



Youth in Bangladesh

A Thematic Review

Report prepared for
United Nations Population Fund
(UNFPA)

**S Y Quraishi
Ismat Bhuiya
Noor Mohammad**

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Abbreviations

APON	Adolescent Peer Organised Network
AIDS	Acquired Immune Deficiency Syndrome
AN	Antenatal Care
ARH	Adolescent Reproductive Health
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic and Health Survey
BIDS	Bangladesh Institute of Development Studies
BRAC	Bangladesh Rural Advancement Committee
BWHC	Bangladesh Womens Health Coalition
CP	Country Programme
CPR	Contraceptive Prevalence Rate
CMES	Center for Mass Education in Science
CWFD	Concerned Women for Family Development
CYP	Commonwealth Youth Programme
DYD	Department of Youth Development
DG	Director General
DNFE	Directorate of Non Formal Education
EU	European Union
EOC	Emergency Obstetrics Care
FLE	Family Life Education
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FGD	Focus Group Discussion
GoB	Government of Bangladesh
GIS	Geographical Information System
HNPS	Health, Nutrition and Population Sector Programme
HIV	Human Immunodeficiency Virus
HSC	Higher Secondary Certificate
ICDDR, B	International Center for Diarrhoeal Diseases Research, Bangladesh
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IPRSP	Interim Poverty Reduction Strategic Paper
JHU	Johns Hopkins University
KMS	Knowledge Management System
MCH	Maternal and Child Health
MCs	Maternity Clinics
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MSCS	Marie Stopes Clinic Society
MCWCs	Maternal and Child Welfare Centers
MoPME	Ministry of Primary and Mass Education
MWRA	Married Women at Reproductive Age
NAC	National AIDS committee
NCTB	National Curriculum and Textbook Board
NGO	Non-government Organization

NID	National Immunization Day
NI PORT	National Institute of Population Research and Training
NM	Nari Maitree
NYP	National Youth Policy
PEP	Population Education Program
PMS	Performance Monitoring System
RHI YA	Reproductive Health Initiative for Youth in Asia
RHSUP	Reproductive Health Umbrella Project Support Unit
RTI	Reproductive Tract Infection
RDPs	Regional Dimension Projects
RHI	Reproductive Health Intervention
SRH	Sexual and Reproductive Health
SC-UK	Save the Children UK
STI	Sexually Transmitted Infection
SSC	Secondary School Certificate
STD	Sexually Transmitted Diseases
TOR	Terms of Reference
TV	Television
UNDP	United Nations Development Programme
UNF	United Nations Foundation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPSU	Umbrella Project Support Unit
USAID	United States Agency for International Development
USS	Unnayan Sahayak Sangstha
VCP	Video Cassette Player
WHO	World Health Organization
YPSA	Young Power in Social Action

Executive Summary

Introduction

Adolescents and youths (10-24 years) form the biggest segment of the population of Bangladesh. Approximately 23 percent of total population falls in the age bracket of 10-19, classified as adolescents, a distinct segment of young people. Among them, girls constitute a different subgroup in terms of magnitude of the problems they encounter including lack of knowledge on RH, early childbearing, low access to antenatal care, low usage of contraceptives, age specific fertility rate as high as 144 per 1000 live birth. The situation is even worse for unmarried girls as the existing health facilities do not cater to their needs. Findings suggest that the reproductive health knowledge among young people is very poor. Consequently, they engaged in risky behavior making them very vulnerable to a host of problems like STIs, HIV/AIDS and unwanted pregnancy. Unfortunately, schools do not provide any reproductive health (RH) information to them. Research showed that schools are the best avenue for reaching a large volume of adolescents and youths in an effective way, in terms of cost, creating enabling environment and disseminating quality information. Another research revealed that RH education along with livelihood initiative averts early marriage in the community.

Gender gap is wide across all sectors. In education sector, despite increased enrollment in schools in both urban and rural areas in recent years, the proportion of adolescents dropping out from school continues to be high. Between the ages of 6-15 years the proportion of boys and girls attending school are indistinguishable, but by age 16-20, boys are more likely than girls to stay in school (40 vs. 27 percent).

Inconsistencies in relation to defining the age bracket of youth exist in the country. The youth defined by Department of Youth Development was 15 – 35 years. However, the new National Youth Policy defines youth as persons in the age group of 18 – 35 years. This definition leaves out almost entirely the very important segment of adolescents (10 – 19 years), which has been classified as a separate segment of young people. Ironically, the National Children Policy 1994 defines children as boys and girls less than 14 years of age. In this free for all situations, where do young people between 14 and 18 years go? A case of nearly 15 million ‘missing’ adolescents!

Objectives

The purpose of the thematic review is to assess the effectiveness and efficiency of the strategies, and approaches and programmes on youth issues that are being addressed through different interventions in the country, including the UNFPA CP, and to identify gaps that need to be addressed through future Programme in Bangladesh, in general, and in the 7th CP.

Methodologies

The group followed the standard methodology of collating and reviewing all the policies, programs and researches related to youth activities, interviews with program managers, and discussions with relevant stakeholders to get their views regarding youth issues. In addition, field visits and observations were also made to get insight of the ground realities. There are some limitations. The mission altogether was for a month only. At the same time, this important review, actually needs more attention and more time. Since several work days were lost due to unforeseen hartal besides national holidays and weekend, the work actually completed in less than one month.

Main Findings

After a detailed review of the programmes based on field visits, discussions with the stakeholders and study of the relevant documents, the review team has the following observations:

General Observations

- In terms of funding priority, it is observed that only 0.30 percent of the total budget was directly allocated to Department of Youth Development though the youth constitute nearly 42 percent of the total population.
- Although an extremely large base of educational system exists where an overwhelming majority of young people is available and accessible, it has not been used effectively for reaching them with RH information.
- Despite a unanimous view that it is necessary and beneficial if youth are provided with a platform to organize themselves, a very negligible base has been created (in nearly 68,000 villages, only 5,000 youth clubs exist).

Achievements

- The biggest achievement of the government, as also of UNFPA, is to put youth and gender issues in the national consciousness where most people are now aware of the special concerns of these segments, even though the scale of programs is still very low. The foundation is well laid; a befitting superstructure is now required to come up much faster.
- FP which is predominantly a youth issue, has been a great success due to right national priority for mass mobilization, including the religious leaders and several NGOs
- The UNFPA supported programs like ARH and RHI YA are conceptually well designed. The ARH project is increasingly becoming popular and is ready for scaling

up, after, of course, some fine-tuning based on the evaluations. As the RHI YA project is still in the development stage, an economic evaluation component can be introduced to measure the cost-effectiveness of the program.

Areas requiring improvement

- The coverage of youth is quite low in spite of their huge population.
- Despite the small scale, the programmes are not being effectively monitored.
- Poor coordination and linkages among program managers as well as the policy makers are major stumbling blocks.
- Quality of training leaves much to be desired.
- Teachers are shying away from the issues like HIV/AIDS, despite its inclusion in the curriculum, which may be due to poor capacity building or lack of enabling environment.
- Lack of documentation of program experiences leaves the program planners and managers ill-equipped to bring about the necessary improvement, and share the experience with others engaged in programs on similar issues.

Constraints and opportunities

Constraints

- Low political/ national priority to youth programs
- Poor allocation of funds

Opportunities

- Some of the relevant policies are under reexamination/reformulation, which gives a great opportunity for inclusion of youth issues and concerns in most of these policies
- Adoption of ICPD and MDG goals by the government offers a good base for providing priority to youth issues.

- Interest of a large number of national and international organizations in youth related issues should be harnessed.

Recommendations

Overall recommendations

- The linkages between various ministries/departments should be institutionalized for convergence, coordination and economy as well as for avoiding overlap, inconsistencies and contradictions.
- To provide common ownership to all the Ministries/Departments as well as the national and international agencies, a **National Partnership for Youth'** should be established.
- Since several policies are addressing different issues of youth, the policies are needed to be harmonized for convergence and synergy.
- Gender sensitization across all programmes should be ensured since the problems of boys and girls are often very different and require different approaches and weightage.
- Youth programmes should be viewed from a rights perspective rather than be condescending or patronizing. It should be remembered that youth have important inalienable rights to information/knowledge, education, RH choices, recreation, employment, etc.
- Since employment is the basic youth concern, vocational training and opportunities for micro-credit should be extensively provided as a part of as many programmes as possible.
- To provide a support structure to youth movement, Youth Clubs should be set up in the entire country - one in every village including urban slums. These clubs should be encouraged to get registered, and provided with guidelines on how to organize their activities effectively.

- The huge educational infrastructure (both GoB and private) should be extensively mobilized and RH issues should be incorporated in secondary and higher secondary school curriculum and teachers should be trained on RH issues
- Movements like Scouts and Girl Guides should be expanded.
- The already existing scheme of National Awards and honors should be expanded to encourage more participation. Awards could be instituted for Best Youth Clubs, Best NGOs working with Youth, Best Teachers, Schools, Colleges, Medical Colleges, Private Practitioners etc.
- Partnership with media (print, electronic and folk media) should be established and sensitization workshops should be organized for them. Prizes for best programmes should also be instituted.
- Operations research should be conducted alongside with all pilot projects so that projects experiences are well documented as well as capacity of the implementers are built.

