The UK All-Party Parliamentary Group on
Population, Development and Reproductive Health

Bangladesh Study Tour:

Family Planning, Sexual and Reproductive Health, and International Development

12th – 20th September 2019

UK APPG on PDRH delegation with Robert Chatterton Dickson, British High Commissioner and Sheikh Hasina, Honourable Prime Minister, Bangladesh

Table of Contents

Executive Summary

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) organised a study tour to Bangladesh from the 12th to 20th of September 2019 for a cross-party UK parliamentary delegation. The delegation included: Baroness Jenny Tonge (non-affiliated), Baroness Jenkin (Conservative), Baroness Blackstone (Labour), Baroness Uddin (non-affiliated), Baroness Hodgson (Conservative), Liz McInnes MP (Labour), John Mann MP (Labour), Steve McCabe MP (Labour), Nic Dakin MP (Labour) and Tommy Sheppard MP (SNP).

APPG on PDRH study tour delegation with UNFPA staff

The study tour was co-hosted with the United Nations Population Fund (UNFPA) with the aim of strengthening UK parliamentarians' knowledge about family planning (FP) and sexual and reproductive health and rights (SRHR), and to enhance the membership of the APPG on PDRH.

Prior to departure, the delegation was briefed in the UK parliament by representatives from the UK Foreign and Commonwealth Office (FCO), the Department for International Development (DFID), UNFPA, Marie Stopes International (MSI) and the Bangladesh Rural Advancement Committee (BRAC).

Whilst visiting Bangladesh, delegates were briefed and met with Sheikh Hasina, the Honourable Prime Minister of Bangladesh; Shirin Sharmin Chaudhury, the Speaker of the Bangladesh Parliament, Members of the Bangladesh Parliament, the Bangladesh Foreign Minister and Minister of State and staff; the Director General of Family Planning in Bangladesh and his team of advisors, UNFPA country representative and staff, the UN Security Officer, the British High Commissioner and FCO/DFID staff; and National and International NGO SRHR/GBV stakeholders working in Bangladesh, International Labour Organisation staff and factory directors and workers. Delegates also met with directors and national and international health workers at government and NGO hospitals, training institutions and clinics and in Cox's Bazar the delegation met and spoke with the Refugee Relief & Repatriation Commissioner, refugee camp staff and Rohingya refugees via interpreters.

Tommy Sheppard MP, Nic Dakin MP and John Mann MP with UNFPA staff, Cox's Bazar

Study tour delegates were exposed to an array of FP and SRHR services and training institutions in Bangladesh, delivered by the Bangladesh government, national and international non-governmental organisations (NGOs), the United Nations and the independent sector.

APPG on PDRH study tour delegation with Brigadier General A. K. M. Nasir Uddin, Dhaka Medical College Hospital

With their hosts, delegates discussed FP, menstrual regulation, safe abortion services, obstetric fistula, cervical cancer, the Human Papilloma Virus (HPV) and vaccinations, and gender-based violence including child marriage. They also discussed services for young and vulnerable populations, including in refugee settings, as well as general maternal and child healthcare, the training of skilled birth attendants/midwives and international development and its links to social and economic development and environmental protection.

Study tour delegates with midwifery students, Dhaka Nursing College

Study tour delegates agreed that the exposure to a wide variety of FP and SRHR and GBV services in different settings had enhanced their knowledge of the context, people's needs and challenges facing the Bangladesh Government. As a result, they were energised and inspired to advocate for policies and funding that ensure universal access to contraceptives and SRHR services to improve the lives of women and girls, and lead to economic growth and better welfare.

Study tour delegates visiting the nursery,
Adhunik Poshak Shilpo Ltd factory, Kalshi, Dhaka

The UK parliamentary study tour delegation wants to thank the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) for their financial support and UNFPA for their collaboration and generous support on the Bangladesh study tour, as well as Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH, for her advice and organisational skills.

Introduction to the Bangladesh study tour and study tour delegation

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH), in collaboration with the United Nations Population Fund (UNFPA), organised a study tour to Bangladesh on family planning (FP), sexual and reproductive health and rights (SRHR) and international development, which took place from the 12th – 20th September 2019. The study tour was funded by the APPG on PDRH with support from the European Parliamentary Forum for Sexual and Reproductive Rights (EPF).

The aim of the study tour was to introduce UK parliamentarians to family planning (FP) and SRHR and international development, including in refugee settings, and to increase knowledge on topics related to the International Conference on Population and Development Programme of Action (ICPD PoA).

Delegates received the study tour programme and were briefed prior to departure by representatives of the UK Foreign and Commonwealth Office (FCO), the Department for International Development (DFID), UNFPA, MSI and BRAC on 11th September 2019 in the UK parliament.

The delegation included UK APPG on PDRH Chair, Baroness Jenny Tonge (non-affiliate), Baroness Jenkin (Conservative), Baroness Blackstone (Labour), Baroness Uddin (non-affiliated), Baroness Hodgson (Conservative), Liz McInnes MP (Labour), John Mann MP (Labour), Steve McCabe MP (Labour), Nic Dakin MP (Labour) and Tommy Sheppard MP (SNP).

Rachel Maclean MP (Conservative) and Imran Hussain MP (Labour) were meant to participate, but sent their apologies prior to departure. Baroness Jenny Tonge led the delegation.

Baroness Jenny Tonge (non-affiliated)

Baroness Jenny Tonge worked as a doctor in the National Health Service (NHS) in the UK for over 30 years before entering the House of Commons as the Member of Parliament (MP) for Richmond Park in Surrey, in 1997. Her speciality in the National Health Service (NHS) was women's health. She was the Liberal Democrat (LD) Spokesperson for International Development for seven years in the House of Commons (HoC), and in 2005 was made a life peer. She has been a member of the UK APPG on PDRH since 1997 and was elected chair in 2010. She was the President of EPF 2013 – 2015 and received an Honorary Fellowship from the Royal College of Obstetricians and Gynaecologists (RCOG) in December 2015 for her dedication and promotion of women's health services in the NHS and in developing countries.

Prior to the study tour Baroness Jenny Tonge said: "I first visited Bangladesh in 1998 with the Select Committee for International Development when we were investigating the position of women in India and Bangladesh. The first impression then was of the lack of women on the streets or in the shops. Dhaka was still relatively undeveloped and women in general were confined to their homes, especially in the countryside where as well as maternal health problems, they suffered respiratory diseases from burning dried cow dung for cooking fuel, the fumes from which wrecked their lungs. Family planning had been introduced in the early Seventies by the present Honourable Prime Minister's father Sheik Rahman, but family size was still high. I was excited to return to Bangladesh to see what the country had accomplished since 1998."

Baroness Anne Jenkin (Conservative)

Baroness Anne Jenkin is a member of the Conservative Party in the House of Lords (HoL). She joined the HoL in 2011 and is a member of the Equality Act 2010 and Disability Committee. Baroness Jenkin founded and co-Chairs Women2Win, a group that aims to get more Conservative women elected to Parliament. She is a prominent campaigner on issues of hunger and food sustainability.

Baroness Jenkin joined the UK APPG in PDRH in 2011 and has held a series of positions on the committee. She is currently the Treasurer. Baroness Jenkin is a leading supporter of international development in the Conservative Party and was Chair of the Conservative Friends of International Development. She is a Trustee for UNICEF UK and Cool Earth and a Patron for Restless Development.

Prior to the study tour Baroness Anne Jenkin said: "Most people who take an interest in family planning and population development are aware that Bangladesh has an excellent record on contraception and family planning, reducing family size from 6.3 in 1975 to around 2.3 in more recent years. I was keen to understand what was behind this. What we didn't know in advance of the visit was that Sheikh Mirjbur Rahman, Father of the Bangladeshi nation, had focussed on family planning as one of his early priorities. With a woman Prime Minister and a woman Speaker of the Bangladeshi Parliament we were keen to learn from them what steps they were taking to improve girl's education and a woman's lot."

Baroness Tessa Blackstone (Labour)

Baroness Blackstone has been a member of the HoL since 1987. She was Minister for Education from 1997 - 2001, and sat on the HoL Public Service and Demographic Change Committee 2012-2013 and Long-Term Sustainability of the NHS Committee 2016 - April 2017. Prior to entering the HoL, she worked in academia, was a policy adviser to the Cabinet Office and was Deputy Education Officer at the London Education Authority. She has chaired various boards including the Institute of Public Policy Research (IPPR) board, and is currently the chair of the Great Ormond Street Hospital board. Her interests lie in education, foreign affairs and healthcare. She joined the APPG on PDRH in 2017 and is now a committee member.

Prior to the study tour Baroness Tessa Blackstone said: "I had never been to Bangladesh before, so my knowledge of the country was limited. I knew it had a large population and that it was a geographically small country. Although I was aware of the growth of the garment industry, I assumed that the country's economic growth rate was relatively low compared with other countries in the sub-continent, notably India. I also imagined that in spite of its female Prime Minister, Opposition Leader and Speaker, its female population suffered from serious gender inequality. I thought this would be reflected in poor access to family planning

and poor health care for many women. As a consequence I assumed there was a high birth rate with large numbers of women struggling to bring up big families, where educational opportunities for their children and even access to enough food might be difficult. All these preconceptions reflect my ignorance about Bangladesh before the APPG on PDRH visit. Clearly they were not correct and required considerable change. The only thing about my expectations that was broadly accurate was that there would be a substantial proportion of the population living in abject poverty. I also expected the conditions of the Rohingya people in the refugee camps would be atrocious. And what we saw confirmed this."

Baroness Uddin (Non-affiliated)

Baroness Uddin has been a member of the HoL since 1998. She is a community activist of Bangladeshi descent, being the first Muslim and second Asian woman to sit in the Parliament of the United Kingdom (UK). Baroness Uddin worked in social services in Tower Hamlets and East London over 30 years. She has long campaigned for the increase of skills of Asian women living in Britain. She created the first purpose-built education and training centre for Asian women in the UK called the Jagonari Centre, located at Whitechapel, East London, in 1999. Baroness Uddin is on the EOP Implementation Committee, and a trustee of St Katherine's and Shadwell Trust and has a long standing interest in women's health and rights. She has been a member of the UK APPG on PDRH since 1998 and has held a series of positions on the committee. She is currently the joint Secretary.

Prior to the study tour Baroness Uddin said: "Given that, as usual our study group had set out on an ambitious programme and a gruelling schedule of learning, I had some concerns meeting these expectations."

Baroness Hodgson (Conservative)

Baroness Hodgson has been a member of the HoL since 2013. She received a CBE in 2012 for her expertise in quality review and audit in the provision of private healthcare services. She is an Honorary Vice President of the Conservative Women's Organisation and Chair of the Governance Board of the Independent [Healthcare] Sector Complaints Adjudication Service, part of the Association of Independent Healthcare Organisations. She is the Co-Chair of the APPG on Women, Peace and Security.

Prior to the study tour Baroness Hodgson said: "This is a fantastic opportunity to go to Bangladesh, a country I had heard much about but never had the chance to visit before. As my focus is on women in developing and conflict countries, Bangladesh is of great interest to me as it has a reputation for poverty (although that is improving) and is host to nearly one million Rohingya Muslims fleeing the conflict in Burma. I am also

interested in women's health and maternity care so am looking forward to seeing projects as well as hearing how the Government is addressing these issues. It will give us a chance to go to Cox's Bazar and meet some of the Rohingya women to hear first-hand about their situation. I am very grateful to the APPG on PDRH for arranging this trip and much looking forward to our week in Bangladesh."

Liz McInnes MP (Labour)

Liz McInnes MP has been the MP for Heywood and Middleton in Greater Manchester since 2014. She has a background in biochemistry and has worked since 1981 for the NHS in London, Sheffield, Manchester and Oldham. She joined the Labour front bench in 2015, as Shadow Minister in the Department for Communities and Local Government team and as FCO Shadow Minister in 2016. She has been on the Health and Social Care Committee and Science and Technology Committee and has an interest in women's health and rights. She is currently the joint Secretary of the APPG on PDRH committee.

Prior to the study tour Liz McInnes MP said: "Having visited Bangladesh just once before, I was looking forward to seeing more of the country, my previous visit having been to Dhaka only. In my role as Shadow Foreign Minister I have followed with great interest and concern the dreadful plight of the Rohingya Muslims. I was therefore particularly interested in visiting Cox's Bazar to see the work being done by NGOs at the refugee camps, especially with women and girls. I wanted to see for myself the conditions under which the Rohingya refugees were living, and to talk with representatives from the Bangladeshi Government about how they envisaged the future for these sadly displaced people, cast out from Myanmar, their home country, in circumstances of extreme violence and brutality."

John Mann MP (Labour)

John Mann MP has been a Labour MP for Bassetlaw since 2001. He has served on the Treasury Select Committee and was the Parliamentary Private Secretary to Tessa Jowell and Richard Caborn. He resigned from the Labour party in September 2019 to take up his role as the Government Antisemitism Tsar and was appointed as a non-affiliated Peer to the HoL by former Prime Minister Theresa May in her resignation honours list. John Mann MP is an APPG on PDRH committee member and represents the APPG on PDRH on the EPF executive committee.

Prior to the study tour John Mann MP said: "The outside image of Bangladesh is one of extreme poverty and the Rohingya camps of chaos."

Steve McCabe MP (Labour)

Steve McCabe MP was an MP for Birmingham Hall Green from 1997 to 2010, and since 2010 elected for Birmingham Selly Oak. He has a background in social work and was an education adviser to the Central Council for Education and Training in Social Work. He served as the Parliamentary Private Secretary to Charles Clarke in his capacity as Secretary of State for Education and Skills 2003–2004 and as Home Secretary 2004–2005. He joined the government Whips' Office in 2006 as an Assistant, and from 2007 was a Lord Commissioner to the Treasury (a full Whip). He has also served on various select committees, including Northern Ireland Affairs Select Committee 1998–2003 and Home Affairs Select Committee 2005–2006 and 2010–2013. From 2013 to 2015, he served as a Shadow Minister for Education. He is currently on the Work and Pensions Committee.

Prior to the study tour Steve McCabe MP said: "My knowledge of Bangladesh prior to this visit was quite limited. I have several constituents whose family are originally from Bangladesh and there is a Bangladeshi diaspora in Birmingham which numbers about 15,000. Most of those in Birmingham are from the Sylhet area. Before taking part in the visit, my knowledge was restricted to conversations I'd had with constituents sometimes about the political situation prior to independence in 1971. Often, they described a Bangladesh they remembered from years before, sometimes they described it as they imagined it. My reading was confined to Songs at the River's Edge by British social anthropologist Katy Gardner, first published in 1992, and Monica Ali's Brick Lane which describes the life of Nazneen, a young Bangladeshi woman from the villages who marries an older man in an arranged marriage and relocates to Tower Hamlets, London and a very different life. Although both very enjoyable reads, I wasn't sure that my conversations or reading were great preparation for the event. The pre-visit briefing organised by the All Party Parliamentary Group on Population, Development and Reproductive Health was extremely useful both in clarifying the objectives of the visit and in the description of the country we were about to visit. I did have some knowledge that Bangladesh had quite an advanced maternal health programme and family planning strategy but my image was probably predominantly that of a poor south Asian country struggling to meet the demands of poverty and a large population."

Nic Dakin MP (Labour)

Nic Dakin MP has been an MP for Scunthorpe since 2010. He was promoted from his positions as Opposition Whip and Shadow Deputy Leader of the HoC in September 2015 to the Shadow Schools Minister under Jeremy Corbyn but resigned from the position in June 2016. Dakin subsequently re-joined the Opposition

Whips' Office in October 2016. Prior to being an MP Nic Dakin taught English in Gävle, in eastern Sweden, and then at John Leggott College in Scunthorpe, where he became principal. He has served on the Education Select Committee and is currently a member of the House of Common's Procedure Committee and the Speaker's Advisory Committee on Works of Art. He is the chair of several APPGs including: Steel and Metal Related Industries; Pancreatic Cancer; Education, Skills and Employment; and Bioethanol.

Prior to the study tour Nic Dakin MP said: "The main reason I wanted to join the study tour was because I have a significant Bangladeshi diaspora in Scunthorpe. I thought I would better understand their world view and context from visiting. Because of the reputation of the country I expected to see strong maternal health systems in place, a busy city with extremes of wealth and poverty and – in the Rohingya camps – scenes that might be difficult to observe."

Tommy Sheppard MP (SNP)

Tommy Sheppard has been an MP for Edinburgh East since May 2015. He is the SNP spokesperson in the Cabinet Office in the HoC. He is also known for founding The Stand Comedy Clubs in Edinburgh and Glasgow. He studied medicine but graduated with a degree in politics and sociology. Tommy Sheppard is an atheist and a humanist, and was elected Vice Chair of the All Party Parliamentary Humanist Group in 2017.

Prior to the study tour Tommy Sheppard MP said: "I'd never been east of Jordan and really didn't know what to expect. Poverty, I suppose, and lots of it. Having lived and worked amongst the Bengali community in East I knew the warmth and vibrancy of this community and had some appreciation of custom and culture. I was keen to understand how traditional attitudes to gender and family impacted upon health programmes aimed at birth control and sexual violence. I particularly wanted to see the Rohingya refugee camps and to find out what more we could practically do to assist."

Background information to the Bangladesh study tour

The UK APPG on PDRH organise a study tour every 2-3 years to a country that receive UK ODA. The purpose of study tours is to strengthen parliamentarians' awareness on the importance of universal access to FP/ SRHR to achieve the Sustainable Development Goals and become parliamentary advocates for increased funding to the ICPD PoA.

Invitations were disseminated in July 2018 to UK parliamentarians to join the Bangladesh study tour in November 2018 co-organised with UNFPA.

The following parliamentarians expressed an interest and were recruited for the study tour: Baroness Jenny Tonge; Baroness Jenkin; Baroness Blackstone; Baroness Hodgson; Lord Dykes; Lord Suri; Steve McCabe MP; Nic Dakin MP; and Ruth Cadbury MP.

A few weeks prior to departure the study tour was cancelled and rescheduled for the February 2019 recess, as requested by the Bangladesh Government. In January 2019, it had to be rescheduled again, to September 2019, due to UK Brexit negotiations and votes, which did not allow parliamentarians a recess in February. Invitations were again disseminated and the new study tour delegation included Baroness Jenny Tonge as the lead of the delegation, Baroness Jenkin, Baroness Blackstone, Baroness Uddin, Baroness Hodgson, Liz McInnes MP, John Mann MP, Steve McCabe MP, Nic Dakin MP, Tommy Sheppard MP, Rachel Maclean MP, and Imran Hussain MP. A few weeks prior to departure Rachel Maclean MP and Imran Hussain MP sent their apologies.

Background at-a-glance and pre-departure briefing meetings

Bangladesh is a development success story: economic growth has averaged 7% since 2003 and poverty has halved between 1990 and 2010. Whilst economic growth has led to some development through agricultural productivity, garment exports and remittances, Bangladesh still has 37 million people living in poverty, with 21 million of those living in extreme poverty. Bangladesh is also highly vulnerable to natural disasters such as floods and cyclones.

Since August 2017 more than 688,000 Rohingya (Bangladesh Government currently estimate 1 million) have fled Burma to Bangladesh, resulting in a major humanitarian crisis. The UK Government has continuously committed to working with the government of Bangladesh and the international community to address the immediate and medium-term needs of the Rohingya people and vulnerable host-communities.

According to the British High Commission website, Bangladesh is an important UK trading partner with untapped potential for British firms. Investments in raising the incomes of a population of 160 million and rising, will increase trading potential, as will boosting the investment climate. Development work, alongside trade and diplomacy, is believed to give the UK a favoured and trusted position with the government and citizens of Bangladesh.

Meeting with Ms Saida Muna Taneem, Bangladesh High Commissioner, and Md Shahriair Alam, Bangladesh State Minister for Foreign Affairs, 2nd August 2019, 13:30 - 15:00, London, UK

Ms Saida Muna Tasneem, High Commissioner for Bangladesh, UK

H.E. Md Shahriar Alam MP, State Minister for Foreign Affairs for Bangladesh

Baroness Jenny Tonge and Baroness Uddin attended a luncheon with Ms Saida Muna Tasneem and Md Shahriar Alam to discuss the forthcoming study tour on FP, SRHR and international development. During discussions it was suggested that the delegation include a visit to the Father of the Nation's Bangabandhu Museum to understand the history of the county along with a courtesy call on the Foreign Minister whilst in Dhaka and the Refugee, Relief & Repatriation Commissioner (RRRC) prior to visiting the temporary camps in Cox's Bazar. Recommendations were subsequently included in the study tour itinerary.

Roundtable briefing meetings, UK parliament with FCO/DFID, UNFPA, MSI and BRAC, Wednesday 11th September 2019

In attendance were Dan Pasha, FCO; Joel Harding, DFID; Matt Jackson, UNFPA; George Hayes, MSI; and Lewis Temple, BRAC. From the study tour delegation were Baroness Tonge, Baroness Jenkin, Baroness Blackstone, Liz McInnes MP, Steve McCabe MP, Nic Dakin MP and Ann Mette Kjaerby. Delegates unable to attend were sent material via email.

Dan Pasha, FCO and Joel Harding, DFID overview of the political, economic and social situation in Bangladesh

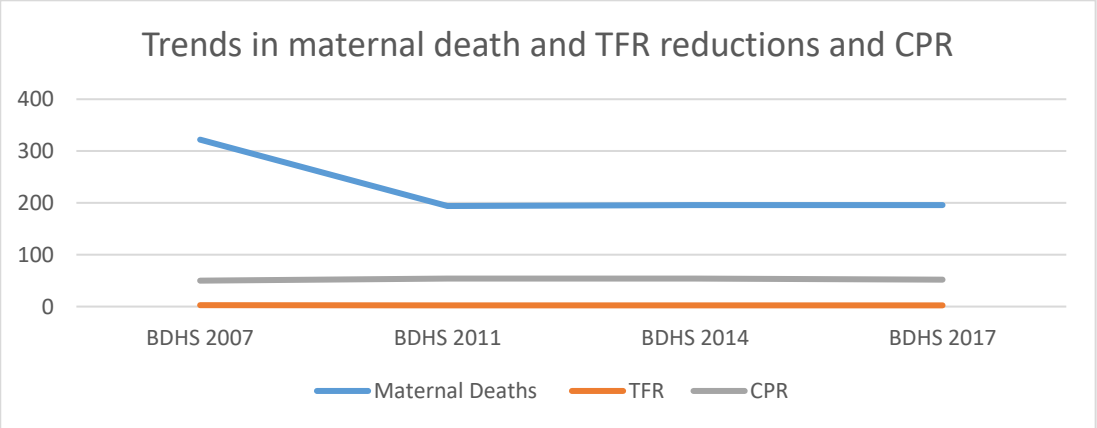
Bangladesh has made considerable progress in improving the health of its citizens over the last 20 years. Life expectancy increased from 67 years in 2007 to 72 years in 2011 and for the first time, women are living longer than men. Bangladesh has achieved the Millennium Development Goal (MDG) 4 target of reducing infant deaths by two-thirds since 1990 and reducing maternal deaths by 75% since 1980, though it fell short of achieving the MDG 5 target. Bangladesh has embraced the Sustainable Development Goals (SDG) for 2030.

Table-1: Key achievements in health

Key Indicators	**Status 2004***	**Status 2017***
Life expectancy at birth	67 years (2007)	71.6 years (2016)
Maternal mortality ratio (per 100,000 live births)	320 (2000)	176[1] (MDG target 143)
Total fertility rate	3.3 (2000)	2.3
Women dying during childbirth	12,000 (2001)	5,500
Contraceptive prevalence rate (modern method)	47.3%	51.9%
Skilled attendance at birth	15.6%	53%
Under five mortality rate (per 1000 live births)	88	46 MDG target: 48
Infant mortality rate (per 1000 live births)	65	38 MDG target: 40
Newborn mortality rate (per 1000 live births)	41	28
1. UN estimate, 2015. The MMR has stagnated over the last decade.		

** Bangladesh Demographic and Health Surveys*

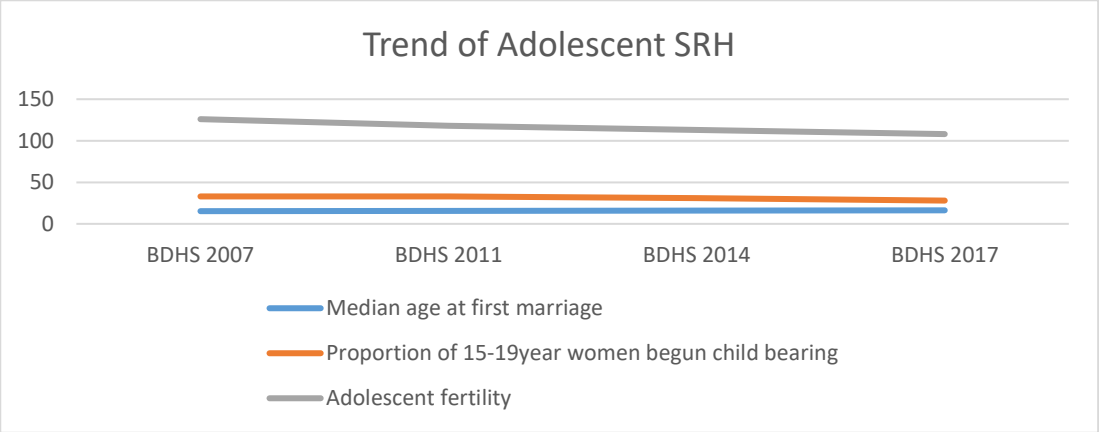
Progress in the area of SRHR has been slow but steady. Reductions in maternal deaths and the number of children borne by a woman during her reproductive life (TFR) have stagnated since 2011.



