



# **GENDER THEMATIC REVIEW**

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Dhaka, Bangladesh  
June 2004**

## List of Abbreviations

<b>ADB</b>	:	Asian Development Bank
<b>AG</b>	:	Advisory Group
<b>AIDS</b>	:	Acquired Immune Deficiency Syndrome
<b>ARH</b>	:	Adolescents Reproductive Health
<b>BCC</b>	:	Behavioural Change Communication
<b>BGMEA</b>	:	Bangladesh Garments Manufacturer and Exporters Association
<b>BIDS</b>	:	Bangladesh Institute of Development Studies
<b>BWHC</b>	:	Bangladesh Women's Health Coalition
<b>CBO</b>	:	Community Based Organisation
<b>CCA</b>	:	Common Country Assessment
<b>CO</b>	:	Country Office
<b>CRC</b>	:	Convention for the Rights of the Child
<b>CSF</b>	:	Country Strategic Framework
<b>CU</b>	:	Central Unit
<b>CWFD</b>	:	Concerned Women for Family Development
<b>FWCW</b>	:	Fourth World Conference on Women
<b>DFP</b>	:	Directorate of Family Planning
<b>EA</b>	:	Executing Agency
<b>EU</b>	:	European Commission
<b>EOC</b>	:	Emergency Obstetric Care
<b>FFYP</b>	:	Fourth Five Year Plan
<b>CO</b>	:	Country Office
<b>CP</b>	:	Country Programme
<b>GDP</b>	:	Gross Domestic Product
<b>GES</b>	:	Gender Equity Strategy
<b>GOB</b>	:	Government of Bangladesh
<b>HIV</b>	:	Human Immunodeficiency Virus
<b>HNPSP</b>	:	Health Nutrition and Population Sector Programme
<b>HPSP</b>	:	Health and Population Sector Programme
<b>HRD</b>	:	Human Resource Development
<b>ICPD</b>	:	International Conference on Population and Development
<b>IA</b>	:	Implementing Agency
<b>IEU</b>	:	Information, Education and Communication
<b>IMF</b>	:	International Monetary Fund
<b>IMR</b>	:	Infant Mortality Rate
<b>INGO</b>	:	International Non-Governmental Organisation
<b>IOA</b>	:	Institutional and Organizational Assessment
<b>KMS</b>	:	Knowledge Management System
<b>KAP</b>	:	Knowledge, Attitude and Practice
<b>LCG WAGE</b>	:	Local Consultative Group on Women's Advancement and Gender Equality
<b>MCWC</b>	:	Maternal and Child Welfare Centre
<b>M&amp;E</b>	:	Monitoring and Evaluation
<b>MMR</b>	:	Maternal Mortality Rate
<b>MOE</b>	:	Ministry of Education
<b>MoHFW</b>	:	Ministry of Health and Family Welfare
<b>MOLGARD</b>	:	Ministry of Local Government and Rural Development
<b>MoWCA</b>	:	Ministry of Women and Children Affairs
<b>MOYS</b>	:	Ministry of Youth and Sports

<b>MTE</b>	:	Mid-Term Evaluation
<b>MTR</b>	:	Mid-Term Review
<b>MYFF</b>	:	Multi Year Funding Framework
<b>NAP</b>	:	National Action Plan
<b>NCBP</b>	:	NGO Coalition for Implementation of Beijing PFA
<b>NFE</b>	:	Non-formal Education
<b>NGO</b>	:	Non-Governmental Organisation
<b>PDS</b>	:	Population and development strategy
<b>PFA</b>	:	Platform of Action
<b>PRSP</b>	:	Poverty Reduction Strategy Paper
<b>QOC</b>	:	Quality of Care
<b>RH</b>	:	Reproductive Health
<b>RHI</b>	:	Reproductive Health Initiative
<b>RHIYA</b>	:	Reproductive Health Initiative for Youth in Asia
<b>RTI</b>	:	Reproductive Tract Infections
<b>SAARC</b>	:	South Asian Association for Regional Cooperation
<b>SC</b>	:	Steering Committee
<b>SDP</b>	:	Service Delivery Points
<b>SRH</b>	:	Sexual and Reproductive Health
<b>STD</b>	:	Sexually Transmitted Diseases
<b>TFR</b>	:	Total Fertility Rate
<b>TV</b>	:	Television
<b>UHC</b>	:	Upazila Health Complex
<b>UN</b>	:	United Nations
<b>UNDAF</b>	:	United Nations Development Assistance Framework
<b>UNDP</b>	:	United Nations Development Programmes
<b>UNFIP</b>	:	United Nations Fund for International Partnership
<b>UNFPA</b>	:	United Nations Population Fund
<b>UNICEF</b>	:	United Nations Children's Fund
<b>UP</b>	:	Umbrella Project
<b>UPSU</b>	:	Umbrella Project Support Unit
<b>USAID</b>	:	United States Assistance for International Development
<b>WB</b>	:	World Bank
<b>WHO</b>	:	World Health Organisation

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## Executive Summary

The United Nations Population Fund (UNFPA) Bangladesh has designed its country programmes in conjunction with the government in order to complement and supplement the GOB health programmes. The programmes mainly focused on the major areas of reproductive health, population and development strategies and advocacy, where gender has been seen as a crosscutting issue. Several ministries including MOHFW have been involved in implementing programmes. UNFPA decided to design and incorporate gender equality and women empowerment issues in all aspects of Reproductive Health and Population Development. In order to realise the comments made in ICPD POA. UNFPA therefore decided to undertake a systematic thematic review of gender issue not only for UNFPA's programme but also other programmes that addressing gender issues. The review tried to assess the overall gender and women empowerment situation in Bangladesh and identify effective strategies and interventions for minimizing the gaps. Special recommendations have been made for UNFPA and other partners so that the forthcoming UNFPA's country programmes would be not only gender sensitive but also gender responsive.

A team was formed by UNFPA with a national consultant and UNFPA staff and an international consultant to conduct the review. The review team reviewed the current programmes and literature so far available and had wider consultations with GOB gender focal points, individual and group consultations with stakeholders, individual in-depth interviews with selected key GOB and DPs and field visits to some project sites that directly address gender issues.

The review identified that Gender inequality is recognised in Bangladesh as one of the root causes of women's and girls poor health status directly affecting the overall development of the nation. Over the past decade, collective efforts have been made by Government, development partners and NGOs to address the issues of gender inequalities resulting in some positive changes especially in improved gender parity in enrolment in primary education, women's increased employment, change in their health-seeking behaviour and participation in different economic activities.

However, in-depth analysis indicates that currently, drop out rates of girl students are much higher than boys and a large number of girls are not enrolling at secondary levels. Though women's participation in the labour force has increased, their participation at management levels continues to remain low. Women continue to face gender specific inequity at their workplace both due to absence of gender sensitive policies and discriminatory behaviour by men. Women also receive lower wages than men for the same work. Although access to health services has increased to some degree, indicators related to MMR, IMR, maternal morbidity, malnutrition and violence against women remain high. Due to unequal gender relations adolescents girls and women enjoy negligible fulfilment of their reproductive rights with little power to negotiate their specific rights within marriage, family planning and access to treatment. Most of these issues are related to the patriarchal social structures and systems that prescribe lower status for women and girls than men and

boys. All these clearly indicate that consistent long-term efforts are required to establish gender equality and sustainable development of Bangladesh.

The Constitution of Bangladesh guarantees equal rights to men and women in all spheres of life. In addition Bangladesh's commitment to ICPD, CEDAW and other human rights instruments provide a strong ground for gender equality and empowerment of women. Despite these legal guarantee and international commitments and little positive changes in women's status has taken place. The review concluded that there are positive changes taking place with legal framework and environment and with collective effort from Government, NGOs and DPs, however, still a long way to go for achieving gender equality.

The review identified the key challenges are as follows:

- *Low status of girls and women and inadequate reforms of discriminatory laws.*
- *Less value for girls and women's rights within homes and a lack of security in communities and in the public domain including VAW.*
- *Largely Biological and Medical Approach to Health and gender accountability is not a core part of the health personnel orientation, practice or behaviour.*
- *Lack of responsiveness of capacity building interventions to stereotypical socio-cultural factors.*

Specific challenges as identifies for UNFPA are as follows:

- *Promoting more powerful advocacy strategies for revision of discriminatory Laws impacting girls and women's strategic needs and unequal status:*
- *Introducing a shift from project mode to strategic programming by making adolescents a priority focus and a core part of the Country Programme.*
- *Responding largely to biological and medical approach of GOB – more holistic gender and social development approach required.*
- *Supporting a comprehensive gender mainstreaming process to build capacity of UNFPA staff and GOB/NGOs functionaries.*
- *Changing gender stereotypical norms, practices and values within the health sector services.*

The review report made detailed recommendations to address the challenges under three priority areas. The recommendations in brief are as follows.

**Priority I: HOLISTIC RESPONSIVENESS TO YOUNG PEOPLE:**

Securing the reproductive and sexual health and rights of adolescent girls and boys.

**The long-term need:** Girls and boys to be fully informed, protected, have easy access to information and services and would be able to decide on their well beings.

**The immediate need:** Social protection for girls from gender based violence, abuse and early marriage and access for girls and boys to safe, gender specific friendly services, counselling and information.

**Priority II:        REDUCING MATERNAL DEATHS:** Reducing maternal deaths; improved access to gender responsive services and rights

**The long-term need** is for social transformation, which redefines the status of women and girls and provides more equitable access to rights and services to women and other disadvantaged communities.

**The immediate need** is the transformation of systems and structures and attitude of service providers to make them more gender responsive and create the enabling environment for bringing in comprehensive and holistic health service delivery at community level.

**Priority III:        TRANSFORMING HEALTH SERVICES:** Building capacity of service providers for improved gender and social responsiveness

**Long term need:** The systems and structures of the health and family planning services are more holistic and gender responsive and less biological and medical in approach.

**Immediate Need:** Government training within health services at all levels invests in service providers to transform the working culture make both male and female staff more gender responsive for providing comprehensive and holistic service delivery.

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## Chapter 1: Introduction and Background

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### 1.1 Introductions and Background

The United Nations Population Fund (UNFPA) works worldwide in partnership with government, donors and civil society to formulate strategies and programmes that integrate population concerns into their development efforts. The promotion of gender equality and the empowerment of women are crucial to the development of sound population and development strategies and essential for sustainable development. The ICPD Programme of Action provided a strong vision and commitment to gender equality and equity being central to women's and girls reproductive health rights that were later reinforced in the Beijing Platform for Action adopted at the Fourth World Conference on Women (FWCW) in 1995. In this context, the promotion of gender equality in population and development programmes forms one of the best demonstrations of the strong link between the ICPD programme of Action and the Beijing Platform of Action.

Gender inequality is recognised in Bangladesh as one of the root causes of women's and girls poor health status directly affecting the overall development of the nation. Over the past decade, collective efforts have been made by Government, development partners and NGOs to address the issues of gender inequalities resulting in some positive changes especially in improved gender parity in enrolment in primary education, women's increased employment, their health-seeking behaviour and participation in different economic activities.

However, in-depth analysis indicates that currently, drop out rates of girl students are much higher than boys and a large number of girls are not enrolling at secondary levels. Though women's participation in the labour force has increased, their participation at management levels continues to remain low. Women continue to face gender specific inequity at their workplace both due to absence of gender sensitive policies and discriminatory behaviour by men. Women also receive lower wages than men for the same work. Although access to health services has increased to some degree, indicators related to MMR, IMR, maternal morbidity, malnutrition and violence against women remain high. Unequal gender relations persist in giving girls and women negligible fulfilment of their reproductive rights with little bargaining power to decision making regarding their marriage, fertility and access to treatment. All these issues are related to the patriarchal social structures and systems that govern Bangladesh and prescribe lower status for women and girls than men and boys. All the above issues clearly indicate that sustainable long-term efforts are required to bring gender equity and equality for the people of Bangladesh.

In collaboration with the Government of Bangladesh, UNFPA is currently implementing its Sixth Country Programme (CP) until end 2005. The country programme is contributing to the overall goal of improved health and social well being of the population of the country and mainly focusing on three major areas: Reproductive Health, BCC/Advocacy and Population and Development Strategies. The programme is also contributing to the IPRSP for poverty reduction and improved RH as well as the HNPSP. The Ministry of Health and Family Welfare (MoHFW) and other relevant ministries (Ministry's of Home Affairs, Women and Children Affairs, Labour and Industry, Law Justice and Parliamentary Affairs and Education) are also key implementing partners.

The Sixth Country Programme of The United Nations Population Fund (UNFPA) Bangladesh has made strategic shifts in the country programme after ICPD to introduce women empowerment issues and gender in all aspects of Reproductive Health actions. UNFPA-assisted country programmes follow a three-stage programming cycle, covering needs assessment, programme development and implementation. Gender is a major focus in the current UNFPA programme and has been considered as a crosscutting issue and mainly been addressed through advocacy activities. Improving women's reproductive health is more complex than just making family planning or RH services more accessible. A comprehensive and holistic approach is

required to address the underlying contextual factors that manifest in women's poor literacy; harmful gender based traditional practices, early marriage and violence against women. Reproductive health services, while vitally important, must be provided in combination with complementary efforts of women empowerment such as education, income generation, and community mobilization to enable women and their families to develop their full potential.

This gender thematic review is focusing on the overall gender and women empowerment issues in Bangladesh and in particular gender related initiatives in the UNFPA country programme. This review will further facilitate the programme to not only be gender sensitive but also gender responsive. The thematic review of gender issues has attempted to carry out an in-depth analysis and identify gaps and priority areas that needs to be more systematically addressed through the forthcoming country programmes.

## 1.2 The Purpose

The purpose of the thematic review is to assess the overall gender and women empowerment situation of the country and to identify effective strategies and approaches / interventions for minimising the gaps.

## 1.3 The Specific Objectives

The specific objectives of the review are:

- i. To conduct a review of the current gender and women empowerment situation of the country and how these are being addressed through different programmes (GO/NGOs/DPs) including UNFPA programmes.
- ii. To identify the role of different stakeholders (GO, NGO, Donors, UN Agencies and others) in addressing gender inequalities and current approaches and that are being effectively utilised.
- iii. To identify the gaps in programme implementations and policies/strategies and effective measures or interventions to address these gaps.
- iv. To inform the UNFPA country office and other stakeholders on the decisions on operations, gender related policy or strategy related to ongoing intervention and future programme interventions required based on the evaluation.
- v. To identify appropriate strategies and interventions that should be addressed through Seventh CP of UNFPA in order to minimise the gaps.

## 1.4 Methodology

In order to achieve the objectives, several methods have been applied for this review.

**Literature review:** Gender and women empowerment related literature and those available on reproductive health and gender have been collected and reviewed. These include policy papers from selected Ministries and NGOs/organisations, research publications and other related publications on Bangladesh and from the region.

**Consultations with stakeholders:** Several consultation meetings have been organised with the gender focal points from relevant ministries; Project directors of UNFPA funded GOB projects, NPPPs, a group of GOB officials of MoWCA from district and Upazila level and NGO representatives.

**Individual in-depth interviews with selected stakeholders:** These included number of senior GOB officials from relevant ministries and departments, Officials from selected DPs and UN bodies, UNFPA officials and LCG-WAGE members.

**Field visits:** Some field visits organised at GOB/UNFPA projects sites in order to gain experiences on how gender issues are being addressed in actual project activities and understanding of the service providers.

## **1.5 Limitation of the Study**

The gender thematic review has been carried out in a very short duration of time with several practical constraints related to the availability and time of officials from various Ministries and Departments of the Government as well as representatives of other agencies. While a large range of materials were included in the literature review, a more comprehensive analysis of existing documentation and research would have been desirable had there been more time scheduled. Field visits were also limited in number due to the tight schedule though the stakeholder consultations provided very useful insight into the key gender issues and concerns from a diverse range of partners and project staff. The team members were also challenged with limited time together due to external constraints.

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## Chapter 2: National Context

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### 2.1 Overview of Bangladesh

Bangladesh is a small country (147,570 sq km) with a large population estimated at about 134 million in 2001 census with a per capita income of US\$ 380.00. The population is expected to stabilize by 2050 at around 258 million. This deltaic country presents a diverse mix of religious and cultural tradition exhibiting conservative values as well as emerging modernizing trends. An elected Government accountable to the parliament governs the country with powers centralized in the capital in 45 ministries. Administratively, the country is divided in 6 divisions, 64 districts, 460 Upazilas 4451 Unions and 68,000 Villages.

The population pyramid of Bangladesh presents a typical profile of a developing country with a high birth rate and high death rate. The current population growth rate is estimated at 2.1 of the total population. Adolescents' (below 15 years), account for about 40 percent of the population with 23 percent aged between 10-24 years. Given the tremendous growth potential built into the younger percentage of the population associated with high fertility, it is likely that, the trend in population increase will continue in the next five decades before it stabilises, even if the fertility rate is reduced to the replacement level (NRR=1) by the year 2005, The Government goal is to stabilize the population at 211 million by 2056.

Bangladesh is characterized by low income and high population growth Poverty is endemic in Bangladesh --- about one fifth of the total population still lives in extreme poverty. Incidence of poverty is higher among the landless, small and marginal farmers and female-headed households. According to BBS data, in 2000 the incidence of poverty was 49.8 percent, urban poverty being 36.6 percent compared to rural poverty of 53.1 percent. Income distribution continues to be highly skewed with the unemployment rate estimated to be around 22% of the active labour force.

Though a trend analysis indicates that over a ten-year period, there has been a decreasing trend, the pattern of over 50% of the population being malnourished continues. Women and girls are particularly vulnerable due to gender discrimination and neglect in early childhood. Early marriage for girls is common with early pregnancies and child bearing and little attention to their nutritional needs during their growth spurt and as young mothers. The fertility rate for 15-19 years olds is alarmingly high-150 per thousand-live births. Illiteracy and cultural norms and practices perpetrate discrimination against women and girls. Finally, the low status of women is characterized by a low literacy rate (40%) low level of employment, persistent wage disparity, insignificant participation in politics and administration and high incidence of gender based violence.

The past two decades have witnessed considerable gains in Bangladesh in a number of critical areas. In spite of low socio-economic development, the Health and Family Planning Programme has achieved remarkable success. With reference to ICPD and ICPD+5 goals Total Fertility Rate (TFR) has declined from 6.3 in the early 70s to about 3.3 in late 1994. The infant mortality rate has also declined from 120 per 1000 live births in 1980 to 57 per 1000 live births in 2003 although maternal mortality remains high (about 4 per 1000 live births) with only 13% of births being attended by the skilled attendants and only 8% in medical institutions. Life expectancy at birth was 46 years for males and 45 for females in 1974 and now has increased to 59 years for males and 58 years for females. Education presents the most dramatic results with primary school enrolment reaching near gender parity with 82% for boys and 85% for girls. However a high dropout rate for girls still remains a major concern and only 63% of the children enrolled in primary school completing primary level education. The adult literacy rate has also increased from 35 percent in 1991 to 64 percent in 2000.

Bangladesh has recorded a healthy economic growth in 2003 with over five percent growth in GDP, overcoming the looming fiscal and external sector risks to achieve sound economic

growth. Inflation has been limited to a single digit and for four consecutive years the country experienced bumper crops, putting it ahead in the region for reducing public food subsidies and establishing an extensive food safety net. According to the recently released Economic and Social progress report on Bangladesh by the World Bank, GDP has increased by 60% during 1990s. Per capita income grew three times faster than the average for low-income countries.

Most significantly, during the 1990s, income poverty declined by nine percentage points. Bangladesh is undergoing a demographic transition at a low-income level without resorting to coercive measures. The total fertility rate is about 3.3 children per women and the use of contraception has risen from 45 percent in 1994 to 54 percent in 2000.

In spite of such commendable gains, poverty still remains the major development concern of the country. Poverty when defined as a state of deprivation and social isolation, women largely constitute the poorest of the poor. The gender dimension of poverty is manifested in the lack of entitlement, powerlessness and high incidence of maternal mortality. Female-headed households have a head-count poverty incidence of 51 percent against 49 percent of male-headed households (*UNDP – BIDS 2001*).

The government has finalized I-PRSP aiming to reduce poverty in its multiple dimensions. Four major strategic elements of the growth policy of the government are human development, women's advancement, social protection and participatory governance, which are considered essential to expand the 'pro-poor economic growth' policy.

## **2.2 Status of Women and Girls in Bangladesh**

The status of women in Bangladesh is direct result of the patriarchal values embedded in the socio-cultural pattern reflecting systematic subordination and inequality of women. Women in Bangladesh are dominated by a patrilineal and patriarchal kinship system, which enforces the social and economic dependence of women on men, and prescribes the relative lower status of women. Women constitute the majority of the poor, experience greater deprivation and vulnerability due to their subordinate position and powerlessness. Most development indicators point out the lower status of women and girls in Bangladesh compared to that of men and boys. According to the UN Gender-related Development Index of 2001, Bangladesh ranks 121<sup>th</sup> position out of 146 countries. Situation of women in health, education, income opportunities, decision-making power and legal rights intersect to contribute to increasingly lower status of women and girls in Bangladesh.

Traditional attitudes and gender-stereotyped roles of women often prevent society as a whole to recognize women's equal rights in both private and public spheres. The underlying structural factors include not just poverty, but also a culture of acceptance, lack of effective community structures, harmful practices, inappropriate and ineffective allocation and utilization of resources in the context of a strong patriarchal society. Women are subjected to inequalities in the family, in the community and in the workplace. Discrimination against girls starts at birth and continues through the lifecycle. Women and girls suffer disproportionately from the impact of gender discrimination and violation of their fundamental rights in all facets of their lives.

Bangladesh is also one of the few countries in the world where the number of men exceeds the number of women though latest data indicates slight higher life expectancy of women than men; survival and longevity of the female population in Bangladesh are threatened with high vulnerability due to poverty and socio-culture factors. The average age of women at marriage is less than 18 years. Social norms against marriage of widows coupled with an average age difference of 10 years between husband and wife result in 90 percent of the widowed population being female.