Recommendations for UNFPA 7CP

- UNFPA should play the nodal role to bring together all stakeholders on one platform. They should provide assistance for organizational secretariat support for 'National Partnership for Youth'.
- 'Youth Leadership Training' and 'Youth Counseling Training' should be developed for youth club office bearers.
- Every pilot project must have inbuilt components of operations research and economic evaluation, so that project experiences can be documented and cost effectiveness of the project can be measured. This is extremely important for replication and scaling up.
- Technical support should be provided for developing quality-monitoring mechanisms and skills.

- An inventory of IEC/BCC materials should be prepared through a professional organization. All materials should be evaluated for effectiveness and standardization and only the tested materials should be disseminated. This will also save money on duplication of materials, which can be profitably used for dissemination.
- UNFPA may facilitate workshops where teachers, educational administrators and NCTB should come together to review the curriculum at various levels. Periodic review will be helpful.
- Youth/adolescent friendly services should be provided to young people in their school premises by establishing 'Health clinic' (a room can be used for health clinic in the school).
- A system of Concurrent Evaluation of programs should be developed by involving universities, medical colleges and other suitable organizations in the field, including NGOs and professional research bodies.
- GIS database should be developed for better understanding of youth targeting activities for identification of vulnerable/uncovered areas and avoiding duplication and overlap.

In short, the new initiatives of UNFPA in the 7th CP should be three-fold:

(a) To help consolidate the gains of the plethora of programmes already under way by providing technical support for achieving better synergy, coordination and linkages.

(b) To provide support for capacity building to all the implementing agencies to perform better – not just in programme implementation, but monitoring and evaluation as well.

(c) To provide incentives to different players for good performance in terms of innovativeness, efficiency, cost-effectiveness, sustainability, etc.

All these can most appropriately be done under the banner of the proposed 'National Partnership for Young People'.

Conclusions

Today's young people are the parents and leaders of tomorrow. Investing in their well being must be one of the best and most important actions that can be taken today, especially action to make sure that they are equipped with the knowledge and information about reproductive health so that they can take care of themselves and become knowledgeable and responsible parents in future. The importance of 'Youth' issues is now well established and recognized at the policy level. Several organizations are working for it. What is now needed is to make it a national movement and provide a national umbrella.

Introduction

Background

Adolescent and youth (10-24 years) form the biggest segment of the population of Bangladesh. Of them approximately 23 percent of total population falls in the age bracket of 10-19, classified as adolescents, a distinct segment of young people (Bangladesh Bureau of Statistics 2003). Among them, girls constitute a distinct segment in terms of the magnitude of the problems they face.

The 1999-2000 Bangladesh Demographic Health Survey (BDHS) reported 78 percent females get married before reaching age 18, which is the legal age of marriage. The median age at marriage being 14 for females of 10-24 years (NIPORT, Mitra Associates and ORC Macro 2001). Fifty nine percent of females at the age of 19 years begun childbearing (NIPORT, ORC Macro, JHU and ICDDR,B 2003). As many as 69 percent of the pregnant women under the age of 20 receive no antenatal care. Therefore, the age specific fertility rate is high for 15-19 age group being 144 births per 1000 female population (NIPORT, Mitra Associates and ORC Macro 2001). Ninety two percent of the births occur at home. Fifty seven percent of young couples do not use contraceptives, after over two decades of aggressive social marketing campaign, condom use is still less than one percent among this group and 77 percent have no access to health care services. One-fifth of adolescent mothers do not have any knowledge about life-threatening conditions during pregnancy (NIPORT, Mitra Associates and ORC Macro 2001). The situation is even worse for unmarried girls as the existing health facilities do not cater to their needs. The wide gap between menarche and marriage leaves them vulnerable to increasingly risky behaviors. Findings suggest that the reproductive health knowledge among young people is very poor (Bhuiya et al. 2003, Barkat et al. 2000, Nahar et al. 1999, Haider et al. 1997).

Consequently, they engaged in risky behavior, including engaging in sex, suffering from STIs, and having sex with commercial sex workers, in addition to having limited knowledge regarding HIV/AIDS and limited access to RH services (Bhuiya et al. 2003, Barkat et al. 2000; Nahar et al. 1999; Haider et al. 1997). Furthermore, adolescents get involved in the sex trade (National AIDS/STD Programme, Bangladesh 2003), taking drugs (Panda et al. 2002), and migrating to other countries where they are exposed to risky situations (Chowdhury, Choudhury, and Lazzari 1995). Clinical evidence also confirms their risky behavior. For instance, national HIV surveillance data indicated that 55 percent of STI patients identified were below 24 years of age (National AIDS/STD Programme, Bangladesh 2002).

Unfortunately, neither the family nor the schools provide any reproductive health (RH) information to them. Research showed that schools are the best avenue for reaching a large volume of adolescents and youths in an effective way, in terms of cost, creating enabling environment in the community and disseminating quality information (Bhuiya et al 2003). Another research revealed that RH education along with livelihood initiative avert early marriage in the community (Amin et al. 2004).

Gender gap is wide across all sectors including education, health, and employment. Regarding education sector, half of the young population is illiterate. Despite increased enrollment in schools in both urban and rural areas in recent years, the BDHS 1999-2000 results suggest that the proportion of adolescents dropping out from school continues to be high. Between the ages of 6-15 years the proportion of boys and girls attending school are indistinguishable, but by age 16-20, boys are more likely than girls to stay in school (40 vs. 27 percent).

Migration is problem that puts adolescents and youths at risk. Findings indicate that more than half of the boys working in the urban areas were rural migrants, and one of

the main complaints the adolescents had was the various kinds of abuse they faced (NI PORT, Mitra Associates and ORC Macro 2001).

Defining Adolescents and Youth

The age bracket of youth defined by Department of Youth Development was 15 – 35 years. However, the new National Youth Policy defines youth as persons in the age group of 18 – 35 years. This definition leaves out almost entirely the very important segment of adolescents (10 – 19 years), which has been classified as a separate segment of young people as defined in a joint definition by WHO, UNICEF and UNFPA.

Adolescence is considered the most critical stage in the life cycle marking the transition from childhood to adulthood. It denotes the development of physiological maturity – progression from puberty to sexual and reproductive maturity, psychological and emotional developments in terms of mental process and adult identity, and attainment of relative economic independence. Ironically, the National Children Policy 1994 defines children as boys and girls less than 14 years of age. In this free for all situation, where do young people between 14 and 18 years go? A case of nearly 15 million ‘missing’ adolescents!

The transition from childhood to adulthood is characterized by a crisis of identity. Adolescents are no longer children but are not yet considered by society to be fully adult. They develop emotional and physical needs. They are initially quite intrigued by the physiological and emotional changes during this period, and do not know how to deal with it. Often they become sexually active exposing them to grave risks.

Although ‘adolescence’ is applicable to both sexes, it is well recognized that girls are more prone to ‘hazards of adolescence’ than the boys. In traditional Bangladesh society, girls still marry at young age and start having children well before they reach

20 years of age. This is a cause for serious concern, because young girls are not ready for childbearing – neither physiologically nor emotionally. Realizing the importance of the critical age of adolescents, a number of initiatives have been launched by UNFPA and others in the recent past.

Objectives of the thematic review

The purpose of the thematic review is to assess the effectiveness and efficiency of the strategies, and approaches and programmes on youth issues that are being addressed through different interventions in the country, including the UNFPA CP, and to identify gaps that need to be addressed through future Programme in Bangladesh, in general, and in the 7th CP.

The specific objectives of the study are:

- i To review youth related documents, strategies and policies of the country in order to assess status of youth in Bangladesh
- ii To review the 6th CP programme documents (including sub-programme and project documents) and all other relevant documents in order to assess the relevancy and effectiveness of youth issues and related interventions as crosscutting issue in the country programme.
- iii To critically review the youth programme related indicators for monitoring and evaluation and suggest appropriate indicators for monitoring and evaluation of the programme.
- iv To identify the results being produced through different interventions and the overall strengths and weaknesses in addressing the youth issues in Bangladesh as well as UNFPA programme, and
- v To identify appropriate strategies and interventions that should be addressed through 7th CP of UNFPA and/or other programmes of Bangladesh.

- vi To inform the UNFPA country office and other stakeholders on the decisions on operations, youth related policy or strategy related to ongoing intervention and future programme interventions required based on the evaluation.

Scope Of Work

Terms of reference for the consultants working on youth were to:

- i) Critically review the available documents in Bangladesh and also UNFPA Country Programme documents including sub-programmes and project documents and all other necessary youth related papers/literature including policies and strategies, research papers available. This also included other documentation such a meeting/workshop reports, project progress reports, meeting minutes and field visit reports etc. in order to gain an understanding on how youth issues have been addressed as a cross cutting issue in the country programme and in component projects. This would help in identifying strengths and weaknesses of youth issues in the country programme and its effectiveness in achieving objectives.
- ii) Meet and discuss the issues with programme staff of UNFPA, interview relevant GOB officials and project staff at HQs and at field level and the beneficiaries or target population in order to gain further understanding on implementation and achievements.
- iii) Conduct field visits in different project areas and observe field activities and also discuss with stakeholders.
- iv) Critically review the existing log frames (both country programme and projects) and indicators for its youth sensitivity and examine how far these are contributing to monitoring and evaluation of gender issues in the programme. Identify effective indicators and youth disaggregated data, if not available in

the existing programme, for M&E, which should be addressed through current programme and also need to be addressed through the next country programme.

