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UNITED NATIONS POPULATION FUND

Final country programme document for Bangladesh

Proposed indicative UNFPA assistance:	$70 million: $40 million from regular resources and $30 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2012-2016)
Cycle of assistance:	Eighth
Category per decision 2007/42:	A

Proposed indicative assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health and rights	26	20	46
Population and development	5	4	9
Gender equality	7	6	13
Programme coordination and assistance	2	-	2
Total	40	30	70

I. Situation analysis

1. Since its independence in 1971, Bangladesh has undergone rapid socio-economic and demographic changes. Economic growth (an average of 5.5 per cent a year during the past decade), coupled with investments in education, health, food security and disaster mitigation, has led to a rapid reduction in poverty. Nevertheless, 37 per cent of the population – nearly 60 million people – lived below the poverty line in 2009.

2. The population is approximately 164 million, according to United Nations estimates. The total fertility rate declined from 6.3 children per woman in 1975 to 2.7 children in 2007. However, even if replacement-level fertility is achieved by 2016, the population is projected to reach 220 million by 2050, due to the large youth cohort.

3. Adolescents account for approximately one quarter of the population. The median age at first marriage for girls is 15.3 years, even though the legal age of marriage for girls is 18. The adolescent birth rate of 60 births per 1,000 women aged 15-19 is still high. Fifty-five per cent of adolescent girls become mothers before the age of 19. The large youth population, if provided with adequate education, health services and employment, has the potential to spur economic growth.

4. The maternal mortality ratio declined from 320 maternal deaths per 100,000 live births in 2001 to 194 in 2010. Seventy-six per cent of all deliveries take place at home, and skilled health personnel attend only 26 per cent of deliveries, with disparities between the rich (57 per cent) and the poor (9 per cent). A 2003 study revealed that about 71,000 women suffered from obstetric fistula, with approximately 3,000 new cases occurring each year.

5. The contraceptive prevalence rate was 47.5 per cent for modern methods in 2007, with regional disparities ranging from 25 to 57 per cent. Pills and injectables are the main methods of family planning. Forty-eight per cent of those using modern methods chose long-acting and permanent methods in 1989, but only 15 per cent did so in 2007. Major concerns include: (a) the increasing unmet need for family planning (17 per cent among married women); and (b) the high drop-out rate among family-planning acceptors.

6. Bangladesh is a low HIV-prevalence country, with less than 0.1 per cent of the general population infected. However, prevalence rates are much higher among groups that are most at risk. Among the general population, the rate of condom use is only 4.5 per cent. A concentrated epidemic with low rates of condom use could have far-reaching implications.

7. The country has made progress in the area of women's empowerment. Nevertheless, gender gaps persist in higher education, formal employment and political representation, and violence against women and girls is widespread. Approximately 60 per cent of women have suffered from some type of violence, including physical assault, rape and acid throwing.

8. Twenty-eight per cent of the population lives in urban areas. Rapid urbanization, mainly concentrated in Dhaka, has resulted in an increase in urban slums, where about 35 per cent of the urban population lives. If current trends continue, the urban population will exceed the rural population by 2035, and Dhaka will become, during the next decade, the fifth-largest mega-city in the world. Climate change will also likely affect population movements and livelihoods.

II. Past cooperation and lessons learned

9. UNFPA and the Government extended the seventh country programme, which covered the

period 2006-2010, by one year to harmonize it with the government planning cycle. The programme supported sexual and reproductive health information and services, which led to increases in skilled birth attendance and in the contraceptive prevalence rate in two low-performing districts in eastern Bangladesh. The programme also supported the formation of local coalitions to promote women's rights and the operationalization of two women's support centres for survivors of violence.

10. Through its participation in the pooled funds for the health and population sector programme, UNFPA leveraged support for the Programme of Action of the International Conference on Population and Development. Many of the successful interventions supported by UNFPA, including the skilled birth attendant programme in communities, treatment services for obstetric fistula, demand-side financing (maternal health vouchers) and local-level planning, have been incorporated into the design of the next sector programme.

11. UNFPA advocacy efforts, carried out in partnership with other United Nations organizations, culminated in the Prime Minister's Commitment to the United Nations Secretary-General's Global Strategy for Women's and Children's Health. The Prime Minister's Commitment focuses on the following goals, to be achieved by 2015: (a) doubling the percentage of skilled birth attendance; (b) reducing the rate of adolescent pregnancies; and (c) halving the unmet need for family planning. UNFPA also helped the Government develop a strategy to strengthen midwifery services, as well as a strategy for adolescent sexual and reproductive health.

