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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Bangladesh

Proposed UNFPA assistance: $35 million, $ 31 million from regular resources and $4 million from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Fifth

Category per decision 96/15: A

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

	Regular resources	Other	*Total*
Reproductive health	20.4	4.0	24.4
Population & development strategies	3.0	-	3.0
Advocacy	7.0	-	7.0
Programme coordination & assistance	0.6	-	0.6
Total	31.0	4.0	35.0

BANGLADESH

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	7.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	40.0	≥55
Access to basic health services (%)[3]	45.0	≥60
Infant mortality rate (/1000)[4]	108	≤50
Maternal mortality rate (/100,000)[5]	600	≤100
Gross female enrolment rate at primary level (%)[6]	58.0	≥75
Adult female literacy rate(%)[7]	23.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	118,229	Annual population growth rate (%)	1.64
Population in year 2000 (000)	128,310	Urban	4.56
Sex ratio (/100 females)	105.5	Rural	.92
Per cent urban	19	Crude birth rate (/1000)	26.8
Age distribution (%)		Crude death rate (/1000)	9.7
Ages 0-14	41.6	Net migration rate (/1000)	-0.8
Youth (15-24)	20.2	Total fertility rate (/woman)	3.14
Ages 60+	5.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	48.6	Males	58.1
Median age (years)	18.9	Females	58.2
Population density (/sq. km.)	821	Both sexes	58.1
		GNP per capita (U.S. dollars, 1994)	230

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2002 to assist the Government of Bangladesh in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $35 million, of which $31 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance to Bangladesh.

2. The proposed programme was developed in accordance with the country's general development strategies, particularly the Health and Population Sector Strategy (HPSS), and on the basis of the findings and recommendations of the UNFPA Programme Review and Strategy Development (PRSD) exercise that included a mission to Bangladesh in 1996. It also takes into account sectoral reviews and project evaluations, and gives due consideration to ensuring complementarity with the Fifth Health and Population Programme (HAPP-5, 1998-2003) of the International Development Association(IDA)/Co-financiers/Government of Bangladesh, and the National Integrated Population and Health Programme (1997-2004) funded by the United States Agency for International Development (USAID). Programme implementation will be undertaken in collaboration with other United Nations agencies, including UNDP, UNICEF and WHO, as well as with other bilateral and multilateral donors, particularly the IDA/Co-financiers' Consortium, USAID, the Asian Development Bank and the European Commission (EC).

3. The overall goal of the proposed programme is to contribute to the improvement of the reproductive health and family welfare of the people of Bangladesh and to the achievement of population stabilization. The main purposes of the proposed programme are: (a) to increase the accessibility and utilization of reproductive health services, especially for vulnerable and hard-to-reach population groups; (b) to improve the quality of reproductive health services; (c) to facilitate positive behaviour changes and create a supportive environment for improved reproductive health and family welfare; and (d) to contribute to increased national technical capability and capacity to implement population policies and programmes. To achieve these purposes, three subprogrammes will be designed in reproductive health, advocacy and population and development strategies. Gender will be a cross-cutting dimension in all three subprogrammes.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. According to the most recent data accepted by the Government, Bangladesh has a population of 124 million.* It is the world's ninth most populous nation and its most densely populated. At the current population growth rate of 1.7 per cent per year, the population will double in about 40 years. Approximately 80 per cent of the people live in rural areas but by 2010 the urban population will account for more than 50 per cent of the total population. Bangladesh's economy remains predominantly agrarian, though employment in the service sector and industry is increasing.

6. The gross national product (GNP) per capita is about $250 and 46 per cent of the population lives below the poverty line. The adult literacy rate is 46 per cent, with female literacy well below that of males. The gross primary school enrolment in 1996 was 79 per cent for both female and male children. Only 45 per cent of the population has access to basic health services and only 8 per cent of births during 1996-1997 were attended by trained health personnel. Infant mortality (78 per 1,000 live births), under-five mortality (116 per 1,000 live births) and maternal mortality (estimated to be at least 470 per 100,000 live births, with some estimates suggesting it may be as high as 850 per 100,000 live births) fall well below the ICPD goals. About 50 per cent of married women of reproductive age suffer from reproductive tract infections (RTIs) and a significant proportion also suffer from sexually transmitted diseases (STDs). Though there are few reported cases of HIV/AIDS, the nature and trend of the pandemic in the region would suggest that the incidence of HIV infection is higher and is only likely to increase in the future.