- v) Identify the results 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 it was also needed to identify effective strategies for efficiently addressing these issues.
- vi) Identify the overall strengths and weaknesses of addressing youth issues in Bangladesh and write report and recommendations to improve the next programme(s) to be undertaken.
- vii) Prepare a summary report on the review to be shared with UNFPA and other stakeholders. Prepare/suggest recommendations for future programming on youth.

Members of the review team

The review team consisted of Dr. S. Y. Quraishi, former Director General of Youth Services, and Doordarshan of India as an International Consultant, Ms. Ismat Bhuiya, Project Director of Population Council, Dhaka as a National Consultant and Dr. Noor Mohammad, National Programme Officer, UNFPA Bangladesh as the Coordinator of the review work.

Methodology

The group followed the standard methodology of collating and reviewing all the policies, programs and researches related to youth activities, interviews with program managers, and discussions with relevant stakeholders to get their views regarding youth issues. In addition, field visits and observations were also made to get insight of the ground realities.

Limitations

The mission altogether was for a month only. However, this important review, actually needs more attention and more time. The international consultant had to split his assigned time in two slots, eight (8) days at the beginning and five (5) days at the end. Several days in the first visit were lost due to unforeseen hartal days besides national holidays and weekend. Again, the team had to rely on the Coordinator for different documents, which he collected from different sources including other UN agencies.

Youth: Bangladesh Scenario

Policies and Strategies

After its birth as an independent nation in 1971, Bangladesh has developed and updated quite a few policies and strategies to work for the development of its people.

The policies and strategies existing at the time of the review were as follows:

- Bangladesh Population Policy (first adopted in 1976 and now under revision)
- National Children Policy 1994
- Bangladesh National Food and Nutrition Policy 1997
- National Health Policy (initiated in 1996 and published in 2000)
- National Education Policy 2000
- National Youth Policy 2004
- National HIV/AIDS and STD Policy 1996 (Final Draft)
- National Reproductive Health Strategy 1997
- Bangladesh National Strategy for Maternal Health 2001

The draft revised Population Policy, contains an exclusive section, section 4.2, with the heading of *Adolescent Welfare Services*, which shows the importance given by the government to the adolescent population. It emphasized on working in collaboration with NGOs and community based organizations, particularly in the area of counseling services aimed at: i) delaying age at marriage, ii) postponing first birth, iii) spacing between children, and iv) access to RH education and preventing STIs, HIV/AIDS infection. In addition, it also underlined the need for creating livelihood opportunities,

life skills education besides counseling for parents, teachers and service providers on SRH issues.

The National Children Policy 1994 defined child as a person under the age of 14. This leaves out persons in the age bracket of 14 - 18 - i.e. nearly 15 million young people. Besides, the Policy, though it seeks to address their health and nutrition needs, leaves out RH issue completely. However, it prescribes some important rights of the children, particularly for protecting them against social hazards like child labor, trafficking and other forms of exploitation. Child labor and trafficking are predominantly adolescent problems.

Bangladesh National Food and Nutrition Policy 1997 highlights in its Preamble, Article 18(1) of the Constitution which lays down raising the level of nutrition and improvement of public health among the primary duties of the State. These issues are supremely critical during the period of adolescence. The Policy does identify adolescent girls and expectant and nursing mothers (who again are largely young people) for special importance. It also highlights the importance of family units to provide adequate physical, mental, emotional and social needs of children (which includes a segment of the adolescent population). The Policy also singles out pregnant and lactating women (who are mostly young people) for special attention for their increased nutritional requirements. It also emphasizes the importance of correct breastfeeding practices and child spacing - messages that are relevant to the young people as parents. It calls upon family decision-makers to make gender-equitable food distribution to meet the specific requirements of vulnerable members like pregnant and lactating women and adolescent girls. It seeks to motivate the people to modify their food habits to increase their intake of non-staple foods (again a predominantly young problem). To achieve this, it expects to ensure well planned and efficient training for all rural workers, local leaders, school teachers, imams, boy scouts and girl

guides. Thus, the Policy contains numerous provisions which affect the young people, though it has not referred to them as a target group.

The goal statement of the National Health Policy 2000, seeks 'to improve overall reproductive health resources and services', but the Policy has no particular strategy or focus for the special segment of the population – youth or adolescent or young people. Nor is there any mention of HIV/AIDS though ICPD, which highlights the problem, was taken into account by the Policy and was included as Annexure to the Policy. However, one of the goals of the Health Policy is to “provide personal or client-centered health and reproductive health services”. It is good to find a considerable gender focus, too.

In the National Education Policy 2000, the age group of 15+ got special attention. As stated in Chapter three on 'Mass Education and Non-formal Education', 'the number of literate people among the age group of 15+ is 56%, which means 44% of them are still illiterate. For various reasons many young boys and girls do not go to school. Even if enrolled, many of them cannot continue. To overcome the illiteracy problem, spread of effective mass education is imperative'. Although very comprehensive, nowhere has the policy stated or given importance to life skills RH education through different syllabuses or curricula.

In the introductory section of the National Youth Policy 2004, in section 1.2, the youth is defined as a citizen within 18-35 years. As mentioned earlier this definition leaves out the adolescents of 10 to 18 years – a good 25 million young people who need special focus. In fact, the earlier Policy defined youth as 15 – 35 years. In that context, the new definition is retrograde. The important point to note is that the definition is not just a question of semantics. It means that age groups outside the

definition will be ineligible for any programme under the Department of Youth Development.

As regards the content, the Policy specially refers to skill training, livelihood opportunities, and empowerment of youth. Though the policy seems to be geared towards development of the youth, but critical issues facing the youth, like RH education, have not received much importance or focus. Even in the youth problem statement, the issue of RH and pubertal events is missed. But under the activities section, in 6.8, 6.10, 6.11 information and education on RH, HIV/AIDS are mentioned. The Policy has many positive features. The objectives mention, inter alia, youth empowerment, voluntary activities, youth-related information, and research centers. It has a chapter on youth rights which include leisure and recreation and participation in decision-making process. It also seeks to develop youth leadership special activities, and provides for legal support to youth clubs by DYD. For advice and guidance on NYP implementation, the policy envisages a top level committee with Prime Minister as Chief Advisor and other Ministers from concerned Ministries as members. It also provides for a permanent committee for implementation.

National HIV/AIDS and STD Policy, highlights the establishment of a Youth Wing with specific TOR for complementing the activities of NAC (Part II). In the specific guidelines (Part III), section 9, adolescents are identified as the most neglected section of the society with regards to access to information and services regarding sexual health. It emphasizes the importance of incorporating HIV/AIDS/STD issues in the regular school curriculum and pivotal role of teachers for disseminating the information. The policy also mentions incorporation of HIV/AIDS/STD issues in non-formal education. It also denotes about the child prostitution, sexual abuse and trafficking (section 8); and safe sex practice of men and development of appropriate strategies in relation to male sexual and reproductive health (section 7). The policy

emphasizes the women empowerment in terms of control over sexual relation within marriage, access to education, training and employment for curbing the HIV transmission (section 6).

National RH Strategy 1997, starting with the ICPD definition of the RH, basically focused on providing and ensuring services. Though there is a section on 'Priorities for RH', but there, the special segment of the population youth or adolescent or young people is not mentioned. Only under the 'Other Program Services and Age Groups, the adolescents and young are mentioned, and sexuality issue through BCC activities is suggested as an action point. The paper identified the health of adolescent girls as an area of critical concern.

In Bangladesh National Strategy for Maternal Health, 2001 'eight sub-areas have been defined under RH care of which first four are shown to have "particular relevance to maternal health" and thus 'adolescent care', the sixth sub-area in the list, is relegated in its relevance. But in the BCC objectives by 2010, the issue of 'early marriage and early pregnancy as one of the major causes of high maternal mortality/morbidity' is listed and for addressing this issue, BCC activities are suggested 'to ensure girls are not married before 18 years of age and all births and marriages are registered, to motivate couples so that women do not have first childbirth before 20 years of age'.

Researches

Transition to adulthood can be full of hazards for young people. Throughout this transition, the lives and situation of girls and boys differ greatly in terms of unmet needs for reproductive health information and services. Thus, it is important to conduct research for exploring young people's dynamics and tailoring programs

according to their specific needs. In Bangladesh, a few researches have been conducted so far targeting adolescents and youths. These are as follows:

As a part of the global youth project, Population Council conducted an operations research in Dinajpur, Pabna and Rangpur to examine the effectiveness of reproductive health education and adolescent friendly service delivery system (Bhuiya et al. 2003). The study used a quasi-experimental control group design with two experimental strategies. The project was implemented in urban areas - two intervention sites and one control site. The interventions made at three levels: community, school, and clinic. A reproductive health curriculum entitled **“Alor Pothe Amra”** (Towards Enlightenment) was developed with active participation of schoolteachers, adolescents and program managers. During the development of the curriculum, attention was given to making it socially acceptable, lively, addressing RH issues for both male and female adolescents, and equipping it with didactic and participatory learning techniques.