Women and girls are still married off early in life. The legal age of marriage for women in Bangladesh is 18, but a large proportion of marriages still take place before the girl reaches the legal age. In 2017, 59% of

women aged 20–24 were found to be married before the age of 18 with 74.2% from the poorest quintile compared to 45.4% from the richest wealth quintiles.

Early marriage leads to early childbearing. 31% of teenaged girls (15 to 19 years) had given birth to a c child in 2014 which reduced to only 28% in 2017. Childbearing begins earliest among women in the lowest wealth quintile with 37% of adolescents giving birth compared to 18% of adolescents in the highest quintile. Teenagers who have not completed primary school are twice as likely to begin childbearing than those who completed secondary or higher education.



Contraceptive use: A majority (62% of ever-married women aged 15-49 in 2017) use contraception with 52% using a modern contraceptive method. The oral contraceptive pill is the most widely used contraceptive. Only 9% use a long acting or permanent method. And many women (37%) stop using family planning within 12 months of starting.

In 2017, 60% of women aged 15-49 years did not want any children, while 21% wanted a child later in life. The unmet need for family planning decreased from 14% in 2011 to 12% in 2014, and has remained at that level until 2017.

Early childbirth leads to early achievement of the desired family size and consequently need for contraception for many more years. This along with over dependency on oral pills, is driving the cost of the family planning programme.

Achieving the FP2020 targets including reducing the discontinuation rate to 20% by 2021, is a challenge given the poor quality of family planning services and interruption in the supply of popular contraceptives such as the implant.

Maternal health care services have increased but quality remains a challenge. The majority (over 80%) of pregnant women had at least one antenatal visit with a medically trained provider in 2017. Midwifery is still in a nascent stage, with only 76% reported receiving the antenatal check-up from a qualified practitioner and less than 18% met the quality standards.

Almost 53% of the 3 million annual births in Bangladesh were attended by skilled birth attendants and almost all of those (50%) took place in health facilities. One poor woman for every three richer women gave birth in a hospital. One-third of the births were by caesarean section, increasing the level from 23% in 2014 to 33% in 2017.

Information of other reproductive health services and needs are available only sparingly. Menstrual regulation (MR) has been available free of charge in government health facilities since 1979. In 2014, an estimated 430,000 menstrual regulation procedures were performed in health facilities nationwide, representing a sharp 34% decline since 2010. The annual rate of MR was 10 per 1,000 women aged 15-49 in 2014, down from 17 per 1,000 in 2010. Some 257,000 women were treated for complications of induced abortion nationally in 2014, a rate of 6 per 1,000 women aged 15-49.

The decline is due to several factors including limited availability of the services, increased use of menstruation regulation with medicine (MRM), lack of training of public providers, as well as social and cultural reasons.

Recently, breast and cervical cancers have emerged as the highest killers of women of reproductive age in Bangladesh.

DFID's Bangladesh programme called 'Better Health in Bangladesh' (BHB) is receiving £88 million 2018-2023.

DFID's financial and technical assistance is helping the government provide a range of health services including capacity strengthening in non-communicable diseases (NCDs), mental health, and quality reproductive health services. DFID's technical assistance is to strengthen the health systems, improving regulation and increase capacity building. Programme funding is shared as below:

1. Improving access and quality of family planning, (2016-2021, £5 million): DFID's support is through NGOs to help improve quality and access to family planning service, especially post-abortion and post-partum family planning through increasing capacity of health facilities under directorate general of health services (DGHS).
2. Strengthening midwifery in Bangladesh, (2016-2021, £14.5 million): DFID is supporting UNFPA and BRAC University to develop young women including those in remote areas, to become competent diploma-midwives, a professional cadre that is new to Bangladesh.
3. Essential healthcare for the disadvantaged, (2019-2022, £15 million): DFID will test and support effective and sustainable models for increasing access to essential health services for 2 million disadvantaged people including an estimated 138,000 disabled and living on the coast, for future scale-up.

DFID support to the Rohingya

DFID's response on FP, SRHR and preventing and responding to gender-based violence (GBV) is relatively strong. DFID funded partners include UNHCR, IOM and UNFPA to deliver critical services including comprehensive FP and midwifery care in health centres, improved infrastructure including lighting and padlocks, and Women and Children's Friendly Spaces with a range of social, mental health and psycho-social support (MHPSS), SRH, GBV, skills and sanitation. DFID also supports the coordination of the Preventing Sexual Exploitation and Abuse (PSEA) network, homed within the Intersectoral Coordination Group (ISCG).

While not yet classified as a protracted crisis, the international community is now shifting the Rohingya response from an emergency to a care and maintenance phase. Partners are moving beyond meeting immediate needs towards more comprehensive, long term delivery in many areas.

Preventing Sexual Exploitation, Abuse and Harassment (safeguarding)

- DFID is leading the way in pushing for more robust and coordinated efforts across the humanitarian response to safeguard against sexual exploitation and abuse, and support survivors.
- DFID is working with all Government and humanitarian partners to rapidly increase protection measures and services, including coordinated, accessible and effective reporting and referral mechanisms to specialist case workers, camp leaders, agencies and police.

A short question and answer session followed the FCO and DFID presentations.

Reference was made to the increased lack of freedom of speech in Bangladesh, the widening poverty gap, youth employment, squeezed space for NGOs, the high rate of GBV, population statistics, repatriation of the Rohingya population, and ODA, with China and India being the largest donors to Bangladesh, but the UK being high on the list also.

FCO and DFID representatives encouraged delegates to attend the British High Commissioner's evening reception on Wednesday 18th September 2019. 140 stakeholders were invited and expected including numerous Bangladesh parliamentarians. It was hoped that the visiting British parliamentarians would promote and showcase cross party parliamentary activities and democracy.

Matt Jackson, UNFPA overview of UNFPA programmatic activities in Bangladesh

UNFPA support the Government of Bangladesh in the provision of comprehensive SRHR services including safe delivery care, antenatal and postnatal care, FP services, fistula repair, cervical cancer, and HIV/STI.

UNFPA is currently running its 9th Country programme in Bangladesh (2017-2020), which covers four main areas: SRH; GBV; adolescents and youth, including technical support to develop a national adolescent health strategy; and project-specific activities such as life skills education, campaigning to end child marriage, advocacy with parliamentarians, and support with the population census.

A summary of UNFPA support to Bangladesh is listed below:

1. DFID-funded Strengthening National Midwifery Programme 2016-2021 (budget: £5.3 million)
2. DFID-funded technical assistance "Better Health in Bangladesh" focussing on FP, cervical cancer, emergency obstetric and neonatal care (EmONC) and STIs. The programme runs for the period 2018-2022 (total DFID budget for the entire programme is £88 million of which £11 million supports UNFPA's contribution to delivering the programme's broader aims)
3. Swedish (SIDA) funded programme on midwifery
4. Global Affairs Canada-funded programme on EmONC and FP

A midwifery education programme has been developed and the first cohort of professional midwives has graduated with DFID being a key donor for this training programme. The number of midwives graduated is 2,131 (of which 800 are awaiting their licensing exam). The current number of midwives deployed is 1,148 across Bangladesh including to the Rohingya camps. In addition, NGOs often hire 'graduated' midwives to work in camps such as Cox's Bazar whilst they await deployment by the Government. Delegates will be exposed to this programme in country.

UNFPA work in the Rohingya camps is challenging especially as donor funding cycles are short, usually 6 - 12 months. 'Short burst' funding is problematic as it does not provide for long-term planning on, for example, contraceptive provision. Multi-year funding is more effective in a protracted crisis setting, but donors are yet to move onto this footing. The exception is the World Bank which recently provided $17 million for two projects (on SRHR and GBV) over a three-year period.

- Issues for consideration related to SRHR: Following huge progress in decreasing maternal mortality and increasing contraceptive prevalence rates in Bangladesh, both have stagnated over the last decade, requiring an increase in the quality of care along with an increase in skilled birth attendants.
- The impacts of climate change remain a challenge in Bangladesh, particularly with regard to flooding.

Matt Jackson ended his introduction to UNFPA activities in Bangladesh by presenting the UNFPA's Clean Birth kit.

George Hayes' overview of MSI's work in Bangladesh (MSB)

Marie Stopes Bangladesh has been providing high-quality SRHR services, including FP and menstrual regulation (MR), to women across Bangladesh for over 31 years. Across 34 districts of the country, the programme serves over 1 million clients every year, making it one of MSI's largest programmes.

MSB runs an extensive network of over 50 clinics, provides mobile outreach services to women and girls in hard to reach areas, and helps build the capacity of public-sector providers. The programme also advocates the Government to remove policy restrictions that limit access to contraception and MR.

Current challenges in SRHR in Bangladesh include access to services for young/unmarried women and girls. Significant stigma still exists, in wider society as well as amongst many health providers, which prevents younger and unmarried women and girls from accessing SRHR services. Providers issue consent forms that ask for marital status and refuse services to women that are unmarried.

Healthcare providers are told not to provide specific contraceptive methods, including injectables, intra-uterine devices (IUDs), and sterilisation services, to women who are unmarried or who have had no children. Even if a woman is married, if she has had no children, she is only allowed to receive condoms, pills, and the contraceptive implant in/from public health facilities.

The Bangladesh Government produced the Adolescent Health Strategy 2017-2030 which acknowledged the specific reproductive health needs of unmarried adolescents. However, no policy reforms have been implemented to enable greater access to contraception and MR for unmarried adolescents.

Menstrual regulation

Abortion in Bangladesh is technically only legal to save a woman's life, but "menstrual regulation" (MR) has been part of the national FP programme since the 1970s.

MR is not considered a family planning method, but is offered as part of a comprehensive sexual and reproductive health care service under the Directorate General of Family Planning. Widespread availability of menstrual regulation drugs (misoprostol) in pharmacies has expanded access to MR, but the quality of the drugs and counselling is often poor. This has contributed to increases in unsafe and incomplete abortions.

Declining funds for SRHR

With its recent graduation to middle-income status, international development assistance to Bangladesh is declining, including for SRHR, and domestic funding mechanisms are not yet bridging the gap. Bangladesh is trying to bridge the gap by mobilising resources to supplement contributions from development partners. Under the fourth Health Nutrition Population Sector Plan (HNPSP), the Government has formulated operational plans and allocated significant, yet inadequate, resources for SRHR.

Lewis Temple, overview of BRAC SRHR activities in Bangladesh

BRAC works in different areas but supports the strengthening of the Bangladesh Health System in 10 city slum areas in urban Bangladesh. Its activities include: community-based health education and mobilisation for positive health seeking behaviour and demand for services; domiciliary access to home-based health care, pregnancy care, non-clinical contraceptives and screening for common infectious and non-communicable diseases; and maternity care, including an outpatient department, ultra-sonography and contraception. BRAC also support EHC (Essential Health Care) and IMNCS (Improving Maternal, Neonatal and Child Health Services) in 61 districts in Bangladesh in addition to the above SRHR activities.

Relevant statistics relating to BRAC's work include:

- Bangladesh ranks 4th globally in terms of the prevalence rate of child marriage
- Every year 3.93 million girls are forced into child marriage in Bangladesh (UNICEF)
- Approximately 750,000 girls in Bangladesh suffer annually as a result of early pregnancy
- An estimated 5,200 women die each year in Bangladesh as a result of causes related to or aggravated by pregnancy
- Only 50% of girls in Bangladesh are aware of any modern method of contraception
- Every fifth person in Bangladesh is an adolescent. Successfully addressing the needs and demands of this particular group, especially the most vulnerable ones, could result in giant strides in the country's development and progress in achieving 8 of the Sustainable Development Goals (1, 2, 3, 4, 5, 8, 10, 16)

The biggest SRHR challenges in Bangladesh are child marriage and early pregnancies. According to the Bangladesh Demographic and Health Survey 2014, the median age of marriage for women in the reproductive age group is 16.2 years (minimum marriageable age for women is 18 years). Approximately one in every three adolescents start childbearing in their teenage years, giving Bangladesh the highest adolescent fertility rate in South Asia (113 live births per 1,000 women). Early childbearing adversely affects the health of both girls and their newborns. An estimated 5,200 mothers die each year due to related causes.

Social insecurity and norms regarding age, marriageability, and dowry creates pressure on girls to get married and bear children. If girls' voices were heard and their choices considered in decision-making, more than half of them would not get married early. Adolescent girls tend to enter married life without proper knowledge of contraception and with a limited ability to exercise their reproductive rights, resulting in only 50% girls aware of employing any modern method of contraception. Child marriage makes success in women's academic, professional and personal lives more difficult to accomplish. A 2017 study indicated that prevention of early marriages and pregnancy could result in a 12% rise in earnings and productivity.

The Violence against Women Survey in 2015 highlighted that 42.8% and 28.4% of married adolescents reported physical or sexual violence respectively during their lifetime and in the previous year. SRHR remains a challenge as many still do not have even minimal access to reliable, accurate information and quality, youth-friendly services. Poverty, socio-cultural beliefs and weak policy implementation also all contribute to the issue.

Issues surrounding SRH remain a cultural taboo, especially for adolescents and young unmarried people. Many, including those who are sexually active, have difficulty finding information and gaining knowledge about SRH. Those able to find accurate information struggle to access the services needed to act on that knowledge because of an absence of appropriate service locations or a lack of financial or social autonomy. Meeting the needs of adolescents requires awareness and an ability to access information and services voluntarily, comfortably and confidentially, without fear of discrimination.

Study tour programme and findings

Friday 12th September 2019

Arrival in Bangladesh

"A flight crammed with shiny eyed workers escaping the drudgery of Dubai.
Thin, hungry, dreaming of home,
To loving mothers and families longing to see their boys again.
A break from modern slavery.

The road, jam packed with buses, garish patterns, whiskered with age.
The end of the day, men dreaming of food and family,
On the verges, homeless souls existing on mats and sofas no shelter from the rain.
Endless rain, drowning Bangladesh in our profligacy.

I sit in quiet reflection, sipping gin, noisy but deserted hotel bar,
This corner of opulence in a teeming country.
Striving to be like us,
Towards the great god of prosperity and economic growth.

Oh how I love these people, smiling and hopeful, taut with energy,
Hoping for riches their hard work justified?
Is it ever? A few perhaps but for many it is squabbling degeneracy and decay.
No, Viva Bangladesh."

- Baroness Jenny Tonge

Bangladesh vs Zimbabwe Cricket Match, Dhaka

Delegates interested in cricket were invited by the British High Commissioner to watch the Bangladesh vs Zimbabwe cricket match Friday evening in Dhaka, prior to the study tour commencing Saturday 13th September. John Mann MP, Nic Dakin MP, Steve McCabe MP, Baroness Blackstone and Ann Mette Kjaerby attended the match at the floodlit Shere Bangla National Stadium that opened in 2006 with a capacity of 25,000 people. The drive to the stadium was an intense experience with traffic jams, street vendors, cycles and building work everywhere in the largest and most densely populated city in the world with a population of 18.2 million people.

Baroness Blackstone, Nic Dakin MP, Steve McCabe MP and John Mann MP at Shere Bangla National Stadium

Saturday 13th September 2019

UNFPA Briefing Meeting, Westin Hotel, Dhaka

Asa Torkelsson, UNFPA Bangladesh Representative welcomed the UK APPG on PDRH study tour delegation to Dhaka, Bangladesh and introduced her colleagues: Dr AJM Musa, Special Adviser to Representative, UNFPA; Dr Dewan Emdadul Hoque, Health Systems Specialist; and Nabila Purno, Programme Analyst, Maternal Health, UNFPA.

Asa Torkelsson, UNFPA Bangladesh Representative

Welcoming notes included reference to UNFPA celebrating the 25th anniversary of the groundbreaking International Conference on Population and Development and the Nairobi Summit, 12th – 14th November; the 50th anniversary of UNFPA; and an overview of the UNFPA Bangladesh programme.

APPG on PDRH delegation with UNFPA staff

As a United Nations reproductive health and rights agency, UNFPA's mission is to deliver a world in which every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled—a world in which every woman and girl lives a healthy life and has reproductive rights, and is free from violence and fear. UNFPA curate conditions and provide solutions for women and girls to live in dignity and thrive throughout their lives.

UNFPA has been supporting the Government of Bangladesh since 1974. It has 198 staff from 17 countries bringing a diversity and wealth of experience to tackle complex challenges. 55 staff currently work in Cox's Bazar. UNFPA is running its 9th programme 2017-2020, which has a focus on 1) ending maternal deaths, the rate of which has plateaued at 176 per 100,000 births (UN estimate, 2015) since 2010 with 50% of women currently delivering at home; 2) ending the unmet need for contraception; 3) ending GBV including child marriage, which is a huge challenge in Bangladesh with 59% of girls being married under the age of 18; 4) humanitarian response; and 5) a cervical cancer screening and HIV/AIDS screening programme.

In 2018, UNFPA Bangladesh and its partners supported the Government of Bangladesh in delivering an ambitious agenda, working tirelessly to reach the most vulnerable women and girls in the country with a view to transforming their lives and future.

As a result, new midwives have been educated and deployed through a flagship midwifery programme which equips midwives with new skills, safely delivering babies, improving maternal health even in the remotest areas of the country, and securing family planning needs. This midwifery programme is supported by DFID, the Swedish International Development Cooperation Agency (Sida) and Global Affairs Canada (GAC).

With its partners, UNFPA has helped spark advocacy and action leading to new laws and policies, creating the necessary conditions for positive changes to be realised. UNFPA has collaborated to enhance institutional capacity to deliver integrated and equitable sexual and reproductive health services, respond to gender-based violence via capacity building and clinical care guidelines, and target investments for adolescents and youth. UNFPA supports the generation of quality population data in a user-friendly format.

UNFPA's intent is to leave no one behind, to reach women and men and establish offices in tea gardens, in refugee camps, in brothels and in other hard-to-reach areas of Bangladesh.

UNFPA Bangladesh has also played a key role in providing life-saving SRHR and gender-based violence prevention and response care to Rohingya refugees by: leading the gender-based violence sub-sector coordination; responding to incidents of gender-based violence by deploying trained volunteers to administer mental health and psychosocial support to survivors; and deploying more than 120 UNFPA-trained midwives to help over 300,000 women of reproductive age in need at safe spaces and mobile reproductive health clinics. As of December 2019, 2,140 midwives have been trained through a three-year diploma course and received their midwifery license. A total of 1,148 of these licensed midwives are deployed in sub-district hospitals throughout the country, with 120 deployed in Cox's Bazar. There is a new Director of Nursing/Midwifery which the study tour delegates met and a Bangladesh midwifery society which has produced guidelines, standards and mentorship programmes. Female study tour delegates had the opportunity to visit the safe spaces in the Rohingya camps and male delegates met women attending antenatal clinics and midwifery services in the Cox's Bazar.

UNFPA roundtable welcoming and briefing meeting

Asa Torkelsson thanked the UK Government and DFID for their support to UNFPA and the Bangladesh population. DFID is providing core funding to UNFPA and support the UNFPA Better Health for All programme with £11 million over a four-year period.

A round-table question and answer session followed on the subjects of child marriage, cervical cancer, religion, Caesarean sections, and community clinics and activities in Cox's Bazar. Study tour delegates learned that:

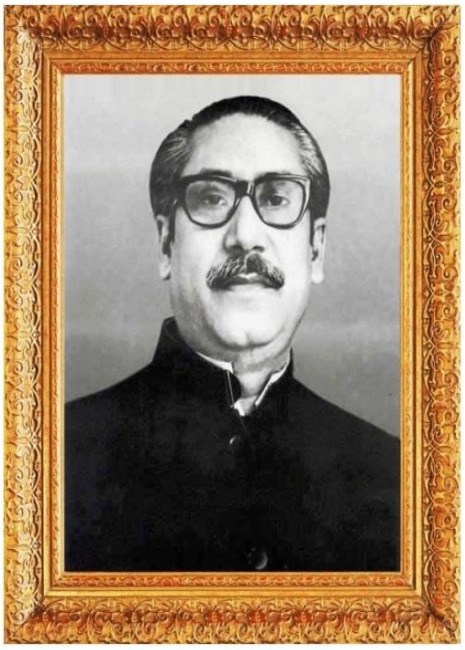
- There is a new Government action plan to end child marriage
- An HPV vaccination programme has been introduced in the country

- Bangladesh is a secular country and religious leaders have been involved and supportive of the country's FP programme from its inception
- The Caesarean section rate is high at 31% nationally, with rates of 80% in private practice
- Cox's Bazar has 200 functioning free health clinics, so access is good
- Schooling is free in country until year 11

DFID Courtesy Meeting, Westin Hotel, Dhaka

Jim McAlpine of DFID Bangladesh made a courtesy call to welcome the British delegation to Bangladesh and noted that an interesting and ambitious programme lay ahead for delegates. His contact details were distributed to all delegates and reference was made to the reception hosted by the British High Commissioner on Wednesday 18th September, which would be an excellent opportunity for delegates to meet officials from the Government, judiciary, Parliament, as well as representatives from the business world and from NGOs and other donors.

Bangabandhu Museum, Dhaka



Established on 4th August 1994, the Bangabandhu Memorial Museum was originally the home of the Father of the Nation, Sheikh Mujibur Rahman. The house was the base of operations for Bangabandhu comprising organisation of activities, and discussion with leaders and activists, etc. Bangabandhu led his notable movements from the house, which included the Anti-Ayub Movement of 1962, the Six Point Movement of 1966, the General Election of 1970, and the Non-cooperation Movement preceding the War of Independence in 1971. The house also witnessed the composition of the infamous speech of 7th March and the drafting of the Declaration of Independence. Sheikh Mujib even administered the Government as president of Bangladesh from the house.

15th August 1975 made its mark as one the of the darkest days in the history of Bangladesh, as it was on this day that Bangabandhu, along with most of his family members, were assassinated in the house. After Sheikh Mujibur Rahman's assassination, the building was turned over to the Bangabandhu Memorial Trust by Honourable Prime Minister Sheikh Hasain and converted into a Memorial Museum. The contents of the museum constitute the belongings of Bangahandhu alongside numerous photographs of the leader and paintings of Sheikh Mujib massacred with bullets.

APPG on PDRH delegation at the Bangabandhu Museum, Dhaka

Delegates were guided around the Museum by the curator, Md Nazrul Islam Khan, and given the opportunity to ask questions about the nation's Father.

The House stands quietly and silently – a reminder of the bloody history of August 15th, 1975. The building remains shrouded in the memories of that gruesome and shocking night. Even decades later, the brutality of the violence has not gone away. The house has made its mark on the history of Bangladesh.

Of particular interest to the study tour delegation was that Sheikh Mujibur Rahman had made FP one of his early priorities, which led his daughter, the Honourable Prime Minister Sheikh Hasina who returned to this home in 1981 after she was elected the President of Awami League, to follow in his footsteps.

From left, Baroness Jenkin, Baroness Tonge and Nic Dakin MP looking at historical photos

Baroness Uddin signing the visitor's book

BRAC Maternity Centre, Korail, Gulshan, Dhaka

Study tour delegates were escorted through the Korail slum to visit the BRAC Maternity Centre and interact with service providers and beneficiaries. Korail, is one of the largest and densest slums in Bangladesh; it covers approximately 100 acres of land and is home to 72,762 residents. Most of the people who live in Korail have moved to the city from some of the poorest parts of Bangladesh in search of a living. The slum borders two of the most affluent neighbourhoods in Dhaka, but Korail's inhabitants live in poverty and work in low income jobs. BRAC started work in this area in 1997 with the microfinance programme and now offers many services including maternity services.

APPG on PDRH delegation entering the Korail slum area

Tommy Sheppard MP and John Mann MP making their way to BRAC clinic, Korail slum

Liz McInnes MP, Baroness Blackstone, Baroness Tonge and Baroness Uddin, Korail slum

APPG on PDRH delegation visiting a local pharmacy, Korail slum

The walk through the slum was hot, humid and shocking to many.