However, over the past two decades much has been achieved to reduce the impediments to women's development. The government has demonstrated strong commitment to achieve gender parity in primary education through policy reform and programme development. There has been an enormous effort by non-government organizations to increase women's participation in socio economic activities and enhance their economic ability. Women's participation in the labour force

has shown a significant rise. While achievements were remarkable, challenges still remain critical to achieve substantive equality between women and men.

### **2.2.1 Gender Dimensions of Health**

Bangladesh has achieved significant progress in the area of primary health care and has been successful in raising the average longevity of the population. However, the situation of female health continues to remain poor and girls and women are worse off than men and boys. Health care for women is restricted to their reproductive health and their general health remains largely neglected. Poverty, illiteracy and limited access to health services coupled with early marriage, absence of premarital counselling, pressure for early child bearing and poor nutritional status are major contributing factors for the overall lower health status of women. Discrimination against girls mostly due to son preference and limited access to nutrition and health care services have resulted in inter-generational consequences on women and endangered their current and future health and well-being. Wide gaps exist between the health indicators of men and women. Nearly 70 percent of the women suffer from caloric deficit including pregnant and lactating women. However, life expectancy of women and men is almost equal now.

Although significant efforts have been made in the past two decades in promoting women's health, they are still targeted mostly for their biological reproductive role. Hence, the focus remains on reproductive health and compounded by gender discrimination this results in further delays in accessing the available health care facilities causing obstetric complications, morbidity and untimely death. Only five percent of the mothers with complications seek skilled medical care.

Health programmes for poor people, in particular for poor women, are extremely limited. Various studies, surveys and interviews indicate that there is serious dissatisfaction over the quality of health services available to women at Upazila and District hospitals. Besides the public hospitals, Upazila Health Complexes and Union Health Centres are the only available facilities for the treatment of rural people. Most of these limited services are not pro-poor or women friendly. Wide spread absence of doctors, the absence of female doctors, lack of sensitivity towards female patients, distance and poor access, rising hidden costs and little value attached to female health issues, discourage women to avail of health services for themselves and their daughters.

The feminisation of poverty and discrimination against women and girls are contributing to newly emerging health problems. Due to socio-cultural beliefs and practice there is reluctance among women and adolescent girls to consult health professionals, having serious consequences on their sexual and reproductive health including vulnerability to HIV/AIDS. Government statistics indicate that there are 188 HIV positive cases, (81 percent male and 19 percent female) (UNAIDS) at present in Bangladesh. Due to lack of agency of women it is feared that women constitute the bulk of newly infected persons whose only 'high risk behaviour' is being married (UNAIDS). One of the major barriers to treatment is the low status of women and poverty issues compounded with low knowledge levels. A recent survey has indicated that about 70 percent of women and half of men in Bangladesh had never heard of AIDS. On the whole, there is a lack of understanding and awareness that the epidemic is following the path of least resistance where people have limited resource and power to protect themselves.

Though the infant mortality rate has reduced, the neonatal mortality rate remains a concern and this is associated with low rate of institutional delivery (9 percent), low attendance of deliveries by skilled personnel (12 percent, BHSMMMS/2001), high incidence of low birth weight (LBW) estimated between 40-50 percent and low utilization of antenatal care (ANC) (48 percent, BHSMMMS/2001). Early marriage, absence of pre-marital counselling, pressure on women/girls to reproduce early and existing malnutrition contribute to poor fetal and maternal outcome.

Poor care-seeking behaviour and practices is an important contributing factor to the high rates of child mortality. Appropriate care seeking for emergency situations remains unsatisfactorily low at five percent for obstetrics emergencies, 17 percent for pneumonia with discriminatory practices towards women and girl children contributing to the poor situation. Also, contacts with

target groups are not being utilised optionally. For example, TT coverage of pregnant women is around 80 percent, yet ANC coverage is as low as 48 percent (*HNPSP*).

**Government responsiveness:** Premised on the definition of reproductive health by WHO as a ‘condition in which reproduction is accomplished in a state of complete physical, mental and social well-being’ elimination of health risks related to pregnancy and childbirth including safe and effective family planning methods constitute the major elements of reproductive health policy of the Government. Empowerment of women by addressing gender discrimination and enhancing women’s capacities and opportunities to enjoy their reproductive rights provide the programme basis in this area both for Government and NGOs. The Government recognizes reproductive health care more as a development concern rather than a mere population issue.

#### Social Attitude to Health Needs

Type of Health Issue	% of households who ignore the need for treatment	
	Before joining Grameen	Now
General illness	1.9	0.7
Emergency treatment	0.6	-
‘Big’ treatment	2.9	1.4
Maternal Health	20.6	18

Source: PPRC Grameen Graduation Indicator Survey 2002, Daudkandi

On social attitude to health needs, the striking finding is the neglect of maternal health as an entrenched attitude even among the more aware Grameen membership. In the survey, nearly one fifth of the household considered the issue of maternal health as a low priority.

The TFR remaining at a plateau level has been the single most important issue in population under the new programme titled as Health, Nutrition, Population Sector Programme (HNPSP), issues such as diversifying the contraception method mix, addressing adolescent fertility, promoting gender equity and equality and improving access to maternal and emergency obstetric care services form major elements. Eleven ministries, city corporations and selected private sector organizations are involved in the process of integrating reproductive health and gender concern into social development efforts. The United Nations’ Country Team with UNFPA playing the leading role have initiated joint programmes in empowerment of women and safe motherhood. Though the Government has brought the health sector under a comprehensive programme approach; the success rate is as yet insignificant.

Bangladesh health programme is enriched by the contributions made by NGOs, both for the preventive and curative health care services. NGOs are also important players in the implementation of the community clinics programme and adolescents reproductive health issues.

Immediate measures to ensure availability of reproductive health services to all, as one of the ten ICPD goals, is a strong desire to reduce population growth rate, with a view towards ensuring sustainable socio economic development through empowerment of women.

	Private	Public
<b>Survival</b>	<ul style="list-style-type: none"> <li>• Poor access to resources: Food and health care</li> <li>• Less valued for care and well being</li> <li>• Low status of mother</li> <li>• Decision making</li> <li>• Violence</li> </ul>	<ul style="list-style-type: none"> <li>• Public norms &amp; procedures, services are gender insensitive</li> <li>• Inadequate and not gender friendly and responsive services</li> </ul>
<b>Protection</b>	<ul style="list-style-type: none"> <li>• Discrimination &amp; abuse</li> <li>• Early Marriage, Violence, sexual harassment</li> <li>• Desertion, social exclusion</li> <li>• Double work burden</li> </ul>	<ul style="list-style-type: none"> <li>• Discriminatory Laws</li> <li>• Poor law enforcement mechanisms &amp; insensitive.</li> <li>• Low rate of registration of marriage</li> </ul>
<b>Livelihood</b>	<ul style="list-style-type: none"> <li>• Education and technical training</li> <li>• Access to information &amp; services</li> <li>• Unequal resources and stereo-typical division of labour</li> <li>• poor mobility and family support</li> </ul>	<ul style="list-style-type: none"> <li>• Gender parity in basic education but poor retention and learning</li> <li>• High dropout at secondary levels</li> <li>• Poor information</li> <li>• Facilities not gender friendly.</li> </ul>
<b>Participation</b>	<ul style="list-style-type: none"> <li>• Right to participation</li> <li>• Fulfilment of own rights</li> </ul>	<ul style="list-style-type: none"> <li>• Political participation</li> <li>• Less public space</li> </ul>

### 2.2.2 Violence against Women

Violence against women encompasses, but is not limited to, physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry related violence, marital rape, female genital mutilation and other traditional practices harmful to women. (*The UN Declaration on the Elimination of Violence Against Women's 1993*)

Gender based violence can also be defined as 'any act of commission or omission by individuals or the state, in private or public life, which brings harm, suffering or threat to girls and women, and reflects systematic discrimination - including harmful traditional practices and denial of human rights because of gender<sup>1</sup>.

Violence against girls and women in various forms is wide spread in Bangladesh although limited data exists and studies have indicated a low level of awareness of the issue. Domestic violence, particularly physical violence committed by family members has long been considered a private family affair and a legitimate means to discipline women who failed to fulfil expected gender roles. Consequently family violence remains the most under reported crime. It is only since the last decade particularly after the Beijing Conference on Women, that gender based violence has emerged in the public domain. However, there are still no comprehensive official statistics on violence against women.

Violence manifests in various forms and follows a woman's life from birth to death as indicated below:

Life Cycle	Violence
<b>Prenatal</b>	<ul style="list-style-type: none"> <li>• Battering during pregnancy</li> <li>• Coerced pregnancy</li> <li>• Mother malnourished, overworked and with lack of access to care</li> </ul>
<b>Infancy</b>	<ul style="list-style-type: none"> <li>• Emotional and physical abuse</li> <li>• Differential access to food and medical care</li> </ul>
<b>Childhood</b>	<ul style="list-style-type: none"> <li>• Differential access to food, medical care and education</li> <li>• Child prostitution</li> <li>• Child marriage</li> <li>• Child labour</li> <li>• Rape</li> </ul>
<b>Adolescence</b>	<ul style="list-style-type: none"> <li>• Dating and courtship violence</li> <li>• Economically coerced sex</li> <li>• Sexual abuse in the workplace</li> <li>• Rape</li> <li>• Sexual harassment</li> <li>• Forced prostitution</li> <li>• Early marriage</li> <li>• Incest</li> <li>• Conscription into militias</li> </ul>

<sup>1</sup> United Nations Children's Fund, Regional Office for South Asia, A Reference Kit on Violence Against Women and Girls in South Asia, 2001.

<b>Adult</b>	<ul style="list-style-type: none"> <li>• Abuse of women by intimate partners</li> <li>• Marital Rape</li> <li>• Dowry-related abuse and murders</li> <li>• Partner homicide</li> <li>• Psychological abuse</li> <li>• Sexual Abuse in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual harassment</li> <li>• Rape</li> <li>• Polygamy</li> <li>• Abandonment</li> <li>• Incest</li> </ul>
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A report of the Ministry of Women and Children Affairs (2001) reveals that violence against women has increased such as suicide (30 percent) rape (28 percent), physical torture (26 percent), acid throwing (1.5 percent) trafficking in women and children (3.1 percent), prostitution (0.9 percent) and dowry related violence (9.5 percent), all of which show an increasing trend in recent times.

**Table 3: Growth Incidents of Violence against Women during 2001 and 2002**

Nature of Violence	Sept 2001	Sept 2002	Increase (%)	Nature of Violence	Sept 2001	Sept 2002	Increase (%)
Rape	20	93	365	Murder	32	60	87
Gang rape	6	45	650	Torture by police	1	5	400
Murder after rape	3	15	400	Selling to brothel	3	3	0
Acid throwing	12	40	233	Trafficking in women & children	5	27	440
Burning in fire	2	4	100	Claiming father's right	0	0	0
Religious edit (Fatwa)	1	3	300	Torture for dowry	6	22	267
Kidnapping	7	55	686	Murder for dowry	11	20	82
Torture of domestic maid	1	1	0	Sexual assault	4	34	750
Refusing marriage	1	1	0	<i>Source: Ministry of Women and Children Affairs, 2001</i>			

### 2.2.2.1 Domestic Violence

Battering of women within the household appears to be the most wide spread form of domestic violence throughout Bangladesh, although there is a strong social trend of not recognizing it as violence – even police often refuse to file a case of domestic violence. In a survey conducted among 1305 women in four regions of the country 38 percent of rural women reported being beaten by their husbands or other family members (Ain-O-Shalish). The NCBP study based on seven newspapers reported assault of six percent women out of which 58 percent were housewives. Beating or assaults may be related to dowry or to the perceived failure of women to perform her household duties.

### 2.2.2.2 Rape

Rape is one of the most under reported crimes as it evokes shame among women and the victim is often socially stigmatised and it is frequently believed that women are responsible for their own rape. The NCBP study indicates 542 rape cases reported during a nine month period (July 2000 - March 2001). This alarming trend compares well with Ain-o-Shalish Kendra figure of 583 from June to December 2001 leading to a total number of rape committed in the period Jan.-Dec. 2002 being 1412.

The NCBP study conducted in 2001 over a period of nine months (July 2000-March 2001) also affirms a similar trend with further accelerated figures – rape and murder constituting and overwhelming 58 percent of the crimes against women followed by kidnapping.

Suicide is often a means of escape for women and girl children from abusive family conditions. Suicide rates are particularly high amongst victims of dowry violence. In 2002 some 409 children reportedly committed suicide.<sup>2</sup> Torture for extorting money often drives women to resort to drastic measures, like taking their own lives. Victims of rape also frequently commit suicide to avert the shame and dishonour brought about by their victimisation. The suicide rates among adolescent girls and boys are the highest.

**Table 4: Forms of Violence against Women Reported**

Violence	%	Violence	%
Rape	35	Assault	6
Murder	23	Dowry	4
Kidnap	11	Fatwa	3
Acid	7	Suicide	1
Trafficking	6		

*Source: NCBP, Jul 2000 – Mar 2001.*

### 2.2.2.3 Acid attacks

Acid attacks whereby acid is thrown on the face and body of an individual, particularly girls, is yet another horrific form of cruelty against girls and women. It is estimated approximately 300 acid attacks occur each year. Nearly 80 percent of the acid attack victims are female and more than 40 percent are under the age of 18 years.<sup>3</sup> In one report 151 children were cited as victims of acid violence in 2002.<sup>4</sup> It is a common means of wreaking vengeance against young girls for reasons that may range from refusal to pay dowry to rejection of sexual relations or marriage proposal by an ardent admirer. (Source: NCBP, July 2000 – March 2001).

### 2.2.2.4 Trafficking and Prostitution

Trafficking in women and children, largely commercial sexual exploitation is an ever-increasing form of gender based violence. The Constitution of Bangladesh states ‘the state shall adopt effective measures to prevent prostitution’. However, there are no laws against engaging in sexual activity in exchange for money. In the Bangladesh context, the term trafficking is normally used to connote cross-border movements of women and children. Sexually abused and trafficked girls and boys often engage in aberrant risky sexual behaviour, such as early sexual debut, drug and alcohol use, multiple sexual partners, and less contraceptive use. This puts young girls at risk of unintended pregnancies and boys and girls to sexually transmitted infections.

According to Bangladesh AIDS prevention and central programme, some 100,000 women in Bangladesh are currently engaged in prostitution (1998). Some women voluntarily choose to follow the profession to overcome poverty and lack of alternative employment opportunities; others are lured or forced into it. Regardless of the circumstances that lead to their entry into the trade, women who have once worked as sex worker find it virtually impossible to find alternative means of livelihood ( UNICEF).

### 2.2.2.5 Child Abuse

Child abuse is another critical area of concern. A 1998 survey (UNICEF) revealed that 25% of housewives physically beat young girls working as domestic help as punishment for their poor performances. In many households the male members systematically sexually abuse domestic maids. A 1999 report of Dhaka Shishu Hospital reveals that 5.7 percent of child patients were sexually abused.

The issue of non-commercial sexual abuse and exploitation of children, which was hitherto unacknowledged and much less discussed, came to the forefront following a groundbreaking

<sup>2</sup> Source: Shishu Adhikar Forum resource centre.

<sup>3</sup> Figures quoted from *Violence against Women in Bangladesh.2001*, BNWLA, Dhaka, p. 48.

<sup>4</sup> Shishu Adhikar Forum report.

research study in 1997.<sup>5</sup> The study found that although both boys and girls are equally susceptible to abuse by adults the gender factor becomes more prominent in respect of child sexual abuse. Girl children are more vulnerable to sexual abuse by perpetrators who are often close family members and friends. Moreover, boys seemed to experience the stigma far less than girls. Incidents of sexual abuse frequently go unreported due to fear of stigmatization and other reasons. While it is important to recognise that poverty can also make boys and men susceptible to violence (such as the trafficking of young boys), the experience of violence is most determined by gender-related vulnerabilities making girls far more likely to be victims of violence. (UNICEF 2004)

### **2.2.2.6 Sexual Harassment at Workplace**

Another form of violence against women and girls is sexual harassment in the form of jokes, gestures, songs, pictures, molestation, pushing, and incidents of public humiliation. In the workplace women victims have little power against the employers when they experience sexual harassment. Sexual harassment on universities campuses has also become a significant problem, though rarely reported. While several South Asian countries have recently introduced legal procedures recognising Sexual harassment as a crime, Bangladesh does not at present have a specific law to enforce punitive measures against this form of violence (BNWLA).

### **2.2.2.7 Violence against Women as a Public Health Issue**

Research has shown that the effect of violence against women and girls cause greater amount of harm and death among women than malaria, cancer and traffic accidents combined. It is also estimated that iron deficiency, anaemia among women alone causes losses in agricultural production to the tune of 5 billion dollars over a period of 10 years, which is the result of social practices based on lower value placed on a girl's life, discriminatory food distribution and systematic violence against women. According to a study conducted by the John Hopkins School of Public Health, violence against women is not only a violation of human rights of women but remains a major public health concern.

The National Maternal Health Strategy of Bangladesh states that the causes of 14.1 percent of maternal deaths are violence against women. Violent and abusive experiences erode women's self-esteem and self-confidence leading to greater risks of depression, post-traumatic stress disorder, suicide, as well as alcohol and drug abuse. Some researchers have suggested that the difference between the incidence of depression in women and men may be due to poverty, gender-based discrimination, and gender-based violence. The overall economic and social basis of a nation can be negatively impacted by gender-based violence as a UNIFEM (2000) research on violence observed, "Women cannot lend their labour or creative ideas fully if they are burdened with the physical and psychological scars of abuse".

There is also an increasing recognition that HIV/AIDS and other sexually transmitted diseases are often a consequence of sexual violence and forced sex and are having a devastating effect on the health of young women and adolescent girls subjected to sexual violence, trafficking and other forms of violence which place them at high risk of trauma, disease and unwanted pregnancy.

<b>Table 5: Health Consequences of Gender based Violence</b>	
<b>Physical</b>	<b>Psychological</b>
<ul style="list-style-type: none"> <li>• Sexual abuse and Rape</li> <li>• Irregular menstruation and excessive bleeding</li> <li>• Trauma</li> <li>• Psychiatric disorders, specially Depression</li> <li>• Fractures</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial violence e.g. stress, frustration.</li> <li>• Despair and pessimism</li> <li>• Dizziness and giddiness</li> <li>• Physical injuries and permanent damage to organs</li> <li>• Anaemia due to Inadequate food</li> </ul>

<sup>5</sup> See *Breaking the Silence, Non-Commercial Sexual Abuse of Children in Bangladesh*, Breaking the Silence Group, Dhaka, 1997.

### 2.2.3 Legal Rights and Gender Equality

The Constitution of Bangladesh (*Article 28*) guarantees equal rights to men and women in all spheres of public life. Article 29 enables States to take affirmative action for the advancement of any backward section of citizens including women. It is clear from these Constitutional provisions that on the one hand equality is ensured, while on the other the unequal status of women is recognised by reserving the right of making special provision in their favour [*in Article 28 (iii)*]. Women are guaranteed equality with respect to men before the law in all matters except for those covered by personal laws. Bangladeshi women therefore enjoy the same rights as men in areas covered by civil and criminal laws, but in critical areas of their lives like marriage, divorce, inheritance, guardianship and custody of their children they are covered by religious laws the respective communities. These differ for each religious group however all of them are discriminatory towards women in various degrees. Even in the public sphere, women do facto legal rights are often very fragile.

National legal provisions and enforcement mechanisms recognize the unequal status of women and the need for protectiveness towards women which is perceptible in the Criminal Procedure Code and Civil Procedure Code by which women are exempted from arrest for debt or appearance in court if they observe purdah, and may automatically be granted bail in criminal cases. Discriminatory features outweigh the protection that is accorded to women in some other civil and religious laws. According to the citizenship Act of 1951, citizenship by birth or by marriage can be transmitted through the father and husband only. A woman can neither pass it to husband or her children as marriage of a Muslim man with a non-Muslim is considered valid but not the reverse. A wife's domicile and nationality is entirely dependant her husband's.

The Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1984 and the Optional Protocol to CEDAW in 2000 as a demonstration of political will to establish substantive equality of women although still maintaining reservations to articles 2 and 16.1 of the Convention both of which are critically important to guarantee human rights of women. This has been deeply criticized and remains a priority issue on the advocacy agenda of the women's movement.

Since Liberation of the country, various measures have been taken to ensure equal rights of women. Important laws formulated or amended so far to ensure equality and protect women's legal rights include: (i) Muslim Family Law Ordinance of 1961; (ii) Dowry Prohibition Act of 1980 and its amendment in 1986; (iii) The Family Court Ordinance of 1985; (iv) The Child Marriage Restraint Act of 1929; (v) Muslim Marriage and Divorce Registration Act of 1974; and (vi) Women and Children Repression Act (Special Provision) 1995 and amendment in 2000. While *The Dowry Prohibition Act 1980* forbids the giving and taking of dowry and *The Suppression of Violence against Women and Children 2000* provides strict measures against dowry related violence the practice nevertheless continues.

Contrary to Constitutional provisions that guarantee equality for all citizens, girls in Bangladesh are subjected to unequal treatment and are particularly vulnerable to sexual abuse, sexual exploitation, early marriage, trafficking and prostitution, rape, sexual harassment and acid attacks. The National Plan of Action against Sexual Abuse and Exploitation of Children including Trafficking in 2002 prepared a draft Child Labour Policy in an attempt to address such exploitation in concrete ways. In response to increased acid violence against girls and women, the Parliament has passed the Acid Crime Prevention Act 2002 and the Acid Control Act of 2002. In addition, the Speedy Trial Tribunal Bill 2002 for speedy trial of 5 types of serious crimes included murder and rape has been adopted.