Sensitization meetings with ‘gatekeepers’ (parents, teachers, religious leaders, community leaders and service providers) were prerequisite for RH education program. Teachers from secondary schools and youths from the community were trained on the newly developed curriculum for imparting RH education to in-school and out-of-school adolescents respectively. Similarly, service providers at the clinics were trained on adolescent-friendly service delivery protocol. The project imparted RH education to 1,500 students from class VIII and IX and 6000 out-of-school adolescents from the community. As many as 4729 adolescents availed services from clinics. The school components subsequently scaled up to include 34 additional schools in Dhaka, Khulna, Dinajpur, Saidpur, Hili and Thakurgaon.

Evaluation of the project revealed that the reproductive health knowledge increased significantly among adolescents of intervention areas, particularly in the topics

related to potential health risks of early pregnancy, fertile period, contraceptives, STDs and HIV/AIDS. Trained teachers were found effective in providing RH information to their students and over 90 percent of adolescents were supportive of introducing RH education in school. A significant finding was that, contrary to the common belief, reproductive health education did not increase the sexual activity. Significantly, the parents and community leaders suggested that schools should deliver such sensitive reproductive health messages, as they themselves were unable to do. The study also found that the cost of adolescent friendly health service delivery was the least using the existing structure with already motivated clinic staff, and some on-the-job training rendered by the project staff. Since the adolescents showed positive attitude towards health facility for contraceptives and STD services, equipping the health facility with adolescent friendly services is an obvious answer. A similar opportunity also exists in terms of promoting and distributing condoms for the HIV/AIDS and FP programs, as over three-fourths of the adolescents showed favorable attitude towards condom use for preventing pregnancy as well as infections.

Another operations research, conducted by ICDDR, in Chittagong and Jessore district tested the effectiveness of a school-based intervention that combined the distribution of reproductive health booklets and sensitization of parents, teachers, community leaders and service providers (Larson et al. 2004). As part of the intervention three 'easy to read' information booklets (pubertal changes, marriage and family health and RTI/STDs and HIV/AIDS) were developed by adolescent reproductive health (ARH) working group based on results of frequently asked questions (FAQ) study which was conducted among married and unmarried adolescents. The study revealed that community sensitization and booklets distribution in secondary schools had positive influence on RH knowledge among adolescents. The study underscored the need for considerable preparatory work with communities, parents and teachers.

The research project on sexual and reproductive health in Matlab, conducted jointly by ICDDR,B and BRAC found that sexual and reproductive health education can be integrated into indigenous health activities if the socio-cultural context in which sex, relationships, risks, diseases and communication occur is reflected in a program's content and method (Cash et al. 2001).

The Bangladesh Institute of Development Studies in collaboration with Population Council conducted a research to document the process of implementation of the UNICEF funded initiative on adolescent livelihoods (APON Kishori Abhijan) implemented by two development NGOs, BRAC and CMES, in three rural districts (Chapainawabganj, Chittagong and Sherpur) of Bangladesh (Amin et al. 2004). The project, addressing 50,000 adolescent girls in rural Bangladesh, aims at creating awareness among adolescents of RH, STI and HIV/AIDS besides building leadership skills; creating livelihood opportunities; providing girls with access to savings and credit facilities; and preventing early marriage. The evaluation of the project revealed that over 90 percent of the programme participants believed that the knowledge and experiences gained from the programs will have a positive impact on adolescent's life.

Interventions

To arrest the problems of the youth population, several implementing agencies including govt. and non-govt. organizations have taken up different interventions. The development partners, including the UN agencies also have several programs to support youth focused programs, ranging from pilot intervention to large scale national programs. Several researches have also been undertaken by different agencies, which have helped the program managers to design new interventions or improve the existing ones for the youth in Bangladesh.

Government of Bangladesh

Basically, Govt. of Bangladesh (GoB) is the prime mover and implementer of major interventions for the youth. Some of the GoB initiatives are as follows:

1. The 'stipend program for female literacy' to empower girls and women and making free schooling upto 12th grade
2. National health and family planning program which has a special focus on the adolescents, particularly under the new HNPS program
3. Gradual conversion of all MCWCs in to 'adolescent-friendly' service centers. (Presently, there are 11 'center of excellence' from where adolescents are getting special care).
4. The evolution of 'Department of Youth Development' in 1978 testifies the importance given to the youth community of Bangladesh.
5. Recent appeal of the Prime Minister to work against 'dowry' is also a significant move for the country.
6. Setting up of the Parliamentary Committee on Youth is an extremely important step for developing legislation, if necessary, for the development of youth in Bangladesh.
7. An inter-ministerial committee is currently working to develop 'Adolescent Reproductive Health Strategy'.

UN agencies

Every UN agency has its own mandate to work. In Bangladesh, several UN agencies are working and supporting the initiatives of different organizations. Amongst the UN agencies, those who work for the youth and adolescents, UNDP, UNICEF, UNFPA and WHO are particularly mentionable. The Commonwealth Youth Programme (CYP) is also

an important agency working for youth. As we will be discussing UNFPA in detail, a brief description of activities of the other UN agencies is given below:

UNDP: In Bangladesh, UNDP focuses on governance issue, with poverty eradication as one of the main thrust areas. Youth comes as a target population under poverty eradication.

UNICEF: UNICEF undertakes several programmes for the adolescents. At present, particularly 'Kishori Abhijan' is going on, targeting unmarried adolescents with the special funding from UN Foundation. Their local counterparts are Ministry of Women & Children Affairs and few NGOs. The focus of adolescent programme is 'livelihood' and 'protection'.

WHO: Providing technical assistance is WHO Bangladesh's main task in Bangladesh. To provide policy support, assisting in developing programmes, policies, strategies, etc. are the main focus in the area of adolescent or youth. Though WHO is involved along with UNFPA and UNICEF in the global project titled, 'development and participation of adolescent girls', Bangladesh office is not involved in implementation of the Bangladesh project. Recently, WHO Bangladesh has commissioned a consultancy for developing Adolescent Health & Development Strategy.

NGOs

Like other developing countries, NGOs in Bangladesh are pioneers in undertaking adolescent interventions. More than 200 NGOs are working in adolescent and youth area. Of them, only 68 NGOs are dealing with adolescents and youths RH issues. In a quick review of the programs so far going on, MSCS's Moni-Mukta Ashor, FPAB's Mitushcria, BRAC's APON programme, CMES's Adolescent Empowerment programme,

BCCP (with the support of USAID) Jante Chai - Janate Chai, CWFD's Agami, Save the Children, USA's 'Koishor' are noteworthy.

Youth Initiatives

Scouts and girl guides movement is very prominent in Bangladesh. The youth wings of Lions and Rotary Clubs - the Leo and Rotaract are also undertaking different interventions and activities for the youth. Youth Parliament sponsored by UNICEF and assisted by SC-Australia and National Youth Forum sponsored by UNFPA are two recent initiatives to promote youth participation in the country.

UNFPA Responses to Youth

Global

Half of the world's people are under the age of 25. This includes the largest-ever generation of adolescents (1.2 billion people between the ages of 10 and 19), who are approaching adulthood in a rapidly changing world. The vast majority – 87 percent – live in the developing world, in highly diverse economic and social situations, family structures, cultures, and localities.

A common thread, however, runs through all of their lives: aspiration for a better future. This aspiration is bolstered by the Millennium Development Goals (MDGs) agreed to by world leaders in 2000. Investment in young people is fundamental to achieving these goals.

Guided by the ICPD and related international agreements, UNFPA places a high priority on safeguarding young people's rights, promoting gender equality and equity and broadly supporting their successful transition to adulthood. UNFPA places particular emphasis on reaching out to those who are living in poverty or other harsh circumstances. It recognizes that opportunities for learning and for protecting the health of young people (including sexual and reproductive health) are crucial to reaching their full potential. In the era of HIV/AIDS, this can also be a matter of life and death.

UNFPA is working with a wide range of partners and with young people themselves to encourage their healthy development through programmes that are participatory, rights-based, culturally sensitive and locally driven.

UNFPA's vision of a world fit for adolescents and youth is one in which their rights are promoted and protected. It is a world in which girls and boys have optimal opportunities to develop their full potential, to freely express themselves and have their views respected, and to live free of poverty, discrimination and violence. In such a world, young people would be enabled to make informed, voluntary and responsible life choices, including those regarding their sexual and reproductive health. UNFPA is committed to fulfilling this vision from a holistic, gender-sensitive and youth-centered approach.

To bring the vision to a reality, UNFPA thinks change is required at multiple levels, from the individual to community to the national level. UNFPA recognizes that young people have a right to enjoy this period of their lives. In addition, with their creativity, adaptability and talents, young people are a precious resource, with a vital role to play in shaping their future, and of their country.