12. The evaluation of the seventh country programme found that the programme had contributed to developing national capacity for community-based skilled care, treatment for obstetric fistula, and community involvement in combating gender-based violence. It also found: (a) limited synergy among programme components; (b) a lack of clear linkages between policy advocacy and programme interventions; and (c) too many projects for the resources available.

13. The evaluation recommended: (a) clearly defining programme strategies to reach programme objectives; (b) improving linkages between high-level policy dialogues and programme interventions; (c) establishing an adequate monitoring and quality assurance system for the programme; (d) increasing the emphasis on the development of institutional capacity; and (e) increasing the involvement of civil society in the programme.

III. Proposed programme

14. The proposed programme is based on the situation analysis, the programme evaluation, and the United Nations Development Assistance Framework (UNDAF), 2012-2016. The Millennium Development Goals progress report and the government strategic priorities, as expressed in its perspective plan, 2010-2021, and the draft sixth five-year plan, helped to establish the priorities of the UNDAF. The UNDAF includes a geographical focus as well as a group focus, in recognition of the increasing inequalities in the country. The proposed programme follows this 'targeting' strategy and contributes to six UNDAF outcomes.

Reproductive health and rights component

15. Using a coordinated, rights-based, supply-side and demand-side approach, this component will contribute to: (a) increased and equitable utilization of high-quality sexual and reproductive health and HIV information and services, with a focus on family planning and skilled care in selected areas; and (b) increased availability in emergencies and in early-recovery settings of gender-sensitive, high-quality reproductive health services and services to combat gender-based violence. This component has three outputs.

16. Output 1: Improved quality and accessibility of sexual and reproductive health information and services, with a focus on family planning and skilled care, in selected districts, urban areas and refugee camps. UNFPA will support the reproductive health service delivery and system-strengthening components of the health, population and nutrition sector development plan, 2011-2016. UNFPA will support the efforts of the Government to strengthen community clinics as an integral part of the health-care referral system, including by promoting 'e-health' initiatives and public-private partnerships.

17. In alignment with the Prime Minister's commitment, the programme will focus on: (a) revitalizing the national family planning programme, giving attention to newly married couples, post-partum family planning and the achievement of a balanced mix between long-term and temporary contraceptive methods in hard-to-reach areas and in areas with low contraceptive use; (b) increasing access to high-quality skilled care at delivery; (c) addressing maternal morbidity, including obstetric fistula and breast and cervical cancer; and (d) increasing access to adolescent-friendly sexual and reproductive health services. The programme will pay special attention to strengthening the health-sector workforce, especially midwives, and to building the capacity for reproductive health commodity security.

18. To prevent HIV, the programme will provide integrated sexual and reproductive health services, including voluntary counselling and testing for, and the management of, sexually transmitted infections for sex workers, at selected sites.

19. Output 2: Improved knowledge and awareness of, and attitudes towards, sexual and reproductive health and rights and HIV, among service providers and community members, including young people, in selected districts, urban areas and refugee camps. The programme will emphasize the full spectrum of sexual and reproductive health interventions, in combination with empowerment initiatives for women and youth. To prevent HIV, the programme will use a district-wide approach to address barriers to condom use among sex workers and their clients.

20. Output 3: Strengthened national capacity for emergency preparedness and response in order to address reproductive health and gender issues, including gender-based violence, during natural disasters. The programme will focus on: (a) ensuring the availability of a minimum initial service package for reproductive health in crisis situations; and (b) articulating behaviour change strategies that target vulnerable groups and decision makers, to integrate the concerns of women into emergency responses.

Population and development component

21. In focusing on population and development linkages and promoting the Programme of Action of the International Conference on Population and Development at the policy level, this component will use the following mutually reinforcing strategies: (a) research; (b) evidence-based policy advocacy; and (c) data for development. This component seeks to enable the Government and non-government stakeholders to accelerate national development, with a focus on achieving the Millennium Development Goals and pro-poor growth. This component has two outputs.

22. Output 1: Strengthened national capacity to collect and analyse data disaggregated by sex, age, economic status and location. The programme will support capacity development and system-strengthening in collecting and analysing high-quality, sex-disaggregated data. It will support a secondary analysis of census data, the development of thematic maps, and the strengthening of the information management system on gender-related issues.

