (2026)</i></p> <ul style="list-style-type: none"> Number of facilities in UNFPA supported districts providing survivor-centred gender-based violence response services, in line with international standards <i>Baseline: 130 (2020); Target: 150 (2026)</i> 		
NATIONAL PRIORITY: Health (health, population and nutrition- population and development)				
UNSDCF OUTCOME INVOLVING UNFPA: By 2025, People in Bangladesh, particularly the vulnerable and marginalized from all gender and social groups and those from lagging districts benefit from sustainable livelihood and decent work opportunities resulting from responsible, inclusive, sustainable, green and equitable economic development				
RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNFPA strategic plan outcome indicator(s):</p> <ul style="list-style-type: none"> Proportion of 16 SDG indicators prioritized by UNFPA produced at the national level, with full disaggregation, when relevant to the target, following the fundamental principles of official statistics <i>Baseline: 62% (2020); Target: 75% (2026)</i> 	<p>Output 1. Use of demographic intelligence and disaggregated population data for national policies, plans and programmes is increased to enable Bangladesh to harness the demographic dividend, advance the ICPD Programme of Action and achieve the 2030 Agenda</p>	<ul style="list-style-type: none"> Number of analytical reports, monographs, policy briefs and communication materials developed, based on 2021 Population and Housing Census data and other new population-based survey data (e.g. DHS, MICS, violence against women survey) <i>Baseline: 0 (2021); Target: 10 (2026)</i> Number of development plans developed and approved to harness the demographic dividend <i>Baseline: 0 (2021); Target: 2 (2026)</i> Number of national and sector-level plan recommendations, including policy advice on population and development issues given to relevant ministries by the parliamentary committees and population expert committees to address inequalities and advance the ICPD Programme of Action for inclusive sustainable development <i>Baseline: 2 (2021); Target: 8 (2026)</i> 	<p>Bangladesh Bureau of Statistics; General Economics Division; Ministry of Planning; Parliament Secretariat; Prime Minister's Office; Ministry of Health and Family Welfare; Ministry of Women and Children Affairs; civil society organizations, non-governmental organizations, academic and research institutes, mass media; private sector, United Nations organizations</p>	<p>\$5.5 million (\$3.5 million from regular resources and \$2 million from other resources)</p>