In line with its vision, UNFPA's programmes have the following comprehensive mandate:

- Address the inherent diversity of young people
- Promote gender equality and equity
- Affirm and safeguard the human rights of young people, including their rights to access SRH information, education, counseling and other services
- Foster youth participation

- Work from a holistic, comprehensive and interdisciplinary approach, recognizing that reproductive health issues are intimately linked with other concerns and realities facing young people
- Build partnerships among the various agencies, organizations, networks and coalitions working on behalf of, and with, youth
- Respond sensitively to the socio-cultural context
- Use an evidenced-based approach and share knowledge to maximize results
- Build in mechanisms for sustained progress

Regional Efforts

Like the global effort, UNFPA is also making some efforts to do something collectively in the region of the same background. Basically these are initiatives of behavior change and promotional or awareness raising type. Bangladesh at this moment is implementing two regional initiatives targeting youth and adolescent population. These are: *ARH project*, targeting the married adolescents in 30 sub-districts of 10 districts of Bangladesh, and *RHIYA*, targeting the urban and semi-urban youth population in Bangladesh.

Reproductive Health Initiative for Youth in Asia (RHIYA)

The EU/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA) emerged out of the experience of the RHI with the realization that young people have different sexual and reproductive health (SRH) needs, thus requiring programs tailored to their specific needs and contexts. RHIYA is being implemented in seven former RHI countries i.e. Bangladesh, Cambodia, Laos PDR, Nepal, Pakistan, Sri Lanka and Vietnam focusing on SRH for adolescents and youth.

The RHI YA Programme in Bangladesh is primarily focused on the improved sexual and reproductive health and overall well-being of vulnerable and underserved adolescents and youth in the urban and peri-urban areas. RHI YA in Bangladesh has been integrated with the 6th Country Program of UNFPA, with its emphasis on reaching poor and contributing to the HNPSP and IPRSP of the Government of Bangladesh.

The RHI YA Programme is designed to work through national NGOs with technical support from International NGOs. Consolidating the lessons learnt in RHI Phase I, RHI YA would build linkages with GOB facilities and other organizations for complementarity, to foster ownership and accountability, and to strengthen alliances in the project areas. The programme envisages six component projects including an Umbrella Project Support Unit (UPSU). The programme seeks to follow an integrated program approach. Each RHI YA partner is assigned one major area where they will work as lead agency. They will collaborate and provide support to other partners. Five main partners NGOs will implement RHI YA component projects in collaboration with some other local NGOs. RHI YA is providing US\$ 2.40 million assistance for SRH in Bangladesh, while the NGOs are contributing 10% of the total budget.

The main RHI YA partners are Bangladesh Red Crescent Society (BDRCS), Concerned Women for Family Development (CWFD), Family Planning Association of Bangladesh (FPAB), Marie Stopes Clinic Society (MSCS), Save the Children-UK (SC-UK) and UNFPA itself through Umbrella Project Support Unit (UPSU). The main NGOs will be closely working in partnership with some other NGOs. These are, Solidarity, Unnayan Sahayak Sangstha (USS), Young Power in Social Action (YPSA), Nari Maitree (NM) and Bangladesh Women's Health Coalition (BWHC). The UPSU will provide technical support for capacity development of the NGOs and will also closely work with Regional Dimension Projects (RDPs) i.e. Monitoring and Evaluation (M&E), Knowledge management System (KMS), and Performance Monitoring system (PMS) and will assist

in developing in country system and provide the link with the regional dimension aspects of the project. While the partner NGOs will be involved in providing RH information, counseling and services at community level.

RHIYA is expected to reach 250,000 adolescents and youth from 24 sites, of which 17 are outlying district towns and seven sites in four metropolitan cities. The project sites are Tongi, Narshingdi, Mymensingh and Moulvibaza and Zone 4 of Dhaka city (with MSCS and NM); Kurigram, Moulvibazar and Chittagong (with SC-UK); Sylhet and Banglabaza (with BDRCS); of Cox's Bazar, Jhalakathi, Khagrachari, Laxmipur, Magura, Netrokona, Panchagarh, Saidpur and Sunamganj (with FPAB); and Bonosree (Dhaka) Khulna, Gazipur, Tangail and Narayangonj. The duration of the project is from September 2003 to March 2006.

National

The overall goal of UNFPA 6th country program is to improve the RH status of the people of Bangladesh thereby leading to sustainable to social development and poverty reduction.

The sub projects related to youth issues are:

- An initiative for improving the reproductive health of adolescent girls in Bangladesh through peer education
- Population education in the secondary, higher secondary, technical/vocational and Madrasah systems of education
- Advocacy on reproductive health and gender issues through youth clubs project
- Introduction of family life education through non-formal education program

An initiative for improving the reproductive health of adolescent girls in Bangladesh through peer education and personal social education: A special

intervention is being undertaken with the support from the United Nations Foundation (UNF). Targeting adolescents, the project is called 'An initiative for improving Reproductive Health of Adolescent Girls in Bangladesh through Peer Education and Personal Social Education'.

This project aims at improving the reproductive health of rural married adolescent girls in Bangladesh. In this initiative, UNFPA is focusing on educating married adolescent girls on 'Personal Social Education', which includes relationship, sexual & reproductive health, life skill issues, etc. To create supporting environment, the project also organize sensitization sessions with parents, in-laws, community leaders and health service providers on the RH needs of adolescent girls.

Working through 60 Youth Clubs covering 30 upazillas in 10 districts covering 9,000 couples, UNFPA is developing interventions that are grounded on evidence and experience from both international and national levels. This also looks at inter dependence between GO-NGO and policy makers on addressing sensitive issues. The core activity involves developing models on peer education and personal social education. These are used for peer group training of adolescent girls on reproductive health issues.

The following upazillas are included in the project: **Chittagong District:** Raozan, Hathazary, Rangunia, Sitakunda, Chandnais, Mirershari, Satkania, Lohagara, Banskali, Patia, Anawara, Fatikchari, and Sandwip. **Sherpur District:** Sherpur Sadar, Jhinaigati, Nakla, Nalitabari and Sribardi. **Chapai Nawabgonj District:** Chapai Nawabganj Sadar, Shibganj, Bholahat, Nachol and Gomastapur. **Other Districts:** Sonargaon of Narayanganj, Bhaluka of Mymensingh, Companyganj of Sylhet, Rajnagar of Moulvibazar, Dumuria of Khulna, Gournadi of Barisal, and Lalpur of Natore.

Population education in the secondary, higher secondary, technical/vocational and Madrasah systems of education: The objective of the project is to educate in-school adolescents of VIII to XII classes about RH through teachers and peers. Twelve districts were selected from 6 divisions. From each district, 9 institutes were selected which include four rural and two urban schools, one college and two Madrasa from urban. A total of 108 institutes were selected for piloting the program. Two teachers from each school will be selected for training and one peer educator will be selected for every 15 students. The 36 master trainers in each district will include three district education officers, three NGO staffs and three FP officers, besides eight master trainers from the Ministry. The training will be for five days for master core trainers. A 16 sessions RH curriculum is under development. The curriculum so far developed is not participatory or lively. The project needs a lot of attention in terms of for developing the curriculum and selecting and training the teachers.

Advocacy on reproductive health and gender issues through youth clubs project:

The aim of the project is to provide hard-to-reach adolescent and youth information on family welfare, reproductive health issues, and gender equity and equality through utilizing existing youth clubs. Out of the 5000 existing youth clubs, 500 are being addressed by this project in 475 Upazillas. Almost all youth club' presidents are either former or active chairmen of the union. Youth clubs are registered under Social Welfare Department by paying a nominal fee of taka 100. The clubs need to renew their registration every year after going through a process of inspection. The usual programs run by youth clubs are to observe literacy day, national immunization day (NID), micro-credit, and distribution of Vitamin A capsule. Each club has 180 to 200 members, nearly two-thirds male and one-thirds female.

For UNFPA program, from each club, four master peer educators, two boys and two girls, are selected by DYD. Under these four master peer educators, 30 peer

educators are selected from among the members of the clubs, having SSC or HSC qualification with age limit of 30 for male and 25 for female. These peer educators work at the grass root level. So far, the training of peer educators has been completed. Suggestions made by youths are that clubs need to be renovated, furniture and minimum equipment for sports and cultural activities need to be provided.

Introduction of family life education through non-formal education program: The objective of the project is to bring changes among school drop-outs, and those who missed primary education through population and family life education. The major challenge of the project is to develop and incorporate the FLE curriculum within the regular curriculum of NFE. The curriculum includes RH issues such as FP, HIV/AIDS, safe motherhood, nutrition, gender equity and equality.

The Directorate of non-formal education (DNFE) under the Ministry of Primary and Mass Education (MoPME) implements its activities through NGOs. A very effective and useful partnership has developed between DNFE and NGOs. The main activities of the project include curriculum and training module development; Training of master trainer; and 3 days training for teachers/facilitators. The process of curriculum development is not complete yet.