Baroness Uddin speaking to BRAC staff, Korail slum

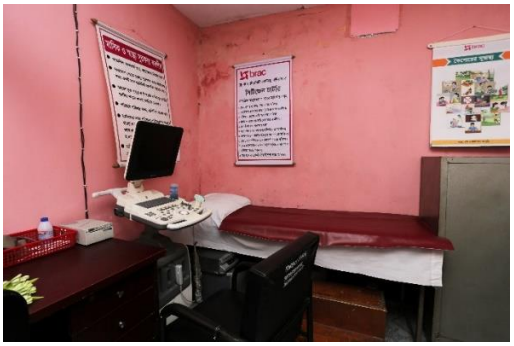
APPG on PDRH delegation at the BRAC clinic, Korail slum

APPG on PDRH delegation speaking to BRAC staff and clients, Korail slum

Delegates met with Dr Morseda Chowdhury, Associate Director, Health, Nutrition and Population Programme (HNPP); Dr Farhana Rahman, Senior Manager, HNPP and Md Hassan Mahamud, Senior Regional Manager, HNPP, at the BRAC maternity clinic and were introduced to the Maternal, Neonatal and Child Health project, which plays a substantial role in ensuring maternity and FP healthcare services for the residents. The maternity services provided at the clinic appeared good with no maternal deaths recorded this year. Child marriage remains a big problem in the area. The project has 50 health volunteers, five health workers and a birth attendant. Health volunteers provide the 22,049 households with door-to-door health services, including antenatal and postnatal care, FP services, essential newborn care, child health and nutritional care. They play a key role in behaviour change communications interventions to motivate, educate and prepare expectant mothers for delivery, highlighting birth planning and preparedness, newborn care and postpartum FP. The maternity centre provides quality services through skilled birth providers who attend childbirth with basic emergency obstetric services to minimise unnecessary referrals. Emergency obstetric, neonatal and child health complications are referred to the hospital through an established referral system.

Mother and Baby class, BRAC clinic, Korail slum

Baroness Blackstone, Baroness Jenkin and Baroness Uddin speaking with BRAC clinic staff, Korail slum



BRAC clinic consultation room, Korail slum

Delegates had the opportunity to visit some of the consultation rooms and the waiting area and speak to clients.

UN Security Briefing Meeting, Westin Hotel, Dhaka

Dmitry Snarskiy, Deputy Security Advisor, UN Department of Safety and Security (UNDSS) Bangladesh informed the delegates that they would be escorted by the Bangladesh police at all times throughout the visit. Bangladesh has a long history of political violence. Protests and demonstrations can quickly turn violent and lead to clashes with law enforcement agencies. Delegates should keep a low profile, keep windows closed, carry a mobile phone at all times and move away from any gatherings. Potential security risks in Dhaka included robbery, pick-pocketing and purse snatching, so delegates were advised against carrying large amounts of money or jewellery when travelling alone or on public transport. Thieves often work in pairs on motorcycles or motorised rickshaws. Abduction of children and businessmen for ransom is not unknown. Traffic accidents are common. Roads are in poor condition and road safety is also very poor. Drivers of larger vehicles expect to be given right of way. Traffic is heavy and chaotic in urban areas. City streets are extremely congested and the usual rules of the road are not followed. Many drivers are unlicensed and uninsured. Driving at night is especially dangerous as many vehicles are unlit or travel with full-beam headlights on. There is also a risk of banditry if one travels between towns after dark, by train, bus or ferry. For security reasons, international staff and visitors are advised to stay indoors around the Westin Hotel after 23:00.

Security in the Chittagong Hill Tracts continues to be a cause for concern. As a result of ongoing violence in Myanmar (Burma) since August 2017, hundreds of thousands of Rohingya refugees have arrived in the south-east of Bangladesh, close to the border with Myanmar. They are concentrated in the sub-districts of Ukhia and Teknaf in the southern part of the Cox's Bazar district. The Bangladeshi authorities regulate access to the areas where the Rohingya are accommodated. There have been reports of insecurity in these areas and tension is rising. There are regular reports of individuals being killed for illegally crossing the border with India. There are occasional skirmishes between the Indian and Bangladeshi border guards, including exchanges of gunfire. There are some incidents of piracy in and around Bangladeshi waters.

All delegates were handed UN security contact numbers in case of an emergency.

SRHR Stakeholder Meeting, Westin Hotel, Dhaka

UNFPA stakeholder consultation

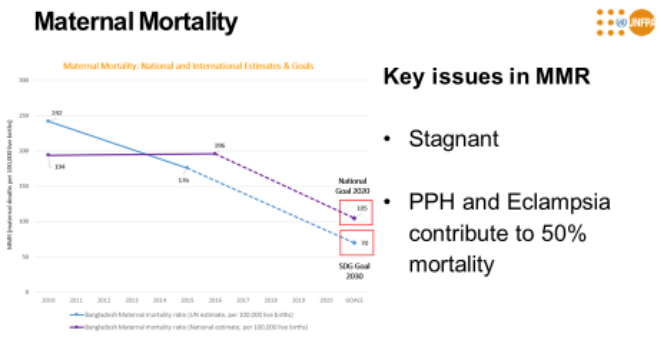
The study tour delegates attended the UNFPA stakeholder consultation on SRHR and GBV with representatives from donors including SIDA, Global Affairs Canada and DFID, International and National NGOs, academia and researchers. UNFPA representatives showed three PowerPoint presentations on Maternal Deaths, FP and GBV. Following each presentation there was a 20 min. discussion amongst panel members and a 10 min. question and answer session.

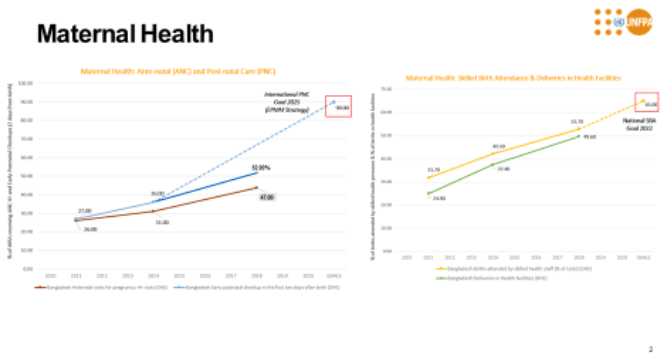
Tommy Sheppard MP and Liz McInnes MP at SRHR stakeholder meeting

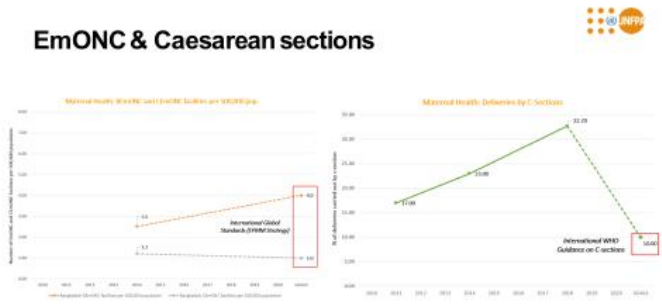
Baroness Blackstone, Baroness Hodgson, Baroness Jenkin, Steve McCabe MP and John Mann MP (at back) at SRHR stakeholder meeting

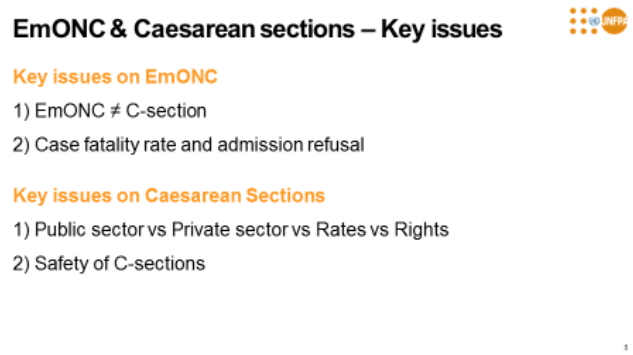
Zero Maternal Deaths presentation

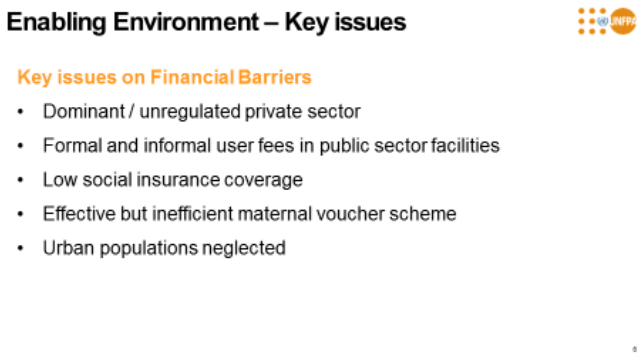
This presentation and discussion were on the stagnation of maternal mortality rates in Bangladesh and the alarming rates of Caesarean sections in both the public and private sector and what to do to address this problem. Concerns were raised in relation to the unregulated private practice, user fees, low insurance uptake, insufficient voucher schemes, and the quality of care as well as the need for more workforce, health system strengthening and a better social safety net.





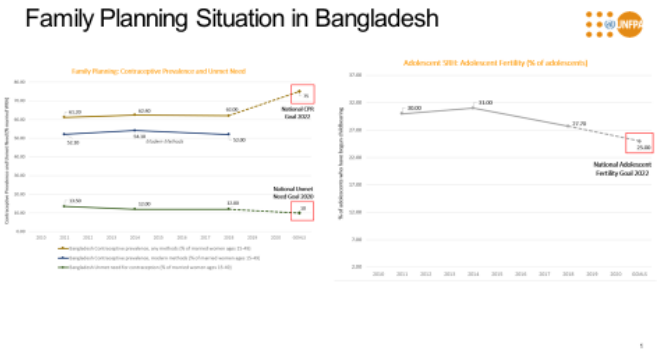


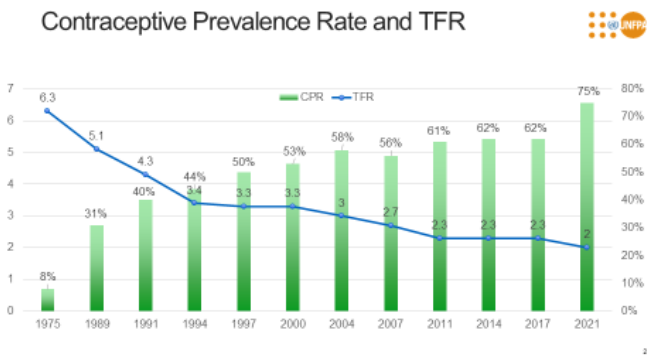


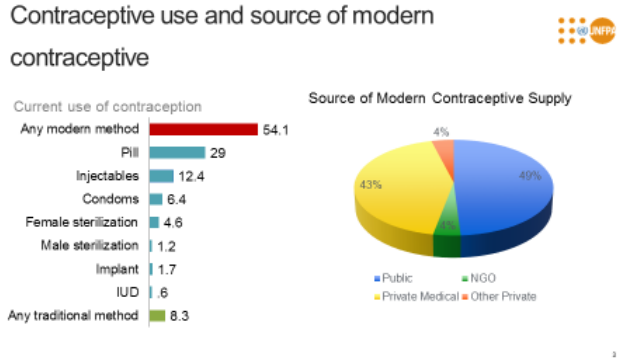


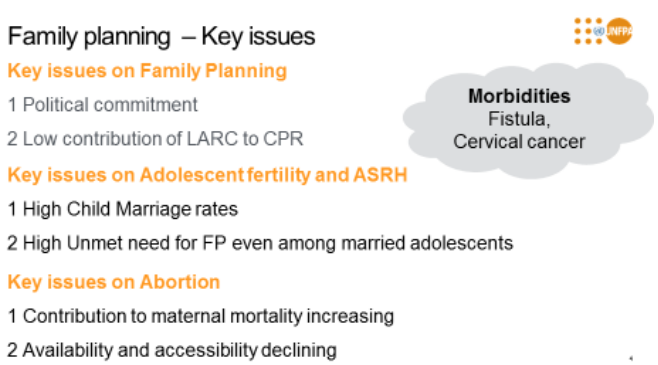
Zero unmet need for Family Planning presentation

This presentation and discussion were on the static/declining Total Fertility Rate (TFR) and contraceptive prevalence rate and how to increase utilisation of long-acting methods and post-partum FP. The lack of access to contraception for adolescents was of particular concern, as was the method mix availability.





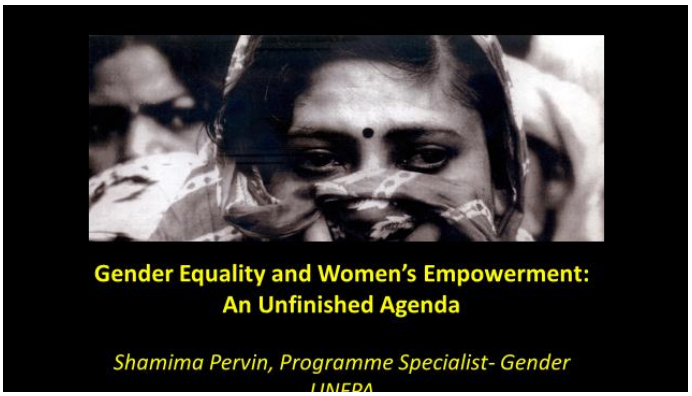




Zero GBV and other harmful practices presentation

This presentation and discussion focussed on the policy advocacy needed to address GBV, to achieve strong commitment and willingness to reduce GBV in Bangladesh, the trends in GBV/violence against women in the last couple of years, and what is Care's experience in what works/does not work to reduce GBV or end child marriage and other harmful practices.

It was noted that Bangladesh has one of the highest rates of GBV in the world and the incidence of child marriage is high despite being illegal since 2017. According to UNFPA, 72.6% of married women experience some kind of violence from their husbands at least once in their lifetime. The need for a change in attitude was highlighted regarding child marriage, with education of children at school and work on social norms being important, along with couples counselling before and after marriage. The legal framework is neither used nor implemented. Police need more training to handle GBV cases and budgets needed to be more 'gender responsive'. There is a need to focus on boys as well as the girls.



Gender Equality and Women's Empowerment: An Unfinished Agenda

Shamima Pervin, Programme Specialist- Gender
UNFPA

Key Achievements

- Doubled female literacy between 1991 to 2011
- Increased girls enrollment in primary and secondary schools
- Increased female labor force participation rate (36% in 2010, 24% in 2002)
- First ever nationally representative survey on violence against women
- Adopted of a wide range of policies, programmes and plans of actions to promote gender equality and eliminate discrimination against women
- Gender Responsive Budgeting
- Reduction in adolescent fertility (from 144 to 113 live births per 1000 women – BDHS 2014)
- A wide range of laws and plan of actions to promote gender equality and eliminate discrimination against women; such as
  - National Women Development Policy 2011
  - Domestic Violence (Prevention and Protection) Act, 2010
  - The Child Marriage Restraint Act, 2017
  - High Court Directive against Sexual Harassment, 2009
  - Gender Strategy - Seventh 5 yrs Plan
- Women share in National Parliament is 20.85 %

Gender Based Violence (GBV) Situation in Bangladesh....

GBV is the most pervasive form of human rights violation that women and girls are regularly facing in Bangladesh.

- High prevalence of intimate partner violence
  - 72.6% currently married women experienced any type of violence by their husbands
  - 54.7% reported any type of violence in the past 12 months
  - 49.6% experienced physical violence: 27.2 % experienced sexual violence in their life time
  - 26.9% ever married women experienced physical or sexual violence by partner at least once in last 12 months
  - 9.1% ever-married women who have ever been pregnant experienced sexual violence during pregnancy.

Source VAW Survey 2015 by BBS

...Gender Based Violence (GBV) Situation in Bangladesh

- 14% maternal death is associated with GBV (MDG report 2005)
- non-partner physical or sexual violence among women who have never been married is 35.3%.
- Amongst women aged 20 to 24 years, 18% were married before 15, and more than half (52%) were married before 18.
- 41.3% women know where to report but only 2.6% women took any legal actions.
- At the national level the country loses 2.10% of GDP due to domestic violence (CARE Bangladesh, 2013).

Gaps and challenges:

- Lack of implementation of legal formwork/policy/act
- Developing holistic, coherent and coordinated rather than sector-oriented implementation strategies has not always been prioritized.
- Traditional social perception
- Structural inequality
- Reservations on Article 2 and 16.1© of the CEDAW
- Existence of discriminatory provisions in legal frameworks and comprehensive measures to ensure women's access to justice
- Limited and inconsistent space for meaningful engagement of DPs in national planning processes to provide policy advise e.g. NPA VAW, Child Marriage Prevention Law etc.
- GBViE is yet to acknowledged and prioritized by MoDMR and MoWCA

Opportunities

- Bangladesh GO-NGO-DPs initiatives to end GBV and Child Marriage
- National Action Plan on VAWC (2018-2030) and Child Marriage
- SDG Goal 5 Action Plan of MoWCA as line ministry
- GBV Cluster
- Multi-Sectoral Project of VAW
- Health sector response to GBV
- Sectoral gender strategy
- GBV Data (VAW Survey 2011 and 2015)/evidence
- Highest level national commitments to end gender based discrimination and GBV, including child marriage
- Importance attached to achieving 100% enrolment target in primary education, mainstreaming of TVET, skills training has been prioritized to make young population ready for the increasingly competitive complex job market (Goal 4).

Towards Zero GBV and Harmful Practice

Experience from effective programmes suggests that what is needed is;

- a transformative shift away from narrowly focussed interventions targeted at girls towards broad-based approaches that build girls' human capital,
- focus on their agency to make decisions about their lives (including matters of Sexual and Reproductive Health), and
- present real opportunities for girls so that motherhood is not seen as their only destiny

UNFPA's initiative to end GBV and harmful practices

- UNFPA's country programmes were based on national priorities in terms of reproductive health and rights (SRHR), population and development and gender equality. They rightly targeted some of the most vulnerable groups in low performing districts, slums and refugee camps.
- UNFPA works its 4 Strategic Areas : Policy advocacy, Capacity Development, Knowledge Management and Service Delivery for Prevention of and Response to GBV and harmful practices
- Specific support includes:
  - Development of acts, policies and strategies, protocols (health, gender equality, education and youth)
  - Strengthening the health sector for service delivery and its response to GBV
  - Developing the capacity of key line Ministries (Bangladesh Police, Health and Family Welfare, Women and Children Affairs, Labour and Employment and Youth) on GBV prevention and response
  - Development of standardized life skills education packages for schools and TVET to promote gender equality and increase employability
  - Development of standard operating procedures (SOP) to make police stations women friendly
  - Integration of GBV in Police Crime Data Management System, Health MIS
  - Inclusion of GBV and SRHR on Bangladesh Labor Rule and Labor Inspector's checklist
  - Development of costed M & E framework of National Action Plan on VAW and Child Marriage
  - Targeted programme on GBV and Child Marriage
  - Evidence creation to address GBV and harmful practices
  - Strengthening the generation of age, sex and geography disaggregated data in national level surveys and data bases

Thank You

APPG on PDRH delegation with SRHR Stakeholder Forum participants

Sunday 14th September 2019

Dhaka Nursing College, Dhaka Medical College Hospital, Dhaka

The Head of the Nursing College and Nursing/Midwifery Association welcomed delegates with a large gathering of midwifery students.

Baroness Uddin greeted by midwifery students, Dhaka Nursing College

Nic Dakin MP speaking to midwifery students, Dhaka Nursing College

Baroness Jenkin speaking with midwifery teachers and students, Dhaka Nursing College

APPG on PDRH delegates welcomed by midwifery students and teachers

Shirin Sultana, Principal (acting), DNC; Mosamat Monju Akter, Nursing Teacher, DNC; Nasima Pervin, Midwifery Teacher, DNC; Dalia Akter, Midwifery Teacher, DNC; and Jesmin Akter, Midwifery Teacher DNC presented an overview of the nursing and midwifery training and evolution of midwifery in Bangladesh.

Nursing and Midwifery Head Teachers present an overview of school activities

In 2010 the Honourable Prime Minister of Bangladesh committed to doubling the percentage of births attended by a skilled health worker by 2015 through the training of an additional 3,000 midwives, staffing all 427 sub-district health centers to provide round-the-clock midwifery services, and upgrading all 59 district hospitals and 70 Mother and Child Welfare Centers as centers of excellence for emergency obstetric care services. To fulfil the commitment the Government of Bangladesh introduced the Midwifery programme and created 3,000 posts for midwives. This was the first time that a dedicated cadre skilled in the provision of safe motherhood services had been created and many are now posted in the field to be available and accessible to all women when needed in Bangladesh. A Midwifery Strategic Directions document was developed in 2008 with technical assistance from Development Partners like WHO and UNFPA, as well as the Bangladesh Nursing Council. The Nursing Directorate and other stakeholders, including professional associations and NGOs, provided guidelines for the development of the Midwifery cadre including Training of Trainers and Midwifery training.

The training of the midwives is now ongoing in two pathways: A six-month advanced Certificate in Midwifery training for registered nurse-midwives who have completed a four-year diploma in nursing and midwifery or a three-year Diploma in Midwifery with direct entry from HSC level.

Welcome
To
Dhaka Nursing College, Dhaka.

DIPLOMA IN MIDWIFERY EDUCATION

General Information on Midwifery in Bangladesh

- Public Midwifery Institution: 38 (Seat capacity- 975)
- Private Midwifery Institution: 17 (690)
- Licensed Diploma Midwives: 2140
- Waiting for License: 1280
- Deployed at Sub-district and Union health centers= 1148
- Waiting for deployment= 940
- Midwives leading the Humanitarian services

Background of Dhaka Nursing College (DNC)

- Started its Journey: Diploma in Nursing in 1947
- Bachelor of science in Nursing in 2008 under the Dhaka University with 100 seats/ year
- Diploma in Midwifery in 2013 Jan. under the Bangladesh Nursing and Midwifery Council with 50 seats/ year

FACULTY MEMBERS

Principal 01

BSc in Nursing 21

Dedicated Midwifery Faculty 07

FACILITIES FOR EDUCATION

Demonstration	Theory & Clinical
▪ Labrotary-8 • Fundamentls of nursing and midwifery lab.(1&2) • Computer & IT lab. • Midwifery lab and practice lab • Anatomy and Physiology lab. • Microbiology lab. • Nurtition lab. • English lab.	• Class room-9 • Library-1 • Hostels-4 (Free accommodation) • Transportations for community practice • Clinical Practice- DMCH and Midwifery Led Care Center, UHC, Dhamrai-Manikganj.

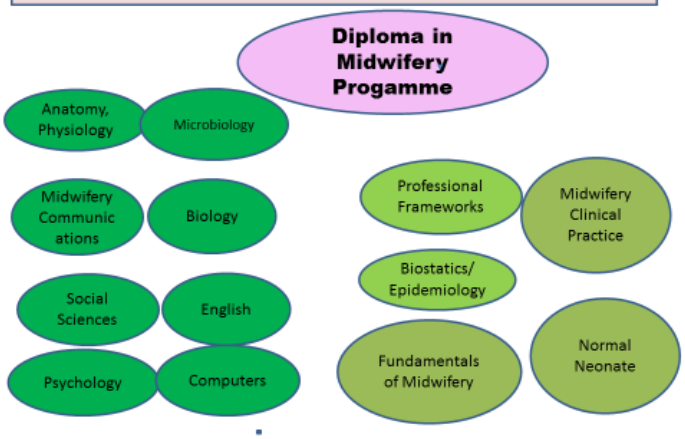
Diploma in Midwifery Program

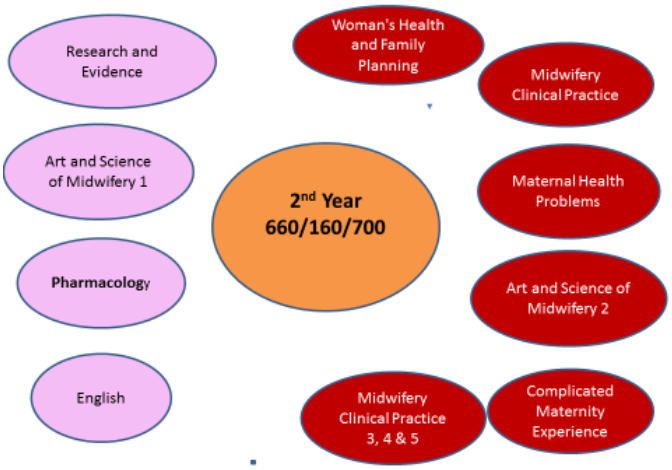
- **Entry criteria:**
  - Bangladeshi Female Nationals
  - HSC (12 grade education)
- **Midwifery Students graduated from DNC: 190**

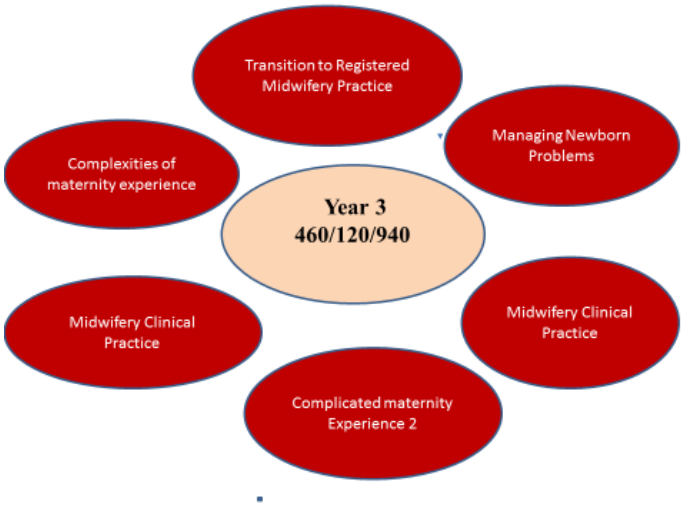
Collaboration

- Dhaka Medical College Hospital
- MOH&FW
- DGNM
- BNMC
- BMS
- Donor/ partners: UNFPA, JICA, WHO, Save the Children, UCEP, OGSB, Dhaka University and others Govt. and NGOs.