## LEGAL AGE OF CONSENT

Although under state law the minimum age of marriage is 18 for girls and 21 for boys, the practice of child marriage subsists on account of parallel application of personal laws that permit marriage of minors. Moreover, the minimum age of marriage for girls, which is 18 years under The Child Marriage Restraint Act 1929, is at odds with the legal age of consent, which is 14 years as per the Penal Code 1860. According to an amendment in 2003 to The Suppression of Violence against Women and Children 2000 the age of consent to sexual intercourse is 16 years. Where a girl is actually kidnapped or raped it is quite simple for perpetrators to produce marriage deeds that testify to the girl having consented to the marriage. Since Muslim Law permits marriage of minors and Hindu Law does not require a marriage deed, allegations of rape cannot be upheld in the majority of cases consent to marriage is proved. It is only when the girl is below the age of 16 years that the provisions of statutory rape apply. Contrarily, where a girl under 16 years elopes on her own volition, it is common for her parents/guardians to file a complaint with the police under The Suppression of Violence against Women and Children 2000 alleging rape or kidnapping against the boy or his family. In such circumstances, the accused is sent to jail and the girl is placed in safe custody pending decision of the Court. The ambiguities in legal provisions thus cause further complications adding to the vulnerabilities of the girl child. (UNICEF 2004)

### 2.2.4 Gender Dimensions of Education

Global research has provided evidence on the critical linkage of educational status and it being one of the key factors that deters women from equal participation in socio economic activities with men and strengthens inequality between sexes. Female education has also a marked negative impact on incidence of maternal and child mortality rates and strong positive relation with life expectancy. Economically limited access to education has resulted in exclusion of women from organized and formal sector employment and participation in decision making level. Politically lower level of literacy has caused women's participation in politics to be insignificant and ineffective.

The narrow margin of female education in Bangladesh is yet another indicator of the low rate of development and relatively lower status of women. Traditionally female education has been accorded a low priority in Bangladesh due to poverty, social directives for female seclusion and the low value for girls. Socio-cultural attitude in the form of growing fundamentalism, increasing incidence of sexual violence and harassment against young girls are also identified as contributing factors behind adolescent girls dropping out of the school system.

Early marriage is another key factor for the drop out rate of girls. Bangladesh ranks high globally as having a large percentage of early marriage for girls. Although the Bangladesh Bureau of Statistics claims that as of 1998 the mean age at marriage by sex is 27.6 years for males and 20.2 years females, a baseline survey report on rural adolescents in Bangladesh in 2002

reveals that amongst the respondents, 51 percent of girls and 7 percent of boys aged 13 to 22 were married.<sup>6</sup> Other statistics reveal that 5 percent of girls aged 10-14 years and 48 percent of girls aged 15-19 years are currently married.<sup>7</sup>

**Table 6: Dropout, Repetition, Completion and Retention Rates in All Levels of Education**

Indicator	General Education			
	Junior Secondary Total	Girls	Secondary Total	Girls
Dropout Rate	21.3	18.4	57.9	52.1
Repetition Rate	10.5	18.0	15.1	14.3
Completion Rate	81.6	78.7	47.9	42.1
Retention	86.1	84.5	89.1	88.1

Source: Bangladesh Basic Education Information Service 1999

<sup>6</sup> See *Marriage*, vol.4, in *Baseline Survey Report on Rural Adolescents in Bangladesh*, October 2002 Kishori Abhijan Project, MOWCA.

<sup>7</sup> *Early Marriage: Fundamental Child Rights Violation*, September 2001, MOWCA/UNICEF, Dhaka, p.5.

Since the World Declaration on Education for All (1990), the Government introduced various measures to intensify basic education for all with particular focus on female education. With the introduction of compulsory primary education by the Act of Parliament in 1990, a separate division to deal with primary and mass education was set up. Food for Education programme implemented by the Government since 1993 made a substantial contribution to increase enrolment of children from poor families specially girls.

Numerous affirmative actions were also introduced to enhance female literacy following which gross enrolment in primary schools increased from 59 percent in 1982 to 96 percent in 1999 and a near gender parity has been established at primary level enrolment by 2002. However, there remains a considerable gender gap in enrolment in the 16-20 age group and the significantly higher proportion of female dropout from the system is a major concern. About 30 percent of the total enrolled girl students do not complete their education and girls enrolment decline noticeably from primary to secondary levels. Gender disparity is significantly high in science, vocational and technical education and training.

### **Non-Formal Education (NFE)**

The NFE programme in Bangladesh was initially introduced in the early 70's and got impetus in mid 80's to ensuring that the learning needs of all young people including adults are met through equitable access to appropriate learning and life-skills programmes. Poverty gender discrimination and limited facilities has served as main obstacles for women's access to education. In a drive to increase overall literacy rate, the government in supplementing efforts in formal education with parallel initiatives in NFE particularly targeting to women.

Particularly after the World Conference on Education for All number of NGOs have started working in NFE, running their own model of programs with emphasis on inclusion of girls outside the primary school systems. Though gender equity has been achieved in primary and secondary schools, the older girls and women still constitute the large majority among illiterates. NFE programme target is at least 50 percent female participation in its programme but made a score of 57 percent. Many NGO NFE programmes insist on at least 70 percent girl's participation in each class. Thus, there is predominance of female participation in NFE programmes. In most programme model, the 8 -10 year group is provided with basis education up to grade III level of primary school in 3 years so that on completion the children can be enrolled in grade IV of mainstream primary schools.

The Directors of NFE was created by the government 1995. The government policy emphasizes on utilizing the services of NGOs in implementing the government's NFE projects and adult education and continued education programme.

In Bangladesh, NFE has been viewed more as a temporary measure with the idea of preparing and transferring children to formal schools to give them a second chance to get into the mainstream education system. These ideas have worked well initially but as the enrolment increases in primary schools, such transfers have become more difficult.

### **2.2.5 Woman in the Economy**

Although there is an unequal gender division of labour based on socially prescribed roles of men and women, shrinking land ownership and high incidence of poverty in female-headed households have significantly changed the female employment pattern in Bangladesh. According to the Labour Force

Sector	Gender	1995-96	1999-2000
Agriculture	Male	54.4 %	59.4%
	Female	74.4%	67.8%
Non Agriculture	Male	45.6%	40.6%
	Female	22.6%	32.2%

*Source: Labour Force Survey 1995-96, 1999-2000*

Survey of 1995-96 out of the total labour force of 56.0 million, women constitute 21.3 million of which 18.5 million live in rural areas. The survey further indicates that female labour force participation rate on the basis of extended definition stands at 55.9 percent in 1999-2000, however the employment status of women is lower compared to men nearly in all areas.

Womens key role in the economy is best exemplified in the agriculture sector. They dominate the post harvest activities mostly as unpaid family labour as well as extensively involved in live stock rearing, vegetable growing, poultry raising and various kind of cottage industries to supplement family income. In many areas, through NGO initiatives, women have also been successfully involved in homestead forestry. Nearly 43% women are involved in agricultural activities but 70% of them work as unpaid family labour.

The introduction of improved technology and crop diversification has forced further exclusion of women from work opportunities in agriculture. This has led many traditional farm families to look for work in the non-farm sector. With the increasing landless and growing number of female-headed home hold, there has been a noticeable shift in female employment pattern.

The industrial sector, which contributes eight percent of the GDP and employ about 20 percent of the total labour force, plays a dominant role in creating employment opportunities for women. Nearly 70 percent of the industrial employment comes from cottage and small-scale industries where female employment is quite high. The past two decades have witnessed women's increasing work participation in the manufacturing sector in electronics, packaging, shrimp processing, pharmaceutical and garment industries - the last one being the largest female employer in the country, With ninety percent of female workers, the garment industry is contributing nearly seventy percent of the foreign exchange earning of the country.

Since 1990s visibility of female workforce in private sector occupations has increased significantly. The social attitude towards working women has changed and a growing number of women are now seeking employment in the organized sector both in urban and rural areas ranging from construction to all kinds of blue-collar jobs and services. Micro-credit finance activities such as petty trades and small-scale industrial activities are also becoming common both in urban and semi urban areas. However, women face wage discrimination and poor working conditions nearly in all informal and private sector occupations. Sexual harassment in the work place is an emerging concern for women.

**Girl domestic workers** constitute a particularly defenceless group who require special protection. While there is no data on the actual number of child domestics engaged in private homes, one survey estimated between 200,000 and one million<sup>8</sup> child workers. The absence of legal sanction against child domestic work obstructs its regulation. Domestic service is characterised by long working hours, unhealthy working conditions, absence of minimum wages and physical maltreatment. In many households child domestic servants, in particular girls, become victims of sexual harassment and exploitation by employers or other male servants. They receive inadequate food, clothing, education and health services. UNICEF data indicates that a large proportion of women and children engaged in household work mostly in middle class homes are subjected to various forms of ill-treatment including sexual abuse Most cases of sexual harassment of women in the work place go unreported for fear of social ostracism, reprisal or further victimization

To increase women's participations in the public sector special quota for women employees at the entry level has been in existence for over two decades which although have helped to increase women's participation in government jobs, they still constitute less than 3 percent in the decision making positions.

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<sup>8</sup> See *Assessing the Training Needs of Police, Magistrates and Judges and the Capacity of Bangladesh Training Facilities in Juvenile Justice and Protection from Violence, Abuse and Discrimination*, GoB and UNICEF, undated, p. 41.

## 2.2.6 Women in Public Service

Since 1982 women have been appearing at public service examinations and are being recruited into the regular cadre services. In order to increase the number of women in the administration a quota system was introduced, which is applicable for all types of public appointments.

Under this arrangement 10% of recruitment to gazetted posts and 15% recruitment of non-gazetted posts are reserved for women.

At present, women constitute 8 percent of gazetted officer posts and 7.4 percent of other posts. At higher levels of the administration the rate of female participation is very low; merely 3 percent. From 1976 and 1999 the government has begun to recruit women into the police force and armed forces respectively.

Recent analysis indicates that women's reserved quotas are not being filled due to various reasons. These include a gender insensitive working culture with poor responsiveness to the specific needs of women employees enabling them to fulfil biological and professional responsibilities effectively.

Official rules and procedures related to recruitment, transfer and promotion are entirely male driven and defined for a male bureaucracy. Unofficial norms and procedures reflect the general patriarchal culture of women

being perceived as supplemental breadwinners for the family and stereotypical assumptions on women's capabilities discourage acceptance of them as equally competent officials. Affirmative action and efforts to examine and restructure systems and structure in organisations can be found more in the NGO sector than the Government where reservation has been a cosmetic attempt to provide token representation to women in mainstream employment.

## 2.2.7 Women in Political Participation and Decision Making

The Constitution of Bangladesh provides equal opportunities for women to participate in political and public life. However, the number of women in the Parliament has always been insignificant. During the last election in 2001, Awami League gave nomination to only 11 women and BNP and Alliance to 6 women. Altogether only 7 women were elected including the Prime Minister and the Leader of the opposition. To increase women's representation in the Parliament in 1973 and there after in 1979, for a specified period of 15 and 30 reserved seats were allocated for women to be nominated by the members elected under the general seats. In 2004 the provision has been reintroduced by increasing the number of reserved seats to 45. Women's representation in the local government institution is somewhat better.

**Table 8: Ratio of Men and Women in Senior Positions in Bureaucracy**

Rank	Male	Female	Total	% of women
Secretary	8	0	8	0.00%
Additional Secretary	87	0	87	0.00%
Joint Secretary	233	2	235	0.85%
Deputy Secretary	818	56	874	6.41%
Senior Assistant Secretary	1793	263	2056	12.79%
Assistant Secretary	703	155	858	18.07%

Source: Ministry of Establishment, Public Administration Computer Centre.

**Table 9: Women's Representation in the Public Sector: Class-wise number of female officers and employees**

Class	Ministry/ Division		Departments/ Directorate		Autonomous Corporations		Grand Total	
	Female	Total	Female	Total	Female	Total	Female	Total
Class I	282	2111	5155	42563	3440	48293	8877	92967
Class II	189	1983	1277	16668	2306	32421	3772	51072
Class III	297	2383	70010	482187	6373	108017	76680	592587
Class IV	252	2308	10272	121574	3271	82729	13795	206611

Source: Ministry of Establishment, Public Administration Computer Centre.

**Table 10: Number of Male and Female Officers of Divisional/Deputy Commissioners Offices**

Class	Male	Female	Total	Female as % of total
Class I	1729	120	1849	6.50
Class II	91	0	91	0.00
Class III	13920	706	14626	4.83
Class IV	16860	827	17687	4.43
<b>Total</b>	<b>32600</b>	<b>1653</b>	<b>34252</b>	<b>4.83</b>

Source: Ministry of Establishment, Government of Bangladesh 2004.

Since 1991, both the Prime Minister and the Leader of the Opposition in the Parliament are women. This is a unique distinction that Bangladesh enjoys. However, paradoxically, in spite of this there is insignificant representation of women in politics and public life.

Women have one quarter reserved seats in all municipal and local government bodies. Rural Local Government is a two-tier system with Union Parishads (Councils) and Zilla Parishads (District Councils).

About 12,828 women have been elected as members in the 1991 local body elections. A total of 20 and 110 women have been elected as Chairpersons and members respectively for general seats. Approximately 46,000 women participated in the election.

**Provision for Women's Participation in Local Bodies:** As per the Bangladesh Election Commission, the numbers of reserved woman member at each tier are:

- 14 in Union Parishad (4479 x 3)
- 192 in Zila Parishad (64 x 3)
- 549 in Pourashava (Municipality) (183 x 3)
- 60 in Four City Corporation (30 in Dhaka, 10 each in Chittagong, Khulna and Rajshai)

**Table 11: Women's Representation in National Parliament**

Year →	1996	2001
Total MP	300	300
Elected Women	7	6
Percent	2.3	2

Source: Election Commission

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## Chapter 3: The Policy Framework

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### 3.1 National Policy Framework

#### 3.1.1 Rights Guaranteed in the Constitution

The Constitution of Bangladesh grants equal rights to men and women. According to Article 10, “steps shall be taken to ensure participation of women in all spheres of national life”. The Constitution, in its preamble in part 3” further pledging that it shall be a fundamental aim of the state to realise through the democratic process a socialist society, free from exploitation – a society in which rule of law, fundamental human rights and freedom, equality and justice, political, economic and social, will be secured for all citizens. The Constitution demonstrates an understanding of the prevailing socio cultural practices, which places women as a class in a subordinate and vulnerable position thus empowers the states for “making special provision in favour of women or children or for any backward section of citizens (*Article 28.4*)”.

It may be noted here that the Constitution guarantee of equality of men and women is envisaged in equal participation of women in public or “all spheres of national life”. As the personal laws of each community govern personal spheres of life of citizens, women are faced with numerous discriminatory laws in family relations, marriage, child custody and inheritance.

#### 3.1.2 Women in Development Plans

Women have been considered a distinct target group in the post-liberation development process in Bangladesh. However, in the initial period, women were considered as a target beneficiary group and their inclusion in the plan reflected a post war-rehabilitation and welfare approach.

Only from the eighties (Second Five Year Plan 1980-85) there has been a growing recognition of the critical importance of women’s participation in development and at the same time severe discriminations faced by women within all spheres of life. The commencement of the Second Plan also conformed to the Second World Conference on Women held in Copenhagen in 1980. The **Second Five Year Plan**, for the first time demonstrated a multi sectoral model involving women’s participation in health, education and employment sectors and women were considered as agent of development rather than passive beneficiary. In the **Third Five Year Plan** (1985-90) reduction of gender imbalances found a place as a priority objective and made more elaborate programmes on women’s development and emphasized the need for women’s participation in the mainstream of socio – economic activities. Although women’s involvement in family planning was over emphasized, with regard to health and population, multi sectoral programmes on primary health care with focus on reproductive health were undertaken to give effect to “Health for all by the year 2000” and to achieve the stated goals by 2000.

The **Fourth Five Year Plan** (1990-95) placed women with the context of macro framework with multi sectoral thrust and the Plan gave particular focus on gender dimension of poverty in its poverty alleviation programmes. In The Aid Memorandum, gender mainstreaming was also mentioned as a strategic objective. As a follow-up process **the Fifth Five Year Plan** (1997-2002) in its macro framework incorporated policy to “bring women in the mainstream of development activities with a specific objective to reduce gender disparity in the areas of socio-economic developments as well as to ensure promotion and protection of women’s human rights through implementation of CEDAW”. The Plan recognized the multi sectoral approach in mainstreaming women’s development and also emphasized the policy and advocacy role of MoWCA.

### 3.1.3 The I-PRSP

**Gender Gaps in the PRSP:** The very target of the PRSP is “to reduce the number of people living below the poverty line” and a major criticism has been that this target is not gender sensitive and does not take account of ways to adequately bridge gender gaps. The question of how the PRSP will mainstream and increase the pro-poor economic growth of women remains unanswered.

### 3.2 Advancement of Women Policies

The National Policy for Advancement of Women was declared on International Women’s Day on 8 March 1997. It clearly spells out the commitments and policies for promotion and protection of women’s human rights, education and training, health and nutrition, political empowerment, legal and administrative reform to eliminate violence and oppression against women (MoWCA). Its main focus is on eradicating gender disparities at all levels of the society and to create better opportunities for women to ensure their equal participation in both private and public spheres of life.

#### Objectives of the Policy:

- To establish equality between men and women at all levels of national life.
- To ensure empowerment of women in all sphere of state, society and family.
- To establish women's human rights.
- To develop women as educated and efficient human resources.
- To acknowledge women's contribution in social and economic sphere.
- To eliminate all forms of discrimination against women and girls.
- To take adequate measures to ensure women's health and nutrition.
- To meet the needs of women specially in difficult circumstances.
- To ensure security for widows, divorced, unmarried and childless women.
- To reflect gender perspective in mass media by projecting positive image of women.
- To provide support services in the advancement of women.

#### CRITICAL FACTORS NOT INCLUDED IN THE TEXT OF I-PRSP

The following areas were identified as gender related gaps in the interim strategy paper.

- Elimination of all forms of oppression against girls
- All forms of oppression against women and girls in the private domain
- Women’s rights and basic freedom, especially in field of property, reproductive health, and wage equity.
- Violation of women’s rights in conflict situations (war, religious/racial conflicts).
- Increasing the allocation of the national budget reserved for promotion of women’s development, including skills development,
- Gender equality in educational texts and curricula
- Efforts for appointing 30% women at all levels of decision-making, including parliamentary and police level jobs
- Capacity building for elected female local government members and Commissioners
- Effective processes to ensure women’s participation in planning and supervision for achievement of food security
- Promotional interventions to increase women’s participation in processes to stop hostilities and establish peace
- The mainstreaming of women as agreed in existing GoB policies (NWAP, CEDAW) is not adequately supported. (Source: *Steps Towards Development, 2002.*)

### 3.2.1 National Action Plan for Advancement of Women

The Government approved the National Action Plan for Advancement of Women (NAP) in 1998, which was formulated in the light of Beijing Platform for Action (PFA) and the National Policy for the Advancement of Women. Along with the Ministry of Women and Children Affairs, 15 line ministries are partners in implementation of NAP with specific objectives, indicators, resource allocation and time frame for achieving the goals. The NAP also emphasizes on gender

mainstreaming strategy across all government plans and programmes. The responsibilities for the implementation of the NAP were envisaged as coordinated efforts of all 15 ministries/divisions.

#### GOALS OF NATIONAL ACTION PLAN

- To make women's development an integral part of the national development programme;
- To establish women as equal partners in development with equal roles in policy and decision making in the family, community, and the nation at large;
- To remove legal, economic, political, or cultural barriers that prevent the exercise of equal rights by undertaking policy reforms and strong affirmative actions; and
- To raise/create public awareness about women's different needs. Interests, and priorities and increases commitment to bring about improvements in women's position and condition.

### 3.3 National Machinery for Women's Development

The National Council for Women and Development (NCWD) was established in 1995 as the highest policy making body concerning advancement of women. Chaired by the Prime Minister 44 Member NCWD includes 14 Ministers, 13 Secretaries, 5 Members of the Parliament, 1 Member from the Planning Commission and NGO and Civil Society representatives nominated by the Government. The Monitoring and Evaluation Committee of the NCWD headed by the Minister for MoWCA periodically reviews the development programmes and policies including legal and administration matters, which impede women's advancement and advise government with policy guidance and corrective measures to address the situation.

#### 3.3.1 Ministry of Women and Children Affairs

Bangladesh is one of the few countries to have a separate Ministry of Women's Affairs, established in 1978 upgrading the women's cell established earlier under the President's Secretariat in 1976. At present the Ministry of Women and Children Affairs (MoWCA) consists of three implementing agencies: the Department of Women's Affairs (DWA), Jatiya Mohila Sangstha (National Women's Council), and Shishu (Children's) Academy.

As part of the national women machinery, MoWCA was mandated to act as the central motivating body on issues of women's equality development and policy formulation and development of Children. Under the Rules of Business of the Government, amended in 2000, the allocation of business of MoWCA covers 20 areas of concerns for women and children.

#### 3.3.2 WID Focal Points

To increase collaboration among strategic ministries, which address 12 critical areas of concern, identified in Beijing FPA. WID Focal Point Network headed by the Joint Secretary of MOWCA has been set up.

As an implementation strategy of gender mainstreaming policy envisaged in the Forth Five Year Plan, WID Focal Points were designated in all sectoral ministries responsible to reflect women's concerns and ensure their participation in respective programmes and activities. They are also responsible for the follow-up to the NAP within their Ministries. At present there are 45 WID Focal Points for coordinating sectoral activities and monitoring the implementation of NAP.

## **3.4 International Obligations**

### **3.4.1 Convention on the Elimination of All Forms of Discriminations against Women (CEDAW)**

Bangladesh has ratified the UN Convention on the Elimination of All Forms of Discriminations against Women (CEDAW) in November 1984 with reservations to articles 2,13 and part of article 16 in areas related to equal rights of women in marriage and family relation which are governed by personal laws. Subsequently reservations from article 13 and partially from article 16 were withdrawn. The Government is still maintaining reservations to articles 2 and 16.1 of the Convention both of which are central to Government obligation to remove discriminations against women by establishing gender equality in all areas. Such reservations to substantive articles of the Convention has greatly minimized the effectiveness of the Convention and state responsibility to ensure enjoyment of women's human rights. Article 2 of the Convention defines the general framework of overall obligation and tasks which States must fulfil to carry out their pledge to eliminate discriminations against women. At the behest of women's movement in 1996, the Government has set up a high powered inter-ministerial committee under the Ministry of Women and Children Affairs to review the overall situation and examine the possibility of withdrawing reservations which is still under consideration.