7. Women face discrimination in inheritance, child custody, marriage and divorce. Preference for sons over daughters is widespread. Women's participation in decision-making and in the political process is low, though 30 out of the 330 seats in Parliament and one-third of seats in local councils are reserved for women. The majority of women are engaged in unpaid farm labour or low-paying urban activities. Marriage is universal and the mean age at marriage for females is low (19.9 years).

8. Bangladesh's family planning programme is considered a major success story even though the country has not fully met the threshold levels for the ICPD indicators endorsed by the Executive Board in decision 96/15 governing allocation of UNFPA resources. Under this classification, Bangladesh is an "A" category country. During 1996-1997, the contraceptive prevalence rate was 49 per cent for all methods and 42 per cent for modern methods. The oral contraceptive pill is the most popular modern method of contraception, followed by female sterilization, injectables, condoms, intra-uterine devices (IUDs), male sterilization and traditional methods. As a result of the door-to-door delivery system and because of the limited choice of contraceptive methods offered to users, there has been an increase in the use of short-term methods at the expense of long-term methods.

* *The data used throughout the document are the most recent data accepted by the Government and may vary from data presented in the demographic fact sheet.*

9. The decline in fertility over the last decades is continuing, although at a slower pace. The total fertility rate declined sharply from 6.3 during 1971-1975 to 3.3 during 1996-1997. The decline has been steepest among older women, while fertility among adolescents aged 15-19 years has increased. Contraceptive prevalence rates vary according to age and area of residence: among women aged 20-24, contraceptive prevalence is 43.1 per cent as opposed to 52.5 per cent for women aged 25-29; in rural areas contraceptive prevalence is 47.6 per cent compared to 62.1 per cent in urban areas. To achieve the Government's goal of replacement level fertility by 2005, the number of contraceptive users will need to increase to 27 million, more than double the current number of 11.5 million users. This would require a concomitant expansion in the reach and quality of reproductive health services. In this regard, following the ICPD, the programme was modified to encompass a comprehensive reproductive health approach with an emphasis on client-centred service delivery.

10. The key to the success of Bangladesh's population programme has been the strong support of the Government. Though the Government's allocation to the population programme has increased, it remains heavily dependent on donor assistance for two-thirds of its funding, particularly for the procurement of contraceptives, essential drugs, supplies and equipment and for field workers' salary support. The partnership between the Government and NGOs, which is the programme's cornerstone, has been strengthened, and NGOs now implement various reproductive health components of the programme.

Previous UNFPA assistance

11. UNFPA has provided assistance to the Government since 1974. During the first and second country programmes, assistance centred on the country's family planning programme; however, in the third country programme, emphasis was placed on women's health by providing technical support and training for strengthening the maternal and child health/family planning (MCH/FP) service delivery system and the institutional capacity of the Ministry of Health and Family Welfare. The Fund's fourth country programme (1991-1995, extended to 1997) provided assistance to address shortfalls in the accessibility and quality of MCH/FP services by upgrading Maternal and Child Welfare Centres (MCWCs). Forty-seven MCWCs have been restored and their operation theatres fully equipped with qualified staff who are available 24 hours a day to perform emergency obstetric care, including Caesarean sections, and to provide other reproductive health services. Supportive supervision, staff motivation, a strong client focus and an all-female care environment, including a woman physician as head of the centre, characterize this "one-spot" service delivery programme.

12. UNFPA's fourth country programme achieved important results in reproductive health by: strengthening the MCWCs; extending the computerized family planning management information system; incorporating gender issues in the training of reproductive health service providers; and maintaining the availability of contraceptives. In the area of advocacy for population and reproductive health issues, the programme was successful in institutionalizing a revised population education curriculum at the primary school level, by developing new information, education and

communication (IEC) materials and by launching innovative activities through youth clubs and rural women's cooperatives.