23. Output 2: Increased capacity to integrate population and gender concerns, including emerging issues, into national and sectoral plans and policies. The programme will: (a) strengthen national and subnational capacity in research and policy analysis on population and development concerns; (b) deepen understanding about emerging issues, such as the demographic dividend**,** urbanization and climate change; and (c) incorporate new knowledge into national and sectoral plans and policies. The programme will support capacity-building in the Parliament Secretariat and among elected representatives, and will incorporate population and development linkages into the training curriculum for civil servants.

Gender equality component

24. The gender component will form an integral part of the UNDAF pillar on gender equality and women's advancement, by reducing the social and institutional vulnerabilities of women, including marginalized and disadvantaged women.

25. Output 1: Increased awareness and knowledge of and positive attitudes towards reducing the vulnerability of women, including the incidence of violence against women and early marriage. In order to change deep-rooted gender norms and attitudes that promote gender inequality, the programme will: (a) encourage men and boys to advocate gender equality; (b) use the mass media to promote positive attitudes towards gender equality and women's empowerment; (c) organize forums for dialogue within communities to encourage people to challenge harmful gender norms; (d) support community-based, multisectoral interventions to break the cycle of poverty, early marriage and violence; and (e) promote partnerships with the garment industry to address reproductive rights, gender equality and violence against women in order to create women-friendly work environments.

26. Output 2: By 2016, increased availability of and access to shelters; medical, psychological and legal support; and vocational training for survivors of gender-based violence in selected districts. The programme will focus on: (a) enhancing the coverage, quality, coordination and sustainability of comprehensive services for survivors of gender-based violence; (b) supporting multisectoral capacity-building to protect women from violence and ensure redress and reparations for victims; and (c) strengthening the health-sector response to violence against women by training service providers and improving reporting systems.

IV. Programme management, monitoring and evaluation

27. UNFPA will continue to support the health, population and nutrition sector programme through parallel funding, with a small proportion of funds placed in the funding pool. The Government will own and lead the programme, which will be nationally implemented. UNFPA will work jointly with other United Nations organizations, non-governmental organizations (NGOs) and the private sector. UNFPA and the Government will carry out annual programme reviews, frequent monitoring visits and periodic reviews of the results indicators. UNFPA will conduct a programme evaluation during the fourth year of the programme. The Economic Relations Division of the Ministry of Finance will serve as the central coordinating agency.

28. The Bangladesh country office consists of a representative, a deputy representative, an operations manager and international and national programme and administrative staff. The UNFPA Asia and the Pacific regional office in Bangkok, Thailand, will support the country office in seeking technical assistance from national, regional and international institutions and experts.

RESULTS AND RESOURCES FRAMEWORK FOR BANGLADESH

National priorities: (a) securing human resource development; (b) promoting environmental sustainability
UNDAF outcomes: (a) increased and more equitable utilization of quality health, population, education, water, sanitation, and HIV services for the deprived population in selected areas, with particular attention to women, children and youth; (b) by 2016, populations vulnerable to climate change and natural disasters become more resilient to adapt to the risks