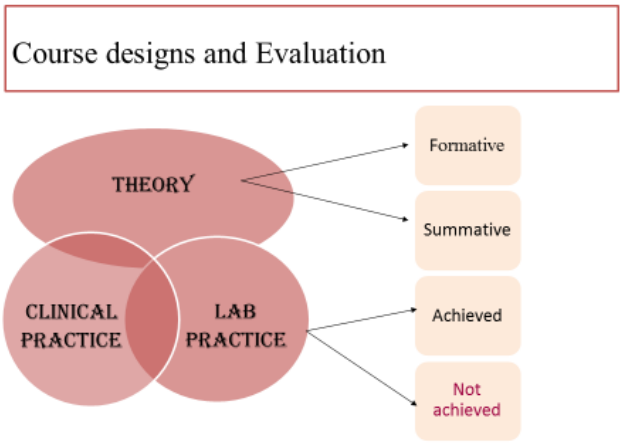
YEAR 1ST (580/172/400)

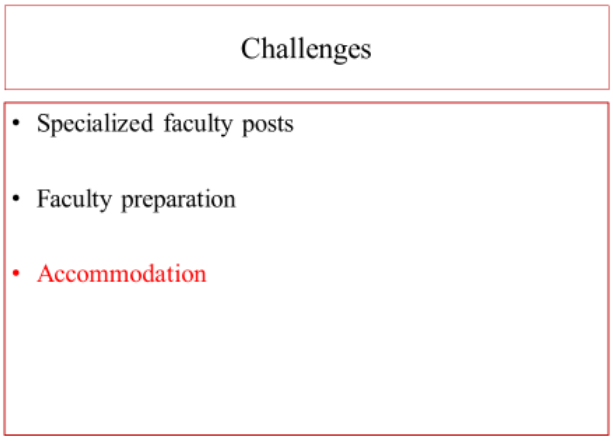






Lab & Clinical practice





Baroness Uddin with midwfiery students in their classroom, Dhaka Nursing College

APPG on PDRH delegation at Dhaka Nursing College

The recruitment of midwifery students and teachers was discussed at the meeting prior to the delegates' visit to the midwifery college where they spoke to students. Staff had particular concerns regarding the difficulties in recruiting locally trained nursing and midwifery teachers.

APPG on PDRH delegation speaking to midwifery students

Dhaka Medical College Hospital, Dhaka

Delegates met with Brigadier General A. K. M. Nasir Uddin, Dhaka Medical College Hospital Director and Prof. Dr Nilufar Sultana, Head of Gynaecology. A. K. M. Nasir Uddin presented his vision for the hospital and an overview of service provisions in the hospital and Dr Nilufar Sultana followed by outlining the obstetric and gynaecological services available in the hospital.

APPG on PDHR delegation welcomed by Brigadier General, A. K. M. Nasir Uddin, Dhaka Medical College Hospital Director

Dhaka Medical College Hospital

Estabilised - 1946

Dhaka Medical College

Dhaka Nursing College

INTRODUCTION

- Dhaka Medical College Hospital was started its journey as 250 bedded hospital in the year 1946.
- At first in 1904, It was the Secretariat office of the then Asam & Bangle province at British era.
- It has a glorious past of 1952 language movement ,1971's liberation war, and all kinds of Democratic movement of Bangladesh.
- In 1973 it uplifted to1050 bedded hospital by our great leader, father of the nation Bongobondhu Sheikh Mujibur Rahman.
- In the year 2013 this hospital increase its capacity from 1800 to 2600 bedded by constructing a new 800 bedded hospital complex -2 under able leadership of H'able Prime minister Sheikh Hasina.

CONT.

- Weekly Central Clinical meeting
- Regular workshop & Seminar at department level
- (organized both jointly with national & interventional expert
- Death review
- On hand Clinical Training
- Research

Characteristics of DMCH

- A huge number of referral and directly admissible patients report to this hospital from deferent corner of the whole country.
- Near about eight thousand patients of Indoor, Outdoor routine and Emergency operable patients are treated in this hospital.
- Nearly 15000-20000 persons visit this hospital premises including patients employees, attendants and visitors of different type.

- This hospital remain open twenty four hours to provide all type of emergency and routine medical services including natural / manmade disaster.
- This is the hospital where patients are never refused to be admitted or treated, what ever the nature of diseases or time of reporting.
- The cost of treatment is minimum and totally free for the poor patients.

General Information

Description	Number (daily)
Outpatient	3500 -4000
Inpatient	3500 - 3800
Emergency patient	1200 -1500
Routine & Emergency Operation	180 -200

DISTRIBUTION OF BEDS (TOTAL -2600)

SL NO	Description	Quantity	
1.	General Ward	DMCH-2300 Burn Unit-300	General Bed-1820
2.	Cabin and Paying bed	193 587	Old Building-108, New Building-19, Brun-29
3.	Post operative	17	
4.	OT	33	
5.	HDU	DMCH-22 Burn and Plastic Surgery-50	
6.	ICU	DMCH-32 Burn and Plastic surgery-10 and BMT-1	
7.	CCU Post CCU	20 20	
8.	NICU	30	

Administrative Structure

CLINICAL STRUCTURE

Emergency Services	Indoor Services	Outdoor Services
Senior Consultant	Professor	Senior Consultant
Junior Consultant	Associate Professor	Junior Consultant
RS (Casulty)	Asst. Professor	Resident Physician
Emergency Medical Officer	Senior Consultant	Resident Surgeon
MO	Junior Consultant	Medical Officer
Senior Staff Nurse	Registrar	Senior Staff Nurse
Technologist	Asst. Registrar	Technologist
Ward Master	IMO	Ward Master
Sarder/Jamader	Emergency Medical Officer	Sarder/Jamader
Ward Boy	MO	Ward Boy
Others Staff	Intern Doctor	Cleaner
	Senior Staff Nurse	Others Staff
	Ward Master	
	Sarder/Jamader	
	Ward Boy	
	Cleaner	
	Others Staff	

Manpower Distribution

Ser	Rank	Auth	Held	Def	Remarks
1.	1st Cl (admin)	07	07	0	
2.	1st Cl (doctors)	584	527	27	
3.	1st Class (non med)	07	01	07	
4.	2nd Class Officer	04	04	01	
5.	All Nurses	2187	2100	87	
6.	Paramedics(1st&2nd)	09	04	05	
7.	Paramedics(3rd Cl)	157	121	87	
8.	3rd Class	183	73	110	
9.	4th Class	935	860	75	
10.	4th Cl- out sourcing	223	-	223	
		4318	**3474**	**844**	

ACADEMIC ACTIVITIES

SL NO	Course description
1	MBBS
2	Internship training (MBBS, Nursing and Diploma technologist)
3	FCPS (Gynee, Internal Medicine and Surgery)
4	**MD (17 Subject)** (Internal Medicine , Chile, Cardiology, Pathology, Radiology, Nephrology, Dermatology, Anesthesiology, Neurology, Gastroenterology, Critical Care Medicine, Hematology, Physical Medicine, Forensic Medicine, Chest and Oncology
5	**MS (9 Subject)** (Surgery, Urology, Neurosurgery, Orthopedic, Gynee, Eye, Child Surgery, Plastic Surgery
6	M Phil (6 Subject) (Anotomy, Phisiology, Biochemistry, Pharmacology, Microbiology and Radiology
7	**Diploma (11 Subject)** (DGO, DA, DLO, DO, DCH, D card, D.Ortho, DGM,DDV, MPH, DBS&T
8	MPH
9	Honorary training Physicians

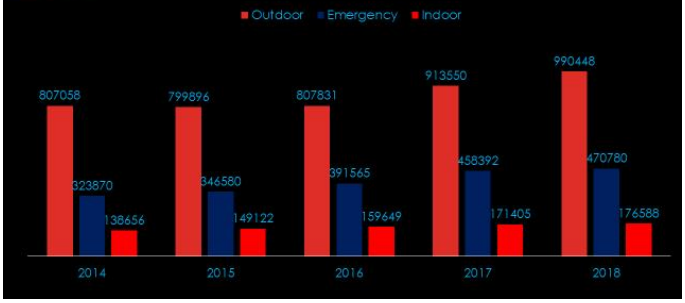
ACADEMIC ACTIVITIES

Ser	Name of Courses	Total participants
1.	MBBS (clinical training)	850
2.	Internship (MBBS)	250
3.	Post graduation (FCPS, MS, MD, Mphil, Diploma, etc)	850
4.	Honorary training (Post MBBS)	750
5.	Nursing (Clinical Training)	870
6.	Medical Technologist	50

Manpower Distribution

Ser	Rank	Auth	Held	Def	Remarks
1.	1st Cl (admin)	07	07	0	
2.	1st Cl (doctors)	584	527	27	
3.	1st Class (non med)	07	01	07	
4.	2nd Class Officer	04	04	01	
5.	All Nurses	2187	2100	87	
6.	Paramedics(1st&2nd)	09	04	05	
7.	Paramedics(3rd Cl)	157	121	87	
8.	3rd Class	183	73	110	
9.	4th Class	935	860	75	
10.	4th Cl- out sourcing	223	-	223	
		4318	**3474**	**844**	

Graphical presentation of OPD, Emergency and Indoor patient – year wise



GRAPHICAL PRESENTATION OF MAJOR AND MINOR OPERATION

Quality Improvement Team

Monitoring Team No.1-8, Page-2/1

Team	Responsible Person	Designation	Telephone No.	Respective Ward/Department/Area
Team 1	Dr. Khondker Sajjad Hossain	Deputy Director	01712083656	100,101,102,103,105,106, 108,109,110,111,112,113 14,115,ER,COT=Total 16 Wards
	Dr. Md.Alauddin	Resident Surgeon (C/B)	01776379351	
	Mrs. Rabeya Khatun	Dy. Nursing Superintendent	01789378948	
	Mrs. Rokeya Begum	Nursing Supervisor	01732074587	
	Anena Begum	Nursing Supervisor	01715086743	
Team 2	Dr. Bidanth Kanti Paul	Deputy Director (Finance & store)	01716820936	200,201,202,203,204,205,2 06,207,208,210,211,213,21 4,215,216,=Total 15 Wards
	Dr. Mohasanad Mahbub Elahi	Resident Surgeon (General)	01715065585	
	Mrs. Joyonti Ghaera	Nursing Supervisor	01717328583	
	Nazma Akter	Nursing Supervisor	01733596823	
	Md. Rezaul Karim	Store Officer	017287430430	
Team 3	Dr. Md. Abdur Rahim	Deputy Director (Attachment)	01705744182	217,218,219,220,221,212,C SPOW,CSOT,301+302+303 +304+305+306+307+308+3 09+310=Total 14 Wards
	Mrs. Khairun Nahar Begum	Nursing Superintendent	01711185730	
	Mrs. Mahmuda Pathan	Nursing Supervisor	01670833091	
	Mouhuda Jahan	Nursing Supervisor	01715021801	
	Nur Mohammed	Senior Staff Nurse	01712922726	
Team 4	Dr. Md. Nasir Uddin	Assistant Director (Admin.)	01720232033	501,502,503,504,ICU,GOT, ENT,OT,Ortho OT,Neuro+Uro OT,GPOW,W/cabin,S/ca bin,N/cabin=T13 wd
	Dr. Rowson Ara Sultana	Resident Surgeon (Gynae)	01712288682	
	Afroza Begum	Nursing Supervisor	01927469215	
	Razia Begum	Nursing Supervisor	01552389325	
	Shopna Rani Sarker	Nursing Supervisor		

Quality Improvement Team

Monitoring Team No.1-8, Page-2/2

Team	Responsible Person	Designation	Telephone No.	Respective Ward/Department/Area
Team- 5	Dr. Alauddin-Al-Azad	Assistant Director (Finance & Store)	01711330383	502 (Medji, 601,602, 701,702,801,802,901,902,BMT,N ewCabin,Dialysis,Medicine Stor2=T13 wd
	Dr. Md.Shayekh Abdulla	R/P (General)	01726671733	
	Salma afroz Lily	Nursing Supervisor	01552631276	
	Putul Rani Dey	Nursing Supervisor	01715592992	
	Usha Mistry	Nursing Supervisor		
Team- 6	Dr. Md. Salikhul Islam	Resident Surgeon (E.N.T)	01556493789	311,313,312,314,315,Skin+ENTOPD,Uro +ECG+Eye+Mental, CancerOPD,UroOT(114)MedicineSt ore, General Store, Endoscopy+Bronchoscopy+Fertility +ERCP, Radiology+USG=T12dept
	Dr. Md. Moshiur Rahman	SLPP	01715173670	
	Mrs. Nazneen Khanom	Nursing Supervisor	01715092131	
	Lutfunnessa	Nursing Supervisor		
Team- 7	Dr. Khalequzzaman Khan	Assistant Director (Finance &store)	01715488913	ER-2, USG(DMCH-2),MOPD,SOPD,GYOPD ChildOPD,CCU,PCCU+HDU, BloodBank,Pathology,Kitchen,Admi n(Nursing Office), Admin(Hospital) T-12
	Dr. Nihar Ronjon Roy	R/S (Eye)	01712204641	
	Mrs. Afoza Khanom	Dy. Nursing Superintendent	01790227280	
	Janoki Mondol	Senior Staff Nurse	01712204641	
	Monowara Begum	Senior Staff Nurse	017902272280	
Team- 8	Dr. Partho Sonkor Paul	R/S (Burn Unit)	01912010647	Burn & plastic,AdminOff,Medicine+ICT+Che micalStore,OPD,ER,Obrv HDU,ICU,OT,Red unit, Blue unit,Cabin Admin.Nursing=T12dept.
	Dr. Kowshik	SLPP (Burn Unit)	01819906173	
	Gita Rani Nath	Nursing Supervisor	01849333934	
	Md. Monirul Islam	Senior Staff Nurse		

National Fistula centre in in Bangladesh.

Dhaka Medical College Hospital.

Campaign to End Fistula

UNFPA

Introduction

- Safe Childbirth is a basic reproductive right of women.
- Obstetric fistula is a vivid example of violation of basic reproductive right.
- Neglected component of safe motherhood
- Outcome of unsafe delivery

Estimation of Obstetric Fistula cases in Bangladesh

- Actual number of fistula cases – not known
- Recently number of estimated women living with obstetric fistula 20000.
- Initially it was 71,000 to 400,000 (BIRPERTH).

THREE GLOBAL APPROACH

Scenario of Obstetric Fistula Patient in Bangladesh

- Innocent, Poor, Village girls.
- Don't know what is her actual problem.
- Why it happened?
- How happened?
- What is her fault?
- What are the consequences?
- Whether there is any treatment
- Where to go & how to get treatment & services.

National Fistula Centre at DMCH

- First fistula centre in south East Asia.
- Started in DMCH on 2003
- Obstetric fistula ward -8 beds
- Post-operative ward -8 beds
- Operation theater -1
- Training class room -1

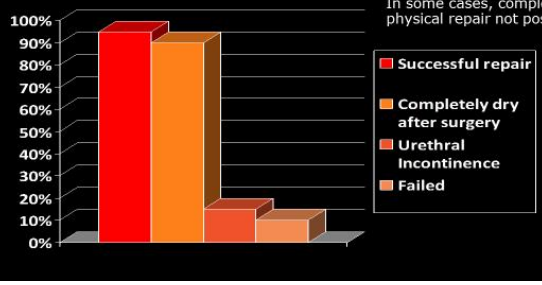
NATIONAL FISTULA CENTRE AT DMCH

- Independent separate centre developed by GOB & furnished by UNFPA.
- Inaugurated by state minister of health on 9th June 2014.

NATIONAL FISTULA CENTRE AT DMCH

- Total area - 7000 sq ft
- Ward – preoperative -25 beds
  Postoperative-10beds
- OT – 1
- Procedure room -1
- Conference room -150
- Training room – 1
- Administrative rooms - 5

ACTIVITIES- TREATMENT SUCCESS RATES (FIRST TIME OPERATION)



STATISTIC 2010-2019 SEPTEMBER
NATIONAL FISTULA CENTRE
DEPARTMENT OF OBSTETRIC AND GYNECOLOGY
DHAKA MEDICAL COLLEGE HOSPITAL

Year	Admission	Operation		Success
		Obstetrical	Traumatic	
2010	286	173	49	141
2011	288	177	50	136
2012	217	84	48	106
2013	180	63	15	84
2014	203	88	39	95
2015	251	130	55	120
2016	203	81	56	106
2017	152	59	41	79
2018	137	34	31	45
2019 (January-September)	**84**	**23**	**21**	**38**

WHY TRAUMATATIC FISTULA IS INCREASING ?

- Increase number of Caesarian section which leads to increase incidence of placenta accreta sprectrum and subsequently increase chance of traumatic fistula.
- Operations done by inexperienced surgeons in complicated cases like extensive endometriosis, ca- cervix , malignant ovarian tumor etc.
- Inevitability of tertiary care facilities through out the country.
- Lake of communication between obstetrician and urological surgeon.
- Lake of proper preoperative evaluation like IVU, CT scan , MRI , bowel preparation.

Training Programme

- First Phase of Master Training (TOT)- Sept, 2003
- Development of Curriculum and Advocacy materials
  - -For Doctors
  - -For Nurses (local language-Bangla)
  - -For the Community Gatekeepers
- Development of Log Book
  - -Doctors
  - -Nurses
- Data Collection Book-Fistula Record Sheet
- Needs revision of curriculum
- Training of Doctors & Nurses conducted (Sept 2003-December, 2014)
  - -Doctors – 259
  - -Nurses – 203

Training (Doctor) Contd..

- Duration of Training for doctor:
  - Three months-Basic for new post-graduate doctors.
  - One months-Basic
  - Two weeks – Refreshers Training
- Orientation training → Fistula camp
- Need revisions

Challenges

- The elimination and attaining zero incidence of obstetric fistula in Bangladesh is possible before 2030
- In April 25, 2019 Ministry of health and family welfare supported by UNFPA organized a two day national workshop on "Elimination of obstetric fistula by a decade: what needs to be done in Bangladesh"
- It's not difficult to identity all the cases from the community . All its needs is effective coordination. A district by district approach could be beneficial.
- The United Nations declared May 23 as international day to end obstetric fistula .

Conclusion

- Government of Bangladesh recognise maternal health as priority health issue.
- Establishment of National Fistula centre is one of the most important health initiatives of GOB
- We hope this centre will be a unique one for providing services and training on fistula.
- This centre is now regarded as centre of excellence for Fistula in South Asia.
- We want Obstetric Fistula Free Bangladesh

RHSTEP

REPRODUCTIVE HEALTH SERVICE TRAINING AND EDUCATION PROGRAM

Strengthening of safe MR and Family Planning services & reduction of unsafe abortions for Improving SRHR situation in Bangladesh

Dhaka Medical College & Hospital (DMCH)

STARTED JOURNEY FROM JULY'1979

As MR included in the DGFP program as a backup support for FP method failure

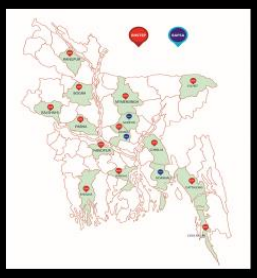
-Providing Menstrual Regulation and
-Providing Training on MR for Govt. Doctors, Nurses and FWVs

REPRODUCTIVE HEALTH SERVICE TRAINING AND EDUCATION PROGRAM

- 2007: RHSTEP's SRHR program started
- 2000: MRTSP renamed RHSTEP
- 1989: MRTSP transform into an NGO
- 1983: Menstrual Regulation Training and Services program (MRTSP) evolved as a special project under the Ministry of Health & Family Welfare
- 1979: MR included in the national family planning program as a backup support for FP method failure.
- 1974 : MR program initiated on pilot basis by the Govt. of Bangladesh in selected hospitals.
- Dhaka Medical College Hospital, Dhaka.

RHSTEP SERVICE CENTERS :

16 centers located in different Medical College and District Hospitals and one maternity clinic outside the government premises.



AVAILABLE SERVICES ARE:

Clinical services are:

- Counselling
- Menstrual regulation (MR) by MVA and MRM
- Post Abortion Care (PAC) Services by MVA and Medicine
- Antenatal Care Services
- Post Natal Care services
- Family Planning services
- STI/ RTI symptomatic management

CONTINUED..

Pathological Services:-

- USG (Abdominal, Pregnancy profile and Trans Vaginal)
- -Pregnancy test
- -CBC, HB%, RBS
- -HBsAg
- -VDRL
- -Serum bilirubin
- -Serum creatinine
- -Urine R/E
- -PAP's smear test

OFFERED TRAININGS ARE

- Comprehensive MR, PAC and FP services for Doctors and Mid level providers.
- Training on Family Planning Methods, such as PPIUD, IUD and Implant training.
- Training on STI/RTI
- Refresher training

Capacity Development /Training (October 2015 - August 2019)

SL	Name of the Training	Types of Participants	Number of Participant
1.	Comprehensive FP, MR and PAC Training	Doctors	98
2.	PPIUD	Doctors	36
3.	Implant	Doctors	35
4.	Comprehensive MR, PAC and FP Training	Nurses	68
5.	PPIUD	Nurses	16
6.	Comprehensive MR, PAC and FP Training	Paramedic	15
7.	Comprehensive MR Training	FWVS/SACMO	33
8.	Training on Comprehensive Reproductive Health Care for Registered Midwives	Mid wives	20

ACHIEVEMENTS

Services	Oct'15-Sep'16	Oct'16-Sep'17	Oct'17-Sep'18	Oct'18-Aug'19	TOTAL
MR RELATED SERVICES					
MVA	1400	1180	1379	702	4661
MRM	222	45	150	194	611
FOLLOW UP	784	697	1216	562	3259
POST ABORTION CARE SERVICES	258	49	210	411	928
FP SERVICES	3101	1738	2711	1496	9046
POST MR (INC F/U)	2068	1140	1877	1104	6189
GENERAL	1033	598	834	392	2857
ANTENATAL CARE	608	80	401	129	1218
POSTNATAL CARE	242	40	92	35	409
STI/RTI SERVICES	86	98	119	109	412
PATHOLOGICAL SERVICES	1292	1941	1329	2647	7209
USG	1719	1880	3932	2090	9621
PAPS SMEAR	183	110	434	145	872

UNIQUENESS OF RHSTEP-DMCH CENTRE

- MR services are available at the Hospital premises
- Trained providers and motivated staff are available
- Well equipped OT
- Applied updated technologies
- Low cost services available
- Reduce & Free service option available
- Prompt service delivery
- One stop services
- Neat and Clean environment
- Referral system
- Trusty and Renowned Service center.

FLOWING ACTIVITIES

- Ante natal care
- Post natal care
- Temporary (IUCD, Implant, Injection, OCT ect)
- Permanent family planning activities (Vasectomy and Tubectomy)
- Academic activities : Teaching, MBBS student, Nursing student, Inter doctor , MS Student, DGO Student.
- Pre-conceptional counseling .
- Special service to High risk pregnancy .
- Consoling to mother about food and nutrition .
- Training on Brest feeding to newly mother.
- Counseling on vaccination CCI and newborn nutrition .