13. Certain constraints were encountered during the fourth programme cycle including civil unrest in 1995 that impeded the timely implementation of the programme. There was also a shortage of local expertise in such areas as reproductive health, population and development, IEC, procurement and logistics. Additionally, the organizational structure of the Ministry of Health and Family Welfare, with separate health and family planning wings, did not facilitate the delivery of comprehensive reproductive health services, including essential obstetric care, clinical methods of contraception (IUDs, NORPLANT, injectables, male and female sterilization), and the detection and treatment of RTIs/STDs. The Government of Bangladesh has recently approved in principle the reorganization of the two wings of the Ministry of Health and Family Welfare into a unified structure.

14. The programme's inability to effect behaviour change in men has shown that enhancing male responsibility should not focus solely on family planning, but on the broader issues of reproductive health, reproductive rights and gender as well. Thus, a reproductive health IEC strategy that addresses men is needed. Similarly, a specific IEC strategy is needed to reach the urban poor. The experimental use of advocacy and sensitization programmes to target selected groups, such as youth clubs, women's cooperatives, and religious leaders, has proved successful and cost-effective, and should be replicated and expanded.

15. UNFPA's comparative advantage lies in the fact that it has taken the lead in developing an integrated reproductive health package through its support to the MCWCs. The package is attractive to clients and has the potential for further expansion and consolidation. UNFPA has the requisite experience to strengthen institutional capacity and the technical competence of service providers. The proposed programme will use this vantage point to continue support for the training of service providers in reproductive health, and, as structural reform proceeds, to extend that support to the Health wing of the Ministry of Health and Family Welfare, allowing for greater national coverage, as well as for the rationalization and conservation of resources.

16. UNFPA has been active in integrating population concerns into other important sectors outside health, such as education, labour and agriculture, and its experience in launching innovative approaches in advocacy and multi-sectoral initiatives is recognized. Thus its experience may be used to broaden multi-sectoral collaboration in the formulation of population and development interventions. UNFPA has also been a strong supporter of a coordinated follow-up to the recent United Nations global conferences, including the ICPD.

Other external assistance

17. The largest provider of assistance in the area of population, reproductive health and family planning is the IDA/Co-financiers' Consortium. Its Fourth Population and Health Project, the largest such project in the world, will end in June 1998 and will be followed by HAPP-5 (1998-2003) with a budget of approximately $1 billion, including a government contribution of $300 million. HAPP-5 is a comprehensive programme that will focus on the delivery of a basic package of essential services, including reproductive health and child health, and on wide-ranging sector reforms. USAID is providing $210 million, through NGO cooperating partners, in urban and rural areas and the Asian Development Bank is concluding an agreement to provide $60 million for preventive, promotive and curative health services, including family planning to the urban poor in four large cities. The European Commission (EC) provided support to the Fourth Population and Health Project. The Kreditantstalt für Weideraufbau (KfW), the Canadian International Agency for Development (CIDA), the World Bank and the EC have also provided funds for contraceptives, procured by UNFPA.

18. Among the United Nations agencies, UNICEF is providing $250 million for the promotion of safe birth practices, immunization, non-formal functional education; UNDP is providing assistance in community empowerment, poverty alleviation, the advancement of women, and the prevention of HIV/AIDs; the World Food Programme (WFP) supports a vulnerable group development programme which provides destitute women with food assistance combined with health, agricultural extension and education programmes; WHO, which executes various sub-components of the IDA/Co-financiers' Fourth Population and Health Project, is supporting health services development and environmental health, training and the strengthening of public health institutions; and UNAIDS has supported the formulation of the National AIDS Policy and a strategic plan.

Proposed Programme

19. Key goals of the Government's Fifth Five-Year Plan and the HPSS include maintaining the momentum of efforts to lower fertility and mortality, and to reduce maternal mortality and the burden of communicable diseases. In support of these goals the proposed programme will contribute towards improvement in reproductive health and family welfare and population stabilization.

20. The specific purposes of the proposed programme have been delineated above in paragraph 3. Three subprogrammes on reproductive health, advocacy and population and development strategies will be developed to achieve these purposes. Sixty-six per cent of regular resources ($20.4 million) will be allocated to reproductive health; 22 per cent ($7 million) to advocacy; 10 per cent ($3 million) to population and development strategies; and 2 per cent ($0.6 million) will be allocated to programme coordination and assistance. Multi-bilateral or other funding in the amount of $4 million will be sought for the development of reproductive health activities with a focus on clinical methods of contraception. The three subprogrammes are described below.