In spite of holding reservations to these articles, in 2000 the Government has ratified the Optional Protocol to the CEDAW Convention, which empowers the CEDAW Committee to receive complaints from women of Bangladesh in case of grave and systematic violation of their rights set forth in the Convention. This definitely indicates governments commitment to establish gender equality on the whole.

In the area of health care and family planning, NGO programmes at the local level have often tried to focus on the provision of Article 12 of the Convention. Government initiatives through Rural Service Delivery Programme and the Urban Family Health Programme related to safe motherhood have reflected the spirit of the Convention. In addition to reproductive health services CEDAW has frequently been used as an advocacy tool to address the critical issue of reproductive rights of women and HIV/AIDS both by Government programmes and NGO interventions. The ratification of CEDAW and Convention on the Rights of the Child (CRC) have therefore been helpful to draw attention to women's and children status and rights including reproductive health of women and adolescent girls.

### **3.4.2 Beijing Platform for Action (PFA)**

The Fourth World Conference on Women in Beijing was an important impetus to the Government in particular and NGOs, women's organizations and civil society in general to identify major concerns for women and adopt strategies both at Government and NGO level to implement the PFA. The Government adopted the PFA without any reservations and it was also used as a framework for preparing a comprehensive sectoral need assessment document which in turn provided the basis for preparation of NAP. The process also facilitated the exercise to review sectoral and macro policies for women's development and level of inter ministerial coordination.

### **3.4.3 Convention for the Rights of the Child (CRC)**

Bangladesh is one of 192 countries to have ratified the CRC and committing itself to the promotion and protection of the rights of all children. These rights include four critical aspects of the right to survival, development, protection and participation. Article 14 has stated related issues on health of children as:

- Recognizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

- State parties shall pursue and take appropriate measures to: a) diminish infant and child mortality; b) provision of necessary medical assistance and health care with emphasis on development of primary health care; c) combat diseases and malnutrition - through provision of adequate nutritious foods and clean drinking water taking in to consideration the dangerous and risk of environmental pollution; d) ensure pre and post natal care for mothers; e) ensure all segment of society have access to information, education and are supported in the use of basic knowledge of child care and nutrition, breastfeeding, hygiene and environmental sanitation and the prevention of accidents; f) develop preventive health care and family planning education and services.
- Take effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

The government has actively engaged with the international follow-up process for the implementation of the CRC including participation in the UN Special session on Children and being a signatory to 'A World fit for Children' and demonstrated leadership in the facilitation of children's participation in several consultations such as the drafting of National Plans of Action. The Government has ratified the two *Optional Protocols* to the CRC in 2000 on sale and trafficking of children, child prostitution and child pornography and the *ILO Convention 182 on Elimination of Worst Forms of Child Labour*.

#### 3.4.4 International Conference on Population and Development (ICPD)

The international Conference on Population and Development (ICPD) held in 1994. The conference set out 20 years goals in four major areas: 1) universal education; 2) reduction of infant and child mortality; 3) reduction of maternal mortality; and 4) access to reproductive and sexual health services including family planning. In 1999 the UN General Assembly convened a special session to review meeting the ICPD goals. The ICPD Plan of Action, ICPD+5 agreed on new set of benchmarks and revised goals on:

- 1) **Education and literacy:** Governments of developing countries, with the assistance of the international community, should reduce the rate of illiteracy of women and men, at least half of them women and girls by 2005, compared with the rate in 1990
- 2) **Reproductive health care and unmet need of contraception:** Governments should strive to ensure that by 2015 all primary health care facilities are able to provide, directly or through referral, widest achievable range of effective FP and contraceptive methods, essential obstetric care, prevention and management of RTIs, including STDs prevention methods both for men and women to prevent transmission. By 2005, 60 percent of such facilities should be able to offer this range of services.
- 3) **Maternal mortality reduction:** By 2005, where MMR is very high, at least 40 percent of all deliveries should be assisted by skilled attendants; by 2010 this figure should be at least 50 percent and by 2015, at least 60 percent.
- 4) **HIV/AIDS:** Men and women age 15-24 years have access to information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection.

#### 3.4.5 Millennium Development Goals (MDG)

**Policy and strategies:** The UN global conference of the 1990s drew up a number of key global development goals and targets, known as international development goals. In September 2000, 191 nations adopted the Millennium Declaration. The declaration outlined peace, security, development concerns including environment, human rights, and governance. The declaration mainstreams a set of inter-connected and mutually reinforcing development goals into a global agenda. The set goals to be met between 1990 and 2015 are centered around 8 major goals: 1) eradicate poverty and hunger, 2) achieve universal primary education, 3) promote gender equality and empower women, 4) reduce child mortality, 5) improve maternal health, 6) combat

HIV/AIDS, malaria, and other diseases, 7) ensure environmental sustainability and 8) develop a global partnership for development. Similarly, it has also set 18 targets and more than 40 indicators to create an environment at national and global levels. The health sector is particularly involved in five of the targets.

The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if sexual and reproductive health and rights are not addressed. It is essential to break the silence and taboos on culture and religion and their relation to reproductive and sexual health and rights, and establish a permanent dialogue on these vital issues. Current programmes need to further expand inclusive partnerships with religious and political leaders, traditional leaders, health system workers, the business community, civil society, and others, to identify and strengthen leadership on these critical global issues.

**At a regional level** Bangladesh has endorsed the *SAARC Convention on Combating the Crimes of Trafficking in Women and Children for Prostitution* in 2002. The adoption of these various policies and laws is a positive indicator of governmental commitment to promoting and protecting rights of children and women at all levels. Bangladesh was also a signatory to the *Asian and Pacific Decade of Disabled Persons (1993-2002)* which would provide the mandate to address the social exclusion issues for women and girls suffering from disability.

### **3.5 Analysis of the Government Gender and Development Programme**

The Ministry of Women and Children's Affairs (MoWCA) in Bangladesh is the focal point for the Government of Bangladesh's (GoB) activities related to women's advancement. At present there are 33 projects under the Ministry of Women and Children Affairs. Government provides vocational training, welfare and development activities to benefit women and Children, plays a supervisory role in the protection of women's legal rights and in generating employment opportunities. Recently Government has taken programmes on violence against women and mainstreaming gender. After extensive efforts to involve line ministries in the task of gender mainstreaming, five ministries to date have undertaken sub-projects under the Gender Facility, including key ministries such as the Planning Ministry (the Bangladesh Bureau of Statistics has prepared a WID compendium of gender-disaggregated statistics), the Ministry of Labour and Manpower and the Ministry of Local Government, Rural Development and Cooperatives (LGRDC). In spite of the official rhetoric of mainstreaming and constitutional commitment to women's equality, in terms of budgetary allocations, it is only the social sector that contains significant expenditures aimed at women (*Ahmed 1992*).

The initial linkages built by this project will provide a useful basis for future cooperation between the Ministry of Women and Children's Affairs and other ministries. However it apparently suffers from marginalisation and piecemeal rather than coherent donor support (Payne, 2001). Although, there is the mainstreaming policy of GOB, it has frequently been difficult to generate interest among other line ministries and sectoral agencies to deal with issues related to women's advancement. On going reviews have indicated that mainstreaming efforts have brought poor results leading to the mere rhetorical inclusion of women across all policy sectors, rather than a rethinking of broad policies and a conceptual shift in the overall framework of development. An Institutional Review of the WID Capability of the Government of Bangladesh (IR-WID) was prepared in order to identify the capacity of the GOB to mainstream gender issues into its policies and programmes, and to make recommendations for strengthening those capacities in order to promote gender mainstreaming and implement the National Action Plan effectively.

### **3.6 Government Health Programme**

The Government of Bangladesh has been pursuing a policy of providing at least minimum essential health care for all and for reduction of maternal and child mortality. It has approved a Health and Population Sector Strategy, which includes the National Health Policy. The

Government has attempted to address universal access to essential, quality health care and services and further reducing the Net Reproduction Rate to one by 2005. The strategies to achieve these goals include a strong maternal and child health-based family planning services delivery system, the provision of quality services, decentralized administration and inter-sectoral programmes; co-operation among all relevant public bodies and resource mobilization.

### 3.6.1 National Health Policy

The thrust of the policy is to ensure primary health care to all with a special emphasis on vulnerable groups such as poor women and children. To combat malnutrition, the Government has formulated a Food and Nutrition Policy and a National Action Plan for Nutrition. During the last decade, the Government pursued maternal and child health and family planning as the key approaches to primary health care.

### 3.6.2 Health and Population Sector Programme (HPSP)

Government has launched a sector wide programme approach through the Health and Population Sector Programme (HPSP) in 1998 in consultation with the development partners and the stakeholders to reform the health and population sector to provide a package of essential health care services to the people and to lower the rate of population growth. HPSP envisioned poverty alleviation with services responsive to clients needs especially those of children, women and the poor and achieve quality of care with adequate service delivery capacity and financial sustainability.

The Ministry of Health and Family Welfare, the main stakeholder in the health and population sector, and the development partners have worked with a shared vision for the sector, which included sectoral objectives and the policy framework for achieving objectives of the HPSP. Sector wide approach will be further improved and strengthened through necessary changes and modification in consultation with partners / key stakeholders and after evaluation of present on going programme.

These objectives have a specific focus on ensuring access of the disadvantaged groups to high quality client centred services. The Health and Population Sector Strategy outlines the need for making service delivery to be gender sensitive, pro-poor and client focused. This strategy will also seek to ensure adequate representation of women in supervisory and management positions in the health system.

Under the present Essential Service Package (ESP) of the government, activities are grouped into the following five major areas: Reproductive Health Care; Child Health Care; Communicable Disease Control; Limited Curative Care; Behaviour Change Communication (BCC); Reproductive Health Service Facilities.

HPSP: MAIN OBJECTIVES
Reduction of infant mortality and morbidity;
Reduction of maternal mortality and morbidity;
Reduction of fertility to reach the replacement level by the year 2005;
Improvement of nutritional status of the people.

### 3.6.3 Reproductive Health Facilities

Bangladesh has a very well designed grassroots based service delivery infrastructure all over the country. At national level there is one Institute of Post Graduate Medicine and Research, one Maternal and Child Health Institute (MCHTI), one Institute of Child & Mother Health (ICMH) and 13 Government Medical College Hospitals in the country. The Services available are antenatal, perinatal (delivery) including comprehensive EOC services and postnatal care for mother and childcare. At District level 57 District hospitals provides antenatal. Delivery care including comprehensive EOC services postnatal care, EPI and child care services.

There are 90 Mother and Child Welfare Centres (MCWC) in the country situated at the District, Upazila and Union level which provide antenatal care, normal deliveries, postnatal care; EPI,

childcare etc. Out of them 64 MCWCs also provide comprehensive EOC services. There are 397 Upazila health complexes in the country. The major services provided are antenatal care, normal delivery: postnatal care EPI, FP, health education, childcare etc. Out of them 40 Upazila Health Complexes (UHCs) also provide comprehensive EOC services.

There are 3,200 constructed Union Health and Family Welfare Centres (UH & FWC) in the country. The services provided here are: antenatal (Screening for “at risk” pregnancies and referral), safe deliveries through domiciliary follow up, postnatal care, health education and child care. Present Government has planned to post graduate doctors in all Union Health and Family Welfare Centres by phases.

Every month about 30,000 “satellite clinics” are organized at ward and community levels in all over the country to aim at to bring the service facility at the door step of the people to deliver antenatal care, Family Planning, health education and EPI services. About 23 thousand Family Welfare Assistants and 15 thousand Health Assistants are working at the grass root level for basic health & family planning service delivery. Gender equity strategy has been developed and already incorporated in the main stream of the programme. MoHFW has established a gender issue cell in the Ministry and nominated focal point in each programme unit for effective functioning of gender related activities.

### **3.6.4 Limitations of Government Interventions**

The most common cases of the failure to protect women’s rights are poverty, lack of proper understanding of the rights of women and weak enforcement of the laws and above all wide spread corruption within the justice systems itself.

According to a study carried out by the PLAG project of the Ministry of Women’s Affairs, legal measures and other support services undertaken by the government have not been able to address the issue of violence against women effectively. Due to many lacunae in the investigation and charge sheet procedures, 88% of the offenders cannot be brought to book. Violence related issues such as custodial rape, illegal fatwa and other kinds of violence at the community levels perpetrated by local religious leaders or arbitration bodies are still continuing without any visible state intervention.

Criminalization in the law enforcing agencies is a critical obstacle of eliminates crime and violence against women. According to a Transparency International survey conducted in Dhaka in 1997, 63% of the 2500 households questioned reported that they had to bribe court officials. Hiring witnesses was reported by 18.7% of the households. Medical care, short-stay-homes or shelters are far too inadequate and girls and women who suffer from family problems often are left with no option but to fall prey to new exploiters. There are no treatment trauma victims, or to provide occupational therapy, education-cum-vocational training or recreation.

Although both government and UNFPA is mainstreaming the gender concerns into RH and population and development activities, many focal points are unable to integrate gender concerns in the formulation, analysis and monitoring of the program and projects.

## **3.7 Gender and Development Programmes by NGOs**

Gender Policies of National and International NGOs of Bangladesh are divided into two components: (1) Gender policies for programmes and projects; (2) Gender Policy for Organization. Among the NGOs very few have formal written gender policy and had developed gender policies after Froth World Conference in Beijing. However, many have activities with gender dimensions or in most cases women are the predominant beneficiaries of the programmes carried out by the NGOs.

### **3.7.1 Gender Equity within the Organisation**

Numerous NGOs’ have developed gender policies to follow the principles of equal/equitable opportunity for men and women in organizational programmes, projects and policies. However,

there appears to be a lack of conceptual clarity and NGOs express confusion between their understanding of equity and equality and tend to use the terms interchangeably. Equal/equitable opportunities for the organizations are to fulfil grassroots women's basic/practical needs as well as strategic needs. Many NGOs emphasize on interventions that can impact on women's control over resources and address women's practical needs or strategic interests or both. Moreover, differences between women and men in needs, priorities, access and control of resources are identified while designing the projects. For example, BRAC and PROSHIKA promote women's control over credit and income-generation activities in order to reduce existing gender inequalities that women and both have control over resources or benefits generated by the projects/programmes.

NGOs also stated that they follow a policy of non-discrimination within the organization and provide equal opportunity in terms of access, use of resources and benefits and gender balance in all positions especially at the strategic level, where by all staff, male and female, are considered equal. BRAC and PROSHIKA being the largest NGOs in Bangladesh have target to achieve gender parity by a specific time period.

Most NGOs stated that within their organizations have attempted to take affirmative action both at programme and staff level to achieve gender equality. The organizations try to devise mechanisms for promoting women's participation in decision-making processes at all levels and in all spheres-projects, programmes, community, and family. Larger NGOs have a policy to bring more women in the senior management position.

Most NGOs focus on programmatic intervention and encourage men and women to share household work equally or equitably such as trying to change the norm of gender division of labour regarding income-generating projects. Men's roles and responsibilities in reproduction, the family and child rearing are emphasized. At the same time, women's multiple role is recognized.

A few NGOs have tried to ensure selected indicators for gender audit that are gender sensitive.

Most of the organizations state that mechanisms are developed and instituted which allow for husbands and wives to work in the same locality. Other commitments include are:

- Ensure that monitoring tools and processes are made gender sensitive.
- Expressed commitment to reduce maternal mortality and morbidity and improve female nutrition.
- Adopt a life cycle and family based reproductive health approach.
- Create awareness on the effects of HIV/AIDS and STDs on women and the role of men have in its transmission.
- Increase men's knowledge about women's health and encourage their positive participation in family planning and marriage practices.
- Promote women's control over credit and income utilization, and participation in family decision making.
- Motivate women to establish their right to property. Encourage women to form social action committees to take collective social actions against GBV, trafficking, dowry, child abuse, marriage registration, resist early marriage.

#### **ORGANIZATIONAL ACCOUNTABILITY**

To monitor the progress towards gender equality and implementation of gender strategy NGOs, which have their own written gender policy, mentioned that a body or committee popularly known as gender related cell would be responsible for this. However, very few NGOs explicitly described the responsibility of other staff and top management to promote gender equality issues.

### 3.7.2 Technical Expertise

Most of the NGOs mentioned that steps will be taken to enhance the organization's technical capacity to equip staff with the skills and knowledge needed to make a gender sensitive organization. The following measures were taken to build technical expertise: (i) Gender awareness training; (ii) Provision of counselling of female staff; (iii) Capacity building of gender focal points; and (iv) Developed gender sensitive monitoring indicators during project implementation.

The larger NGOs mentioned that they have made provision for gender training for all staff. Most of the NGOs mentioned that programme, project and personnel information and data will be disaggregated. Staff skills and competencies on gender issues will be developed through gender sensitive training.

### 3.7.3 Impact of NGO Activities

The prime focus of most of the NGOs has been mainly on eradication of poverty and economic self-reliance through provision of services and means of income generation, e.g. provision of credit, skill training necessary to meet the basic survival needs of the rural poor women. However, some NGOs recognise that women's development needs to address both poverty and patriarchy, which marginalizes women and excludes them from mainstream socio-economic power and decision-making.

#### ORGANIZATIONAL CULTURE

NGOs mentioned that challenging gender stereotypes that impede the achievement of equality between women and men is necessary.

Contribute to raising awareness on issues of women's legal rights, reproductive rights, discrimination, inequality, inheritance rights, guardianship rights, and violence against women.

Promote inter-organizational co-ordination and co-operation with Government and NGOs on various gender issues.

Acknowledge women's workload and responsibilities and their contribution to the family and community.

### 3.7.4 Health and Family Planning

NGO interventions in family planning have born positive results and there has been an increase in the use of contraceptives. However, it is also true, that in most cases this increase in usage is by women rather than by men (ASA, 1992). This indicates that, NGOs have been reluctant to target family planning at men or unsuccessful in doing so. Where income-generation has been appended to family planning activities, the primary reason for poor women's participation is economic.

Knowledge of health and nutrition is high among group members exposed to training in these areas, even those from poor backgrounds. However, the lack of basic health infrastructure is a more serious constraint to health status; women may have knowledge, hygiene and nutrition but be unable to translate this into practice because of other constraints.

Some NGOs provide information on adolescent reproductive health and shared information from a right perspective.

## 3.8 Gender Strategy of External Development Partners

Gender is seen a crosscutting issue influencing all social, economic and political processes and considered that gender issues are to be mainstreamed into all policies and programmes of the donors and partner organizations. Most of the multilateral and bilateral organizations are following right-based approach in gender and development.

Organizations pointed out that gender inequality is a determinant factor in poverty and expressed commitment to reducing gender inequality as part of an overall strategy to eliminate poverty. The core programme actions are providing support for the implementation of the National Action Plan (NAP) and United Nations Millennium Development Goals. Apart from this some other organizations are focusing on increasing women's access to recourses and services including and promoting women's employment and income generation, improvement of the situation of destitute women, strengthening the capacity of the women UP members and the attitudes of male UP members to women's rights and equality between women and men.

Most NGOs had good insight in recognizing that every policy, programme and project affects women and men differently and express their commitment towards gender mainstreaming.

### 3.8.1 Bilateral and Multilateral Agencies Contributions to Gender Development

Bilateral and multilateral donors have contributed towards the implementation of gender and development policies in different government and non government programmes by:

1. preparing guidelines for inclusion of GAD policies in the education, health, infrastructure and transportation sectors
2. preparing and implementing GAD indicators for evaluation of different projects
3. including gender-related information in the management information system and as a part of the regular reporting system.
4. establishing coordination between government and non-government organizations.

### 3.8.2 Local Consultative Group: Approach to Gender Mainstreaming

Local Consultative Group on Women's Advancement and Gender Equality (LCG WAGE) has been supporting MoWCA for taking forward its agenda for gender mainstreaming. Currently there is an increasing national and international consensus about the importance of the inclusion of a gender perspective in poverty reduction strategies, although coherent and systematic attention is still lacking. The emphasis remains on women as beneficiaries at the micro level and too little on the underlying structural factors, which cause inequalities between men and women at the micro-meso-and macro levels. National Strategy for Economic Growth and Poverty Reduction of the Government of Bangladesh (I-PRSP) articulates poverty-growth linkages and gender mainstreaming issues better than any other PRSP produced to date. Despite this accomplishment, ample scope remains to expand analysis from a gender perspective and address gender gaps in-depth in support of a full-fledged national poverty reduction strategy (MoWCA).