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	Outcome 1: Increased and equitable utilization of high-quality sexual and reproductive health and HIV information and services, with a focus on family planning and skilled care Outcome indicators: • % of deliveries attended by skilled providers* • Contraceptive prevalence rate (modern methods)* • Adolescent birth rate (number of births per 1,000 women aged 15-19) • % of populations that are most at risk (brothel-based sex workers and their clients) and young people reporting using condoms during last sexual intercourse ** disaggregated by wealth quintiles, residence and age groups* Outcome 2: Increased availability in emergencies and in early-recovery settings of gender-sensitive, high-quality reproductive health services and services to combat gender-based violence Outcome indicator: • % of population affected by natural disasters with access to a comprehensive minimum initial service package	Output 1: Improved quality and accessibility of sexual and reproductive health information and services, with a focus on family planning and skilled care, in selected districts, urban areas and refugee camps Output indicators: • Number of maternal and child welfare centres and comprehensive reproductive health care centres providing emergency obstetric care 24 hours a day, seven days a week • Number of district hospitals and *upzila* (subdistrict) health complexes with the minimum required number of certified midwives • % of public service delivery points providing at least three modern family planning methods, including one long-term or permanent method, at a given point in time • Number of health facilities accredited as adolescent-friendly centres that offer services to young people, including the unmarried Output 2: Improved knowledge and awareness of, and attitudes towards, sexual and reproductive health and rights and HIV, among service providers and community members, including young people, in selected districts, urban areas and refugee camps Output indicators: • % of women aged 15-49 years who gave birth in the two years preceding the survey and who know the danger signs of pregnancy (bleeding, high fever, prolonged labour, convulsion, headache and blurred vision) • % of adolescents who have comprehensive knowledge of adolescent sexual and reproductive health and HIV issues, including the legal age of marriage, the risk of early pregnancy, family planning methods and HIV prevention • % of brothel-based sex workers and their clients who have comprehensive knowledge of HIV modes of transmission and prevention Output 3: Strengthened national capacity for emergency preparedness and response in order to address reproductive health and gender issues, including gender-based violence, during natural disasters Output indicators: • Reproductive health and gender issues are incorporated into the national emergency preparedness and response plan • Estimated coverage of reproductive health kits distributed during emergencies	Ministries of: Education; Food and Disaster Management; Health and Family Welfare; Local Government, Rural Development and Cooperatives; other relevant ministries Relevant development partners Civil society organizations; NGOs; private sector United Nations Children's Fund (UNICEF); World Food Programme; World Health Organization (WHO)	$46 million ($26 million from regular resources and $20 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
National priorities: (a) boosting production and income and reducing poverty; and (b) better governance to defend rights and the tenets of justice **UNDAF outcome**: (a) by 2016, all Bangladeshis, including vulnerable groups, are better represented and participate more in the democratic process; and (b) by 2016, vulnerable and poor people in disadvantaged rural and urban areas benefit from accelerated economic growth				
Population and development	Outcome 1: Government and non-government stakeholders are better able to accelerate national development, with a focus on achieving the Millennium Development Goals and pro-poor growth Outcome indicators: • Number of revised policies approved that are aligned with international frameworks on women's rights • Number of national and sectoral plans that are evidence-based, gender-sensitive, and incorporate population and development linkages	Output 1: Strengthened national capacity to collect and analyse data disaggregated by sex, age, economic status and location Output indicators: • Population data, disaggregated by sex, age, economic status and location, are available through the census and other surveys • Regularly updated nationally representative data on gender-based violence and harmful practices are available Output 2: Increased capacity to integrate population and gender concerns, including emerging issues, into national and sectoral plans and policies Output indicators: • % of parliamentarians and Secretariat staff who are knowledgeable about population and development linkages and gender equality • Training programme for civil servants that incorporates population and development issues is established and operational at the public administration training centre • Number of research papers that contain policy implications and recommendations on emerging issues, such as demographic dividend	Ministry of Establishment; Ministry of Planning; Parliament Secretariat; Planning Commission Civil society organizations; NGOs; research institutes UNDP	$9 million ($5 million from regular resources and $4 million from other resources)
National priorities: realizing gender equality **UNDAF outcome**: (a) increased participation of marginalized and disadvantaged women in selected districts and urban slums in wage employment and any other income-generating activities; and (b) social and institutional vulnerabilities of women, including the marginalized and disadvantaged, are reduced				
Gender equality	Outcome 1: Social and institutional vulnerabilities of women, including the marginalized and disadvantaged, are reduced Outcome indicators: • Median age at marriage for women and girls* • % of women and girls, aged 15-49, who have experienced any forms of violence during the past 12 months* * *disaggregated by wealth quintiles, residence, and age group*	Output 1: Increased awareness and knowledge of and positive attitudes towards reducing the vulnerability of women, including the incidence of violence against women and early marriage Output indicators: • % of males aged 10-60 and females aged 10-49 in selected areas who are aware of the negative effects of violence against women • % of males aged 10-60 and females aged 10-49 in selected areas who agree that a husband is justified in beating his wife for at least one reason Output 2: By 2016, increased availability of and access to shelters; medical, psychological and legal support; and vocational training for survivors of gender-based violence in selected districts Output indicators: • Number of functional women's support centres that provide services for survivors of gender-based violence per district in selected areas • Number of health facilities that provide screening and referrals services for survivors of gender-based violence	Ministries of: Education; Health and Family Welfare; Home Affairs; and Women's and Children's Affairs Civil society organizations; media; NGOs; private sector International Labour Organization; International Organization for Migration; UNDP; UNICEF; UN-Women; WHO	$13 million ($7 million from regular resources and $6 million from other resources) Total for programme coordination and assistance: $2 million from regular resources