21. Reproductive health. In spite of Bangladesh's remarkable achievements in increasing contraceptive prevalence and reducing the total fertility rate, many challenges remain in the area of reproductive health. Issues of concern include the following: quality of services; an over-reliance on oral contraceptives; discontinuation rates for temporary methods of contraception; unmet need for reproductive health services, including the management of RTIs/STDs; lack of access to and availability of services for certain population groups, including urban slum dwellers; lack of men's involvement in reproductive health; and the low status of women and its implications for their reproductive health.

22. The reproductive health subprogramme will seek to extend the coverage of reproductive health services, including for safe motherhood, quality obstetric care, clinical methods of contraception and the management of RTIs/STDS, giving emphasis to district and thana health facilities in selected under-performing areas and urban slum areas, where unmet needs are high. The expected outputs of this subprogramme are: an increased number of service delivery points; efficient procurement of contraceptives and other reproductive health commodities; an increased number of trained service providers; increased technical capacity at service delivery points; improved interpersonal communication between providers and clients; a national quality assurance system for contraceptives and reproductive health commodities; and sound clinical practices and operations. It is anticipated that at the end of the programme period, the contraceptive prevalence among the populations served by the MCWCs, NGOs and urban health centres supported by the programme will have increased to over 60 per cent, with a change in method mix depicting an increase in use of clinical methods of contraception. It is envisaged that improvements in the utilization of reproductive health services would help to increase the number of women receiving antenatal care to 50 per cent and the number of deliveries attended by trained personnel to 20 per cent. More women will have access to emergency obstetric care. Also, access to and utilization of reproductive health services by women in urban slum areas will be improved.

23. Support will be provided to expand reproductive health service delivery points in selected rural and urban areas, including extending the coverage of the MCWCs under the Family Planning Directorate of the Ministry of Health and Family Welfare to 18 districts not included under previous programmes. UNFPA support will be used to improve reproductive health care through training service providers; strengthening management, team-building and outreach; upgrading facilities and providing equipment and supplies. UNFPA will also continue to support the procurement of contraceptives and other reproductive health commodities.

24. In-service training for a selected number of government service providers from thana and district health facilities, through short courses on key reproductive health areas such as quality of care, including interpersonal counselling, clinical contraception and the management of RTIs and STDs, including HIV/AIDS, will be supported through existing training institutions and organizations, including the National Institute of Population Research and Training (NIPORT), the National Institute for Preventative and Social Medicine (NIPSOM), medical colleges and NGOs. Support will also be provided for workshops, faculty exchanges and twinning arrangements,

including through the South-South modality. Training will emphasize meeting the reproductive health needs of adolescents, young parents and other underserved groups. About 50 per cent of government service providers at thana and district levels will receive pre-service and in-service training, which will help to build a sustainable national training capacity in reproductive health.

25. Assistance to NGOs will be provided to expand services for both men and women in urban areas. While offering comprehensive reproductive health care, NGOs will focus on providing clinical methods of contraception, and post-abortion contraception, and RTI/STD management. Output will be measured in terms of the increased number of service delivery points equipped to provide an expanded range of reproductive health services, including for men.

26. IEC materials will be developed to complement and enhance interpersonal communication between reproductive health service providers and clients. These materials will be designed to reach specific target groups, especially men, adolescents and young parents. To address reported problems concerning the quality of certain contraceptives a situation analysis was carried out in 1997 and a plan of action has been prepared with WHO assistance. UNFPA may support some of the proposed measures under the new country programme. To assist policy decisions and ensure best practices support will be provided to local publications and research networks for the timely dissemination of research findings and results in the area of reproductive health.

27. Advocacy. This subprogramme will support the Government's behaviour change communication (BCC) strategy which complements the HPSS' basic package of services programme and seeks to change the attitudes and behaviour of people to improve their health status and change the attitudes of service providers to a client-centred approach. The purpose of the subprogramme is to facilitate such change and create a supportive environment for family welfare and reproductive health among the target audiences. This will be achieved by integrating reproductive health and gender issues in the training curriculum of imams; conducting seminars and workshops for religious, political and local leaders and social action groups; and disseminating relevant messages through the mass media. The expected outcome of these interventions is a critical mass of influential persons who can act as pressure groups to promote improved reproductive health services for the community.