**Table 12: Successful Gender and Development Interventions**

	Policy Reform	Advocacy	Capacity Building	Research	Gender Mainstreaming
GOB	<ul style="list-style-type: none"> <li>• VAW Act</li> <li>• Acid Act.</li> <li>• Withdrawal reservation of CEDAW</li> <li>• Dowry</li> </ul>	<ul style="list-style-type: none"> <li>• CEDAW</li> <li>• Education Health</li> </ul>	<ul style="list-style-type: none"> <li>• MoWCA</li> <li>• WID Focal Points</li> <li>• Health</li> </ul>	<ul style="list-style-type: none"> <li>• WID institutional Capacity</li> <li>• Gender budgeting</li> </ul>	<ul style="list-style-type: none"> <li>• Education Incentives</li> </ul>
I/NGOs	<ul style="list-style-type: none"> <li>• NGO Gender Policy/ Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Gender Empowerment</li> <li>• Right based approach</li> </ul>	<ul style="list-style-type: none"> <li>• Gender Training for Org. and Prog.</li> </ul>	<ul style="list-style-type: none"> <li>• VAW</li> <li>• Political Participation</li> <li>• Family Law</li> <li>• Trafficking/prostitution</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Raising</li> </ul>
Development Partners	<ul style="list-style-type: none"> <li>• Right based approach</li> </ul>	<ul style="list-style-type: none"> <li>• I-PRSP</li> </ul>	<ul style="list-style-type: none"> <li>• LCG Wage</li> </ul>	<ul style="list-style-type: none"> <li>• Violence and Abuse</li> <li>• Trafficking</li> </ul>	<ul style="list-style-type: none"> <li>• LCG Wage</li> </ul>

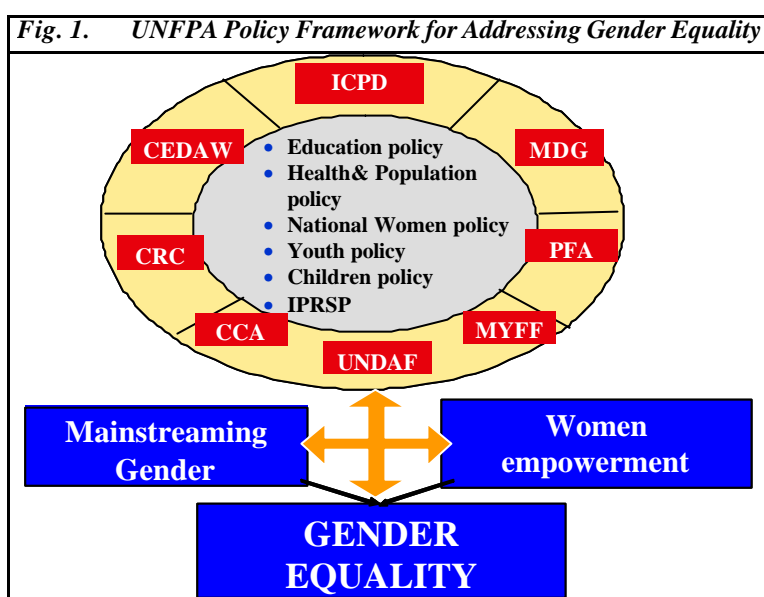
### 3.9 Gender Policies of UNFPA

UNFPA has specific guidelines, which relate to gender equality and gender mainstreaming. The gender policies are based on the premise that gender equality and empowerment of women is crucial for securing women's and men's reproductive and sexual health and rights. UNFPA's global mandate on gender uses a two-pronged strategy to achieve gender equality:

1. **Women's Empowerment:** The first strategy *empowers women* by designing programmes, which increase women's capacities and opportunities, and create spaces by which women can become agents of their own development.
2. **Gender Mainstreaming:** The second strategy is to *mainstream gender* by making gender issues central to the formulation of policies, legislations, resource allocation, and in the planning and monitoring of programmes.

#### 3.9.1 Gender Analysis within the UNFPA Country Programme

UNFPA's Sixth Country Programme (2003-2005) was approved in 2002 for an amount of \$18.0 million dollars (\$15.3 million from regular resources and \$2.7 million from other resources). In addition to providing quality reproductive health services, and building national capacity in reproductive health and population policies, the achievement of gender equity and gender equality is listed as one of the key goals in the Sixth Country Programme.



UNFPA's Sixth Country Programme has three key areas: Reproductive Health, Advocacy and Population and Development Strategies.

#### 3.9.2 Reproductive Health

Reproductive Health is a key part of UNFPA's sixth country programme. A significant (57%) portion of the budget is allocated for Reproductive Health related activities. UNFPA's aim is to strengthen reproductive health services by upgrading rural and urban clinics and providing a variety of training to the service providers (Women are assumed to be the main beneficiaries of these services). UNFPA has three component projects, under Reproductive Health which supports this aim.

1. **Strengthening Delivery of Reproductive Health Services:** Aims to increase the institutional capacity of Maternal and Child Welfare Centres (MCWCs) so that they are able to provide high quality reproductive health services.
2. **Capacity Development for the Reproductive Health Programme:** Aims to build capacity by training services providers, and
3. **Strengthening Reproductive Health Services for the Urban Poor:** Aims to increase the quality and effectiveness of services provided to the urban poor by strengthening urban clinics.

Gender is addressed in various ways within each of these three project components. The RH component project, *Capacity Development for RH Programme*, focuses on training and aims to impart gender knowledge and skills to service providers by introducing a gender sensitive training curriculum. The objective is to make the service providers more gender sensitive in their interaction with their clients. A third component addresses urban poor aims to address gender-based violence in selected areas where the urban poor live.

### **3.9.3 Advocacy**

UNFPA's advocacy initiatives play a key role in creating a supporting environment for the reproductive health services and in bringing about positive behaviour changes among prospective clients and the community. Gender has been identified as a key advocacy issue with the programme. The advocacy programme has 13 main component projects operating within it, which attempt to address gender issues in the context of reproductive health. A unique feature of this sub-programme is its multi-sectoral dimensions and the approach and strategy to operationalise and implement. Besides the Ministry of Health and Family Welfare, the Ministries of Religious Affairs, Home Affairs, Labour and Employment, Women and Children Affairs, Youth and Sports, Information, Primary and Mass Education Division, Education, Establishment and Parliament Secretariat are partners. Additionally, from the private sector the Bangladesh Garment Manufacturers and Exporters Association are also targeted.

Among the thirteen component projects, five of the projects, address gender equality issues by focusing on influential constituencies to strengthen their support for improved access and fulfilment of reproductive health and rights for women and girls and awareness-raising on gender equity through training them on gender, reproductive health and reproductive rights issues. The groups which are targeted include: (i) enforcement agencies such as the police/Ansars/BDR, (ii) parliamentarians, (iii) religious leaders, (iv) national and local leaders and governmental programme managers (e.g. UP chairmen) (v) parliamentarians.

Three of the projects address gender by targeting adolescents and sensitizing them on gender issues, contraceptive choices, and reproductive health and rights. These advocacy programmes work with youth clubs, secondary schools, madrasas and other non-formal education programmes. Another two projects target garment and tea-plantation workers in an attempt to mobilize communities that are usually hard to reach through normal mechanisms.

UNFPA believes that reproductive and sexual health and rights should be everybody's business. There is a clear commitment to further expand inclusive partnerships with religious and political leaders, traditional leaders, health system workers, the business community, civil society, and others, to identify and strengthen leadership on these critical global issues. (*See Annex-3 for Overview of UNFPA Sixth Country Programme Diagram.*)

### **3.9.4 Population and Development Strategies**

The population and development strategy sub-programme has two major component projects. The first project attempts to integrate population and development into sectoral policy and planning. The second project attempts to strengthen the Department of Population Sciences at Dhaka University, and provides support in the area of population to Rajshahi University.

Activities to integrate gender in development planning include sensitizing policy planners and decision-makers on the importance of gender-disaggregated data for gender-sensitive development planning, generating gender-disaggregated data at national and district level, and preparation of district profiles based on gender-disaggregated data, as well as fixing quotas for female students in the graduate programme in Population Sciences at Dhaka University.

<b>Table 13: UNFPA Sixth Country Programme Responsiveness to Gender Mainstreaming</b>	
<b>Women Empowerment</b>	<b>Gender mainstreaming</b>
<b>REPRODUCTIVE HEALTH</b>	
<ul style="list-style-type: none"> <li>• Increase access to RH services for women and adolescents - both girls and boys (RHIYA &amp; UNFIP,FLE)</li> <li>• Adolescent friendly and gender sensitive counseling package and Clinical service delivery protocols for service providers</li> <li>• Support GOB for developing ARH strategy.</li> <li>• Sensitizing men and boys on RH and women's rights-training</li> <li>• BCC on gender discrimination</li> </ul>	<ul style="list-style-type: none"> <li>• Training MCWC and other staff on VAW, Counselling, Life skills etc.</li> <li>• Gender audit of NGOs</li> <li>• Introduced Gender disaggregated data on RH issues with BBS</li> <li>• Advocacy to parliamentarians, religious leaders, policy makers &amp; media for promoting gender equality.</li> </ul>
<b>GENDER</b>	
<ul style="list-style-type: none"> <li>• Gender based Violence</li> <li>• Research on male attitudes</li> <li>• Supporting victims of violence (MCWC)</li> </ul>	<ul style="list-style-type: none"> <li>• Gender audit of partner NGOs</li> <li>• Pioneer in introduction of Masters in Population Sciences (with gender aspects) in DU and RU</li> </ul>

### 3.9.5 Analysis of Interventions

UNFPA is committed to carry out its goal to contribute to the government's efforts to the improvement of reproductive health and family welfare and population stabilization. Integral to these issues is the recognition of women's reproductive rights and physical and mental well-being which intern pertains to gender equality and empowerment of women. To carry out its mandate, gender is located as a crosscutting issue in development and implementation of reproductive health services under the country programme. The guideline for gender mainstreaming and gender issues in population and development are the major foundation of UNFPA country programme.

The **gender policy of the government of Bangladesh** emerged over the years through its five year plans development objectives at the sectoral and macro level. In the area of reproductive health GOB has adopted a gender equity policy. Given the tremendous growth potential built into the age structure of the population that is associated with high fertility rate, the government of Bangladesh has targeted to stabilize the population by the middle of the century. In its Health and Population Sector programme (HPSP), Gender Equity Strategy (GES) has been recognized as the key intervention to address the major challenges in the health sector.

The aim of the GES is to enhance the capacity of the HPSP to meet its objectives of improving the health status of women creating access to affordable, pro-women health care services and reduce maternal and child mortality significantly.

NGOs in Bangladesh are also key players in the area of poverty reduction and empowerment of women. Their major focus being on human and social development, gender equity issue has been integrating linked to most interventions. Within the context of substantial development, many National and international NGOs in Bangladesh have developed specific gender policies.

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## Chapter Four: Summary of Analysis of Key Challenges

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### 4.1 Key Challenges

The past decade has witnessed a consistent effort by government and development partners to reduce gender inequity through policy reform, capacity building and mainstreaming accountability. Increased resource allocation for gender related actions and inclusion of gender concerns is evident in almost all sectoral programmes. The Government of Bangladesh and NGOs have demonstrated active participation in global, regional and national processes to enhance gender and development objectives and there has been timely ratification of international instruments. Research has been consistently carried out at different levels to build a strong knowledge base on gender issues. Several key areas however will require further follow up and actions for gender equality to be effectively addressed in Bangladesh as highlighted below.

#### 4.1.1 Inadequate Reforms of Discriminatory Laws

**Low status of girls and women and inadequate reforms of discriminatory laws:** Despite the consistent efforts by government and civil society, women in Bangladesh continue to face gender inequity in legal provisions and equitable responsiveness from enforcement agencies. A review of all the policy reform and programme interventions indicates large gaps in policy and practice, poor national priority for policy reform for addressing strategic legal inequities such as the Inheritance laws. Implementation of recently introduced legal provisions that will help address some of the key gender based discriminatory practices such, as violence, acid attacks, dowry and early marriage require far more concerted efforts. In spite of the strong demand and lobby by the women's movement, the government has not taken effective measures.

Recognition of the powerful consequences on these gaps on the reproductive health of girls and women, is critical to bring a shift of approach and practices in the current sectoral and technical delivery approach that most government and many development partners interventions practice. A carefully planned and well-executed advocacy strategy is needed, supported by all partners and followed through consistently over a longer duration and at all levels. Reproductive and sexual health and rights should be everybody's business. Therefore, a strong commitment is needed to further expand inclusive partnerships with religious and political leaders, traditional leaders, health system workers, the business community, civil society, and others, to identify and strengthen ownership and leadership on these critical issues.

Current advocacy efforts have been piecemeal and deeply impacted by the political environment and coloured by the agencies involved. Given the deep rooted structural gender inequality issues that confront Bangladesh, an international lobby for fulfilling obligations to CEDAW, along with national coalitions through the well developed women's movement as well as community based advocacy is required.

#### 4.1.2 Less Value for Girls and Women's Rights

**Less value for girls and women's rights within homes and a lack of security in communities and in the public domain:** Violence against women and girls continues unabated though large scale efforts at policy and programme levels. Extreme forms of discrimination against girls and women manifests itself in numerous forms of violence from the moment of their conception until their death. High son preference in families, selective foeticide, 'eve-teasing' and harassment at the workplace are all forms of gender violence. Rape, wife battering and dowry killing are other harsher forms of gender-based violence. Beneath all such manifestations lie deep-seated socio-cultural attitudes and beliefs that perpetuate these violent acts.

Impunity by men and enforcement agencies indicates an absence of sufficient social outrage and the unofficial social sanctions of these gender based atrocities. This lack of respect and abuse manifests in the public domain with increasing harassment of women and girls in the private and public arenas. Poor and marginalised women are worse off, having a virtual absence of resources, access to information and services and no safety nets for their economic and social protection.

There continues to be lack of clarity with legal provisions and procedures. Unless the underlying structural inequalities are tackled, it will continue to be an enormous challenge to reduce GBV. There has been little cross-sectoral learning of successful efforts in specific sectors such as in education or child protection. There has also been poor coordination to apply lessons learned from within the country and the region.

Media has not been sensitized sufficiently and though more cases are reported, a sensational and gender insensitive approach is still common focusing on women as victims not as equal citizens and the denial of their fundamental rights. Sensitization at the middle level officer's level is an urgent task at hand for men and women to understand the rights based approach and root causes and impact of gender inequity.

#### **4.1.3 Largely Biological and Medical Approach to Health**

The absence of a holistic approach to RH and gender inequality is a core factor for the poor demand by women and girls. This review has found a major disconnect between service providers and the gender specific needs of clients. While health personnel are overwhelmed with the medical demands of their tasks, gender accountability is not a core part of their orientation, practice or behaviour. The well known demonstrated fact of gender inequity being a core and primary cause of women's poor health is understood in theory by some but barely applied in practice by most. All sectors of health focus on medical manifestations, not the social causes as per their training and the social environment they function in. The current structures for gender mainstreaming place responsibility on different staff members and add to an already over committed set of responsibilities of these staff. These 'add ons' to tasks are not included in job descriptions or personal appraisal mechanisms thus further reducing accountability and importance. In addition, the limited understanding and the weakness of the larger bureaucracy in monitoring gender related performance makes a lot of the current gender focal points and the investment on their gender training and capacity building ineffective.

#### **4.1.4 Lack of Responsiveness of Capacity Building Interventions**

**Lack of responsiveness of capacity building interventions to stereotypical socio-cultural factors:** The Institutional Review of WID (1998) highlighted several important limitations: (i) GOB general training was marginalized in the overall training and was insufficient to build capability of officials; (ii) lacked the required approach for effective gender mainstreaming; (iii) a relatively stereotyped and restrictive view of what is appropriate for women was followed. Women's equality as a fundamental human right or its relationship to successful development outcomes and sustainability are not well understood. The content and approach of current gender training is more information based within regular courses and programmes. Moreover, there was no clear indication among many of the planners (interviewed) of a conscious commitment to the principle of equality or the rights of women to the full development of their potential. Among planners the rationale for bringing women into the mainstream of development was the typical efficiency mode rather than instrumental in fulfilment of women's rights.

Current reporting mechanisms do not demand officials for a systematic inclusion of learning from capacity building processes into their work. This results in poor accountability and limited application of knowledge skills and practices.

## 4.2 Challenges for UNFPA for the Seventh Country programme

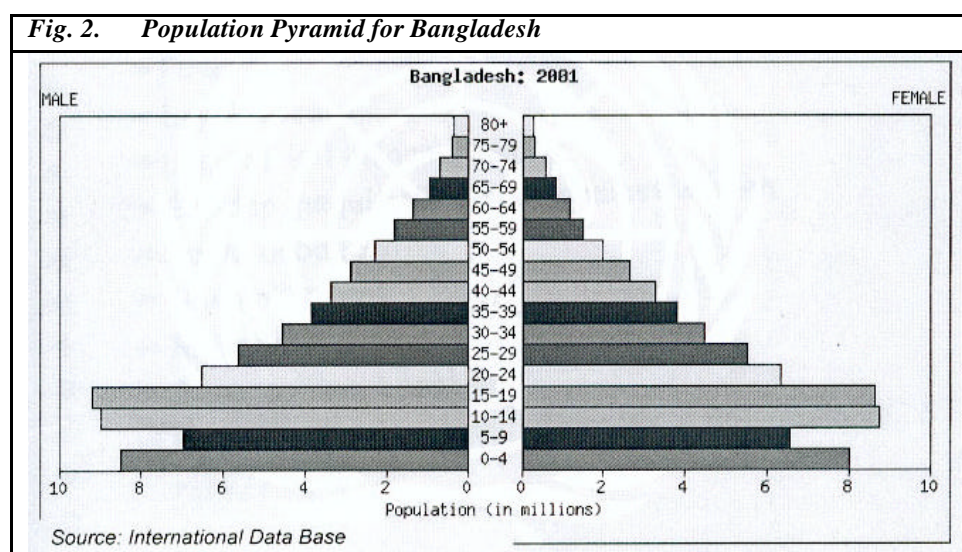
### 4.2.1 Powerful advocacy on policy reform for revision of discriminatory Laws

**Promoting more powerful advocacy strategies for revision of discriminatory Laws impacting girls and women's strategic needs and unequal status:** As indicated, UNFPA has made a major effort through the current advocacy programmes to reach a vast and diverse range of stakeholders to build a broader commitment to address reproductive health and rights of girls and women. The major focus however has been on advocacy through information sharing and raising awareness in different sectors. While this has contributed in bringing RH and Gender into critical areas of education and religious teaching, labour, planning and media, it has not addressed the structural inequalities that are the root causes for girls and women's lower status and bears a direct impact on the fulfilment of their reproductive health and rights.

UNFPA will therefore need to review and rethink how the advocacy programmes in the next Country programme can respond to this lacuna. Specific strategies and interventions would need to be developed to work with existing coalitions and build new ones to advocate effectively to the government for: (a) fulfilment of obligations to withdraw reservations to CEDAW; (b) examine existing discriminatory procedures; and (c) introduce policy and legal reform which are discriminatory to women. As the lead UN agency for Reproductive health and with a strong global mandate to advocate for rights and gender, UNFPA is well positioned to play a key role with other agencies committed to gender equality for being a champion for policy reform.

### 4.2.2 Adolescents: A Priority and Core Part of the Country Programme

**Introducing a shift from project mode to strategic programming by making adolescents a priority focus and a core part of the Country Programme.** Adolescent girls and boys in Bangladesh constitute more than 25 percent of the total population with 14 million adolescent boys (7.6 million between 10-14 years and 6.4 million in the 15-19 years age group). Son preference and low status of women are affecting girl adolescents' nutrition, education and access to health care. Early marriage and early motherhood affect their overall health status. More than half of Bangladesh's girls are married before the age of twenty (National Reproductive Health Strategy, MoH & FP). Marital status grants adolescent girls limited access to family planning services and help for gynaecological problems; unmarried adolescents have less access to health care of any kind particularly RH. Poverty, violence against adolescents, sexual exploitation of adolescent girls, family conflicts, unwanted pregnancies, gender bias against girls and forced prostitution are other problems which affect the normal development of adolescent girls.



The fertility rate for 15-19 year olds is 155 per thousand and it is estimated that each year 800,000 young girls enter this risky stage of marriage and child bearing. Accidents, violence including septic abortion and suicide are responsible for about a third of the deaths of young girls of this age. Some data indicates that a significant proportion of adolescent boys and girls suffer from malnutrition particularly, malnutrition among adolescent girls has a significant implication on their own health and the health and nutritional status of their children at the later stage of life. However, less attention has been paid to adolescent girls. Drugs and substance abuse is threatening the long-term survival, particularly in urban areas and is also a potential route for the spread of HIV/AIDS.

Working children are mostly adolescent and suffer from various problems that directly impact their reproductive health and rights. Adolescent girls in particular face disparity with boys in wage, personal freedom, and in harassment from employers and supervisors, co-workers and local boys with no access to justice. Working boys are subjected to numerous hazards and many are involved in hazardous labour such as welding, battery, motor repair, and lathe machines-with no cover for treatment of accidents at work. Recent study findings from urban slums

(UNICEF 2003) revealed that working children receive treatment mainly from pharmacies followed by quacks, religious-healers and self-prescriptions.

While Bangladesh has a well established Ministry of Youth with a special Department of Youth Development, it has never thought about incorporating RH issues as a programme focus. Bangladesh has currently more than 800 youth clubs supported by the Youth Ministry - and these local groups. Representation of girls in the mixed groups is about 20 percent.

Lessons learned from past interventions have clearly demonstrated that adolescents are pivotal for changing the future for the reproductive health of the nation and building a more gender equitable state. Given that a dominant proportion of the population is young, the current trends in early marriage, teen pregnancies, high STD and STI infections and persistent gender based violence; programme strategies have increasingly shifted focus to adolescents and young people as the primary target. The government, donors and

NGOs have strengthened advocacy and programme interventions to address the huge demand for RH services for adolescents by building preventive mechanisms for HIV/AIDS, advocating against discriminatory practices impacting girls particularly, sexual abuse, early marriage, acid attacks and dowry. Areas that require more consolidated responsiveness are the status of girls within homes as the first location of manifestation gender based discrimination in food, health care, labour and participation.

#### CHALLENGES FOR UNFPA

Responding largely to biological and medical approach of GOB – more holistic gender and social development approach required.

Advocate more on policy reform for revision of discriminatory laws, impacting women’s strategic interests and lower status.

Changing gender stereotypical norms, practices and values within the health sector services

Adolescents as a core part of the country programme, promote a shift from project mode to strategic programme impact

Supporting a comprehensive gender mainstreaming process to build capacity of UNFPA staff and GOB/NGOs functionaries.

#### DEFINITIONS

The meaning of the term ‘youth’ varies in different societies and changes continuously in response to political, economic and socio-cultural circumstances.

In 1989, the joint WHO/UNFPA/UNICEF Statement gave the following definitions:

*Adolescents:* 10-19 year olds;  
*Youth:* 15-24 year olds;  
*Young People:* 10-24 year olds.

## Issues and Barriers to Adolescent Reproductive Health:<sup>9</sup>

1. **Gender consideration:** Socialization of boys and girls is important to promote the equity between girls and boys with regard to both education and life skills. Both sexes need to be sensitized on issues of ARH. A healthy environment is a necessity for adolescent girls for ensured human rights and empowerment.
2. **Lack of information and knowledge:** The information on ARH is not properly disseminated to the target group, mainly because the society is not comfortable to discuss the adolescent sexuality and prohibits the adolescents from talking and learning about it. Hence there is lack of knowledge about sexuality, contraceptives, reproductive functions, STDs and STIs among adolescents, including the married ones.
3. **Lack of services:** National Reproductive Health Programmes claim that *all the people*, irrespective of their marital status should be able to access all the family planning services. However, this provision is not fully operational due to social norms on girls sexual mobility resulting in gaps in the services related to ARH.
4. **Lack of research on adolescents:** There is limited research being done for ARH. Thus, the policy makers and intellectuals do not have a sound knowledge base of the adolescents' knowledge, behaviour, needs and problems on ARH issues. As a consequence, there are problems in formulating appropriate reproductive health programme activities for Nepalese adolescents.