Youth in other projects

Strengthening RH services for urban poor: This is a cross-cutting project under the comprehensive Emergency Obstetric Care (EOC) service delivery in Urban Primary Health Care under Ministry of Local Government in six City Corporations. Twenty-five Maternity Clinics (MC) in six City Corporations provide comprehensive EOC services, of them nine MCs are run by City Corporation and 15 by NGOs. 'Adolescent Corner' has

been established in 16 NGO clinics. Boys and girls of all segments (in-school, out-of-school; working, non-working; married, unmarried; slum, non-slum) are the target of the project. The adolescent corner is open everyday in the afternoon where adolescents come for 2-3 hours. The beauty of the adolescent corner is that it has separate entry/exit from the MC and is equipped with harmonium, tabla, carrom, football, TV, VCP, education materials such as books, magazines etc. The center provides health education, counseling, medicare, RH education, skill building training such as sewing, embroidery, drawing, music learning etc. to adolescents. Three BCC paid workers work for each center and they form the adolescent group from the community. In addition, six peer educators are selected from in-school adolescents (3 males and 3 females). Moreover, there are one to two counselors and service providers for counseling the adolescents. Every group passes out in 2-3 months and a new batch joins. The project faced the problem of addressing the poor because they feel out of place in the heterogeneous group and often drop out. This problem needs to be addressed by forming more homogenous subgroups. As this is a pilot project, the documentation of each and every step, and effective monitoring tools are extremely important.

Other initiatives targeting youth

A new UNFPA initiative is the formation of 'Youth Forum'. It consists of 30 (15 males and 15 females) members of 15-24 age group but all of them are from urban areas. It started in last June 2003. It has the concept of moderator - one boy and one girl are chosen as moderators every six months. Members crossing the age of 24 years are replaced with new ones. The Youth Forum acts like a 'Watch Dog for Youth' - for anything going against young people (such as early marriage) attracts their interventions. It was observed from FGDs with youth forum members that there are no specific guidelines for them. The reviewers strongly feel that if it is called

National Youth Forum, it should be more broad based with equitable representation of rural youth as well.

Implementation Dynamics

General consensus emerging from the wide range of discussions and interactions was that almost all programs are well conceived but the problems lie mostly at the implementation level. Absence of linkages among relevant departments and coordination among them and poor quality of M & E nullify the benefits. Since quality and motivation of the manpower is the key to the success of a program, capacity building is also extremely critical. The success and failure of a program is also dependent on the quality of communication with the target population. Effective IEC strategies are, therefore, very important. Ground realities in these areas were reviewed and the following broad picture emerged.

Linkages: It is encouraging to note that ICPD and Millennium Development Goals have significant components of relevance to youth development and the different policies of the GoB have expressed their commitment to these goals. What is, however, needed is total consistency and convergence. Equally encouraging is the fact that as many as 16 Ministries and departments of the government had been identified and brought under one umbrella to deal with HIV/AIDS issues. However, this is a very loose and adhoc arrangement, operationalized by Engender Health – an NGO. This good approach needs to be institutionalized, so that it gives the feeling of common ownership to all and they have an equal interest and stake in its success.

Policies: Almost every relevant ministry has a Policy of its own but it seems there has been inadequate cross consultation among the concerned ministries leading to wide gaps and inconsistencies. For instance, the Health Policy 2000 makes absolutely no mention of youth / adolescent, although these constitute a very large and extremely vulnerable segment of the population requiring special attention. Similarly, there is no

mention of HIV/AIDS which had already been identified as an area of grave national concern at the time when the policy was formulated. Moreover, the ICPD concerns about two issues were in the knowledge of the policy makers, (as clear from annexure 7 of the Health Policy) but the Policy itself did not reflect these concerns.

Programs: The absence of linkages in the programs creates problems like overlaps and inconsistencies leading to wastage of scarce resources on one hand, and creating confusion, on the other.

Institutions: Besides a number of ministries and departments, there are several international and national agencies, which are working in overlapping areas sometimes leading to inconsistencies and resource wastage.

Coordination

In all the discussions with stakeholders and field visits, it was mentioned/observed that coordination is a missing element. Even at the policy formulation level, there is a lack of coordination resulting into inconsistencies and lack of synergy. For instance, regarding the definition of the age of the adolescent group, National Children Policy and Youth Policy have contradictory definitions leaving out a large segment of 14-18 years adolescent from their purview.

Monitoring and evaluation

A major concern of the government at the policy level is to have a good monitoring system, the absence of which leads to pilferage, misappropriation, fudging of figures etc. An effective internal monitoring system should be inbuilt in every program and supervisory structure should be given specific training for this purpose and provided necessary tools for systematic monitoring. Equally important is the system of external

monitoring not just on an adhoc basis but as a regular activity. Similarly, the system of evaluation needs to be strengthened. Ideally, it must be done by an independent agency, both mid-term and at the end of the project. A system of Concurrent Evaluation may be used to ensure that mid-course corrections are timely and prompt. For instance, if immediately after a street drama performed in a village, feed back is collected from audience about the content, language, idiom, intelligibility etc, corrections can be made without any loss of time possibly the same day or before the next programme.

Capacity building

As mentioned above, the success of a program is dependent entirely on the quality of the manpower implementing it. It is, therefore, imperative that they are given appropriate training/orientation, especially hands-on-training at the implementation sites, instead of a perfunctory training (as we observed in one NGO implementing RHIYA, where only one day orientation was given to the providers - who, therefore, knew nothing). The duration of the training should be appropriate and it should be evaluated. Refresher training should be regularly imparted.

Promotional activities

Most of the programs for youth and adolescents are related to knowledge and behavior. It is therefore, extremely important that the communication is clear and unambiguous, and put across interestingly. The IEC should be specifically designed for the relevant target audiences (age, gender, rural, urban, literate and illiterate etc.) since these segments are not one homogeneous audience and have different thinking and behavioral patterns. The concept of pretest of prototypes of communication materials before dissemination needs to be introduced, which will not only enhance their effectiveness but will also prove cost effective.

Sustainability

It is a common experience that sometimes even the best of initiatives fizzle out quickly in the absence of ingredients, which provide for sustainability. First and foremost of these is the involvement of all stakeholders, especially the community, right from conceptualization stage and the capacity building of the community leaders. Taking the community into confidence is all the more important when sensitive issues like SRH are involved. Cost effectiveness is another key consideration in sustainability. It is also important to utilize existing infrastructure instead of trying to 'reinvent the wheel'. The massive infrastructure of education and health system, both government and private are need to be fully utilized into the programme with effective training and reorientation.

Review Findings

After a detailed review of the programmes based on field visits, discussions with the stakeholders and study of the relevant documents, the review team has the following observations:

General Observations

- While a large number of departments/agencies are concerned about youth, and have programs to address their issues, only a fringe of the target population is being reached.
- In terms of funding priority, it is observed that only 0.30 percent of the total budget was directly allocated to Department of Youth Development (source: DG Youth) though the youth constitute nearly 42 percent of the total population.
- Although an extremely large base of educational system exists where an overwhelming majority of young people are available and accessible, it has not been used effectively for reaching them with RH information.
- Despite a unanimous view that it is necessary and useful that youth should be provided a platform to organize themselves, a very negligible base has been created (in nearly 68,000 villages, only 5,000 youth clubs exist). This largely seems to be the result of stark skepticism of government authorities about the 'trustworthiness' and 'reliability' of youth based organizations – as indeed of the NGOs in general. It needs to be realized that the activities of youth clubs are mostly participatory and recreational, and therefore, more dependent on their enthusiasm rather than money. And the money envisaged for the organization of the youth clubs is very nominal, a kind of "seed money" for purchase of sports gear for low cost sports activities like volleyball or football. UNFPA's own experience in RHSUP has demonstrated that entertainment equipment attracts the youth to

come to the adolescent corners, where counsellors and peer educators catch them for imparting useful RH information.

Achievements

- The biggest achievement of the government, as also of UNFPA, is to put youth and gender issues in the national consciousness where most people are now aware of the special concerns of these segments, even though the scale of programs is still very low. The foundation is well laid; a befitting superstructure is now required to come up much faster.
- FP which is predominantly a youth issue, has been a great success due to right national priority for mass mobilization, including the religious leaders and several NGOs
- The UNFPA supported programs like ARH and RHI YA are conceptually well designed. The ARH project is increasingly becoming popular and is ready for scaling up, after, of course, some fine-tuning based on the evaluations. As the RHI YA project is still in the formation stage, an economic evaluation component can be introduced to measure the cost-effectiveness of the program.

Areas requiring improvement

- The coverage of youth is quite low in spite of their huge population.
- Despite the small scale, the programmes are not being effectively monitored.
- Poor coordination and linkages among program managers as well as the policy makers are major stumbling blocks.
- Quality of training leaves much to be desired.
- Teachers are shying away from the issues like HIV/AIDS, despite its inclusion in the curriculum, which may be due to poor capacity building or lack of enabling environment.

- Lack of documentation of program experiences leaves the program planners and managers ill-equipped to bring about the necessary improvement, and share the experience with others engaged in programs on similar issues.