28. Advocacy activities will include mass information and group education, motivational meetings and orientation workshops, supplemented by film shows and folk events organized by mobile teams from the Department of Mass Communication and the Ministry of Health and Family Welfare. Multi-sectoral advocacy initiatives will involve the Ministry of Youth and Sports (through youth clubs and youth leaders), the Ministry of Labour and Cooperatives (through tea plantation workers and cooperatives, many of whose members are women), and the Ministries of Establishment, Home Affairs and Defence, in order to integrate reproductive health and gender into the training curricula of the civil service, police and army. UNFPA will support the formulation of an urban IEC component on reproductive health, within the government's IEC strategy, taking into account the needs of urban slum dwellers and other hard-to-reach and underserved groups.

Messages targeting men will promote condom use, male involvement in reproductive health, and STD prevention and treatment. Advocacy efforts will also target the 1.3 million garment workers, most of whom are women aged 18-30.

29. The subprogramme will maintain the momentum created under the previous programme to reach adolescents in the formal school system by institutionalizing population, reproductive health and gender issues into the curriculum of primary and secondary schools. UNFPA will provide support to further expand the population education programme to cover all students in the higher secondary, madrasah (religious), vocational and technical institutes. Assistance will be provided to conceptualize, develop and design educational materials related to reproductive health and gender that are responsive to the needs of adolescents. An evaluation will be carried out to further refine the programme. Innovative activities will also be designed for young adults 15-24 and children 8-14, especially girls, who are outside the formal school system. There are over 200 NGOs with experience in conducting successful literacy programmes for out-of-school children and youth. UNFPA will capitalize on the capabilities of a few, well-established NGOs by integrating reproductive health and gender concerns into their curricula for non-formal education.

30. Population and development strategies. Under this subprogramme, UNFPA will contribute to strengthening national technical capacity to collect, analyse, use and disseminate socio-demographic data so as to facilitate the implementation of population policies and the achievement of reproductive health and family welfare goals. To ensure the availability of quality data, support will be provided to the 2001 population census, primarily for training and technical assistance for computerized enumeration maps. In light of the increased rural-urban migration flows, migration and urban studies, including research on poverty and environmental dimensions of urbanization, will be supported. Support will also be provided to enable the Government to have the information and data it needs to monitor its progress in achieving the goals of the Fifth Five-Year Plan, as well as the internationally agreed-to goals of the recent United Nations global conferences, particularly the ICPD.

31. Support will be provided for technical workshops and for on-the-job and other training to enhance the capacity of national development planners to integrate population variables, including gender concerns, into overall and sectoral planning. Selected national institutions will receive support to help sustain high-level training in population and development. Expected outputs of the subprogramme are the design of policy measures that are based on better technical knowledge and reliable data.

Programme implementation, coordination, monitoring and evaluation

32. The major part of the proposed programme will be implemented by the Government. United Nations agencies and other international and national institutions, including NGOs, will execute certain components of the programme. Ten percent of regular resources will be channeled to national NGOs for programme execution. South-South cooperation modalities will be explored, inter alia,

with the Partners in Population and Development initiative which has its secretariat in Dhaka. UNFPA will limit its execution primarily to the equipment components of projects, including contraceptive procurement. Programme implementation will require the support of resident technical advisers and national professional project personnel. Other technical assistance will be provided through the country support team (CST) arrangements and from local and international sources. Professional staff in the UNFPA field office, in addition to the UNFPA Representative, include one international programme officer and two national programme officers.

33. Programme implementation will be monitored and evaluated in accordance with established UNFPA policies and procedures. The progress of each subprogramme will be assessed through qualitative and quantitative indicators, as well as through regular meetings and reviews with stakeholders, including NGOs and women's groups. Monitoring mechanisms will be developed with the Asian Development Bank for the urban reproductive health activities. Annual programme review meetings, preceded by annual subprogramme reports, a mid-term review in 2000 and a final evaluation in 2002 will be undertaken. The timing of evaluation exercises will be designed to facilitate the review of the implementation of the Government's Health and Population Sector Strategy. Modalities and timings of the evaluations will be adjusted to respond to the requirements of a strengthened United Nations Resident Coordinator system.

Recommendation

34. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to Bangladesh, as presented, in the amount of $35 million over the period 1998-2002, of which $31 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral sources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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