UNFPA has made an effective beginning in the sixth country programme to introduce several innovative programme actions to reach adolescents. However, these have been largely small independent project activities with limited connectivity and the absence of a comprehensive national strategic plan. A programme approach would now be an essential next step for an effective response to the growing needs of adolescents and young people. Factors affecting the different realities impacting girls and boys need to be evaluated in rural and urban locations and by age, education and degree of disadvantage. While UNFPA has made consistent efforts to provide gender training to partners, gender analysis and monitoring of the adolescent projects has been weak.

### 4.2.3 Supporting a more Holistic Gender and Social Development Approach

**Current response of UNFPA has been to largely support GOB through biological and medical approach.**

Formal and informal institutions have a key role to play in fostering dialogue among all stakeholders on reproductive rights and culture. The fulfillment of reproductive rights requires mutual understanding and commitment of both women and men.

1. **Supporting a comprehensive gender mainstreaming process to build capacity of staff and GOB/NGOs functionaries:** The current systems and structures of the health and family planning services are very largely biological and medical in their approach. Government training and the working culture within health services at all levels do not have protocols and mechanisms of addressing the broader issues of reproductive health and rights are yet to be developed.

It has been recognised that health issues/problems cannot be isolated from other issues such as poverty, social and gender inequalities. Hence it is essential to understand the broader social and cultural context under which they occur. This is a very new way of viewing health compared to the conventional biomedical perspective/approach where women's health is seen mainly as their function as mothers based on information obtained from hospital and clinical records:

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<sup>9</sup> Gender and Social Exclusion Assessment (GSEA), K Bhatia, C Jha, World Bank 2004

2. **Changing gender stereotyped norms, practices and values:** Reducing maternal deaths calls for more than “health and nutrition” interventions that primarily offer service delivery. A holistic more than mere biological approach is required as health issues are not isolated from other issues such as poverty, social and gender inequalities within the broader social and cultural context under which they occur.

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## Chapter 5: Recommendations

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Bangladesh has demonstrated capacity in establishing a dynamic and innovative health sector with remarkable success in programmatic interventions for family planning. The country's experience with operations research concerning health and family planning services is one of the most extensive in the world. Primary Health Care services have improved in several core characteristics including scale accessibility and utilisation, quality and impact.

UNFPA has been a lead player in this process and the past country programme. Of particular concern in a country like Bangladesh is to ensure that quality of primary health care services reach those most in need, namely the poorest, least-educated, and geographically most isolated members particularly girls and women.

The following recommendations propose potential actions towards further inclusion.

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### Priority I: **HOLISTIC RESPONSIVENESS TO YOUNG PEOPLE**

Securing the reproductive and sexual health and rights of adolescent girls and boys

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**The long-term need:** Girls and boys to be fully informed, protected, have easy access to information and services and would be able to decide on their well beings.

**The immediate need:** Social protection for girls from gender based violence, abuse and early marriage and access for girls and boys to safe, gender specific friendly services, counselling and information.

### 1.1 Advocacy

#### *1.1.1 Information on Services and Referral*

Advocate for development of young peoples Gender and Sexual and Reproductive Health and Rights, Information on services and referral. It is important to recognise programme evaluation has confirmed that:

- Quality RH education does not increase adolescents sexual activity and does not promote sexual practices.
- Education on RH and/or HIV does not encourage increased sexual activity.
- RH education delays onset of sexual activity, reduces unplanned pregnancy, sexual partners and STD rates.
- Responsible and safe behaviour can be learned.
- RH education is best started before the onset of sexual activity.

#### *1.1.2 Training Para-professional Counsellors*

- Initiate national lobby for training a cadre of professional and para-professional counsellors. Policy advocacy with Ministry of Education and University Commission for establishing new academic courses for youth counsellors.

### ***1.1.3 Inter Sectoral Linkages***

- Policy advocacy through donors, NGOs coalition for Ministry of Education to introduce counsellors in secondary schools for addressing gender based violence, RH issues and psycho-social issues.

### ***1.1.4 Awareness raising of members of the parliamentarians***

- Initiate ‘Awareness raising programme on CEDAW and Human Rights of Women’ with the members of the parliamentarians to expedite reform of gender discriminatory laws in Bangladesh.

## **1.2 Actions**

### ***1.2.1 Capacity building for providing effective counselling and referral services for young girls and boys.***

Professional and para-professional counselling services to support young people are not available as per the demand in Bangladesh at present. No national programme has attempted to set up a capacity building programme that will offer para-professional training to young graduates and volunteers and make them available for young people in urban and rural areas. While NGOs such as Marie Stopes and agencies like UNFPA, UNAIDS and UNICEF have developed packages on life Skills based programmes they have the following limitations. First, there is no ongoing capacity building of persons who could become service providers and would be available to the huge young population requiring ARH services. Second, there is no mainstream programme managed by the government moving beyond small pilot projects bound in scale and duration by donor funds. Third, a long-term strategic plan has yet to be developed within a Sector wide approach engaging with all donors and partners and young people for a collective effort.

Current available modules for counselling are either too academic or ‘western’ in design and content. Socio-cultural factors and location specific factors need to influence the preparation of tailor made design of professional orientation programmes.

#### **1.2.1.1 Reviews of Education Institutions**

- **Carry out an assessment of current degree programs in social work and counselling for potential to include specialisation on youth counselling.** Support a project scoping exercise to explore the possibility of introducing a 6month diploma in counselling for young graduates. The objective would be to train a cadre of para-professionals for being placed as counsellors and referral points in mainstream institutions such as secondary schools, university campuses, community centres and outreach programmes Courses will include field placements as part of the programme.
- **Set up Volunteer training programme** for free walk-in help centres for psychosocial support to young people. This could be volunteers from all walks of life who are selected, trained and located in free crisis intervention centres on a rotational part time basis. Centres will offer three kinds of immediate support services to young people.
  - a. Crisis counselling by visit, telephone (in relevant locations only) and correspondence.
  - b. Referral services for specialised help
  - c. Linkages with other support programmes such as skills based training and rural employment initiatives.

### ***1.2.2 Inclusion of Gender in Non-formal Education Materials***

- **Develop NFE material on gender, social transformation and rights for women and girls for all NFE courses.** Given the success of education incentives introduced by the Government in achieving gender parity in primary education and the direct impact of

education on RH practices, all ongoing Non formal education programmes should include RH information. Some successful examples of this can be found in NGO programmes. However currently there is an absence of systematic review and revision of the vast range of NFE programmes and materials to mainstream RH information. A broad based set of materials covering a holistic perspective to women's reproductive health and rights needs to be developed. This would provide a vast number of women and girls out of school in remote rural areas as well as in urban slums, critical access to information on knowledge on their health, their rights and services available.

Close collaboration would be required with the Ministry of Education and the training divisions of both Ministries.

### 1.2.3 Social Mapping<sup>10</sup>

- **Social mapping in locations with high rates of early marriage, violence and fertility among young people.** A major emerging concern is the absence of data disaggregated by social indicators to enable tracking of specific vulnerable groups in different locations. NGOs have demonstrated good capacity to engage with local communities and carry out baseline house hold surveys that provide the qualitative information for improved responsiveness to service providers. Youth groups and even children's groups have tackled sensitive social issues such as early marriage, trafficking and rape in their communities through social mapping. To develop these skills the following actions may be taken:
  - a. Mapping of effective social mapping initiatives by NGOs particularly related to health
  - b. Support a TOT on social mapping techniques by qualified NGOs for health service providers in selected locations.
  - c. Introduce social mapping in partnership with local NGOs in the selected locations.
  - d. Facilitate community level consultations between community representatives particularly women and youth and health service providers to discuss finding of the social mapping and how health services could become more responsive to these identified issues.

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**Priority II: REDUCING MATERNAL DEATHS**  
 Reducing maternal deaths; improved access to gender responsive services and rights

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**The long-term need** is for social transformation, which redefines the status of women and girls and provides more equitable access to rights and services to women and other disadvantaged communities.

**The immediate need** is the transformation of systems and structures and attitude of service providers to make them more gender responsive and create the enabling environment for bringing in comprehensive and holistic health service delivery at community level.

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<sup>10</sup> **Social mapping** is a PRA methodology which can be used to present information on demography, ethno-linguistic groups, health pattern, wealth and other aspects such as village layout, infrastructure etc. The tool is particularly sensitive to the composition of the participating group. Women in particular are extremely attentive in producing social maps focusing on health, and social infrastructure distribution. Outputs differ consistently if generated by women, men or children: source: [http://www.iapad.org/social\\_mapping.htm](http://www.iapad.org/social_mapping.htm)

Maternal mortality is today recognised globally as an indicator of the condition and position of women in a given country. The unfavourable sex ratio of 94 women per 100 men in South Asia due to high levels of mortality among young girls and women in their child bearing years has resulted in the large number of ‘missing women’ of S. Asia and hundreds of girls and women suffer from other consequences including temporary or permanent disability. Bangladesh is confronted with similar realities.

Poor MMR rates therefore provide a national wake up call for comprehensive policy and programme reform for confronting all factors that contribute to persistent gender inequity and investment in building processes for gender equality at all levels. To bring about the required change, gender and social development have to be tackled together in a more comprehensive manner.

Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth. Reproductive health care is the constellation of methods, techniques, and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted infections.

Currently, the burden of poverty continues to fall disproportionately on women in areas of nutritional intake, access to gainful employment, wage rates and most importantly to access to maternal health care. Approximately 40% of female headed households live below the poverty line. The worst off are female headed rural households (5-9%) and households dependant on female earners (estimated 20% of rural households) (CCA 1999)

Women’s household bargaining power has been linked to other important poverty outcomes such as infant and child health and survival, overall household income and consumption and household behaviour in terms of education of daughters, age of daughters marriage, with improved child health and nutrition and greater investment in girl’s education

Of the five critical process dimensions perpetuating poverty, illness related expenditure, dowry and death of the principle earner are three that impact women the most. Illness related expenditure routinely affect about 40% of rural households. The magnitude of the income erosion from these dimensions is estimated to be nearly 16% of the average household income. In rural areas, for each episode of illness on average children suffer 10 days, adults 14 and elderly 20 days. This has major financial consequences on a resource poor household through loss of income, as many are daily wage earners.

## **2.1 Advocacy**

### ***2.1.1 Supporting Increase of Women Professionals and Service Providers***

**Initiate national advocacy process for *supporting increase of women professionals and service providers* at all levels of health services.**

In the reproductive health projects, the majority of service providers are women. However, even though, women occupy significant positions at the Central level as programme managers in the RH sector, the top management comprises only of men. UNFPA should support a major advocacy process for the government to include women in high-level positions so that high level technical and policy decisions on RH are more strongly influenced by women professionals. An affirmative action strategy needs to be developed based on the lessons learned from the region

and the NGO sector which in Bangladesh has made positive efforts on Gender and Work issues within their organisations.

The advocacy sub-programme attempts to influence various constituencies on gender issues but no exact mechanism to influence policies and/or legislation of the government to incorporate gender within its own systems and structures. Mechanisms to influence policies should be incorporated.

## **2.2 Actions**

### ***2.2.1 Affirmative Action***

**2.2.1.1 Affirmative action;** Work with Public Service Commission and support gender mainstreaming through

- increased recruitment of women,
- additional coaching for women applicants,
- increasing quota for women allowing women candidates to compete with one year senior men candidates for promotion,
- making 40 years of age as the age-limit for women candidates to enter the service.
- setting up review of current procedures and practices to assess required revisions to make them more gender responsive.
- legally recognizing workplace sexual harassment as a crime.

### ***2.2.2 Extending Social Protection to Poor Women***

**Advocate development of a national strategy for extending social protection to poor women and the most resource poor households:** This policy should address issues of food security, health protection, increased access to land and income earning of the most vulnerable groups particularly women in order to address structural causes of vulnerability and high risk. UNFPA should also incorporate mechanisms, which would empower women to take major reproductive health decisions by themselves.

- Support review of existing social insurance efforts for women and the poor that have been successful nationally, regionally and internationally.
- Initiate design of social insurance for health based on this review in consultation with MoH and lead NGOs working with women's health.
- Support pilot schemes in selected districts based on locations with large number of women headed households, migrant families and the poorest families with least access to health facilities.

### ***2.2.3 National Desegregation of Data by Gender, Age and Location***

**Initiate inter-agency forum to work with Census authority and support national disaggregation of all data by gender, age and location:** The initiative to support BBS to disaggregate gender data has provided a useful beginning for looking into the gender dimensions of health related data. Technical support however is critical for setting up an effective monitoring systems and database.

- Mapping and review of the existing community based monitoring mechanisms that are managed by local community groups and have been successful in developing a baseline information database on gender and social aspects.
- Initiating a pilot programme in selected locations with high proportion of resource poor families and working in partnership with local NGOs to build a Community based information system (CMIS) that will provide disaggregated data to the national M&E system.

- Facilitate workshops with local health providers and community health seekers on the data analysis and responsiveness required from the health services.
- Support formative research on the quality and management of this data and the impact of local application of the information for improved access by girls, women and socially excluded households.
- Design scaling up plan on feeding CMIS into the national Health MIS.

#### ***2.2.4 Form a National Coalition of Men against Gender Based Violence***

##### **Form a national coalition of men against gender based violence through selection of male representatives of Government, NGOs, Private bodies, and community and youth groups:**

Several International agencies and NGOs have initiated awareness raising and advocacy on male involvement in confronting violence against women and participation in RH through media campaigns, public debates, micro research studies and capacity building. However, no clear strategy has emerged and there is enormous need to systematically develop a male coalition at the national level for advocacy against gender-based violence. Similarly, apart from a few local specific examples; there are no established mechanisms to increase male involvement in the RH and family planning services at different levels particularly within local communities. Given the persistent high MMR and extensive violence against women and girls, UNFPA should:

- Carry out a rapid assessment of the current programme actions on working with men to identify lessons learned, what works and current potential gaps.
- Facilitate the setting up of a national coalition of senior reputed men from all sectors (government, media, NGOs, corporate and academic) and create specific programme components at different levels to set up a high powered body on men's involvement in eliminating Gender based violence.
- Support advocacy campaigns targeting the corporate sector to promote social corporate accountability for public /private partnership in reducing GVB and maternal mortality.

#### ***2.2.5 Public Private Partnerships***

**Corporate social accountability:** Establish programmes with lead corporate and industrial bodies to introduce special BCC and services for women employees' health services. Provide BCC package for male employees on gender and socio-cultural factors impacting women's rights and well being.

- Establish programmes with lead corporate and industrial bodies to introduce special BCC and services for women employees' health services.
- Provide BCC package for male employees on gender and socio-cultural factors impacting women's rights and well being.
- Introduce BCC campaign on promoting men's role in birthing and caring for newborn babies. Include scientific facts on male critical role in Early Childhood Development.

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**Priority III: TRANSFORMING HEALTH SERVICES**

Building capacity of service providers for improved gender and social responsiveness

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**Long term need:** The systems and structures of the health and family planning services are more holistic and gender responsive and less biological and medical in approach.

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**Immediate Need:** Government training within health services at all levels invests in service providers to transform the working culture make both male and female staff more gender responsive for providing comprehensive and holistic service delivery.

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**Absence of capacity building process:** The major focus of government interventions to address women's empowerment and gender mainstreaming has been through occasional one off gender training events. These have largely provided basic awareness on gender concepts and some tools for project delivery from an 'efficiency' mode. Most of these gender training programmes have failed to address the social transformative aspects of health providers and not initiated a process of inner reflection on rethinking attitudes to women's status, behaviour patterns and the value of women's rights in the personal and public domain. Given that gender transformative policies and programmes call for changes in daily procedures and practices by both men and women, past initiatives have proven that an ongoing process of capacity building alone can bring results. Gender trainings are also isolated events poorly linked to underlying root causes that impact all sectors and organizations at different levels. The absence of process furthermore, reduces accountability, discourages application of learning and fails to provide the essential building blocks for personal and professional shifts in thinking and doing. Gender is still not seen as 'everyone's business'.

**Capacity development of UNFPA staff and project managers** is equally important. The rights-based approach is now the official approach taken by the UN System globally within its United Nations Development Assistance Framework (UNDAF). This is central to transforming unequal power relations between men and women that has differential outcomes for both men and women within the organisation and in programmes. There is insufficient level of gender sensitisation training among UN Staff for addressing gender dimensions of organisation and programmes. A comprehensive training on the UN, the rights-based approach and gender equality will tremendously benefit the staff in taking responsibility for addressing gender issues. Such a strategy is deemed catalytic in that the staff will not only be familiarised with the mandates and working procedures of various UN bodies (e.g. Commission on the Status of Women and Division on the Advancement of Women) and agencies, but will also be instrumental in bringing about conceptual clarity on the rights based approach and what constitutes gender and gender equality.

- A systematic and sequential training process on gender issues for all UN staff to be initiated, building on past efforts.
- UNFPA to support mainstreaming of Reproductive health and rights into all current modules of gender training.

### **3.1 Advocacy**

#### ***3.1.1 Gender Mainstreaming Capacity Building of WID Focal Points***

Initiate a joint donor advocacy effort targeting to the National Council for Women and Development to introduce a policy directive to MoWCA design and facilitate a gender mainstreaming capacity building for all gender WID focal points following up on the recommendations of the Institutional and Organizational Assessment (IOA) report. Poor resource allocation for long term capacity building has been a major hindrance and joint efforts are required to ensure that a comprehensive capacity building process has the necessary resources in place.

## **3.2 Actions**

### ***3.2.1 Develop a Stronger Rights Based Perspective of Women's Health in Programme Components***

- Follow up on obligations to ICPD and CEDAW and the application of reproductive rights of girls and women.
- Understanding of how gender and socio-cultural factors translate into reproductive health outcomes Conceptualization of Women's Health
- Awareness of Reproductive Rights and its relation to RH
- The significance of a broader perspective of women's health
- Insight into the Women's health is not simply biological/physical consequences, but also consequences of their gender roles and socio-cultural beliefs/norms and practices.

### ***3.2.2 Increase Capacity and Availability of Health Providers to Provide Quality Services***

- While the MoWCA has set up a gender unit and national training bodies are being sensitized on gender, there is limited capability for ensuring conceptual clarity on providing a holistic framework that addresses gender and rights at the individual level as well as for programmes. There are a large number of packages and toolkits currently being used, based on external models that need to be redesigned to include the socio-cultural context and the local specific factors of resistance influencing men and women regarding unequal gender relations.

### ***3.2.3 Design and facilitate a comprehensive capacity building process for senior government officials on gender and reproductive rights and health.***

- Address the social transformative aspects of health providers
- Facilitate a process of inner reflection on rethinking attitudes to women's status, behaviour patterns and the value of women's rights in the personal and public domain.
- Set up clear follow-up mechanisms and accountability for trained officials within their official structures.
- Initiate annual gender audits to understand gender gaps in the budget.

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## **Annex – 1:**

# **TERMS OF REFERENCE FOR THEMATIC REVIEW OF GENDER ISSUES IN BANGLADESH AND UNFPA COUNTRY PROGRAMME**

## **1. BACKGROUND**

The United Nations Population Fund (UNFPA) Bangladesh is implementing its 6<sup>th</sup> Country Programme (CP) in collaboration with the Government of Bangladesh. The 6<sup>th</sup> CP has started from 2003 and will continue until the end of 2005. The Ministry of Health and Family Welfare (MOHFW) as well as other relevant ministries (i.e. Ministry of Home Affairs, Ministry of Women and Children Affairs, Ministry of Labour and Industry, Ministry of Law Justice and Parliamentary Affairs, Ministry of Education etc) are also involved in implementing the programmes. The country programme is contributing to the overall goal of Improved health and social well being of the population of the country and mainly focusing on three major areas i.e. Reproductive Health, BCC/Advocacy and Population and Development Strategies (PDS). The 6<sup>th</sup> CP also contributing to the IPRSP for poverty reduction and improved RH as well as contributing to the HNPSF.

Gender inequalities in Bangladeshi society are predominant and one of the root causes of poor health status and social development, which affect the overall development of the nation. Gender is a major focus in UNFPA programme and has been seen as a crosscutting issue. UNFPA feels that gender issues must be systematically considered and addressed in all UNFPA programme activities. Improving women's reproductive health is more complex than just making family planning or RH services more accessible. A comprehensive approach is required to address the underlying contextual factors, including illiteracy, harmful traditional practices, early marriage and violence against women etc. Reproductive health services, while vitally important, must be provided in combination with complementary efforts of women empowerment such as education, income generation, and community mobilization to enable women and their families to develop their full potentials. Gender and women empowerment is also a central theme of UNFPA and has been addressed throughout the programme through different strategies. UNFPA wishes to conduct a thematic review of gender issues in order to have an in-depth analysis and understanding of the situation and to more systematically address the issue through its current and forthcoming country programme.

## **2. THE PURPOSE**

The purpose of the thematic review is to assess the overall gender and women empowerment situation of the country and to identify effective strategies and approaches / interventions for minimising the gaps.

### **3. THE SPECIFIC OBJECTIVES**

The specific objectives of the review/study are:

- i To conduct a review of the current gender and women empowerment situation of the country and how these are being addressed through different programme (GO/NGOs/DPs) including UNFPA programmes.
- ii To identify the role of different stakeholders (GO, NGO, Donors, UN Agencies and others) in addressing gender inequalities and current approaches and that are being effectively utilised.
- iii To identify the gaps in programme implementations and policies/strategies and effective measures or interventions to address these gaps.
- iv To inform the UNFPA country office and other stakeholders on the decisions on operations, gender related policy or strategy related to ongoing intervention and future programme interventions required based on the evaluation.
- v To identify appropriate strategies and interventions that should be addressed through 7<sup>th</sup> CP of UNFPA in order to minimise the gaps.