Constraints and opportunities

Constraints

- Low political/ national priority to youth programs
- Poor allocation of funds

Opportunities

- Some of the relevant policies are under reexamination/reformulation, which gives a great opportunity for inclusion of youth issues and concerns in most of these
- Adoption of ICPD and MDG goals by the government offers a good base for providing priority to youth issues.
- Interest of a large number of national and international organizations, which has been created in youth related issues.

Recommendations and Conclusions

Overall recommendations

- Every effort should be made to put issues of young people on the agenda of the government and all the political parties.
- The linkages between various ministries/departments should be institutionalized for convergence, coordination and economy as well as for avoiding overlap, inconsistencies and contradictions.
- To provide common ownership to all the Ministries/Departments as well as the national and international agencies, a **National Partnership for Youth** should be established. Possibly under the chairmanship of Prime Minister, with Minister of Youth as Co-chair. This Partnership should evolve its own '**Common Program Document**' a common logo and a common slogan. An independent secretariat (preferably an NGO) may be created for monitoring and follow up with the partner agencies.
- Since several policies are addressing different issues of youth, the policies are needed to be harmonized for convergence and synergy. When a policy is in draft stage, a large public deliberation should be organized to evolve consensus, which is essential for sustainability.
- Gender sensitization across all programmes should be ensured since the problems of boys and girls are often very different and require different approaches and weightage.
- Youth programmes should be viewed from a rights perspective rather than be condescending or patronizing. It should be remembered that youth have

important inalienable rights to information/knowledge, education, RH choices, recreation, employment, etc.

- Since employment is the basic youth concern, vocational training and opportunities for micro-credit should be extensively provided as a part of as many programmes as possible.
- To provide a support structure to youth movement. Youth Clubs should be set up in the entire country – one in every village including urban slums. These clubs should be encouraged to get registered and provided with guidelines on how to organize their activities effectively. Although, fortunately, registration fee is already very nominal (Tk 100) the registration procedure should be made simpler and speedier.
- The huge educational infrastructure (both GoB and private) should be extensively mobilized since it has wide and convenient access.
- RH issues should be incorporated in secondary and higher secondary school curriculum and teachers should be trained on RH issues, including the skills to teach them.
- The entire medical college structure should be involved with a more central role, and the course curriculum should include gender and RH issues of young people, besides the appropriate skills to communicate them.
- The practitioners of alternative systems of medicine, including the 'quacks' who have an enormous access should be brought into the system through orientation, incentives and awards.
- Participatory activities of youth should be given maximum encouragement since youth do not like a didactic or moralistic approach.
- Movements like Scouts and Girl Guides should be expanded.
- The already existing scheme of National Awards and honors should be expanded to encourage more participation. Awards could be instituted for Best Youth

Clubs, Best NGOs working with Youth, Best Teachers, Schools, Colleges, Medical Colleges, Private Practitioners etc.

- Partnership with media (print, electronic and folk media) should be established and sensitization workshops should be organized for them. Prizes for best programmes should also be instituted.
- Operations research should be conducted alongside with all pilot projects so that projects experiences are well documented as well as capacity of the implementers are built.

Recommendations for UNFPA 7CP

- UNFPA should play the nodal role to bring together all stakeholders on one platform. They should provide assistance for organizational secretariat support for 'National Partnership for Youth'.
- 'Youth Leadership Training' and 'Youth Counseling Training' should be developed for youth club office bearers.
- Technical support should be provided for developing quality-monitoring mechanisms and skills.
- Every pilot project must have inbuilt components of operations research and economic evaluation, so that project experiences can be documented and cost effectiveness of the project can be measured. This is extremely important for replication and scaling up.
- The programs already piloted should be scaled up as fast as possible.
- An inventory of IEC/BCC materials should be got prepared through a professional organization. All materials should be evaluated for effectiveness and standardization and only the tested materials should be disseminated. This will also save money on duplication of materials, which can be profitably used for dissemination.

- Youth should be involved in the development of IEC/BCC materials themselves by organizing Multi Media Workshop guided /facilitated by the professionals.
- UNFPA may facilitate workshops where teachers, educational administrators and NCTB should come together to review the curriculum at various levels. Periodic review will be helpful.
- Youth/adolescent friendly services should be provided to young people in their school premises by establishing 'Health clinic' (a room can be used for health clinic in the school).
- A Resource Book on RH and Youth, with gender specific focus, may be developed for use by all the implementing agencies to ensure against contradictory and vague, or culture/gender insensitive messages. The Resource Book should also provide tips on communication skills, which are all the more vital for a sensitive issue like RH.
- A system of Concurrent Evaluation of programs should be developed by involving universities, medical colleges and other suitable organizations in the field, including NGOs and professional research bodies.
- GIS database should be developed for better understanding of youth targeting activities for identification of vulnerable/uncovered areas and avoiding duplication and overlap.

In short, the new initiatives of UNFPA in the 7th CP should be three-fold:

(a) To help consolidate the gains of the plethora of programmes already under way by providing technical support for achieving better synergy, coordination and linkages.

(b) To provide support for capacity building to all the implementing agencies to perform better – not just in programme implementation, but monitoring and evaluation as well.

(c) To provide incentives to different players for good performance in terms of innovativeness, efficiency, cost-effectiveness, sustainability, etc.

All these can most appropriately be done under the banner of the proposed 'National Partnership for Young People'.

Conclusion

Today's young people are the parents and leaders of tomorrow. Investing in their well being must be one of the best and most important actions that can be taken today, especially action to make sure that they are equipped with the knowledge and information about reproductive health so that they can take care of themselves and become knowledgeable and responsible parents in future. The importance of 'Youth' issues is now well established and recognized at the policy level. Several organizations are working for it. What is now needed is to make it a national movement and provide a national umbrella.

Annexures

Persons consulted

Serial number	Name of the person	Designation	Organization
1	Mr. Fazlur Rahman	Minister	Ministry of Youth and Sports
2	Mr. A.M.M. Nasir Uddin	Secretary	Ministry of Information
3	Mrs. S.M. Waliur Rahman	Director General	Department of Youth Development Ministry of Youth and Sports
4	Prof. Dr. M. Mizanur Rahman	Director General	Directorate of Health Services Ministry of Health and Family Welfare
5	Prof. Mohammed Junaid	Director General	Directorate of Secondary and Higher Education Ministry of Education
6	Mr. Khandaker Rashedul Haque	Joint Secretary	Ministry of Health & Family Welfare
7	Md. Rabiul Alam	Deputy Director & Project Director, ARH Project	Department of Youth Development Ministry of Youth and Sports
8	Dr. Akhtary Khanam	Director, Planning & Development	Directorate of Secondary & Higher Education Ministry of Education
9	Ms. Zahara Ummey Hassan	Deputy Director, Planning & Development	Directorate of Secondary & Higher Education Ministry of Education
10	Md. Sanaur Rahman	Deputy Project Director ARH education	Directorate of Secondary & Higher Education Ministry of Education
11	Dr. Yesmin H. Ahmed	Country Director	Marie Stopes Clinic Society
12	Mr. M. Shafiqul Islam Khan	Director General	Family Planning Association of Bangladesh
13	Dr. Abu Jamil Faisal	Country Representative	Engenderhealth
14	Dr. Kazi Golam Rasul	General Manager Advocacy and Communication	Marie Stopes Clinic Society
15	Ms. Ivonne Camaroni	Project Officer, HIV/AIDS	Health and Nutrition Section UNICEF
16	Dr. Masud	Project Officer, HIV/AIDS	Marie Stopes Clinic Society
17	Mr. Syed Md. Omar Hafiz	Assistant Director Policy Support & Planning Unit (PSPU)	Directorate of Secondary & Higher Education Ministry of Education

Serial number	Name of the person	Designation	Organization
18	Mr. S.M. Morshed Bipul	Research Officer (Planning & Development)	Directorate of Secondary & Higher Education Ministry of Education
19	Mr. Md. Aminul Haque	Assistant Director (PSPU)	Directorate of Secondary & Higher Education Ministry of Education
20	Mr. Md. Aminul Haque	Assistant Director (PSPU)	Directorate of Secondary & Higher Education Ministry of Education
21	Dr. Shirin Akhter	Local consultant Peer education Project	Directorate of Secondary & Higher Education Ministry of Education
22	Dr. Roushon Ara Begum	NPPP-RH, UNFPA	Directorate General Of Health Services
23	Dr. Mizanur Rahman	NPPP-RH, UNFPA	Directorate General Of Health Services
24	Dr. Rafiqus Sultan	NPPP, UNFPA	
25	Dr. Mahbubul Islam	National Consultant- Adolescent Health & HIV/AIDS	WHO
26	Mr. Mohammad Rezaul Karim	Branch Office Manager	Hope '87 Bangladesh
27	Mr. Kishwar Sultana Sayeed	Director Programme	Family Planning Association of Bangladesh (FPAB)
28	Mr. M. Abbas Uddin	Deputy Director, Islamic Research Cell	Family Planning Association of Bangladesh (FPAB)
29	Mr. Alhaj Md. Fazlul Haque	Chairman, National Youth Council	Jatia Tarun Sangha
30	Mr. Mazharul Islam	Programme Officer	UNFPA
31	Dr. Habiba Sultana	Clinic Manager	Concern Women for Family Development (CWFD), Gajipur, Dhaka
32	Dr. Biphasa Kabir	Medical Officer	Concern Women for Family Development (CWFD), Khulna
33	Mr. Pankaj Majumder	Community Mobilizer, ARH project	Concern Women for Family Development (CWFD), Khulna

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THEMATIC REVIEW ON YOUTH
TERMS OF REFERENCE (TOR) FOR CONDUCTING THE REVIEW

Background

Youth and Adolescents appear to be extremely poorly informed regarding their own sexuality and physical well-being, their health, and their bodies. Whatever knowledge they have, moreover, is incomplete and confused. Low rates of education attainment, limited sex education activities, and inhibited attitudes towards sex attenuate these ignorance¹.