MODEL FAMILY PLANNING CLINIC
DHAKA MEDICAL COLLEGE HOSPITLA

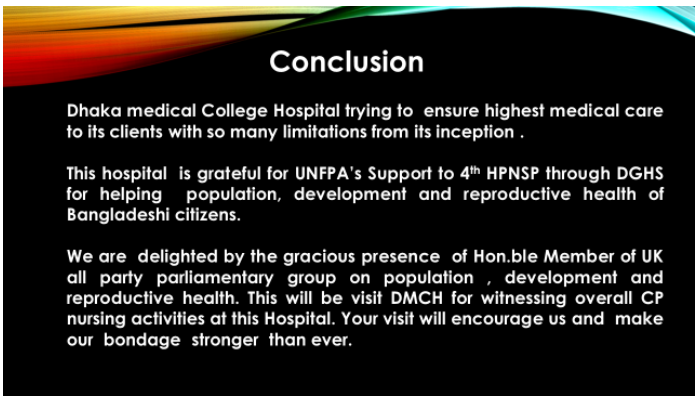
STATISTICAL ANALYSIS OF METHOD OF FAMILY PLANNING & ANTENATAL CASE

YEAR	LIGATION		IUD	INSERTION REMOV FALLOW IMPLANON	INJECTION	CONDOM		ORAL	PILL	ANTENATAL			FAMILY PLANNING ADVICE	POST NATAL	TRAINING DOCTORS	INTERNEE DOCTORS	MEDICAL STUDENTS
	MALE N.S.V	FEMALE				PERSON	DOZ	PERSON	CYCIL	NEW	OLD	HIGH RISK					
2004	4	34	54	232	1014	1451	3202	1544	4550	4665	4189	1621	4834	0	24	159	106
2005	5	76	58	233	1137	1546	3061	1786	5456	4727	4698	2541	4945	0	87	162	142
2006	7	46	64	0	1170	1537	2725	2308	6798	4500	4334	1814	6173	0	96	123	106
2007	7	153	50	52	951	1948	3249	2149	6083	4846	4204	656	7566	0	100	133	221
2008	5	63	55	283	1457	1609	2419	2499	7357	5323	4287	686	5855	0	106	115	218
2009	13	63	51	02	1400	2143	3783	2111	6323	5135	3682	1305	5844	0	112	111	0
2010	10	74	54	02	1142	2189	3750	2002	6149	4516	3952	1761	4586	0	106	123	267
2011	22	218	43	252	1155	2234	3750	2025	6075	5087	5225	1089	5071	0	104	169	360
2012	20	254	65	1356	913	2625	4493	2079	6041	4611	5113	994	4406	0	39	260	360
2013	32	264	48	962	912	2461	4120	1833	5499	5085	5817	907	2020	954	111	218	315
2014	17	242	48	989	954	2781	4798	2141	6413	6117	5514	955	971	1816	93	175	332
2015	13	130	37	211	881	2411	4499	2178	6205	6212	5279	1469	1319	2123	72	155	258
2016	20	77	59	174	769	2253	4973	1855	5539	6154	4896	1682	1163	1927	50	171	681
2017	01	28	47	297	692	2814	3485	1900	5661	6310	5698	1711	2795	1735	23	33	531
2018	0	28	50	249	554	2509	2630	1529	4447	6000	4866	1904	3695	1218	41	201	624
2019	0	4	16	169	427	1973	1977	965	2865	4664	4278	890	2787	1386	0	247	324
TOTAL =	176	1754	799	5463	15528	34484	55994	30904	91461	83952	76032	21185	63200	11079	1164	2555	4845

Expansion plan of DMCH

- Up gradation of Hospital bed from 2600 to 5000 beds
- Five 17 storied building having 1000 beds each will be developed.
- Modern and high-tech medical equipments will be arranged .
- 60 % green area will be preserved.
- New medical and nursing college will be constructed.
- Modern waste management system will be introduced.
- Separate accommodation for doctors, nurses, students and other employees will be constructed.

- Modern Diagnostic centre will be arranged.
- Independent Emergency Casualty and outdoor facilities will be developed.
- A well developed Research centre will be stabilized.
- Modern and environment friendly cook house, Landry plant, Biomedical Workshop and CSSD plant will be established.
- Modern vehicle parking system.
- Modern fair fitting system.
- Automation and modern record system.
- Sufficient ambulance services and heli services.



Baroness Tonge with Brigadier General A. K. M. Nasir Uddin, Dhaka Medical College Hospital

The delegation was escorted through the government hospital corridors and visited the fistula centre where they met and spoke with staff working in the department. Several clients were waiting for their operations. For several women this was their second operation as their first had been unsuccessful and they had been referred on to this specialist centre.

APPG on PDRH delegates speaking with staff at Fistula Unit, Dhaka Medical College Hospital

Fistula Unit, Dhaka Medical College Hospital

APPG on PDRH delegation visiting Fistula Unit, Dhaka Medical College Hospital

John Mann MP, Baroness Jenkin and Baroness Blackstone speaking to staff at Fistula Unit, Dhaka Medical College Hospital

Bangladesh Ministry of Foreign Affairs meeting, Dhaka

APPG on PDRH delegates waiting to see Dr A.K. Abdul Momen, MP and Foreign Minister, Bangladesh

Dr A. K. Abdul Momen MP, Foreign Minister of Bangladesh, welcoming APPG on PDRH delegation

Dr A. K. Momen welcomed the APPG on PDRH delegation with Ms Nahida Sobhan, Director General, United Nations. He noted that the UK was his second home and thanked the UK for its long-standing support for Bangladesh, which had ensured growth and development in the country as well as democracy. GDP growth was at 8.13% this year and was now the highest in the 45 Asian countries. Bangladesh is strong in the retail sector, IT, pharmaceuticals, fishing and shipping, and there are many entrepreneurs in the country. Despite the country's progress, 25% of the population still live in extreme poverty: 33 million people still live below

the poverty line. A social network is being developed, including different allowances available to people in need and school children are being offered better nutrition. Children go to school and FP has increased the number of choices available. However, many challenges exist, including a large population, 49% of which is under 25 years of age, as well as housing and land issues. 11.2 million Bangladesh citizens work in the Middle East.

The country welcomed the Rohingya refugees, but Bangladesh needs support and the Rohingya must go back to Myanmar as soon as possible. Dr A. K. Momen requested UK support and leadership in this regard as well as economic sanctions on Myanmar.

A round-table discussion followed on the subjects of: sanctions against Myanmar including the need for a cessation of UK trade with and investment in Myanmar; the need for UN support; the return of the Rohingya refugees and the need for repatriation to be voluntary; accountability and the fact that Myanmar has not signed up to the ICC (Bangladesh would welcome Myanmar's registration); the resolution of problems with the Bihari minority, as only 1,000 remain in Bangladesh and they can move freely; recent cyclone, climate change and adaptation strategies; the positive outcome from banning plastic bags in country; the Maldives having a large Bangladeshi population; Chinese and Russian influence in Bangladesh; retention of midwives in country and the need for more midwifery teachers; construction, the slums and the country's strategy to improve working and living conditions, including for its female workers; public-private partnerships; the Bangladeshi diaspora in the UK and their support to Bangladesh including scholarships and investment in medical faculties; improvements made since the 2013 building collapse which resulted in 1,110 deaths and 3,800 saved; static product prices; and the Government's 15.6% tax on exports.

APPG on PDRH delegation briefing meeting with Dr A. K. Momen, Foreign Minister of Bangladesh

Marie Stopes Bangladesh Maternity/SHRH clinic, Mirpur Balur Math, Dhaka

The Delegation was greeted at the MSI Bangladesh maternity clinic by Mr Masrurul Islam, MSI Country Director; Mr A. H. M. Saiful Islam, Director, Commercial Operations; Dr Farhana Ahmad, Director, External Relation & New Business Development; Dr Sharmin Khan, Manager, Clinic Operations and Dr Tanzila Rahman, Obstetric Quality Lead and was introduced to services provided at the clinic.

Steve McCabe MP meeting MSI Bangladesh staff, Mirpur Balur Math

APPG on PDRH delegation visiting MSI Bangladesh Maternity/SHRH clinic, Mirpur Balur Math

Marie Stopes Bangladesh was established in 1988 and now has 50 static service delivery outlets in 34 districts. In addition to which, MSI Bangladesh has outreach teams that provide long-acting, permanent and other SRHR services in government facilities when not otherwise available. MSI Bangladesh also engages in advocacy activities. It presently has 755 staff that serve one million clients every year.

Mr Masrurul Islam, MSI Country Director Bangladesh briefing APPG on PDRH delegation

Baroness Hodgson speaking with MSI Bangladesh medical staff

The majority of activities target the poor, young people, factory workers, and vulnerable groups including slum dwellers, homeless people, drug users, sex workers, and transgender people. MSI Bangladesh's vision is a country in which every birth is wanted and safe, 'children by choice, not chance'. The services offered include:

- **Family planning:** Marie Stopes Bangladesh provides a wide range of contraceptive methods, including short-term, long-acting and permanent methods.
- **Safe motherhood services:** Antenatal and postnatal services are provided in all the centres and include check-ups, immunisation and appropriate referrals. Delivery services (normal and Caesarean) are provided in the maternity clinics located in the big cities, including the Mirpur Balur Math clinic visted by delegates.
- **Menstrual regulation and post-abortion care:** These services are provided in all 141 centres spread all over the country up to 12 weeks gestation.
- **Management of sexually transmitted infections (STIs):** This service constitutes 4% of Marie Stopes Bangladesh's total service mix.
- **Child health:** This is provided in all 141 static centres, and includes immunisation and limited curative care.

- **Expanded programme on immunisation:** This is provided in all 141 static centres. Vaccines are received from the Government of Bangladesh.
- **Limited general health:** This is provided in all 141 static centres, and includes treatment for fevers, coughs, pneumonia, nutrition, and skin diseases.
- **Supportive pathology:** Limited pathological investigations are carried out to support ante- and postnatal services, such as routine urine and blood tests. These are offered at all centres.

Delegates were shown around the outpatient, consultation, delivery, laboratory, and operating rooms and had the opportunity to meet and speak with clinical staff and clients.

Liz McInnes MP and Nic Dakin MP speaking to MSI Bangladesh staff

MSI Bangladesh operating theatre

Director General of Family Planning, Dhaka

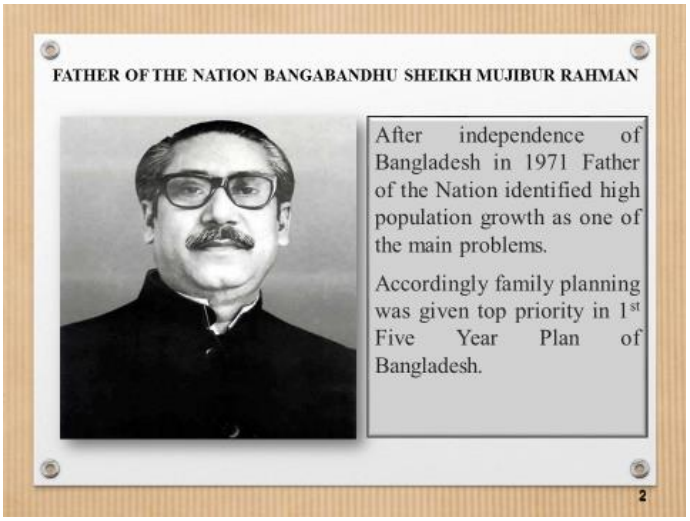
Quazi A. K. M. Mohiul Islam, Director General, DGFP welcomed the UK APPG on PDRH delegation to his office, introduced delegates to his team and presented an overview of FP policies and activities in Bangladesh.

Quazi Mohiul Islam, Director General, DGFP and his team briefing APPG on PDRH delegation

The Bangladesh Family Planning team present were: Hemayet Hossain, Director (Admin), DGFP; Dr Ashrafunnesa, Director (IEM) & Line Director (IEC), DGFP; Dr Sarwar Bari, Director (Finance) & Line Director (FP FSD), DGFP; Dr Mohammed Sharif, Director (MCH-services) & Line Director (MCRAH), DGFP; Dr Md Moinuddin Ahmed, Line Director (CCSDP), DGFP; Monoj Kumar Roy, Director (MIS), DGFP; Sukhesh Kumar Sarker, Director (Logistics), DGFP; Md Hanifur Rahman, Director (Audit), DGFP; Begum Selina Akther, Director (Planning), DGFP; Md Niazur Rahman, Program Manager, FSD unit, DGFP; and Md Abdul Latif Mollah, Program Manager, IEM unit, DGFP.

Dr Dewan Md Emdadul Hoque, Health System Specialist, UNFPA; Dr AJM Musa, Special Adviser to Representative, UNFPA; Dr Mohammad Azad Rahman, Technical Officer, FP & MNH, UNFPA; Dr Quazi Mamun Hossain, Technical Officer, HMIS & LMIS, UNFPA; and Md Bashir Ullah, Project Finance & Admin Officer, UNFPA were also present.

Quazi Mohiul Islam, Director General, DGFP and his team with APPG on PDRH delegation



Bangladesh Profile

- Area : 1,47,570 sq. km.
- Population : 157.9 Million
- Population Density/sq. km. (BDHS-14) : 1070 persons
- Population Growth Rate : 1.34 (BBS 2011)
- Total Fertility Rate (TFR) : 2.05 (SVRS 2018)
- Contraceptive Prevalence Rate : 63.1% (SVRS 2018)
- Unmet Need for FP : 12% (BDHS 2014)
- Life Expectancy at Birth (BBS 2018)
  - Male : 70.8 years
  - Female : 73.8 years
- Maternal Mortality Ratio (MMR) per 1000 live births : 1.69 (SVRS 2018)
- Infant Mortality Rate (IMR) (per 1000 live birth) : 26.9 (SVRS 2017)
- Neonatal Mortality Rate (per 1000 live birth) : 16 (SVRS 2018)
- Under 5 Child Mortality Rate (per 1000 live birth) : 29 (SVRS 2018)

Directorate General of Family Planning

- Directorate General of Family Planning (DGFP) is the largest department under Medical Education & Family Welfare Division of the Ministry of Health and Family Welfare.
- DGFP has more than 52,000 workforce (managers, doctors, paramedics, field staff, support staff) from Headquarter to Community level.

Service Centers of DGFP

At National Level:

- Maternal and Child Health Training Institute (MCHTI), (173 bed), Azimpur, Dhaka.
- Mohammadpur Fertility Services and Training Centre (MFSTC) (100 bed), Mohammadpur, Dhaka.
- Maternal and Child Health Training Institute (MCHTI), (200 bed), Lalkuthi, Dhaka.

At District Level:

- Mother and Child Welfare Centers (MCWC) - 60

Service Centers of DGFP (Contd.)

At Upazila Level :

- FP-MCH unit of Upazila Health Complex (UHC) - 488
- Mother and Child Welfare Center (MCWC) - 12

At Union Level :

- Union Health and Family Welfare Centers (UH&FWC)- 3381
- Mother and Child Welfare Center (MCWC) (10 bed) - 113
- Under construction of MCWC- 106

At Community Level :

- Community Clinics - 13,500
- Satellite Clinics (Per Month)- 30,000

Service modalities of Population sector

Maternal and Child Health :
Antenatal Care (ANC)
Delivery Care
Postnatal Care (PNC)
EOC
Under 5 Children care
Newborn care
Nutrition Services
Adolescent Reproductive Health Services
MR Services & MRM
RTI/STI Case Management
Post Abortion Care (PAC)

Family Planning:
Oral pill
Condom
Injectable
IUD
Implant
NSV
Tubectomy
PPFP
Emergency Contraceptive Pill (ECP)

BCC:
Advocacy and orientation program for different stakeholders including religious leaders by using different electronic, print and other media

Treatment of General patients: and Limited curative care

Budget Allocation

BDT. in Million

Financial Year	Revenue Budget	Development Budget			
	GoB	GoB	RPA through GoB	DPA	Total
2008-09	7522	1255	3368	472	5095
2019-20	21663	4337	5082	478	9897

Bangladesh Population Policy-2012

Vision:

Develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population.

FP2020 Commitment of Bangladesh

To expand access to Voluntary, Right-Based, High Quality Family Planning.

10

FP 2020 Commitment of Bangladesh

Indicators	2011	2014	2020
TFR	2.3	2.3	2.0
CPR	61	62.4	75
LAPM	8	8.1	20
Unmet Need	13.5	12	10
Discontinuation Rate	36	30	20

11

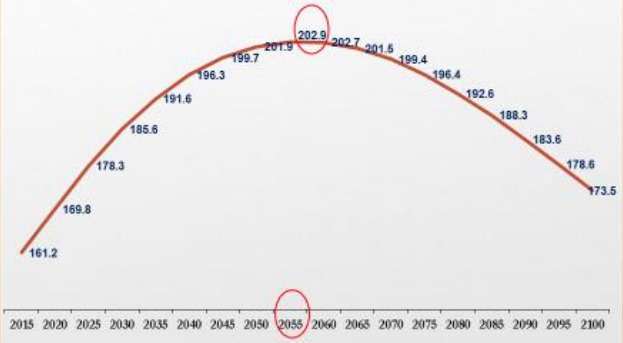
SDGs

SDG 3: Good Health and Well-being

Indicator	Base line Year	Target (Year)			Achieved
		2020	2025	2030	
3.7.1 Proportion of Women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	72.6% (BDHS 2014)	75%	80%	100%	73.6% (SVRS 2017)
3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1000 women in that group	75 (SVRS 2015)	70	60	50	75 (SVRS 2017)
3.1.1 Maternal mortality ratio (per 100,000 live births)	181 (SVRS 2015)	105	85	70	169 (SVRS 2017)
3.1.2 Proportion of births attended by skilled health personnel	42.1% (SVRS 2015)	65%	72%	80%	72.3% (SVRS 2017)
3.2.1 Under-five mortality rate (per 1,000 live births)	36 (SVRS 2015)	34	30	25	29 (SVRS 2018)

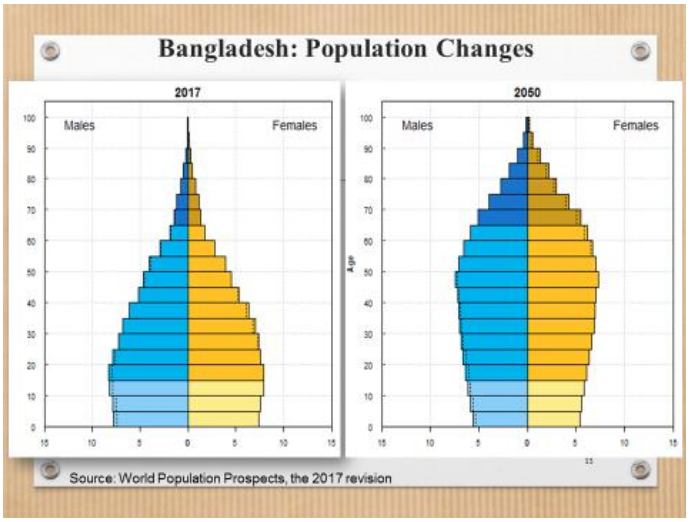
13

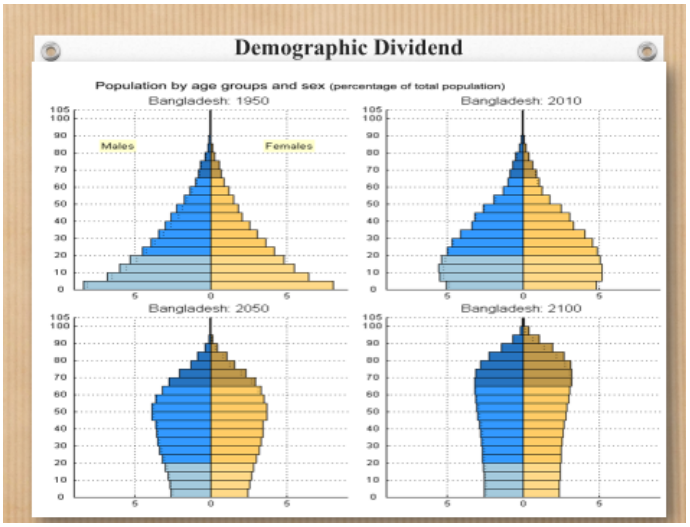
Bangladesh Projected Population 2017-2100

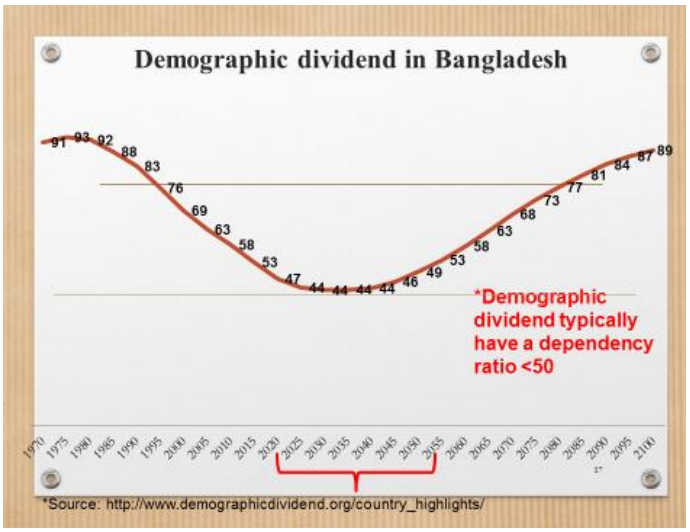


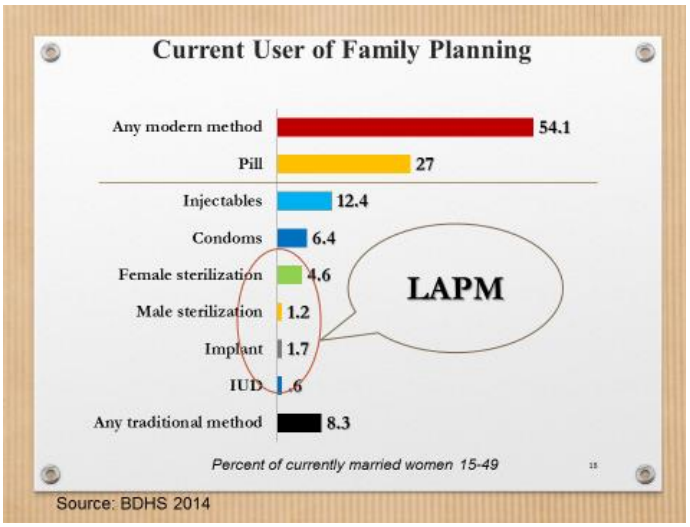
Source: *UN Population Division: World Population Prospects: The 2017 Revision*

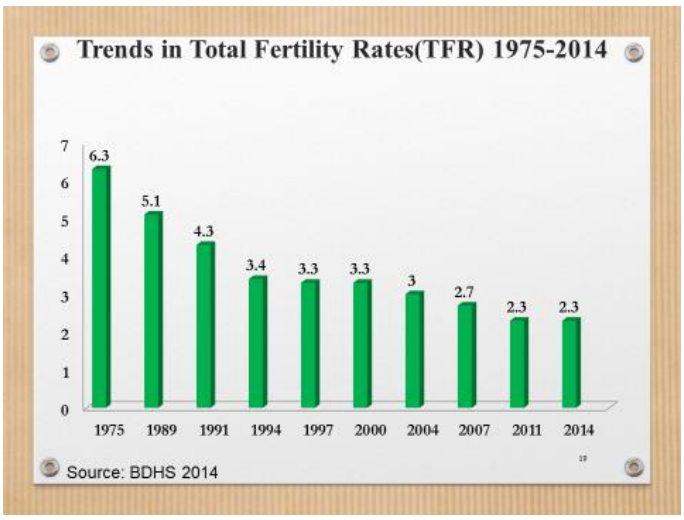
14

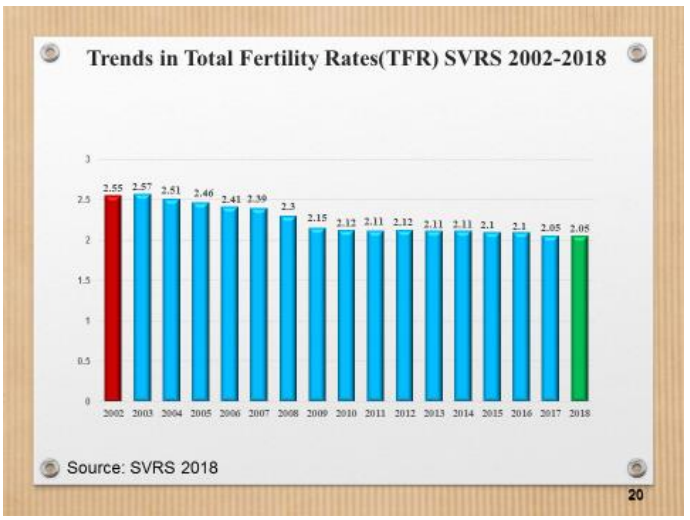

Bangladesh: Population Changes
2017
2050
Males
Females
Source: World Population Prospects, the 2017 revision


Demographic Dividend
Population by age groups and sex (percentage of total population)
Bangladesh: 1950
Bangladesh: 2010
Bangladesh: 2050
Bangladesh: 2100
Males
Females

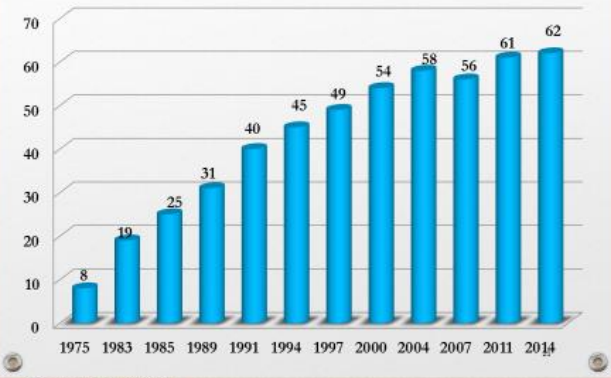

Demographic dividend in Bangladesh
91 93 92 88 83 76 69 63 58 53 47 44 44 44 44 46 49 53 58 63 68 73 77 81 84 87 89
*Demographic dividend typically have a dependency ratio <50
*Source: http://www.demographicdividend.org/country_highlights/


Current User of Family Planning
Any modern method 54.1
Pill 27
Injectables 12.4
Condoms 6.4
Female sterilization 4.6
Male sterilization 1.2
Implant 1.7
IUD .6
Any traditional method 8.3
LAPM
Percent of currently married women 15-49
Source: BDHS 2014


Trends in Total Fertility Rates(TFR) 1975-2014
6.3 5.1 4.3 3.4 3.3 3.3 3 2.7 2.3 2.3
1975 1989 1991 1994 1997 2000 2004 2007 2011 2014
Source: BDHS 2014

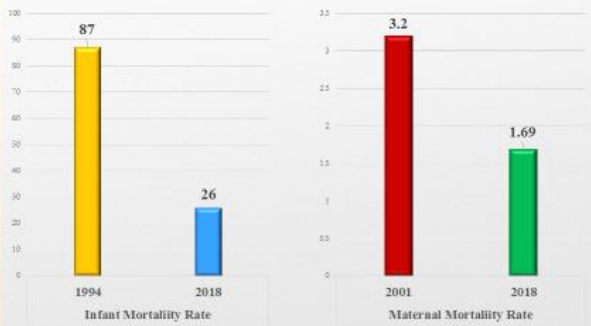

Trends in Total Fertility Rates(TFR) SVRS 2002-2018
2.55 2.57 2.51 2.46 2.41 2.39 2.3 2.15 2.12 2.11 2.12 2.11 2.11 2.1 2.1 2.05 2.05
2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018
Source: SVRS 2018
20

Trends in Contraceptive use (CPR)1975-2014



Source: BDHS 2014

Success in FP-MCH Program



Factors Contributing to Success

- Government commitment
- Domiciliary services
- Uninterrupted supply
- Capacity building for service providers
- Community participation & engagement
- Multi-sectoral approach, GO-NGO & INGO collaboration

Factors Contributing to Success (Contd.)