### **4. SCOPE OF WORK**

A team of consultants will work jointly in order to achieve the above-mentioned objectives. The team will be composed of four members, an independent expert on gender, women and development issues. She will be supported by a CST (Country Support Team) advisor/international consultant and two staff from UNFPA. The team members will share the activities among them and will produce the report. However, the team leader will be responsible for compiling the whole report and will have to reach a consensus before presenting it to UNFPA. The terms of reference for the group is as follows:

- i) The consultants will review the available/relevant literature on gender in Bangladesh in order to gain adequate understanding of the current situation. This will include necessary Gender related papers/literature including policies and strategies from selected ministries, research papers so far available, and the 6<sup>th</sup> Country Programme documents including sub-programmes and project documents etc. in order to gain an understanding of how gender issues have been addressed as a cross cutting issue in different programme and projects.
- ii) In order to gain further understanding on implementation and achievements, the consultant need to meet and discuss the issues with programme staff of UNFPA, interview relevant GOB officials from selected ministries and departments, other selected UN agencies etc. and representatives of selected development partners, NGOs and women organisations and if possible some beneficiaries from selected project areas.
- iii) The consultants will also review the commitments of Beijing +V, ICPD, CEDAW IPRSP and MDG goals and how these are being addressed

through GOB and other stakeholders. They also need to identify the relevant data sources and the need and importance of gender desegregated data.

- iv) The consultants also need to conduct few field visits in different project areas and observe field activities.
- v) Since UNFPA is willing to mainstream a gender perspective into all policies and programmes, it is therefore important to identify how to integrate gender perspective into organisational and sector policies and strategies, to incorporate gender perspective in programmes and to increase the involvement of men in promoting implementation of gender mainstreaming.
- vi) The consultants need to also review the existing log frames (both country programme and projects) and indicators for its gender sensitivity and examine how far these are contributing to monitoring and evaluation of gender issues in the programme. They also need to identify effective indicators and gender desegregated data (where required), if not available in the existing programme for M&E, which should be addressed through the next country programmes.
- vii) The consultants also need to identify the results that are being achieved through the programmes/interventions and how the 'Rights' (women's rights, human rights, reproductive rights etc.) are being addressed. If there are limitations, then they also need to identify effective strategies for efficiently addressing these issues.
- viii) The consultants will also identify the overall strengths and weakness in addressing gender issues in the current country programme. They will also review the CCA (common country framework), UNDAF (united nations development assistance framework) and MYFF (multi year funding framework) reports in order to make effective recommendations for improving the current programmes and future country programme design in line with the above frameworks.
- ix) They will also prepare a report on the review and should be shared with UNFPA and other stakeholders.

## **5. TIME FRAME AND DELIVERABLES**

A total of four weeks will be allocated for evaluation activities. The consultant will produce a final report on the review (both hard and soft copy) by the end of contract period and will submit to the UNFPA Representative. The consultants will prepare a schedule/ work plan at the beginning and will share the activities with the team members as appropriate. The consultant(s) needs to be ready to work on thematic review for full time for the period of mid-April to the end of May 2004.

## **6. GENERAL TERMS AND CONDITIONS**

- i) It is expected that the consultants will personally and independently work on review activities and should know the state of the art of Gender issues in Bangladesh.
- ii) S/he should be able to work with necessary equipments i.e. PC, Printer etc. However, UNFPA may extend support for doing this.
- iii) Secretarial support will not be provided by UNFPA. This remains the responsibility of the consultants.
- iv) The report prepared by the consultants cannot be shared or used by the consultants or any other organisation for any other purposes without permission of UNFPA.

## **7. REQUIRED QUALIFICATIONS**

- Relevant university degree (Social Science/ Medical / Anthropology / GAD/ WID/ Development studies or relevant others)
- Fluent in spoken and written English
- At least 10 years experience in working on RH and RR, gender and women empowerment issues,
- Computer skills: ability to use word processing programme and e-mail and Internet
- Familiarity with the International Conference for Population and Development follow-up process and content
- Proven research experience in sexual, reproductive health, rights and gender.

## **8. PROPOSED TEAM FOR THEMATIC REVIEW**

The team for thematic review of gender issues will consist of four members. These are as follows:

- Ms. Salma Khan, Chairperson, NGO Coalition on Implementation of Beijing PFA
- Ms. Karin Bhatia, Gender and social development Expert, Kathmandu
- Md. Mozaharul Islam Khan, RHIYA Coordinator, UNFPA and Focal Point for Thematic Review on Gender.
- Ms. Shamima Parveen

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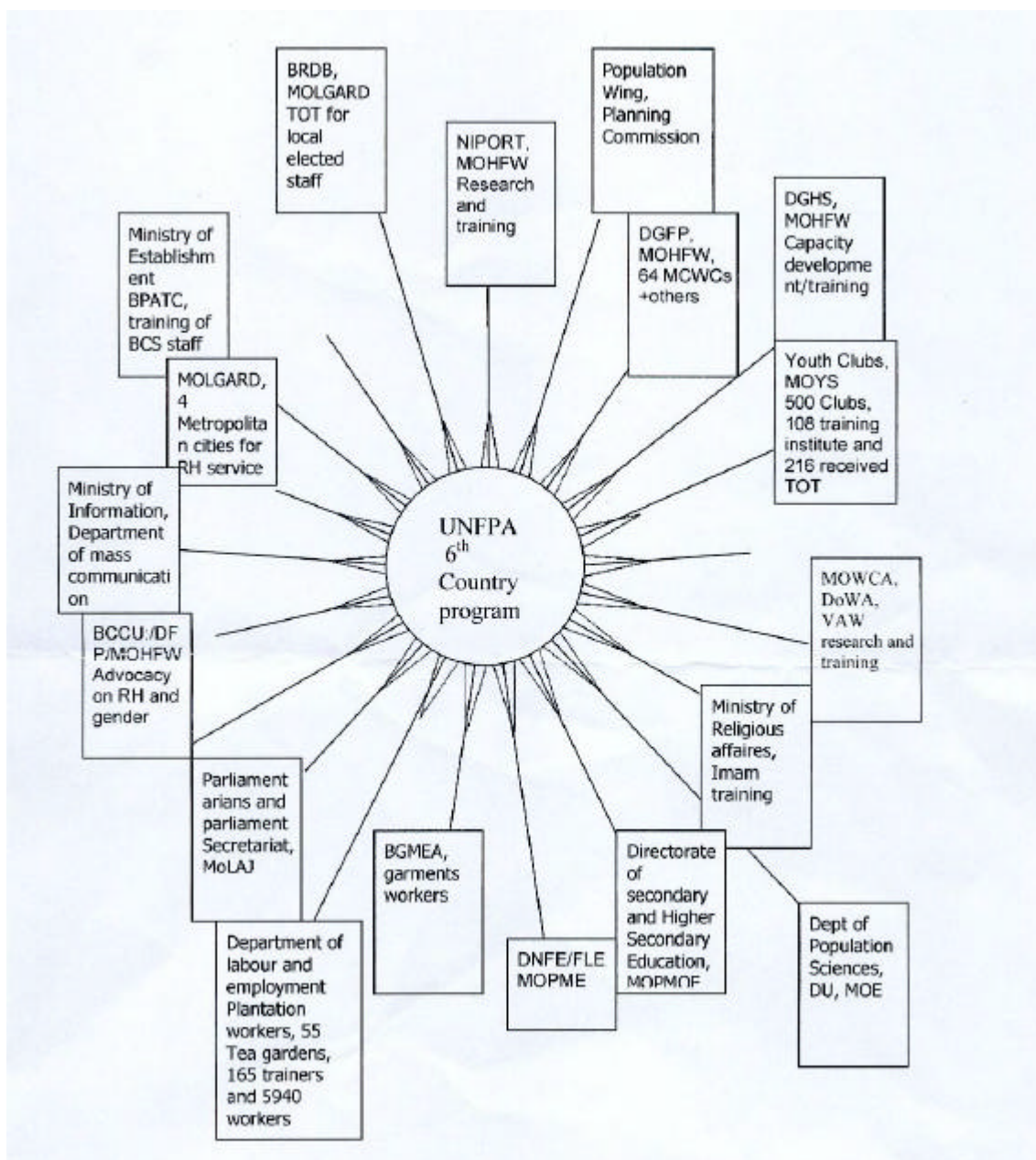
## **Annex–2: List of Peoples Met**

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### **List of people's met**

1. Secretary, Ministry of Women and Children Affairs
2. Director General, Ministry of Health and Family Welfare
3. Md. Idris Mia, Joint Secretary, Ministry of Youth and Sports
4. Md. Zahirul Haq, Deputy Chief, Ministry of Women and Children Affairs
5. Ms. Sunneta Mukherjee, UNFPA Representative Bangladesh
6. Ms. Tahera Ahmed, Assistant Representative, UNFPA Bangladesh
7. Mr. Nurul Ameen, Assistant Representative, UNFPA Bangladesh
8. Md. Khaled Hussain, Senior Assistant Secretary, Ministry of Health and Family Welfare
9. Ms. Sarley Randel, Mainstreaming Project, Chief Technical Officer
10. Shohidul Islam Nizami, Jatiyo Mohila Sangstha
11. Ms. Dil-Afroza, Programme Officer, Campe
12. Ms. Sakeba Khatun, Deputy Programme Manager, Campe
13. Mr. Didarul Alam, National Consultant, Advocacy through Youth Club, Youth Department
14. Mr. Saidul Rahman, Project Director, Advocacy ...through rural Cooperative
15. Ms. Tanya Shahriar, Knowledge and Social Development Manager
16. Ms. Shubra Sheully Shaha, NPPP, UNFPA
17. Sk. A. Ali, MDS, BPATC
18. Dr. Laila Firdous, Assistant Director, FIPAB
19. Ms. Rokeya Sultana, Programme Coordinator
20. Muhammad Saifullah, Project Director, FLE, dnfe
21. Md. Afsal Hossain, Deputy Secretary, Parliamentary Affairs
22. Md. Hasan Ali, Senior Programme Officer, RHIYA, CWFD
23. Md. Mustafizul Rahman, Director, DMC
24. Mr. Abdul Khalequ, Deputy Chief, Planning Commission
25. Md. Margub Aref Jahangir, APD, UPHCP
26. Dr. Wali Ahmed, NPPP-RH, UNFPA
27. Dr. Ahmed Al Sabir, Director (Research), NIPORT
28. Dr. A.K.M Nurun Nabi, Professor, Department of Population Sciences
29. Aminul Arifeen, NPPP, PDS, UNFPA
30. Ms. Sonia Ahmed, UNFPA,
31. Zubaer Hossain, UNFPA
32. Ms. Sabina, Akhter, UNFPA
33. Ms. Hasmat Ara Begum, Project Director, Advocacy to End Gender Based Violence, Ministry of Women and Children Affairs
34. Ms. Sharmin Afroz, Programmer, MIS cell, Department of Women Affairs

35. Md. Nazim Zaman, Project Officials, MIS cell, Department of Women Affairs
36. Ms. Rokeya Begum, Project Officials, MIS cell, Department of Women Affairs
37. Md. Mahbulul Alam, Project Officials, MIS cell, , Department of Women Affairs
38. A.K.M Shafiul Azam, Project Officials, MIS cell, Department of Women Affairs
39. Md. Altaf Hossain, Project Officials, MIS cell, Department of Women Affairs
40. Md. Jilal Uddin, Project Officials, MIS cell, Department of Women Affairs
41. Md. Azgar Ali Khan, Statistician, MIS cell, , Department of Women Affairs
42. Ms. Fahmida Aziz, Statistician, MIS cell, Department of Women Affairs
43. Md. Al-Amin Bhuyan, MIS secretary, Department of Women Affairs
44. Md. Kamal Hossain, MIS secretary, Department of Women Affairs
45. Md. Mahbulur Rahman Chy, Accounts Officer, MIS cell, Department of Women Affairs
46. Mumita Tanzila, Assistant Director, Women Facility Project, Department of Women Affairs
47. Hosne Naznin Ara, Assistant Director, Women Facility Project, Department of Women Affairs
48. M.M. Shafiqur Rahman, Assistant Director, Women Facility Project, Department of Women Affairs
49. Md. Morshed Ali Khan, Assistant Director, Women Facility Project, Department of Women Affairs
50. Ms. Kamrun Nahar Begum, Assistant Director, Women Facility Project, Department of Women Affairs
51. Md. Sirajul Haque, Accounts Officer, Advocacy to End Gender Based Violence Project. , Department of Women Affairs
52. Ms. Gulnihar Mohsin, District DWA official, Dinazpur, Department of Women Affairs
53. Ms. Gulnihar Ferdous, Upazilla DWA official, Savar, Department of Women Affairs
54. Ms. Jebunnahar Bela, District DWA official, Chittagong, Department of Women Affairs
55. Ms. Rokeya Bashir, District DWA official, Lakshmipur, Department of Women Affairs
56. Ms. Nilufar Begum, Upazilla DWA official, Kesobpur, Department of Women Affairs
57. Ms. Jebunnessa Begum, District DWA official, Barisal, Department of Women Affairs
58. Ms. Monoara Begum, District DWA official, Sylhet, Department of Women Affairs
59. Mr. Taslim Uddin, Upazilla DWA official, Dhunat, Department of Women Affairs
60. Ms. Farhana Akter, Upazilla DWA official, Sirajdikhan, Department of Women Affairs
61. Kamrunnahar, Upazilla DWA official, Katiadi, Department of Women Affairs
62. Nurjahan Begum, District DWA official, Rajshahi, Department of Women Affairs
63. Medical officers and other staff at MCWC, Tangail
64. Staff at BWHC, Tangail
65. Staff at MSCS, Tongi



## Annex 3A: Gender analysis of UNFPA projects

### **Reproductive Health Sub-programme purpose and outputs**

Purpose: i) Increased use of quality of RH services, ii) Contribute to gender equity and equality through male participation, the reduction of gender based violence and increased women decision makers in policies and civil administration, iii) Positive behaviour changes among the youth and men in SRH, iv) increased national capacity in RH and population policies an programmes in line with ICPD.

Outputs: *i) Increased accessibility, availability and utilisation of clinical contraception, RTI/STI case management, EOC and safe motherhood services, particularly for the high risk and most vulnerable population and youth.*  
*ii) Strengthened capacity in service provision, referral and networking to address the three delays in safe motherhood and informed family planning choices.*

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
<b>Reproductive Health</b>						
1. Strengthening RH services for the urban poor. (BGD/06/0/03)	To support sustainable comprehensive RH care (CRHCC) services provided by city corporations.	Local government division, MOLGRD City corporations of Dhaka, Chittagong, Khulna and Rajshahi and partner NGOs.	<ul style="list-style-type: none"> <li>• Institutional strengthening through capacity building, BCC activities with the involvement of community. Providing materials for service delivery.</li> <li>• Recruitment of required number of staff at all levels;</li> <li>• Training of all categories of staff from CHCC, HPCC, BCC and partner NGOs and consultants;</li> <li>• Organisation of special training component with longer duration and specific attention such as EOC;</li> <li>• BCC activities at i) service delivery point, and ii) community levels;</li> </ul>	Major emphasis is on providing technical and medical quality of care for maternal health and EOC. Training on VAW case management and involvement of men considered.	US\$2,414,328 US\$200,000 (Multibi)	Gender as a crosscutting theme mentioned in the project document. In the orientation of the health providers Focus on maternal health from bio-medical perspective. No attention paid on social /cultural, behavioural dimentions of safe motherhood. Only

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
			<p>point, and ii) community levels: development of RH messages and materials for demand creation;</p> <ul style="list-style-type: none"> <li>• Development of support system for RH services such as MIS/Clients data recording system, logistics, and quality assurance.</li> <li>• Reaching poor are emphasised.</li> <li>• Research survey and related activities on RH: Baseline, midterm and end-line evaluation surveys.</li> </ul>			VAW case management training arranged. Quality need to be ensured.
2. Strengthening delivery of RH Services (BGD/06/01/01)	Expand RH service delivery points in selected semi-urban and rural under served areas; and delivery of high quality services by training health providers.	Directorate of Family Planning, Ministry of Health and Family Welfare will implement the project with assistance from BCC. UNFPA RH Adviser through the CO Dhaka will assist the Government to execute the project	<ul style="list-style-type: none"> <li>• Assessment of needs for equipment, essential drugs and supplies, and their procurement;</li> <li>• Expand the range and quality of RH services provided through 64 MCWCs .</li> <li>• Recruitment of staff, consultant and supporting staff;</li> <li>• Human resource development training of Medical Officers and Family Welfare Visitors, continuing medical education (CME) for service providers and supervisors;</li> <li>• Orientation of AD and MO of Dhaka and Khulna division on RH/FP and EOC services</li> <li>• Linking MCWCs to lower and higher centres for referrals</li> <li>• ARH services, VAW issues and male involvement are being introduced.</li> <li>• Six MCWC has been taken as</li> </ul>	Consideration has been made for a separate course on gender issues and RR designed for MO of MCWC, RH Consequences of violence on women and provisions of counselling to the victims, ARH services and male issues considered.	US\$4500,000 US\$ 500,000 (Multi bi)	Gender training featured in the training programmes is general concepts and understanding of gender issues. Specific gender issues related to the functions of MCWCs, FWVs and MOs have yet to developed and incorporated MCWC linkage with NGOs and other agencies are still weak. Recent training on addressing women victim of violence

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
			<p>centre of excellence for demonstrating RH services. These MCWCs are linked with UH&amp;FWC and also linking SBAs for maternal health services. Training of SBAs are also being done.</p> <ul style="list-style-type: none"> <li>• Development of linkages with NGOs and other UN agencies.</li> <li>• Provide field level practical training opportunity: in service training of FVWs and MOs, FWVs and SBA.</li> <li>• RTI/STI, Post abortion care</li> <li>•</li> </ul>			out contracted and being done. Quality needs to be ensured.
3. Capacity development through training for the RH programme (BGD/05/01/02) RTI/STI	Strengthening RH services through the public sector, focusing on increased use of clinical contraception and improved management of RTI/STI	Directorate General of Health Services (DGHS): Medical colleges, NIPSOM, NIPORT & NGO sector	<ul style="list-style-type: none"> <li>• Curriculum &amp; material development: clinical training curricula for doctors, family planning, counselling; technical standards on RTI/STI case management;</li> <li>• Training of PP &amp; administrators: PP and the Upazila administrators, trainers of 13 medical colleges, sub-contract for specific activities e.g. development of curricula, materials, orientation of project staff, impact studies;</li> <li>• SBA training curriculum and training through Nursing training council and FWVTIs,</li> <li>• Fistulae centre established at Dhaka Medical Collages (DMC)</li> <li>• Monitoring and evaluation</li> </ul>	Knowledge on gender concepts and issues mentioned in the PP and being incorporated into the training curricula.	US\$3,700,000 US\$300,000 (multi bi)	Comprehensive technical & clinical training module & manual developed for Doctors and Upazila level health providers; Lack of information on RTI/STI. Information on the medium of Transmission, social/ cultural beliefs about RTI/STI, high risk groups, health seeking behaviour

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
			•			of men & women; Management of R TI/STI related to social/cultural problems not addressed adequately; Gender issues not covered; No mechanisms to ensure application of k/s acquired by the graduate trainees
<p><b>Advocacy sub-programme: Purposes and Outputs</b></p> <p>Purpose 1: Establishing gender equity and equality through male participation, reduction of gender based violence and increase role of women decision makers in political and administrative governance.</p> <p>Purpose 2: Positive behaviour changes among communities with special thrust on youth, men, women and hard-core poor group in sexuality and RH practices.</p> <p>Outputs are:</p> <ol style="list-style-type: none"> <li><i>Increase understanding of gender issues, contraceptive choices, RR and RH among youth, hard-core poor and men and women.</i></li> <li><i>Strengthening support of parliamentarians, religious/elected leaders and media representatives for and about reproductive rights approach and RH and gender equity issues.</i></li> </ol>						
<b>Advocacy projects</b>						
4. Strengthen BCC unit to support Advocacy	Support to Strengthen BCC	Behavioural Change	Three main areas of activities are envisaged under the project -	BCC activities on gender	US\$1,000,000	Gender has been considered one of

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
Activities. (BGD/06/02/01)	activities for promoting broad based approach to RH/FP gender issues, population programmes through IEC & advocacy thus contributing to the sub-programme goal and purpose.	Communication Unit (BCCU), Directorate of Family Planning, Ministry of Health and Family Planning (appointment of technical experts on advocacy/IEC and gender specialist)	<p>advocacy, IEC and technical support and coordination:</p> <p><u>Support to RH programme (Advocacy)</u></p> <ul style="list-style-type: none"> <li>• Implement BCC strategy</li> <li>• RH/FP, gender issues, &amp; RH of adolescent &amp; youth to ensure their support in promoting the issues;</li> <li>• Designing intervention for advocacy, gender M&amp;E etc.</li> <li>• Special campaign for emerging issues.</li> <li>• Act as a clearing house for BCC materials and information</li> <li>• Observance of national and international days</li> <li>• Workshop for Journalists at the national, district and Upazila level;</li> <li>• Review of the existing BCC/IEC materials, revision and development of new materials to promote RH &amp; gender Issues;</li> <li>• Conduct in service training geared to skill development for various categories of BCC staff;</li> <li>• Technical support &amp; coordination</li> <li>• Technical support in assisting the other component projects in the development of curriculum and materials in support of the new concepts and approaches in RH and gender.</li> <li>• Conducting meetings of directors</li> </ul>	Issues, and women empowerment, Orientation and sensitisation of BCCU staff on gender issues, coordination and support to other projects on RH and Gender.		the main issues. However, incorporation of gender issues in service delivery, protocols and indicators for M&E etc needs to be further emphasised. Gender issues in many cases seem more generic rather than specific to each programme component.