Reproductive health needs of young women are quite different from that of young men, principally due to the young age at marriage. According to WHO, girls under 18 are up to five times more likely to die in childbirth than women in their twenties². The main causes of mortality in young mothers are toxemia, abortion and obstructed labor (caused by immaturity of the birth canal). Quite apart from the health consequences, early childbearing has an adverse effect on a young mother's socio-economic status. It cuts short her education, limits her ability to earn income for the family and can lead to marital difficulties.

Pregnancy and motherhood occur to the adolescents before they are physically fully developed, and expose them to particularly acute health risks during pregnancy and childbirth. Available information on adolescent nutrition indicates that about half the adolescent girls in Bangladesh are under-nourished³. Son preference and low status of women in Bangladeshi society affect girl adolescents' nutrition, education and access to health care⁴. The extra nutritional demands of pregnancy come at the heels of the adolescent growth spurt; a period that itself requires additional nutritional inputs. Any shortfall can result in the further depletion of the already malnourished adolescent. As a consequence of these conditions, pregnancy at an early age, before the adolescent is physically fully developed, can result in severe damage to the reproductive tract, elevated risks of maternal mortality, pregnancy complications, perinatal and neonatal mortality, and low birth weight. The younger mothers had a higher incidence of low birth-weight and prematurity after controlling for parity and for height, weight, educational level financial assets, and utilization of prenatal care, all of which were lower among the adolescent mothers⁵. Health consequences of abortion are particularly acute for adolescents. Unmarried adolescents are considerably more likely than older women to delay seeking abortion services and hence undergo second trimester abortion⁴.

Regarding STDs, about half of the adolescents could not correctly identify a single STD symptom. More than half the adolescents could not correctly identify a mode of STD transmission⁶. Although social customs usually discourage premarital or extra-marital sexual relationships, the scant evidence from small scale, in-depth qualitative studies indicate that such relations are more frequent than commonly believed. These groups are especially vulnerable to discriminating unwanted pregnancy and disease, including STDs and HIV infection. Regarding ideas about menstruation, 99 percent of the girls in the urban slum study indicated menstruation with pollution, or a state of being impure⁷.

¹ Jejeebhoy, Shireen J., *Adolescent sexual and reproductive behavior, 1996*.

² WHO, 1998

³ Nahar, Quamrun, et. al.. *Strategies to Meet the Health Needs of Adolescents: A Review, 1999. p.13*

⁴ Akhter, Halida Hanum, Rahman, M. Hafizur and Ahmed Shehlina, *Reproductive Health Issues and Implementation Strategies in Bangladesh, 1996. p.40*.

⁵ Miller, J.E., *Birth outcomes by mother's age at first birth in the Philippines. International Family Planning Perspectives 19: 98102*.

⁶ Nahar, Quamrun, et. al.. *Strategies to Meet the Health Needs of Adolescents: A Review, 1999. p.6*

⁷ Ahmed S. *Behavioural aspects of reproductive health among poor adolescents female in Dhaka, Bangladesh. MSc Thesis. London: London School of Hygiene and Tropical Medicine, 1991*.

UNFPA has been supporting the Government of Bangladesh for implementing different programmes through its country programme cycles for about last three decades. At this moment UNFPA is executing its 6th Country Programme (CP) in collaboration with the Government of Bangladesh. The 6th CP has started from 2003 and will continue until the end of 2005. Different ministries of the Government of Bangladesh are implementing the UNFPA assisted programmes and projects. 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 6th CP also contributing to the most sensitive segment of the total population – youth and adolescents.

Youth is a major focus in UNFPA programme and has been considered as a crosscutting issue. UNFPA feels that young people must be considered and addressed in all UNFPA programme activities. A multi-lateral approach is required to address this sensitive population under the mentioned contextual situation including illiteracy, harmful traditional practices and risk behaviors, early marriage and violence against women etc. Reproductive health services in friendly environment is very important with community support and providing right information and education on growing up, sexual and reproductive health, life skills, etc. This huge segment of population is also a theme of UNFPA programming and has been addressed throughout the programme through different strategies. At this point of time, before designing next country programme, UNFPA wishes to conduct a thematic review on youth issues in Bangladesh.

The Purpose

The purpose of the thematic review is to assess the effectiveness and efficiency of the strategies and approaches of youth issues those are being addressed through different interventions in the country and what are the programmes or initiatives available in the country, including the UNFPA CP, to address this important segment of population and also to identify gaps that needs to be addressed through future Programme in Bangladesh as well as in the 7th CP.

The Specific Objectives

The specific objectives of the study are:

- vii To review youth related documents, strategies and policies of the country in order to asses status of youth in Bangladesh
- viii To review the 6th CP programme documents (including sub-programme and project documents) and all other relevant documents in order to assess the relevancy and effectiveness of youth issues and related interventions as crosscutting issue in the country programme.
- ix To critically review the youth programme related indicators for monitoring and evaluation and suggest appropriate indicators for monitoring and evaluation of the programme.
- x To inform the UNFPA country office and other stakeholders on the decisions on operations, youth related policy or strategy related to ongoing intervention and future programme interventions required based on the evaluation.
- xi To identify the results are being produced through different interventions and the overall strengths and weaknesses in addressing the youth issues in Bangladesh as well as UNFPA programme, and

- xii To identify appropriate strategies and interventions that should be addressed through 7th CP of UNFPA and/or other programmes of Bangladesh.

Scope Of Work

Terms of reference for the core group/consultants working on youth:

- i) The consultants will critically review the available documents in Bangladesh and also UNFPA Country Programme documents including sub-programmes and project documents and all other necessary youth related papers/literature including policies and strategies, research papers available. This will also include other documentations such a meeting/workshop reports, project progress reports, meeting minutes and field visit reports etc. in order to gain an understanding on how youth issues have been addressed as a cross cutting issue in the country programme and in component projects.

This will help in identifying strengths and weaknesses of youth issues in the country programme and its effectiveness in achieving objectives.
- 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 and project staff at HQs and at field level and the beneficiaries or target population.
- iii) The consultants also need to conduct field visits in different project areas and observe filed activities and also discuss with stakeholders.
- iv) The consultants need to also critically review the existing log frames (both country programme and projects) and indicators for its youth 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 youth desegregated data (where required), if not available in the existing programme, for M&E, which should be addressed through current programme and also needs to be addressed through next country programme.
- v) The consultants also need to identify the results 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 it is also needed to identify effective strategies for efficiently addressing these issues.
- vi) The consultants will also identify the overall strengths and weaknesses of addressing youth issues in Bangladesh and write report and recommendations to improve the next programme(s) to be undertaken.
- vii) They will also prepare a summary report on the review and should be shared with UNFPA and other stakeholders.
- viii) Prepare/suggest recommendations for future programming on youth

General Terms And Conditions

- i) It is expected that the consultant should have the ability to work independently with necessary equipments like, PC, Printer, etc.) and s/he is well conversant on youth issues, however UNFPA may provide their support for doing this.
- ii) Secretarial support will not be provided by UNFPA. This remains the responsibility of the consultants.
- iii) The report prepared by the consultant cannot be shared or used by the consultant or any other organization(s) for any other purposes without prior approval from UNFPA.

Required Qualifications

- Relevant university degree (Social Science/Medical/Anthropology/education or relevant degrees)
- Fluent in spoken and written English
- At least 10 years experience in working on RH and RR, gender and particularly in youth and adolescent issues,
- Computer skills: ability to use word processing, presentation softwares 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, and young people.

Timeframe and Deliverables

The work, which includes final report (in hard and soft both), needs to be completed within 3 weeks of contracting award with a draft report within 4 weeks of awarding the task. The consultant needs to be ready work on this thematic evaluation for full time for the period of 28 April to 30 May 2004.

Possible Team

1. Dr. S Y Quraishi, CST, UNFPA
2. Ms. I smat Bhuiya, Population Council (Full time Local Consultant)
3. Representatives from local office of -
 - UNI CEF (proposed name - Ms. Sanjeeda I slam)
 - USAID (proposed name - Dr. Zerin Khair)
4. Mr. Zakir Hossain Akanda, Senior Asst. Chief, MOYS
5. Dr. Sohail Ally, Programme Manager, Adolescent & Maternal Health