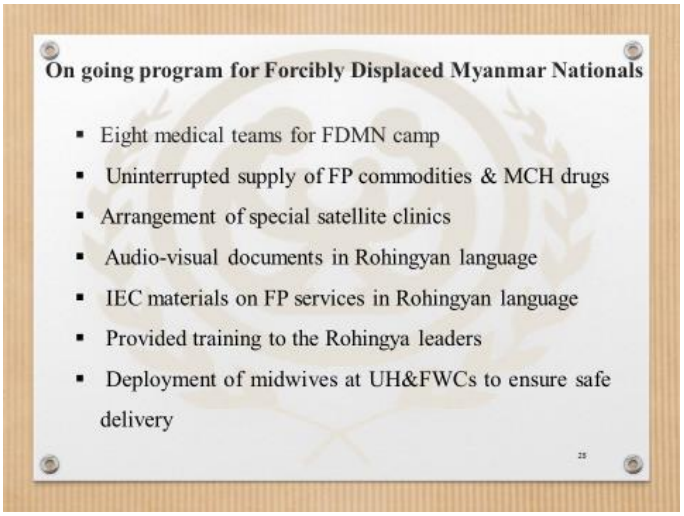
- Information, Education & Communication (IEC) activities
- Targeted demand generation interventions and service delivery
- Innovation (use of ICT: e-learning Course & e-toolkit, e-MIS, social media, SBCC digital archive, LMIS)
- Free of cost services and commodities

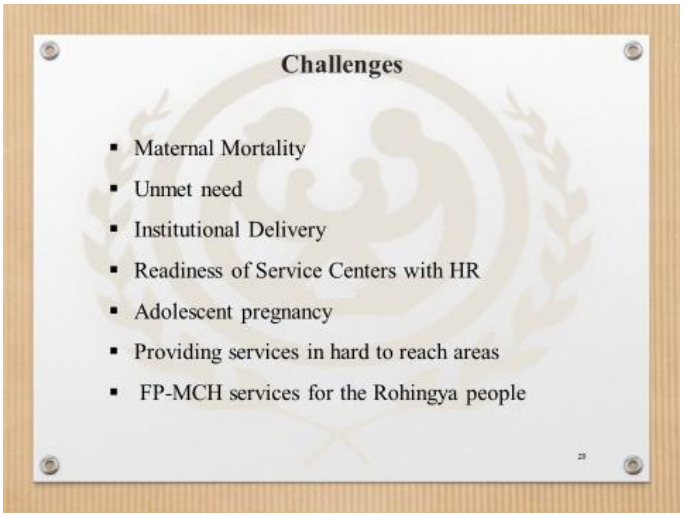
Interventions

- Two model UH&FWCs in each Upazila selected for 24/7 normal delivery services with PPFP
- Establishment of Adolescent Friendly Health Services
- Ensuring Nutrition of Pregnant & Lactating Women
- Prevention of PPH- Active Management, Tab. Misoprostol
- Provision of SRH & FP services in the RMGs
- Addressing unmet need for family planning with special attention to adolescent

Interventions (Contd.)

- 24/7 Call center (No. 16767)
- Deployment of Quality Improvement Team at district level
- Mobile based Digital Monitoring and supervision at the field level
- Partnership with professional bodies and private organizations.





Following the presentation, there was a round-table question and answer session on a variety of subjects:

- the use of the phrase 'control population' in the presentation was of concern and a recommendation was made to delete it because of its coercive connotations;
- IUCDs are now widely used post-Caesarean section, but not yet in Bangladesh because they require trained health professionals;
- the Rohingya and the utilisation of their skills in the camps;
- flooding and logistics in remote areas;
- education in refugee camps, which is currently limited for political reasons, i.e. children and adolescents are taught life skills, but not following the Bangladesh curriculum;

- leadership of women and the lack of female representation at the table, although the Honourable Prime Minister and Speaker of Parliament are both women and Bangladesh is doing well educating girls with the assistance of radio and TV programmes;
- the demographic dividend, youth employment and the martial plan for employment with particular reference to the expansion of IT and technical education, construction, shipping, and the textile business in Bangladesh;
- FP/SRHR which have not seen any opposition by religious leaders in country; and
- all newlywed people in Bangladesh are given a gift box which include three months of contraceptive supplies.

Quazi Mohiul Islam, Director General, DGFP team answering questions

The delegation made a quick visit to the Family Planning call center in the Government building.

Government Family Planning call centre, Department of Family Planning

Bangladesh Minister of State Dinner, State Guest House, Dhaka

The delegation attended the Minister of State Dinner, which was a networking opportunity to gain insight into the country's progress with a particular focus on FP and SRHR.

Mr Md Shahriar Alam MP, Honourable State Minister for Foreign Affairs Bangladesh welcoming Tommy Sheppard MP and Nic Dakin MP to the State Guest House

Mr Md Shahriar Alam MP, Honourable State Minister for Foreign Affairs and Baroness Tonge at the State Guest House

APPG on PDRH delegation networking at the State Guest House

Asa Torkelsson, Representative UNFPA and Robert Chatterton Dickson, British High Commissioner at the State Guest House

The following delegates were in attendance: Mr Md Shahriar Alam, MP, Honourable State Minister for Foreign Affairs, Government of the People's Republic of Bangladesh; Ms Waseqa Ayesha Khan, MP, Honourable Member, Standing Committee on Public Accounts, Bangladesh National Parliament; Mr Asif Saleh, Executive Director, BRAC Bangladesh; Mr Quazi A.K.M. Mohiul Islam, Director General, Directorate General of Family Planning; Ms Nahida Sobhan, Director General (United Nations), MoFA; Mr M. Amanul Haq, Director General (Attached to CP), MoFA; Mr A.K.M. Shahidul Karim, Chief of Protocol, MoFA; Mr Andalib Elias, DG (West Europe & EU), MoFA; Ms Shahanara Monica, Director (United Nations), MoFA; Mr Md Reyad Hossain, Director (SMO), MoFA; Mr Md Showeb Abdullah, AS (UN-I), MoFA; Dr Asa Torkelsson, Representative UNFPA; Dr Dewan Emdadul Hoque, Health Systems Specialist, UNFPA; Nabila Purno, Programme Analyst, UNFPA; Jim McAlpine, Deputy Head of DFID; and Robert Chatterton Dickson, British High Commissioner.

Monday 15th September 2019

Office of the Refugee and Relief & Repatriation Commissioner, Cox's Bazar

The delegation made a courtesy call to Mr Shamshush Doza, Commissioner of Refugee Relief and Repatriation, en route to Cox's Bazar with UNFPA staff. The Commissioner welcomed the delegates and the delegation had an opportunity to view a map displaying the 34 camps with 1 million refugees. It was noted that overall there are good reproductive and maternal health services for the Rohingya in Cox's Bazar. However, due to superstition, a lack of education and tradition, the uptake of contraceptives is patchy and low and many refugees have large families. Some refugees want to replace the babies/children they have

lost. The majority of refugees are Muslims but there are 500 Hindus and work is ongoing with religious leaders to increase the uptake of contraceptives. Security is worsening in the camps but remains under control. The Government want the refugees to return voluntarily to Myanmar as soon as possible, but none have returned as yet.

APPG on PDRH delegation meeting with Mr Shamshush Doza, Commissioner of Refugee Relief and Repatriation, Cox's Bazar

Lambasia Women Friendly Space and Camp 4, OO Zone SRH clinic, Cox's Bazar

Toilet facilities, Cox's Bazar

Baroness Tonge, Baroness Jenkin, Baroness Blackstone, Baroness Hodgson, Baroness Uddin, Liz McInnes MP and Ann Mette Kjaerby were welcomed by Sarah Baird, GBV in Emergencies Program Specialist, UNFPA and Subarna Dhar, District Engagement Officer, GBV in Emergencies, UNFPA to the women friendly space in Cox's Bazar.

Women Friendly space, Cox's Bazar

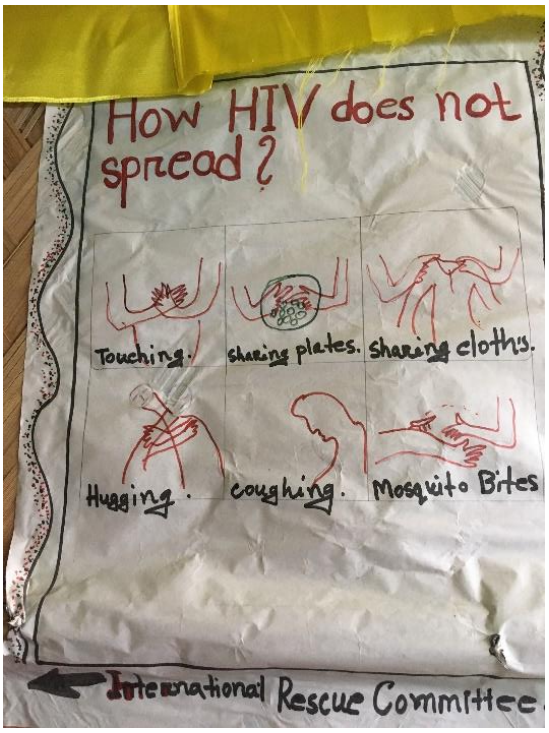
APPG on PDRH female delegation at Women Friendly space, Cox's Bazar

Children at Cox's Bazar

Delegates were escorted inside the walled area and shown around the Safe Space, which had a courtyard with kids and adolescents playing, relaxing and chatting and a good-sized building with numerous rooms. All the rooms were decorated with colourful tassels, homemade paper and knitwear with straw mats on the floor.

A generator was providing electricity to some flickering lights and fans in the extremely hot and humid conditions. This women friendly space was developed 18 months ago and attracts new clients all the time. The delegation visited a small consultation room with a midwife who outlined some of the services provided including FP, maternity care, STI treatment and counselling for rape survivors. She would generally see around 18 clients per day.

Midwife at the Women Friendly Space, Cox's Bazar



Poster on HIV at the Women Friendly space, Cox's Bazar

Baroness Blackstone speaking to midwife at the Women Friendly Space, Cox's Bazar

The delegation then proceeded to a large room to meet case workers affiliated with the safe space. Their role was to educate and teach transferrable and leadership skills to women and girls, discuss GBV and support survivors. Many women suffered terrible trauma before, during and whilst fleeing to Bangladesh, so needed a great deal of support and care in the camps.

Female APPG on PDRH delegates speaking to Women Friendly space outreach workers, Cox's Bazar

Female APPG on PDRH delegates speaking with Women Friendly space outreach workers, Cox's Bazar

FP is promoted in the camp, but women often have many children. Child marriage is common, as is sexual abuse and exploitation, which happens 'underground'. The sanitary product most favoured in the camps was plain cloth. It surprised delegates to learn that the employment of Rohingya women in the camps was forbidden.

Women in Cox's Bazar

Women in Cox's Bazar

Women in Cox's Bazar

A meeting followed with Rohingya women and girls visiting the Safe Space where delegates asked them about the biggest problems experienced in the camp. Women mentioned the many obstacles to being

allowed to work, including family restrictions, along with the difficulties of moving freely and safely in and around the camps. Women also expressed their wish for education and schooling, especially of adolescents, as official schooling is not currently permitted.

One woman had been born in Cox's Bazar 30 years ago and spoke about never having experienced anything apart from life inside the camp. Getting justice for the torture experienced in Myanmar and safety were high priorities for the survivors before returning home. Women also mentioned the difficulties with the heat, humidity, rain and landslides. The majority felt that the health services available and offered in the camp were satisfactory.

Camp 4, OO Zone, Cox's Bazar

John Mann MP, Steve McCabe MP, Nic Dakin MP and Tommy Sheppard MP were escorted around Camp 4, OO Zone SRHR clinic in Cox's Bazar. They met and spoke with staff in the clinic and women attending for antenatal check-ups.

Cox's Bazar

Nic Dakin MP, Cox's Bazar

Male APPG on PDRH delegation, Cox's Bazar

Nic Dakin MP speaking to staff at Camp 4, OO Zone SRHR clinic, Cox's Bazar

Male APPG on PDRH delegates visiting Camp 4, OO Zone maternity unit, Cox's Bazar

Steve McCabe MP speaking to staff at Camp 4, OO Zone maternity unit, Cox's Bazar

HOPE Field Hospital, Cox's Bazar

Dr Mahmood established the HOPE Foundation for Women & Children of Bangladesh in 1999 to provide healthcare to poor and needy mothers and children in Bangladesh. HOPE Foundation initially opened a series of mobile health clinics in the camps, but with the approval of the Refugee Relief and Repatriation Commissioner's office, the construction of HOPE Field Hospital for Women began following the influx of refugees in 2017. The hospital is strategically located within the largest Rohingya camp and now provides 24/7 maternity services. Prior to the establishment of HOPE Field Hospital for Women, health services in this area were very scarce and facilities were too far for sick Rohingya, who had to travel four to five miles on foot to reach a clinic, a treacherous journey during heavy rains. This is the only field hospital in the camps run by a local Bangladeshi NGO.

All delegates met with Dr Iftikher Mahmood, Founder and President of the HOPE Foundation, and staff. The delegation was escorted around the premises and wards where posters on display made reference to

supporters of the hospital, including the Islamic Development Bank, Poland and UNFPA. The hospital sees approximately 50 spontaneous vaginal deliveries and 25 Caesarean sections per month. In addition to maternity services, the hospital offered gynaecological, paediatric and other general hospital services.

Some delegates visited the postnatal ward and some visited the maternity area. Liz McInnes MP visited the laboratory, which offered a good range of tests. The log book showed a surprising Hep C infection rate of 30%, which may have been due to the shared use of needles and razors, or other causes.

Nic Dakin MP and Tommy Sheppard MP at the Delivery Room, Hope Field Hospital, Cox's Bazar

Nic Dakin MP and Tommy Sheppard MP at the Post Operative Room, Hope Field Hospital, Cox's Bazar

Nic Dakin MP and Tommy Sheppard MP speaking with Medical Doctor, Hope Field Hospital, Cox's Bazar

Liz McInnes MP with laboratory staff, Hope Field Hospital, Cox's Bazar

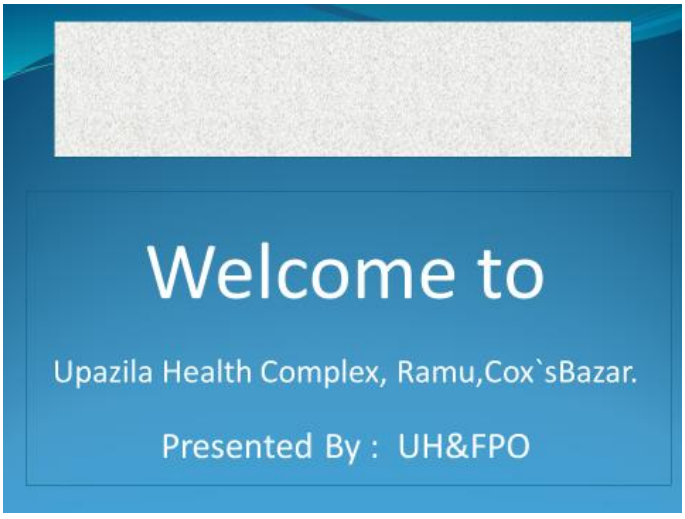
Tuesday 16th September 2019

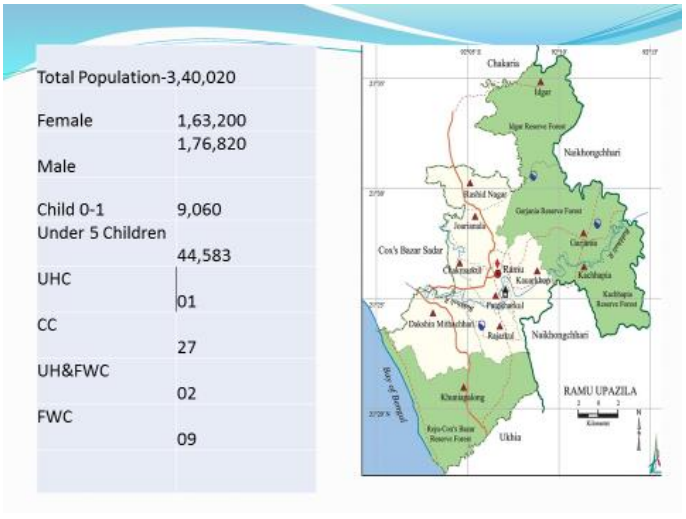
Government Sub-District Hospital, Ramu

Dr Mohammad Mesbah Uddin, Ramu hospital director welcomed the delegation to his hospital and introduced members of staff, which included midwives, nurses, doctors, medical students and newly qualified doctors working for Save the Children. This sub-district hospital has been in existence since 1977 and has 31 beds with a 100 percent occupancy rate. It serves a population of 340,000 people.

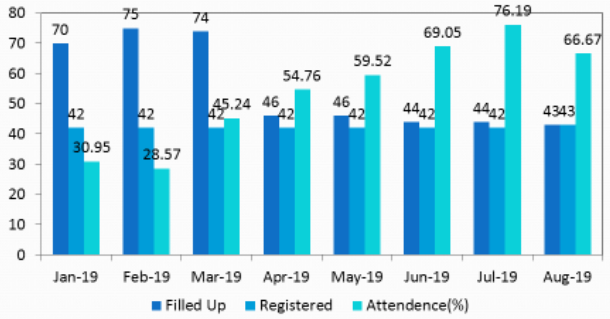
APPG on PDRH delegation with Ramu Field Hospital staff, Cox's Bazar

Dr Mohammad Mesbah Uddin, Ramu hospital director outlining hospital activities, Cox's Bazar

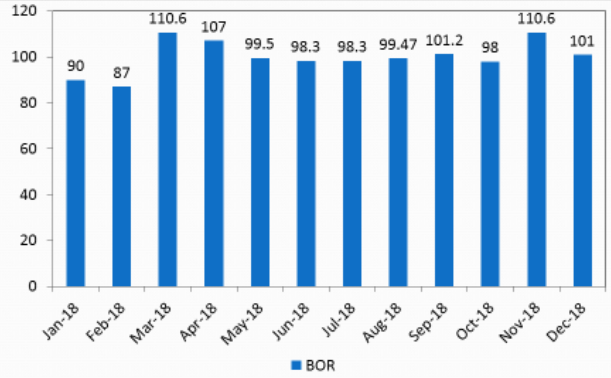




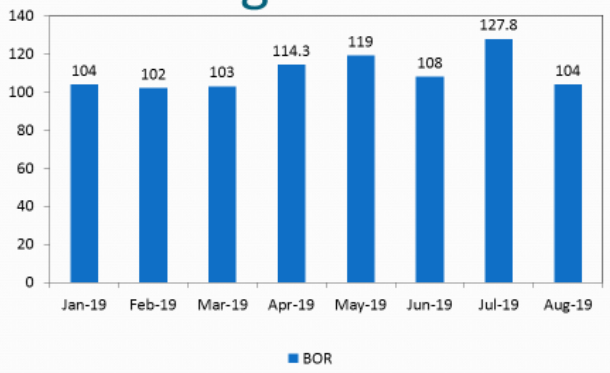
Biometric Office Attendence Period : January'19-Augst'19



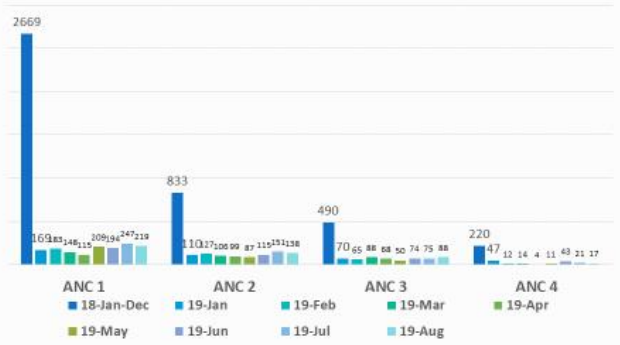
Bed Occupancy Rate'2018



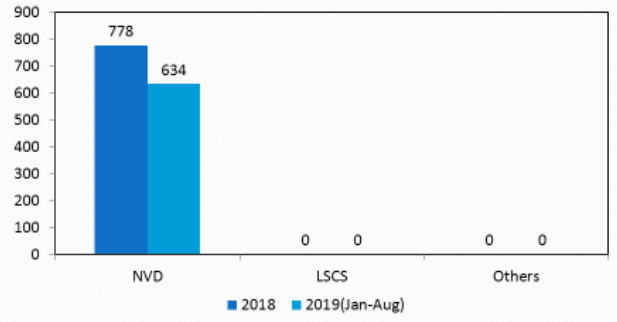
Bed Occupancy Rate'Jan-Aug`2019



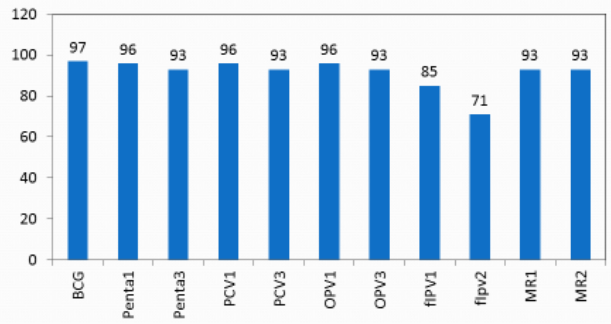
ANC services of UHC-2018 & Jan-Aug-2019

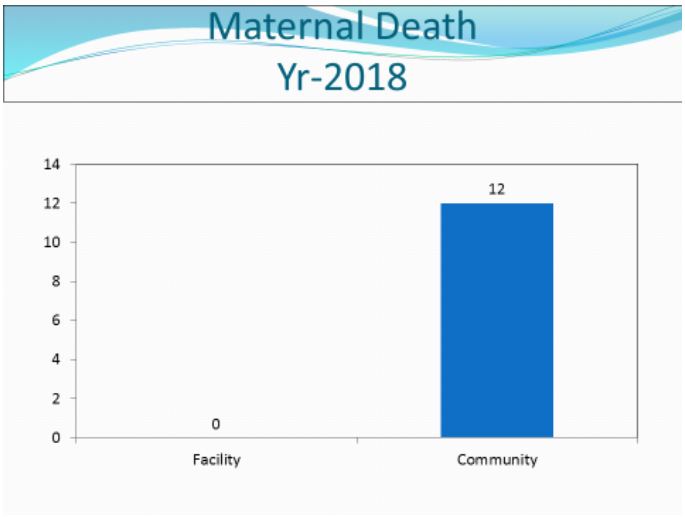


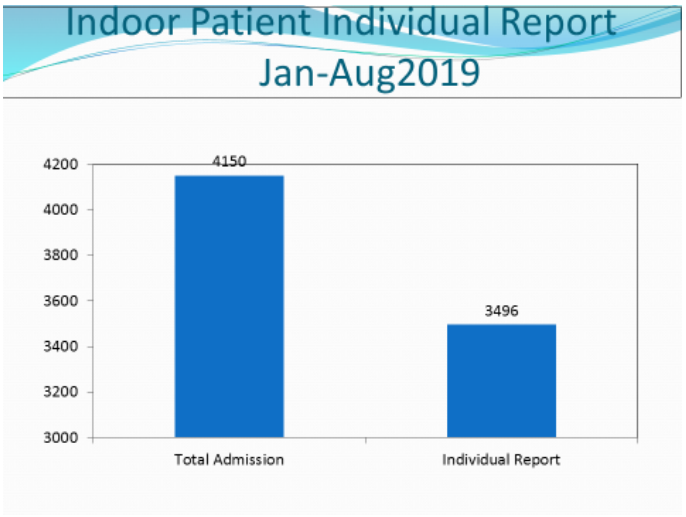
Delivery Status 2018 &Jan-Aug-2019

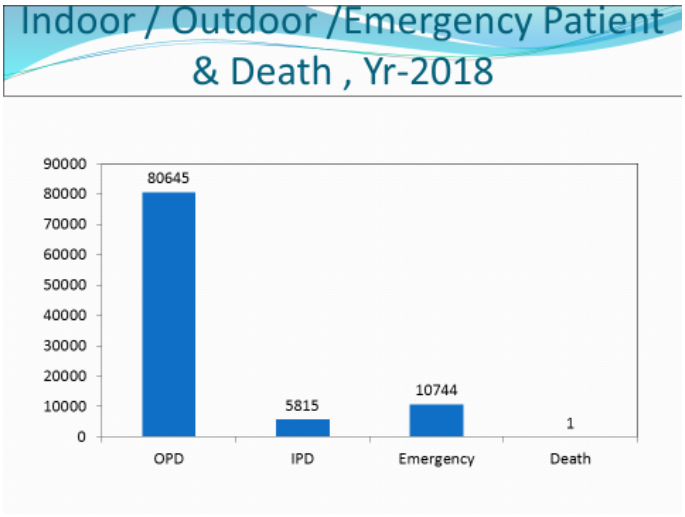


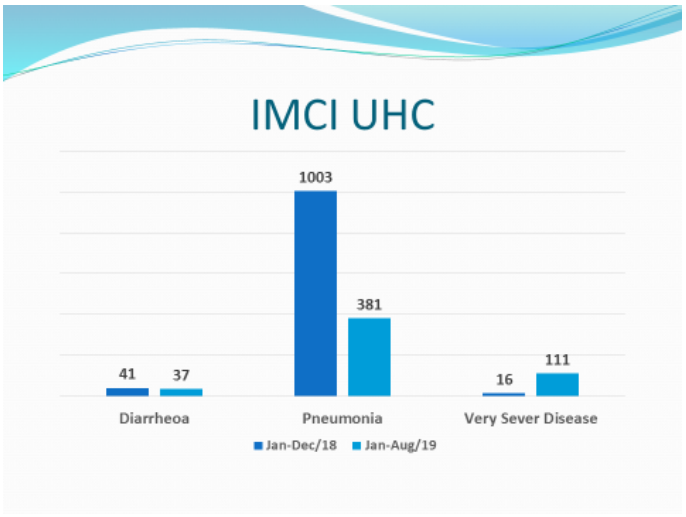
Antigen wise EPI coverage Yr-2018











After the presentation, there was a question and answer session where the following subjects were discussed:

- the hospital was a Government-supported hospital which reported to the Ministry of Health, but also received support from others including UNFPA, the World Bank and Safe the Children;
- Bangladesh has an extensive heath network and quality of care is being addressed;
- in the past six months the hospital has seen around 1,400 deliveries;
- clients in need of a lower segment Caesarean section (LSCS) would be referred to the district hospital 18 km (30 minutes) away, because while there are obstetrics and gynaecology consultants in all Upazila Health Complexes (sub-district hospitals), absenteeism is high;
- all services offered are free at point of delivery;

- vaccination coverage in the area is at 80%;
- challenges in the area include:
    - a lack of confidence in services with particular reference to dignity, respect and the quality of care;
    - staff shortages and a lack of staff at night time; and
    - traditions and taboos, although community outreach workers are tackling this;
- 50% of deliveries are home deliveries but hospital attendance is increasing;
- reference was made to a 24/7 call centre;
- rates of Hep. C were discussed – in the general population the rate was suggested to be < 0.8% and in the Rohingya population the rate is around 10-11% due to the sharing of razors and needles and the incidence of rape;
- postnatal depression;
- child marriage; and
- nutrition and calcium deficiency in the population.

All delegates were taken on a tour of the hospital and encouraged to ask staff and clients questions. It was a busy hospital with full occupancy during the visit.

APPG on PDRH delegation visiting Ramu Hospital wards, Cox's Bazar

Ramu Hospital clients waiting to be seen with APPG on PDRH delegation, Cox's Bazar

Liz McInnes MP and Baroness Jenkin speaking to Ramu Hospital staff, Cox's Bazar

Baroness Jenkin and Tommy Sheppard MP speaking to Ramu Hospital staff, Cox's Bazar

Baroness Blackstone speaking to Ramu hospital staff and clients, Cox's Bazar

Sexual and Reproductive Health and Rights (SRHR) and Gender-Based Violence Stakeholder meeting, Sayeman Hotel, Cox's Bazar

Hassan Abdi, SRHR Emergency Coordinator, UNFPA welcomed delegates to the round-table stakeholder meeting**.** The Gender-Based Violence (GBV) Sub-Sector coordination structure in Cox's Bazar was established in May 2017. Since 25th August 2017, this structure has been reinforced and expanded to respond to the needs of the massive influx of Rohingya refugees into Bangladesh.

GBV Sub-Sector meeting, Cox's Bazar

The GBV Sub-Sector (led by UNFPA) operates alongside the Child Protection Sub-Sector (led by UNICEF) within the Protection Sector (led by UNHCR). The Sub-Sector participates with other humanitarian sectors in the Inter-Sector Coordination Group (ISCG).

The GBV Sub-Sector in Cox's Bazar comprises more than 28 standing member organisations including UN, INGO, NGO and government agencies operating in the Rohingya refugee camps and the surrounding affected host communities. This meeting saw representation from CARE Bangladesh, International rescue committee, Medicine san Frontiers, Ipas Bangladesh, Hope Foundation, Research, Training and Management International Bangladesh, Relief International, World Vision, Norwegian church Aid, UNHCR, UNFPA, WHO, IOM and UNICEF.

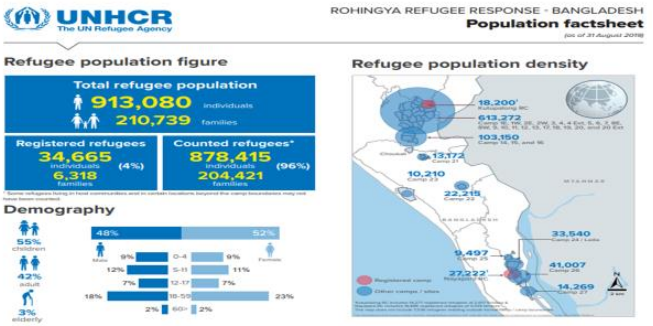
The Sub-Sector works to prevent and respond to GBV through strengthening community-based GBV programming. The key strategic objectives of the Sub-Sector include 1) ensuring access to quality multi-sector GBV response services for survivors, 2) building capacity of GBV service providers and other stakeholders to deliver quality care in line with best practices and minimum standards for humanitarian settings, 3) enabling active participation of affected communities in GBV awareness raising, response, prevention and risk mitigation, 4) enhancing GBV risk mitigation across humanitarian sectors and the government, and 5) strengthening co-ordination and planning for sustainability of the GBV response.

Below overview of the SRHR programmes and GBV in camps were presented prior to a round table question and answer session between delegates and the GBV stakeholders.

Overview of SRHR Programme in Cox's Bazar

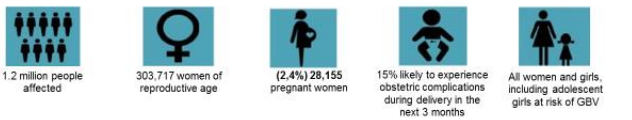
17.09.2019

Population overview



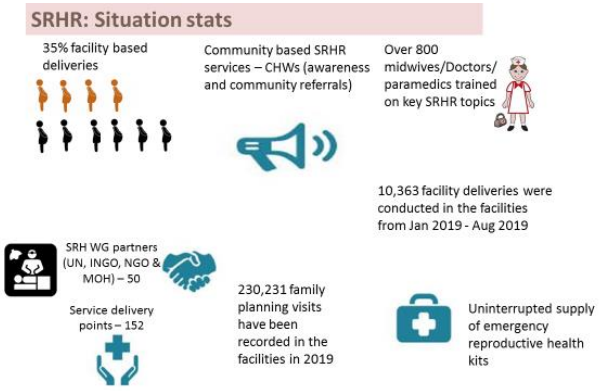
Cox's Bazar SRHR response

SRHR partners are responding in Cox's Bazar where:



SRH sub sector partners are providing:

SRHR: Situation stats



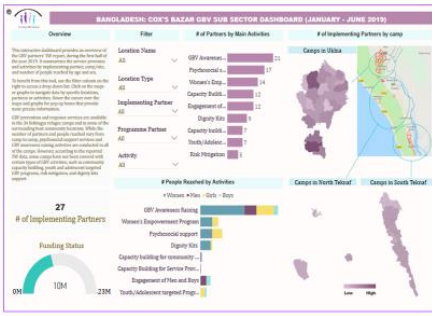
Overview of the GBV Sub Sector

- The Gender-Based Violence Sub Sector (GBV SS) in Cox's Bazaar established in May 2017.
- Since the 25th August 2017 massive influx of Rohingya refugees, the coordination structure has been reinforced and expanded to respond to the needs of refugees in cox's Bazar.
- The GBV SS is led by UNFPA operates alongside the Child Protection Sub-Sector (led by UNICEF) under the Protection Sector (led by UNHCR). The Sub-sector participates with other humanitarian sectors in the Inter-sector Coordination Group (ISCG).

Memberships and partners

- More than 28 standing member organizations; including, 5 UN, 14 INGO, 8 NGO and 1 government organization (MoWCA)
- **27** implementing partners under the GBV SS (13 National NGOs, 12 INGOs and 2 UN agencies)

(https://www.humanitarianresponse.info/en/operations/bangladesh/gender-based-violence-gbv)



What the GBV SS is doing

Coordinating the GBV prevention and response activities

1) ensuring access to quality **multi-sector GBV response services** for **survivors**,
2) building **capacity of GBV service providers** and other stakeholders to deliver quality care in line with best practices and minimum standards for humanitarian settings;
3) enabling **active participation of affected communities** in GBV awareness raising, prevention and risk mitigation.
4) Coordinated and ethical **GBV data gathering and information management** (GBV IMS and other IM functions) to inform strategic decision making and support advocacy

Achievements made in coordinated GBV Response

- **Expanded GBV response service points** (women friendly spaces, community centers – 138 GBV service entry points (86 WFS) in 34 camps and 5 host community locations.
- Established **multi-sectoral referral mechanisms** for survivors with options for life-saving health care, case management, psychosocial support, safety and security and legal aid services.
- Provide **technical guidelines and service standardization** (e.g guidelines/standards for establishing WFS, dignity kits)

Achievements made in coordinated GBV Response

- Established several **technical working groups** in different thematic areas: e.g GBV case management, Male Engagement taskforce .
- With a collaborative work of GBV partners in the first half of 2019
  - 64,746 benefited form structured psycho social support (97% female, 45% children)
  - 35,705 women ang girls received dignity kits
  - 23,2466 reached through awareness raising
  - 28,793 men and boys engagement

Key Gaps and Challenges

- GBV survivors still have insufficient access to specific services
  - Specialized mental health,
  - Legal and justice services,
  - security services and
  - Livelihood/income generating activities
- Socio-cultural barriers preventing women and girls accessing GBV services
- Lack of Mobility for Women and Girls
- Gap in service providers technical capacity
- Funding- short term funding

For More Information

Please visit the GBV Sub Sector Portal under the humanitarianresponse.info web site Bangladesh

https://www.humanitarianresponse.info/en/operations/bangladesh/gender-based-violence-gbv

APPG on PDRH delegation at GBV Stakeholder meeting, Cox's Bazar

APPG on PDRH delegation at GBV Stakeholder meeting, Cox's Bazar

Following the presentation, there was a question and answer session on the below topics:

- rape, dignity and mechanisms and barriers to achieving justice, which is rarely accomplished. UNICEF work with police and UNHCR provide legal assistance. However, many survivors choose not to proceed in part due to fear;
- the high incidence of Hep C in the Rohingya population, which was thought to be due in part to rape, dirty razors and needles, but the population would also have had a high incidence of Hep C prior to arriving;
- child marriage is common in the camp, as is early pregnancy. Protecting girls is difficult, but education is available in the camps including through radio and drama programmes. Community workers try to protect girls and there is a 24/7 hotline number for potential victims with advice, guidance, support and protection;
- the prevalence of intimate partner violence is high in the camps. Behavioural and outreach programmes have been introduced with role models, and boys are educated and encouraged to meet and discuss the subject;

- boredom and a lack of opportunities for the youth are problems. Educational and learning programmes are available in the camps along with life skills activities, but formal education is needed and not available. However, neither form of education existed for the Rohingya population in Myanmar. The Bangladesh Government's policy is to restrict access to the Bangladesh school curriculum as the plan is for the Rohingya to return home to Myanmar;
- as part of the life skills programmes, Oxfam incorporates relationship and sex education, making it clear that there is no need to trade sex;
- Bangladesh is a male-dominated society where there is still stigma around women going to work and being international NGO workers. Some workplaces are still hostile to women; and
- tension between organisations was not thought to be an issue of concern as there was good collaboration and coordination between organisations.

Wednesday 17th September 2019

Adhunik Poshak Shilpo Ltd Factory, Kalshi, Dhaka

Md Abdul Latif, General Manager, and Md Shahanur Islam, Senior Assistant General Manager for Admin and Operations, welcomed and introduced delegates to the garment factory. Md Adowar Hossain, Lead Compliance Manager, Ms Rubina Akter Alam, Lead Compliance Manager, Abid-Ur-Rahman Siddique, Compliance Auditor and Jakie Ferdous, Welfare Manager, also attended.

Md Abdul Latif, General Manager, Adhunik Poshak Shilpo Ltd factory, welcoming Baroness Blackstone, Kalshi, Dhaka

APPG on PDRH delegation being briefed about the Adhuni Poshak Shilpo Ltd factory activities by Md Abdul Latif, General Manager, and Md Shahanur Islam, Assistant General Manager, and ILO and UNFPA staff, Dhaka

The business started in 1969 as a construction business and in 1984 expanded to other areas including banking, insurance and garment factories. At present the business is in 11 different locations including Bangladesh, Hong Kong, and China. It has 46,000 employees. The factory visited employs 900 workers, 60% of whom are women, and has received support from a variety of organisations including ILO, UNICEF, UNFPA and BRAC to ensure workers' rights and retention of staff, particularly female workers.

Ms Anne-Laure Henry-Gréard, Country Programme Manager, ILO-IFC Better Work Bangladesh; Ms Ishrat Jahan, Enterprise Advisor, ILO-IFC Better Work Bangladesh; Ms Belinda Chanda, Operations and Programme Specialist, ILO Bangladesh; and Rumana Parvin, Technical Officer, Gender, UNFPA, presented the Mothers@Work initiative to strengthen maternity rights and protect breastfeeding among young working mothers. It was noted that businesses are realising that investing in working mothers makes good long-term business sense. Around 3.2 million women work in the ready-made garments (RMG) sector, which accounts for 11.3% of Bangladesh's gross domestic product (GDP), and 80% of the country's export revenues. A majority of the working women are of reproductive age, and many are mothers who are responsible for

nurturing the next generation of Bangladeshi citizens. In 2014, Better Work Bangladesh was launched to help build a competitive garment industry that provides decent jobs to workers, good business for factories and brands, and economic development for the country. This programme is helping to shape public policy and supply chain practices, fostering a garment sector in which respect for labour rights is entrenched, businesses thrive and millions of workers and their families benefit. Better Work Bangladesh is a joint initiative of the International Labour Organization (ILO) and the International Finance Corporation (IFC), and has been engaging workers, employers, the Government and multinational businesses to influence the garment industry. It is supported by DFID, Swiss AID, MoFA Netherlands, DANIDA, Canada and Australia.

Md Abdul Latif noted that the business, with support from partners, has established and elected committee members which includes workers. They hold meetings every two months and act as an advisory board. Meetings and worker representation have ensured a better business where health – including reproductive health – services are available on-site, and there is a nursery within the factory building providing free childcare for working mothers. There is a minimum wage and breaks for breastfeeding women to nurse their infants. The factory has many pregnant women workers and worker retention, skills and efficiency have improved with the new programmes, which is good for the business. A grievance mechanism and supervisory skills training are also available within the business, and there are three yearly inspections and audits of the factory.

The delegation was escorted around the factory floors and visited the laboratory, cutting and sewing rooms, health clinic and nursery. Opportunities were made for delegates to speak with the workers.

APPG on PDRH delegation visiting Adhuni Poshak Shilpo Ltd factory floor, Dhaka

APPG on PDRH delegation visiting Adhuni Poshak Shilpo Ltd factory floor, Dhaka

Baroness Jenkin visiting Adhuni Poshak Shilpo Ltd factory health clinic, Dhaka

Baroness Hodgson speaking to medical doctor at the Adhuni Poshak Shilpo Ltd factory health clinic, Dhaka

Liz McInnes MP at Adhuni Poshak Shilpo Ltd factory laboratory, Dhaka

APPG on PDRH delegation visiting staff nursery, Adhuni Poshak Shilpo Ltd factory, Dhaka

DFID Meeting, British High Commission, Dhaka

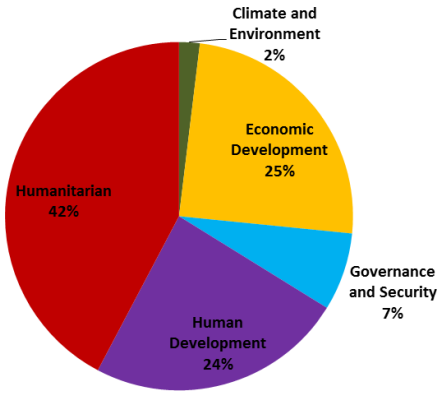
Department for International Development

DFID BANGLADESH

The Department for International Development (DFID) leads the UK's global efforts to end extreme poverty, deliver the Global Goals for Sustainable Development (SDGs) and tackle a wide range of global development challenges. The UK's focus and international leadership on economic development is a vital part of Global Britain - harnessing the potential of new trade relationships, creating jobs and channelling investment to the world's poorest countries. Throughout history, sustained, job-creating growth has played the greatest role in lifting huge numbers of people out of grinding poverty. This is what developing countries want and is what the international system needs to help deliver. Whilst there is an urgent need for traditional aid in many parts of the world, ultimately economic development is how we will achieve the Global Goals and help countries move beyond the need for aid.

Planned budget for 2018/19	**£170m**
Planned budget for 2019/20	**£192m**

Sector breakdown of 2018/19 bilateral plans



Top 3 planned spending programmes in 2018/19 (as at 9th May 2018)

Strengthening humanitarian preparedness and response in Bangladesh	£81.4m
Strategic Partnership Arrangement II between DFID and BRAC	£40.4m
Better Health in Bangladesh	£16m

Contribution to the Global Goals and other government commitments (achieved as at March 2018)*

1.6 million children supported to gain a decent education

896 thousand people with sustainable access to clean water and/or sanitation

3.7 million children under 5, women and adolescent girls reached through nutrition related interventions

* Results less than 1 million are rounded to the nearest thousand. Results over 1 million are rounded to the nearest hundred thousand.

Headline deliverables

- **Ending extreme poverty and basic services:** Since 2015 we have helped over 1.6 million boys and girls to gain a decent education. Over the next three years the UK will support 600 thousand more children to get a quality education; provide improved nutrition for an additional 5.1 million women and children, and support an additional 250 thousand women to use modern family planning. An additional 300 thousand people will gain access to improved water and sanitation.
- **Economic development:** The UK will provide skills training that will enable 84,000 people to get jobs; will work to reduce regulation and make it easier to do business; and support the creation of 50 thousand formal jobs and £325 million of new private sector investment over the next three years. We will help 82 thousand female garment workers access decent work conditions.
- **Building stability and resilience to crises:** We will continue to strengthen disaster preparedness and provide humanitarian support to 500,000 people. We will help 130,845 female victims of violence to get support and rebuild their lives and help 122 thousand disabled people get access to services. We will support 2 million people to get access to justice, building on the 13.9 million we have assisted since 2009. We are and will continue to be a leading donor in the response to the Rohingya refugee crisis.

Why DFID is investing in Bangladesh

Bangladesh is a development success story: economic growth has averaged 6% since 2003 and poverty has halved between 1990 and 2010. Whilst economic growth has led to some development through agricultural productivity, garment exports and remittances, Bangladesh still has 37 million people living in poverty, with 21 million of those living in extreme poverty. Bangladesh is also highly vulnerable to natural disasters such as floods and cyclones. Unstable politics and poor governance risk slowing things down, as do social problems like violence against women, early marriage and signs of rising extremism.

Since August 2017 more than 688,000 Rohingya have fled Burma to Bangladesh, resulting in a major humanitarian crisis. The UK is committed to working with the government of Bangladesh and the international community to address the immediate and medium-term needs of the Rohingya people and vulnerable host-communities.

Bangladesh is an important trading partner, with untapped potential for British firms. Investments in raising the incomes of a population of 160 million and rising, will increase trading potential, as will boosting the investment climate. Development work, alongside trade and diplomacy, gives the UK a favoured and trusted position with the government and citizens of Bangladesh. August 2017 more than 688,000 Rohingya have fled Burma to Bangladesh, resulting in a major humanitarian crisis. The UK is committed to working with the government of Bangladesh and the international community to address the immediate and medium-term needs of the Rohingya people and vulnerable host-communities.

How will the UK respond to opportunities and challenges?

We will continue to support extremely poor people to lift themselves out of poverty through promoting better livelihoods, with the objective of linking them to economic opportunities. We will continue to support inclusive financial services and reforms to the investment climate, which will allow the poorest to start and grow small businesses, creating jobs and reducing poverty. Our skills for employment work is linking industry with training providers to ensure those who invest in skills benefit through higher productivity and better wages, particularly in the garments sector, where we also support improvements in factory safety and working conditions.

We will strengthen national capacity on disaster resilience and response, and continue our support to the humanitarian crisis.

We will address the root causes of poverty, including gender inequality and malnutrition, and expand our work on modern slavery, family planning and disability. We will strengthen national capacity on disaster resilience and response, and provide humanitarian relief where required.

What is being achieved for the UK?

DFID support to Bangladesh is designed to increase our prosperity by identifying greater opportunities for British businesses, increasing British exports of goods and services, and opening up future markets by helping Bangladesh to deliver equitable, inclusive and sustainable economic growth and greater regional economic integration. Programmes tackle and prevent terrorism and protect UK borders, thereby keeping people safer.

Partners

- DFID works with six other UK government departments in Bangladesh to deliver UK objectives and further our interests in development, trade, security and prosperity.
- We currently channel 46% of our funding through non-governmental organisations, 43% through multilateral organisations and 8% through the private sector.
- We aim to maximise the impact of every pound that we spend on poor people's lives by working closely with implementing partners to improve their value for money and by building the evidence base in Bangladesh across the various sectors in which we work.

Judith Herbertson, Head of DFID Bangladesh, outlined DFID's work in Bangladesh with support from her team Aminur Rahman, Senior programme manager (Humanitarian); Alexandra Bayfield, Social Development Adviser (Human Development and Humanitarian); Afsana Islam, Private Sector Adviser and Shehlina Ahmed, Health Adviser.

Judith Herbertson, Head of DFID Bangladesh

Judith Herbertson, Head of DFID Bangladesh, and staff briefing APPG on PDRH delegation, British HC Residence, Dhaka

DFID's planned spending of ODA in Bangladesh in 2020 is £200 million but may increase if tension increases.

ODA is spent in the following areas:

- **Humanitarian**: challenges in the camps include difficulties hosting communities as land is taken up and firewood is disappearing. The infrastructure is under pressure and there is competition for income and access to goods and services. Population growth is causing tension and there has been an increase in violence, drugs and extremism. The Bangladesh Government want Myanmar authorities to be held accountable for the atrocities in Myanmar.

- **Governance and Security**: access to justice is prioritised by DFID, particularly with regard to corruption and support to the most vulnerable. Despite economic growth in Bangladesh, inequality has risen. Bangladesh has a large number of entrepreneurs and the private sector is growing.
- **Climate and Environment**: extreme poverty exists in the country and there are environmental problems which require adaptation.
- **Human Development**: DFID supports the education and health sector in country including via support to BRAC and UNFPA. Technical and skills support is needed.

Going forward, the SDGs and DFID's business plan will shape support to Bangladesh, which the UK political situation will shape activities.