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
			<p>of component projects;</p> <ul style="list-style-type: none"> <li>Participation in the regular meetings of the advocacy/BCC sub-programme coordination committee</li> </ul>			
5. Involvement of parliamentarians in population and development. (BGD/06/02-03/P05)	To sensitise the parliamentarian and generate support for women empowerment, gender and population and development related issues.	Bangladesh parliament secretariat	<ul style="list-style-type: none"> <li>Organise orientation, meeting and dialogues with the parliamentarians.</li> <li>Provision for participation in regional and international meetings and study tours.</li> <li>Involve parliamentarians in dialogues with stakeholders and civil society on Gender, Population and poverty, HIV/AIDS, adolescents RH and RR etc.</li> </ul>	Parliamentarians are being oriented on gender issues.	US\$136,000	Issue specific involvement need to be focused. How they are addressing the gender issues need to be documented.
6. Involvement of religious leaders in human resource development ((BGD/06/03-03/P06)	Aims at increasing support and involvement of the religious leaders in the promotion of RH, RR & Gender Issues	Ministry of Religious Affairs	<p>Project strategy is to introduce RH and Gender issues in the existing training of Imams:</p> <ul style="list-style-type: none"> <li>Conduct training needs assessment curriculum and material development;</li> <li>Conduct training on RH and gender issues through the Islamic Foundation for 3,000 Imams;</li> </ul>	Sensitisation of Imams on RH, women's rights and gender	US\$422,000	Requires more information on the attitudes of the religious leaders on RH and gender issues, Need to identify allies and resistant target audience in order to strategize appropriate messages Lack of strategy for

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
			<ul style="list-style-type: none"> <li>• Advocacy meeting will be conducted by Islamic Foundation at district level;</li> <li>• Link with other component project on Pop. Education; &amp; Study tour to be organized.</li> </ul>			reaching the target audience and appropriate materials and message need to be organised from Holy Koran and Hadith with respect to rights and treatment of women so that the issues may be properly addressed in a culture sensitive way.
7. Advocacy on RH and gender issues through the ministry of establishment. (BGD/06/03/P07)	To educate and orient civil servants in various sectors - including policy-makers, planners, professionals development workers - on RH and gender issues. The project is designed to enlist support of BPATC by incorporating the issues of reproductive health RR, and gender equity in the ongoing training activities of the Centre.	Ministry of Establishment through Bangladesh Public Administration Training Centre (BPATC).  Recruitment of 2 specialists on advocacy/IEC and gender	Integration of RH and gender issues in the training curricula of BPATC: development of professional knowledge and skills of the in house faculty on pop. & Gender issues; designing & organizing seminars, workshops, & training course; material development; & training materials and equipment.	Incorporation of gender concepts and issues in the training curriculum of BPATC	US\$166,000	Gender issues are addressed in a generic manner. Does not specify specific gender issues that need to be addressed in different training programmes according to the levels and functions of the trainees in the civil service. Gender training is introduced as separate

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
						<p>component in the regular training programmes and not as an integral part of the on going training. However, it is important to bring about gender awareness and skills development among the civil service personnel to mainstream gender in their respective sectoral plans and programmes. The efforts being made are noteworthy and project has real</p>

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
						potential in promoting gender issues within the govt. bureaucracy.
8. Advocacy on RH and gender issues through Department of Mass Communication. (BGD/06/03/P08)	Aims to create supportive environment at all levels Thana levels (Thana, Union & village) through involvement of local opinion leaders and influential groups in the promotion of RH,RR and gender issues.	Department of Mass Communication, Ministry of information.  2 national Professionals: i) Advocacy & IEC Specialist and ii). Gender specialist	<ul style="list-style-type: none"> <li>• Mass information and communication to be carried out in 460 Thanas of 64 districts covering opinion leaders, a courtyard meetings for women (involving courtyard meetings for women (involving female members of Union Parishad):</li> <li>• Conducting training and orientation of field level officials at thana/union level; Performing art group (64), 5000 folk song programme, 4500 film show and 576 special campaign and observance of internal days.</li> <li>• Training and orientation of Opinion Leaders including the female members of the Union Parishad (160 courses)(may collaborate with NGOs experienced in grassroots experience in training for mobilization of leaders at the community level). Opinion leader, particularly women leader, to conduct 'courtyard meeting'</li> </ul>	Orientation and Training. Orientation of female leaders and their mobilization. Information And communication on gender issues different levels. RH, Safe motherhood, Gender issues, Violence against women are the major concerns.	US\$380,000	Relevant audience through variety of media. The project has already identified folk song groups to come into action promoting the issues. The folk songs need to be reviewed, as there were too many issues in one song. Specific issues to need to be addressed.
9. Family welfare and	To make RH education	Bangladesh	<ul style="list-style-type: none"> <li>• RH and gender sensitisation of</li> </ul>	Gender	US\$290,000	Lack of information

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
RH education and services for garment workers. (BGD/06/03/P09)	and services available to garment workers.	Garment Manufacturers and Exporters Association (BGMEA)	<p>relevant planners and decision-makers of BGMEA;</p> <ul style="list-style-type: none"> <li>Establishment of workers' welfare services to garment workers;</li> <li>Establishment of 4 mobile medical services unit for door to door education, counselling &amp; medical services.</li> <li>Training of selected 400 workers as paramedic in their respective industries,</li> <li>Training of selected 675 workers and 675 employers representatives as volunteers educators and advocates of RH, RR and Gender issues,</li> <li>Establish workers welfare committee n 375 industrial units un the project.</li> </ul>	sensitisation of decision-makers; and RH education and gender issues to women groups.		on socio-cultural aspect of RH – focus on the biomedical aspects of RH. Social/cultural, gender and work related RH and consequences are lacking.
10. Advocacy on RH/Gender/HIV/AIDS through Youth Clubs. (BGD/06/03/P07-03/P10)	To provide the adolescent and youth information and education on family welfare RH and Gender issues	Ministry of Youth and Sports, Department of Youth Development (DYD)  2 specialists are to be recruited on advocacy/ IEC and gender	<p>Integration of RH and gender issues in the existing training on skill development for income generating/vocational training of DYD:</p> <ul style="list-style-type: none"> <li>Through 108 residential and non residential training centres;</li> <li>To cover 500 youth clubs in 150 Thanas;</li> <li>Development of curriculum and materials</li> <li>Orientation of the leaders of selected faculty members of all training centres;</li> </ul>	STD/HIV/AIDS are being addressed. Training on Gender issue, RR and male participation included.	US\$ 325000 US\$175,000 (Multi bi)	How gender issues have been incorporated need to be carefully examined. Have potential to address huge number of young people.

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
		and gender	<ul style="list-style-type: none"> <li>• Training of Trainers (216):</li> <li>• Special lectures and presentations to promote the RH and gender issues among youths and adolescents;</li> </ul>			
11. Advocacy on RH and gender issues through the training institutes of MOHA. (BGD/06/03/08-03/P11)	To raise awareness among the members of Police force, Border security force, Ansars, Village Defence Force on HR and gender issues	Training institutes of MOHA, MOHA	<p>Training of volunteer cooperatives</p> <ul style="list-style-type: none"> <li>• Qualitative study on man attitude and their RH behaviour - as an initial activity;</li> <li>• Orientation meetings for directors of all training all institutions;</li> <li>• Study tour to regional country.</li> <li>• Training of trainers selecting faculty members of training institutes;</li> <li>• Develop training curriculum and materials.</li> <li>• Impart training on RH and gender as part of the regular training</li> </ul>	Gender sensitisation of the law enforcing agencies for their own personal life and change in behaviour.	US\$250,000 US\$750,000 (Multi bi)	Main thrust is to increase greater involvement of the members of the law enforcing agencies in RH practices for improving their own health, and of their own partners, rather than how to deal with enforcing RR of their clients.
12. Advocacy to End Gender based violence through the MOWCA. (BGD/06/03/P09-03/P14)	The project will focus on the kinds of violence against women, such as domestic violence, rape, acid attack, psychological abuse, sexual abuse, dowry and violence during pregnancy, are constructed and reinforced in early	Department of women and children affairs. MOWCA	<p>Key intervention would include:</p> <p>Research to establish an evidence based gender role construction, especially as these relate to men and violence against women.</p> <p>Sensitisation of the males (husbands) and in-laws at family level on the factors preventing and pre-empting and the adverse consequences.</p> <p>Empowering women within the family.</p> <p>Creating community pressure groups to combat forces and factors causing</p>	Several gender issues are being covered. Special emphasis has been given on attitude and violence against women.	US\$200,000 US\$400,000 (Multi bi)	The project has potential to address the issues. VAW has several dimensions. Therefore, information package need to carefully designed and should be social/ culturally sensitive.

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
	childhood/adolescence. It will also focus on research, compilation and feedback on community development and advocacy.		VAW. Changing attitude of the service providers to ensure equity in rendering services to victims of VAW. Building advocates to bring about policy change among policy makers. Dissemination of education and research information at different levels.			
13. Introduction of family life education (FLE) through Non-formal education programme. (BGD/06/03/10-03/P15)	Main purposes are to broaden the understanding & awareness of population and development issues among the students in the formal school system at all levels of secondary, higher secondary in the technical/vocation.	Directorate of Non-formal Education (DNFE), MoPME	The project will focus on three major areas as follows: <ul style="list-style-type: none"> <li>• Development of Curriculum and materials on Family Life Education (FLE) and regular revision of the same through workshops, seminars.</li> <li>• Develop training manuals for providing training to the Master Trainers and Supervisors, and they in turn will train teachers/facilitators on FLE and also revise the training manual and modules as and when needed.</li> <li>• Printing and distribution of the reading materials and regular revision of the reading materials.</li> </ul>	Gender equity and equality has been mentioned with RH, FP and HIV/AIDS. But specific gender issues relevant to the target groups are not clear.	US\$ 350,000	Gender issues need to be specific for the target groups i.e issues to be covered for young people/adolescents as well as issues and methods for trainers. Adolescents sensitivity, cultural sensitivity and for different groups need to be considered.
14. Family welfare and RH education and services for Tea Plantation workers. (BGD/06/03/11-	To contribute to the improvement of RH as well as status of women in	Department of Labour, Labour welfare division of tea industry, Ministry of	The project activities will cover 55 selected tea gardens out of 150. Strategy will be to carry out the following: <ul style="list-style-type: none"> <li>• Orientation of decision makers in</li> </ul>	Target audience are the women plantation workers.	US\$ 240,000	Contents of the gender training are not clear. Workers in tea

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
03/P16)	the community among the tea plantation workers	labour and employment.	tea plantations -30; <ul style="list-style-type: none"> <li>• Orientation of tea plantation management representatives and Trade union leaders and training of trainers.</li> <li>• Training/orientation of medical and paramedical staff;</li> <li>• Training of grass root level tea plantation workers –</li> <li>• Training of workers motivator - 165; . Orientation of community leaders/members.</li> <li>• Curriculum review and development and material preparation.</li> <li>• Total 5940 meetings planned with plantation workers community.</li> <li>• Special campaign and film show.</li> </ul>	Gender sensitisation of the project and plantation staff will be done with RH and RR including STD/HIV/AIDS.		plantation offer a "captive audience" that can be reached directly with little effort and low cost. Therefore, there is a need for a more focused programme on RH and gender specifically related to the social reproductive roles of women and men that addresses the issues of gender subordination, its consequences on health and how to deal with it so that a close monitoring mechanism can

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
						be built.
15. Advocacy on RH and Gender through Rural Cooperatives. (BGD/06/03/12-03/P17)	To contribute to better understanding of RH concepts and gender issues for bringing about positive behavioural changes and improved RH and family welfare.	Bangladesh rural development board (BRDB), MOLGARD	<p>Conducting folk song sessions Shift of focus from FP to broader issue of RH, RR &amp; gender issues in the on-going training programmes:</p> <ul style="list-style-type: none"> <li>• 1 day national seminar for key decision makers of MLD, BRDB, &amp; divisional heads;</li> <li>• Study tour for key decision makers;</li> <li>• TOT of 40 participants;</li> <li>• Orientation training of district level officers – Deputy directors and senior asst. directors.</li> <li>• Training and orientation at thana level officers</li> <li>• Training/orientation, 2 days of chairpersons of thana, central Cooperatives Association (200)</li> <li>• Training of volunteer cooperatives (7475) and model women (8970) co-operators will be trained.</li> </ul>	Existing curricula will be revised and RH and Gender issues will be incorporated.	US\$ 250,000	<p>No specific curriculum on Gender developed as yet. It is not clear how the gender issues will be addressed in the various training. The project has potential to empower women and address gender issues for both men and women. More incentive training/workshop with the target groups would be useful.</p> <p>????</p>
16. Advocacy on Adolescents RH Education through peer Groups. (BGD/06/03/13-03/P18)	The project aims to address RH and gender issues to adolescents boys and girls, parents and guardians, teachers and to institutionalise FLE in secondary and higher secondary level through peer education	Directorate of secondary and higher education, Ministry of Education	<p>The project will cover 2 districts from each division and will cover 72 Secondary schools, 12 collages, 12 Dakhil Madrashas.</p> <ul style="list-style-type: none"> <li>• Preparation and printing of booklets, materials on RH and gender issues.</li> <li>• Curriculum and material development to update and</li> </ul>	Gender issues mentioned in the PP that to be addressed through peers educators.	US\$ 335,000	Contents are not clear. There are several target groups therefore content need to be specific for different target groups. For adolescents that

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
	process.		incorporate the broadened aspect of RH/FP, gender issues, adolescent RH, delayed marriage, human rights, HIV/AIDS etc.; <ul style="list-style-type: none"> <li>• Training of Master trainers to train the teachers and Training materials for trainers.</li> <li>• TOT for master trainers</li> <li>• Orientation workshop with DSHE, MOE.</li> <li>• Peer Education session at schools.</li> <li>• Study tour</li> </ul>			need to be adolescents friendly. Peer education module prepared by UNF project may be consulted. Study tour may include some peer Educator for gaining experiences.  Life skills may be effectively incorporated and implemented at school
<p><b>Sub-programme: Population and development strategies</b></p> <p>Purpose: To enhance national capacity in formulating RH and Population policies and programmes and integrating population, gender and RH concerns in development planning.</p> <p>Outputs are:</p> <ol style="list-style-type: none"> <li>1. <i>Increase policy, planning and programme level interventions for reduction of total fertility rate (TFR).</i></li> <li>2. <i>Selected analysis and utilisation of census and related health, population and sex and poverty disaggregated data.</i></li> </ol>						
<b>PDS projects</b>			•			
17. Strengthening the	The project aims to	Population wing,	• An expert committee will be	Gender, age and	US\$	Gender

Projects	Objectives/ purpose	Execution/ Implementation responsibilities	Intervention strategy/ activities	Gender Consideration	Budget Allocation	Comments/ Observation
integration of population and development into sectoral policy and planning. (BGD/06/02/01-03/P12)	contribute to increased policy, planning and programme level interventions for reduction of total fertility rate (TFR) and selected areas of analysis and utilisation of census and related health, population and sex and poverty desegregated data.	SEI Division, Planning Commission and NIPORT in coordination with Planning cell of MOHFW.	formed to identify research topics, create scope for research and provide peer review of research beyond fertility patterns but integral to population and development. <ul style="list-style-type: none"> <li>Series of workshops will be organised for population-development integration to sectoral planning, TFR and other issues.</li> <li>Organise training for 200 planners to get exposure on population and development.</li> <li>Policy dialogue will be organised.</li> <li>Population data analysis through GIS and preparation of digital maps on population issues.</li> <li>Population and poverty research.</li> </ul>	poverty desegregated data analysis will be done.	1,200,000	desegregated data analysis would provide a basis for understanding gender differences. But current research are addressing other gender issues beyond gender disaggregated data analysis are not clear.
18. Strengthening Department of Population Sciences (DPS) at Dhaka University for population research, including UNFPA support to Rajshahi University.	The project aims to consolidate the capacity building in population sciences through DU/RU and contributing to national capacity in RH and population policies and programmes in Bangladesh.	Department of population sciences, DU MOE	<ul style="list-style-type: none"> <li>Multi-disciplinary population teaching and student research programme.</li> <li>Improved syllabus and curriculum to incorporate multi-disciplinary and crosscutting issues of population and development supported by activities, research and data analysis.</li> <li>Strengthen faculty-teaching capacity through advanced education and training in population and development.</li> </ul>	Gender issues incorporated in the curriculum and being addressed through regular courses.	US\$300,00	The project is adequately contributing in the development of capacity in POPulation and Development. The course curriculum is mostly addressing generic gender issues. It can be more practical oriented.

<b>Projects</b>	<b>Objectives/ purpose</b>	<b>Execution/ Implementation responsibilities</b>	<b>Intervention strategy/ activities</b>	<b>Gender Consideration</b>	<b>Budget Allocation</b>	<b>Comments/ Observation</b>
(BGD/06/02/02-03/P13)			<ul style="list-style-type: none"> <li>Enhance institution base for teaching and student research facilities.</li> </ul>			VAW issues may be incorporated in the gender section of the curriculum.

**Annex 3B: Status of project implementation**  
**UNFPA Sixth Country Programme (2003-2005)**



	Project	<b>Activities</b>	No. of training planned in the document upto 2004	No of training conducted	2004	Evaluation
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1	Strengthening BCC unit to support for advocacy activities BGD/06/03/P04	1. Mass Motivational meeting on RH & Gender with different occupational people – farmer, rickshw puller, weaver, fisherman at Upazila level	500	340	500 +	
		2. Journalist workshop on RH & Gender – sharing update workshop	16	12	4	
		3. POPIN Workshop	2	1	1	
		4. Media display in Radio, TV and Fare	daily	860	ongoing	
		5. Film show				
		6. Area base BCC activities for couple, male, satisfied client on RH and Gender	60	60	60	
		7. Training for Service Provider – on RH & Gender	1200	1200	1200	
		8. IPP workshop with the partners/GO/NGO	1	1	1	
		9. Specialized materials on RH, Gender, ARH				
		10. MCWC and FWV based orientation programme at union on RH and Gender	2075 – 35/session	2075 – 35/session	800 done	

2	Involvement of Parliamentarian in Population and Development BGD/06/03/P05	<ol style="list-style-type: none"> <li>1. Orientation workshop for the parliamentarians 2 x 30 participant 60 2003, 2004 , 1 workshop</li> <li>2. Officials of the parliament Sec</li> <li>3. Divisional</li> <li>4. Policy Dialogue</li> </ol>	<p>3</p> <p>2</p> <p>12 X MP will conduct in his area</p> <p>3</p>	<p>3</p> <p>2</p>	<p>1 (90 parliament received the training)</p> <p>250 officials trained</p> <p>this year</p> <p>this year</p>	
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3	Involvement of Religious Leaders in Human Resources Development BGD/06/03/P06	<ol style="list-style-type: none"> <li>1. Training of trainers 2 batch</li> <li>2. Imam training</li> <li>3. Advocacy meeting with the trained Imam to find out whether they are talking on RH, RR, Gender (40% training Imam)</li> <li>4. Divisional and National Convention</li> </ol>	203  4000 (6000)  128 mtg x 50 p  1500	6000  6400	4000 (2090) Target 6000	out of 12000 , 8000 training conducted
4	Advocacy on RH and Gender Issues through Training Institutes of the Ministry of Establishment BGD/06/03/P07	<p><b>Mr. Sheikh Md. Altaf Ali</b>          Director, BPATC</p> <p><b>Address:</b> Bangladesh Public Administration Training Centre, Savar</p>				

5	Advocacy on RH and Gender Issues through Department of Mass Communication BGD/06/03/P08	<ol style="list-style-type: none"> <li>1. 32 Opinion leader orientation training x 40 participants (10% women)</li> <li>2. Local artist training</li> <li>3. Film show folk song session</li> <li>4. 6 divisional and 1 nation competition</li> </ol>	60 (80)  40 + 20  500-700 viewer 200-400 folk song	32 1280 opinion leaders trained  70 x 20 1400 Regular		
6	Family Welfare and RH education and Services for garment workers BGD/06/03/P09	<p><b>Mr. Lutfur Rahman</b>          Director, BGMEA</p> <p><b>Address:</b> BTMC Bhaban (Ground Floor)          7-9 Kawran Bazar, Dhaka</p>				

7	<p>Advocacy on RH/Gender/HIV/AIDS through youth club BGD/06/03/P10</p>	<ol style="list-style-type: none"> <li>1. Youth Club leaders training</li> <li>2. Training of Trainers</li> </ol>	<p>Out of 1000 up to 2004 864 trg conducted</p> <p>Out of 660, 461 conducted</p>			
8	<p>Advocacy on RH and Gender Through training Institute of Ministry of Home Affairs BGD/06/03/P11</p>	<ol style="list-style-type: none"> <li>1. 4775 person 5 depart ansar, police, bdr, fire service, jail including home ministry target (4955) on RH, RR, HIV GENDER</li> <li>2. TOT 60 DONE followup 30 core trainer</li> <li>3. 45,000 trained by their institution</li> </ol>				

9	Advocacy to end gender based violence through ministry of women and children affairs BGD/06/03/P14	<ol style="list-style-type: none"> <li>1. Orientation workshop for project &amp; allied personnel</li> <li>2. Orientation workshops for health service providers</li> <li>3. Training on specific skills of counseling and advocacy on VAW</li> <li>4. Short-term training course on gender</li> <li>5. Participants of MIS</li> </ol>	<p>900 person</p> <p>300 persons</p> <p>300 persons</p> <p>30 person</p> <p>30 persons</p>			
10	Introduction of Family life education (FLE) through the non formal education programme BGD/06/03/P15					
11	Family Welfare and RH education and Services for tea plantation worker BGD/06/03/P16					

12	Advocacy on RH and Gender through rural cooperatives BGD/06/03/P17	<ol style="list-style-type: none"> <li>1. Volunteer review training 22,425 up to April , target 20,077 (women cooperators_ on RH, RR and Gender. Volunteer disseminate message in their cooperativ</li> <li>2. 7470 target achievement 6491 – Women Cooperators on RH, RR &amp; Gender (New)</li> <li>3. In-country study tour 299 tareget 210 achieved</li> </ol>				
13	Advocacy on Adolescents RH education through peer groups BGD/06/03/P18	Prof. Mohammad Junaid Director General Directorate of Secondary and Higher Secondary Education Mr. A.S.M Salahuddin, Officer-in-Charge  <b>Address:</b> Shikhya Bhaban, 1 <sup>st</sup> Block, 2 <sup>nd</sup> Floor, 16 Abdul Ghani Road, Dhaka – 1000				