A question and answer session and discussion followed on the subjects:

- the Bangladesh Government want the Rohingya to return to Myanmar safely, by choice and with dignity. The Rohingya want to go back but do not feel safe and have not received justice. How should the UN and foreign governments respond? There were discussions around international sanctions and preventing travel to the region, which provides a good income for Myanmar. The Bangladesh Government want trade to stop, to push for sustainable solutions, and noted that the UN could put pressure on Myanmar;
- the need to change the framework in the camps from a humanitarian/life-saving one to a development-based activities one, as the problem now appears to be long-term;
- the Bangladesh Government does not want the national curriculum taught in Rohingya camps as that may encourage integration as opposed to repatriation, but a large cohort of young people is not being educated and left frustrated. The lack of aspirations could lead to drug use and trafficking;
- DFID has a good relationship with the Bangladesh Government and supports education and livelihood activities;
- there have been no major cyclones in Bangladesh recently. A lot of work has been done to prepare for the eventuality;
- Bangladesh struggles with GBV, including intimate partner violence. The justice system is weak and/or not utilised;
- traffic in Bangladesh is a problem but the Government have produced a national action plan which is 95% funded. Implementation is awaited;
- Hep C is a problem amongst the Rohingya population. It was suggested to be related to polygamy, poor medial services, rape and a lack of family planning;
- inequality is high in Bangladesh as there is no welfare state. However, things are shifting. For example, ILO and UNFPA support have improved working conditions and access to healthcare, especially for women;
- media freedom is being curtailed in country which is of concern; and
- the incidence of child marriage is high, occurring for 20% of girls before or at 15 years of age. GBV also remains a problem but educational programmes are tackling the problem.

British High Commission Reception with Bangladesh officials, Dhaka

The delegation attended the British High Commission reception at the British High Commissioner's home and networked with the 120 invited guests from the Bangladesh Government, justice system, parliament, the private sector, NGOs, donor countries, academia and research, the Media, and the philanthropic world. The Conservative Friends of Bangladesh were also at the reception.

The British High Commissioner gave a friendly welcome at the event and made reference to the importance of cross-party collaboration and democracy.

Robert Chatterton Dickson, British High Commissioner (HC), and APPG on PDRH delegation, Residence of the British HC, Dhaka

Robert Chatterton Dickson, British High Commissioner welcoming guests, Residence of the British HC, Dhaka

Thursday 18th September 2019

Meeting with the Honourable Prime Minister, Sheikh Hasina, Prime Minister's Residence, Dhaka

Sheikh Hasina, Honourable Prime Minister (PM) Bangladesh, Robert Chatterton Dickson, British HC and APPG on PDRH delegation, Prime Minister's Residence, Dhaka

The APPG on PDRH delegation, the UK Conservative Friends of Bangladesh delegation and the British High Commissioner attended the meeting with Honourable Prime Minister Sheikh Hasina along with a very large congregation of TV, radio and newspaper media.

The British High Commissioner thanked Sheikh Hasina for agreeing to meet with the two British delegations and noted the continued good collaboration between the UK and Bangladesh Governments.

Anne Main MP, leader of the Conservative Friends of Bangladesh introduced her team which included UK Conservative MPs, young members of the UK Conservative party and the Bangladesh business community.

She highlighted the importance of nurturing business and trade links between the UK and Bangladesh. She made reference to previous visits to the country and the Social Action and Education projects and the latest APPG on Bangladesh report on the Rohingya population and the delegation's visit to the camp.

Baroness Tonge introduced the APPG on PDRH Bangladesh study tour delegation and commented on the positive changes seen in Bangladesh since her last visit with the DFID Select Committee many years prior. She referenced the good work in country and collaboration with UNFPA and SRHR NGOs and the progress made in the area of SRHR, in particular contraceptive uptake and the total fertility rate (TFR). Baroness Tonge spoke about the benefit of having smaller families and the link to economic growth and social protection. She also referred to the progress made in the schooling of boys and girls.

Sheikh Hasina welcomed the two delegations and the British High Commissioner and gave an overview of the history of Bangladesh and her journey to Prime Minister. Reference was made to her sister, her six years in exile, house arrest and solitary confinement, and to her late father and his dreams, which she has had the privilege to implement. Her father's vision of a better and more prosperous Bangladesh is coming to fruition with food security, a better health and social care system, and less overall poverty. The UK has been a long-term development partner in the area of health, social care and education. She thanked the UK for its collaboration and support, which has ensured change and progress in country; Bangladesh now has a GDP growth rate of around 8% and poverty has reduced from 41% to 21%. 6,000 community clinics are disbursed throughout the country, benefitting populations. 30 types of medicines are now available free of charge and freely delivered. Skilled health workers are being trained and referral hospitals are available. Women are less dependent on men and financial support is now sent to mothers rather than fathers because mothers spend money better. MMR, CMR and food security are better and Bangladesh is en route to achieve the SDGs. Education policies are in place and girls are now doing better than boys in schools and 430 million children receive free books. More job opportunities are being created including in the digital sector. Commodities and infrastructure are developing and discussions are currently underway on power and solar panels for green energy. Sheikh Hasina said she is trying her best to develop her country with a moto 'learning and earning'.

The Honourable Prime Minister then referred to the 1971 and 1975 influx of refugees and her passion to help people in need, as she had been in a similar situation herself in the past. Doors were opened to 40,000 women and clinics had to be set up to accommodate pregnant women for safe deliveries. The UK Government was thanked again for its support. The latest influx of Rohingya refugees had also been welcomed but discussions were now underway with the Myanmar government to have them return voluntarily. However, the Rohingya are not willing to go back as they feel insecure. The Honourable Prime Minister argued that initiatives must be taken to support the return of the Rohingya to Myanmar from all stakeholders, as the local population is concerned about job and business insecurities, waste management issues and land degradation. Myanmar must take the Rohingya back and NGOs must assist their return.

Paul Scully MP thanked the Honourable Prime Minister for her time and congratulated her on the progress in her country. He mentioned his half-Burmese background, his previous visits to Bangladesh and progress made in many areas, including waste management. He referenced the tension felt between the host population and the Rohingya during the visit to the camps with reference to crime and employment. International obligations regarding trade were highlighted as were the opportunities for business and investment, including from the 500,000 Bangladeshi people living in the UK.

The British High Commissioner thanked Honourable Prime Minister Sheikh Hasina for her time and referred to the Security Council, development policies, working together and the importance of partnerships in his remarks.

The Financial Express
20-Sep-19 Page:8 Size:50 col*inch

Chair of UK All-Party Parliamentary Group (APPG) Anne Main-led UK Conservative Friends of Bangladesh (CFoB) and the delegation of UK APPG on Population, Development and Reproductive Health jointly met Prime Minister Sheikh Hasina at her official residence Ganobhaban in the city on Thursday — Focus Bangla

Rohingya are big burden for country, PM tells UK team

Prime Minister Sheikh Hasina said on Thursday Myanmar should take the displaced Rohingyas back as they have emerged as a big burden for Bangladesh, reports UNB.

"Rohingyas are a big burden for Bangladesh. Local people of Cox's Bazar have to face sufferings because of them (Rohingyas)… Myanmar should take their citizens back," she said.

The Prime Minister said this when visiting Chair of UK All-Party Parliamentary Group (APPG) Anne Main-headed UK Conservative Friends of Bangladesh (CFoB) and the delegation of UK APPG on Population, Development and Reproductive Health jointly met the Prime Minister at the latter's official residence Ganobhaban in the city.

PM's Press Secretary Ihsanul Karim briefed reporters after the meeting.

The Prime Minister said Bangladesh provided shelter to the Rohingyas on humanitarian ground and extended her sincere thanks to the local people of Cox's Bazar for enduring sufferings caused by the Rohingyas.

Sheikh Hasina recollected that some 10 million Bangladeshis had taken shelter as refugees in India during the 1971 Liberation War.

The visiting team appreciated Bangladesh for showing the humanitarian gesture by giving shelter to the displaced people.

The UK delegation visited the Rohingya camps in Cox's Bazar and handed over a written report to the Prime Minister.

Noting that they also visited the Rohingya camps two years ago, the visiting team said the condition in the Rohingya camps has improved remarkably within the last two years.

They reiterated their support to Bangladesh over the Rohingya issue.

The UK APPG delegation appreciated Bangladesh for the socioeconomic development and birth control policy.

The policy Bangabandhu had adopted after the 1971 Liberation War to control birth is very effective and the birth control example of Bangladesh is also mentioned in many UK reports, they said adding the socioeconomic development Bangladesh has embarked on is very impressive.

Continued to page 7 Col. 4

Rohingya are

Continued from page 8 col. 8

The Prime Minister said Father of the Nation Bangabandhu Sheikh Mujibur Rahman had a dream to liberate the country and ensure economic emancipation of the people of Bangladesh.

But unfortunately he was assassinated when the progress of the country had started, said Sheikh Hasina, also the eldest daughter of Bangabandhu. She said her government has relentlessly been working to implement the dream of Bangabandhu by making a poverty- and hunger-free Bangladesh.

The Prime Minister said her government is striving for socioeconomic uplift of the country. The main task is to improve the condition of the rural areas and rural masses, she said.

Hasina said the per capita income increased to US$ 1909 now from US$ 543 in 2006 and the power generation capacity enhanced to over 22,000 megawatt from

The Daily Star
20-Sep-19 Page:1 Size:20 col*inch

ROHINGYA REFUGEES

Myanmar should take them back

PM tells UK delegations

Bss, *Dhaka*

Describing Rohingyas as a big burden for Bangladesh, Prime Minister Sheikh Hasina yesterday said Myanmar should take back its citizens.

She said this when two delegations of the UK All-Party Parliamentary Group (APPG) on Population, Development and Reproductive Health and UK Conservative Friends of Bangladesh (CFoB) jointly

SEE PAGE 2 COL 3

Myanmar should take them back

FROM PAGE 1

called on her at the Gono Bhaban.

The PM said Bangladesh sheltered the Rohingyas on humanitarian grounds as it had a similar experience during the Liberation War in 1971 when an estimated 10 million Bangladeshis took shelter in India as refugees.

"Now the Rohingyas have emerged as a big burden for us and the local people have to face immense suffering for them," Hasina said.

Briefing reporters after the meeting, PM's Press Secretary Ihsanul Karim said the premier extended sincere thanks to the local people for accepting the suffering on humanitarian grounds.

The delegations, led by UK APPG Chair Anne Main, handed over a report to Hasina on their visit to the Rohingya camps in Cox's Bazar.

They appreciated the PM for her humanitarian gesture in sheltering the forcibly displaced Rohingyas and said they would continue their support over the Rohingya issue.

Regarding Bangladesh-UK relations, the PM said Britain has continuously been giving assistance to Bangladesh for its development.

The team of UK APPG praised Bangladesh's family planning policy, adopted by Father of the Nation Bangabandhu Sheikh Mujibur Rahman after the 1971 Liberation War.

The delegation members also said the name of Bangladesh was mentioned in many UK reports for its success on family planning issues. They lauded Bangladesh's socio-economic development.

Hasina said her government was working tirelessly for the country's development. "My main task is to improve the condition of the rural areas and the rural masses."

PM's Political Affairs Adviser HT Imam, Principal Secretary Md Nojibur Rahman and British High Commissioner in Dhaka Robert Chatterton Dickson were present on the occasion.

Shirin Sharmin Chaudhury, Speaker of the Bangladesh Parliament, and Bangladesh MPs

Shirin Chaudhury, Speaker, welcomed the delegation to the Bangladesh Parliament and gave a background to the Population and Development Committee. She noted that Bangladesh does not have APPGs but 15 Standing Committees that shadow Ministries and these committees can form sub-committees. A round-table introduction followed with all MPs present, all being from the ruling party apart from one: Hon'ble Whip Ms Mahabub Ara Begum Gini MP; Hon'ble Chairperson on the Standing Committees Mr A.S.M. Feroz, MP; Mr Md. Abdus Shahid MP; Begum Meher Afroze MP; Prof. Dr Md. Habibe Millat MP; Mr Fakhrul Imam MP, Ms Aroma Dutta MP; Begum Nahid Ijhar Khan MP; Ms Shamima Akter Khanam MP; Mr M. A. Kamal Billah, Joint Secretary and Mr A.K.M Abdur Rahim Bhuyain facilitated the meeting.

Shirin Sharmin Chaudhury, Speaker of the Bangladesh Parliament with Baroness Tonge and Tommy Sheppard MP, Bangladesh Parliament, Dhaka

The Population and Development sub-committee is supported by UNFPA and has three focus areas: Maternal and Child Health; Youth and Adolescents; and Preventing Child Marriages. Meetings are held regularly to discuss activities. The latest meeting, which had been fruitful, had taken place that week and had focussed on the forthcoming Nairobi Summit in November.

Reference was made to the Father of the Nation and his support for FP which had ensured support and progress to reduce family size and maternal mortality. Child marriage remains a big problem and the sub-committee is working on this multi-faceted problem. People's mindset needed to change. The enrolment of girls in primary schools had risen and was a deterrent, but the drop-out rate at higher levels remained high due to poverty and a poor transport system. Adolescent peer support groups had been established to raise awareness and combat child marriages. Birth registration had improved in country.

Shirin Sharmin Chaudhury, Speaker Bangladesh Parliament, Bangladesh MPs and APPG on PDRH delegation, Bangladesh Parliament, Dhaka

A question and answer session followed. Among the subjects discussed were:

- child marriage and the lack of prosecutions in this area. In Bangladesh it is marriage registrars, rather than parents, who are prosecuted for conducting child marriages. Police support is available, as are telephone helplines;
- Bangladesh is reaping the demographic dividend;

- contraceptives are accepted in country but are not offered to adolescents, which is a problem;
- the strength of the media;
- social protection for female workers;
- the latest midwifery law;
- the New Zealand Prime Minister's support for breastfeeding mothers;
- work to combat GBV, which is not a focus of the Population and Development sub-committee;
- the proportion of female MPs in the Bangladesh Parliament remains low, although many leaders including the Prime Minister and the Speaker are women. 20% of 350 Bangladeshi MPs are female which needs addressing; and
- Bangladesh needs to do more to address climate change.

Summary highlights and comments

All study tour delegates agreed that the hospitality and welcome by the Honourable Prime Minister of Bangladesh, the Speaker of the Parliament, Bangladesh Foreign Affairs and other Ministers and staff, MPs, the British High Commissioner and the Head of DFID and staff, UNFPA Executive Director and staff, Government and NGO Hospital Directors and staff, NGO Director and staff, and factory Executive Director and staff, were very warm, kind and generous.

The aim of the study tour – to introduce, broaden and deepen delegates' understanding of core FP, SRHR, GBV and refugee and international development issues in Bangladesh as well as globally – had been accomplished.

Bangladesh was of particular interest to delegates due to its long-standing support from the UK Government, diaspora populations in the UK and the Rohingya refugee crisis.

The delegation visited Government, NGO and UNFPA supported hospitals, projects and clinics in and around Dhaka and Cox's Bazar. They attended SRHR and GBV stakeholder consultations and met and spoke with the Honourable Prime Minister, the Speaker of Parliament and members of Parliament, the British High Commissioner and DFID staff, Government Ministers and hospital and clinic directors, medical staff and clients, UNFPA and NGO representatives and staff. Importantly, they had the opportunity to meet and speak with managers and staff at the Cox's Bazar and the Rohingya refugees via interpreters.

Delegates were impressed by Bangladesh's success in bringing contraceptives and reproductive health choices to married women, with a 2018 total fertility rate (TFR) at 2.05; unmet need for contraception at 12%; Contraceptive Prevalence Rate at 63.1% and Maternal Mortality Ratio at 176 per 100,000 live births. The Government, with support from UNFPA and other SRHR stakeholders, is rolling out a comprehensive midwifery training and retention programme to ensure skilled birth attendants at every birth to combat the stagnant Maternal Mortality Ratio and quality of care is being addressed within the comprehensive healthcare network. Combatting child marriage and GBV is high on the country's agenda due to their prevalence. Meeting the SRHR needs of adolescent girls remains a challenge and needs addressing and investment.

It was clear that refugees had been welcomed by Bangladesh's leaders and host communities first in 1971, then 1975 and more lately in 2017, but justice and a safe voluntary return of the Rohingya is becoming more urgent for the Government of Bangladesh, the host communities and the Rohingya population itself to ensure peace, stability and prosperity. Integration is not an option, as land in Bangladesh is scarce and shrinking and the country already hosts a large population, currently 157.9 million and predicted to grow and stabilise at 202 million in 2060.

Policies are being put in place to reap the benefit of the demographic dividend including via job creation/expansion in the IT and garment sector, and many business entrepreneurs are being trained. Bangladesh GDP growth is around 8% and is the fastest growing in the region.

The delegation commended the Bangladesh Government, the UK Government, the UN and NGOs for their support to leave no one behind, with specific reference to the efforts made to improve women's SRHR in the country. The Father of the Nation's early vision and support for FP had ensured entrenched, countrywide support for a woman's right to choose. No cultural or religious barriers were noted opposing contraception. The pill and injectables are the most popular forms of contraception and menstrual regulation is available as part of the country's family planning programme if contraception fails.

Upon their return, individual parliamentarians reflected on their experiences:

Baroness Tonge: "Returning after such a long break I was amazed to see how Dhaka had changed. Skyscrapers everywhere like most modern cities and massive traffic congestion, which made travelling around very difficult. Rickshaws and 'Tom-toms', (little motorised three wheelers) competed with cars and lorries for road space and we saw women everywhere. They were clearly no longer confined to their homes.

"The government led by Sheikh Hasina had concentrated on health services countrywide with a good network of hospitals and clinics down to village level and family planning had been available to all women in Bangladesh for years. The family size is now 2.0 which is a remarkable achievement. Consequently, Bangladesh had demonstrated our often-repeated mantra that family planning availability leads to smaller families. Women are able to get more education and work if they wish to outside the home. Bangladesh GNP growth is now 7.3% which is remarkable and makes Bangladesh one of the fastest growing economies in the world.

"The Gap clothes factory we visited near Dhaka was a good sign of progress for women as they were employed and provided with good health and family planning services as well as childcare on site at the factory.

"Bangladesh still has problems of course. Corruption still stalks the land and global warming is causing the land mass of Bangladesh to shrink positioned as it is on the Ganges Delta, but nevertheless I came away with the memory of a vibrant optimistic country full of people determined to succeed."

Baroness Jenkin: "The All Party Group on Population, Development and Reproductive Health had a marvellous study tour in Bangladesh co-organised by UNFPA and their partners. From the airport reception, with beautiful flowers, through to our final meeting with The Speaker in Parliament, we received a warm welcome at every clinic, hospital and stakeholder meeting we attended. The programme was varied and interesting. Everyone responded to our questions with patience and knowledge. The hotels were good and I will always remember swimming in the Bay of Bengal as the red sun sank behind us. My only complaint is that there were too many generous snacks! Thanks to all who arranged and participated in the programme, and good wishes for continued success and growth in Bangladesh."

Baroness Blackstone: "I was amazed to discover that the average number of children has fallen from 6.3 to 2.3 live births over a couple of decades. This represents an extraordinarily successful programme of family planning reaching a high proportion of women. I was especially inspired by the work of BRAC in a Dhaka slum providing both contraception and maternity services. In the latter case there appeared to be good links with more developed facilities in local hospitals to transfer women for whom a normal delivery was not possible. Their approach to family planning offered a choice of methods within a voluntary framework. It is impressive that this voluntary system appears to have been adopted not just by BRAC but all the other providers we saw. I was also moved by the work of both local and international NGOs to try and ameliorate the appalling conditions in the Rohingya camps including helping women suffering and with little or no hope of a better future. However, it is no more than amelioration against a backdrop of inaction whether by Myanmar above all or by the government of Bangladesh, or by the international community. Lastly, I was inspired by the work of women in research organisations or civil society, to fight widespread gender based violence. To reduce it is going to require massive cultural change and far more political awareness by those in power of how destructive it is, followed by a determination to develop policies to reduce it and eventually eliminate it."

Baroness Uddin: "We worked well as a team and witnessed some outstanding work in progress for improving maternal and child health regardless of extremely challenging economic circumstances, particularly in the Refugee Camps in Cox's Bazar where the UK's support continues to surpass many international donors and supporters. I look forward to ensuring that our parliamentary colleagues are made aware of the enormous needs and attention that are still required from the international community in order to meet the huge demands in the Refugee Camps for basic maternal and child health services. Bangladesh should not be left to manage alone the burden of care. I am grateful to the magnificent team at UNFPA and all those from the Bangladesh Government and NGOs who make our world a better place."

Baroness Hodgson: "Enormous thanks to UNFPA for our visit which gave us a diverse overview of the situation and challenges for women in Bangladesh, with an emphasis on reproductive health. The wide

ranging visits involving professionals, NGOs, parliamentarians, ministers and women at the grassroots gave us a good sense of the situation and challenges for women in the country. There were too many visits to discuss them all but a few deserve special mention. The visit to BRAC's maternity facilities in the slums of Dhaka was quite unforgettable, as was the visit to the fistula ward in the main public hospital both demonstrating the challenges but also the dedication to deliver health services to women. Our visit to Cox's Bazar enabled us to meet with some of the Rohingya women, to understand the situation in more depth and to see the harrowing realities of life for them. It also enabled us to appreciate both the generosity and enormous challenges of the local population. Thus for the meetings in Dhaka on our return, we were better informed to discuss the situation. It was a great honour for us to visit the Honourable Prime Minister and the Parliament. We were all impressed to learn of the progress that Bangladesh has made in recent years, but clearly there are still enormous challenges, especially for women. In particular child marriage, gender inequality and lack of access to justice make life very difficult for many. I would like to express huge gratitude to UNFPA for all the work that they put into making our visit so informative and interesting and also for looking after us so well. All the arrangements ran very smoothly - the hotels, transport and meals were excellent, as was the protection from the police and security. I am also incredibly grateful to the High Commissioner for a wonderful reception and for everyone who gave their time so generously to come and meet us and were so open in discussing the issues with us."

Liz McInnes MP said: "Reflecting upon the visit I was overwhelmed by the sheer scale of the refugee camps at Cox's Bazar. One million refugees are living in rudimentary shelters at the camps. It was a privilege to be able to visit the Women Friendly spaces organised by the UNFPA and to see the work being done to improve the lives of women and girls. Talking with the women, I was quite shocked when one woman said that she had lived in the camp for 30 years and that she had given birth to a child there. Bangladesh has been giving refuge to Rohingya Muslims for a long time; the issue made the international news two years ago because of the extreme brutality of attacks in Myanmar, but this is by no means a new problem. I was touched by the words of the Honourable Prime Minister, Sheikh Hasina, when we met with her in Dhaka. She talked about how she and her sister had been given refuge in a foreign country when her father, Sheikh Mujibur Rahman, and other family members were massacred, and how because of that, she wanted to offer shelter to others fleeing assaults and violence. It's clear, however, that the sheer scale of the numbers involved and the uncertainty of the future is a major problem for the Bangladeshis and it is incumbent upon the international community to do everything in their power to provide support and assistance to Bangladesh. However, until Myanmar takes the step of recognising the Rohingya people as full citizens and begins to rebuild their shattered villages, the possibility of repatriation seems remote."

John Mann MP: "In fact Bangladesh is developing rapidly, albeit with great inequality and the camps are far better conditions than I ever anticipated. The hidden trauma and sexual violence remains an ever present cloud hanging over them though."

Nic Dakin MP: "Immediately struck by the sounds, smells of Dhaka: full of people moving or not moving in a city much, much bigger than I anticipated. The ubiquitous metro development witness to the scale of the need for infrastructure investment. On maternal health and family planning the investment story was consistent and clear. We heard from the high level briefing of the investment in midwives, then we saw them at the College Hospital in the PM's pink uniforms all eager. Out in the field in the camps we met midwives deployed out there and learnt that they had a huge amount of experience in a short period of time under the skilled mentoring of the international midwives. Something further reinforced at the stakeholder event when I met midwives from the University of Auckland. There was also a partnership with Sweden's Dalarna University for Masters training in place. All very impressive.

"Going to the home where the founder of the Nation and his family were assassinated helped understand the governance riddle. When we met with the PM she referenced this traumatic period of her life and her time as a refugee. It gave context to the way her government is ruling and to her generosity in relation to

the Rohingya refugees. When we visited the camps I found them well ordered and people looked contented; so not as traumatic experience as I expected. But the scene was dry and there is a real threat if a cyclone hits the area of a more significant disaster."

Steve McCabe MP: "Dhaka is indeed a massive, throbbing mass of people with bodies of all shapes and sizes, some bent, some toothless, seemingly struggling to co-exist with the traffic, the animals and the mud. It is however a much more sophisticated city than one might at first imagine. Social highlights for me were seeing the cricket and the enthusiasm of the locals, attending a traditional restaurant and going shopping. The UNPFA who have been in Bangladesh since 1974 have a very well-developed programme aimed at ending maternal mortality, violence against women and unmet family planning needs. There appears to be significant progress and the birth rate has been steadily falling in a country where 17% of girls are still married before the age of 15. It was a total education to meet the staff and users at the BRAC maternity centre in the Korail slum. I was intrigued by the efficiency of the Marie Stopes clinic in Balur and impressed with the Bangladeshi nurse training programme. This is a country with a landmass about the size of Wales, often affected by flooding, and a population of around 164 million. It is a country which is making massive economic and social strides and should be encouraged and supported particularly as it attempts to contend with the additional problems generated by the arrival of more than 1 million Rohingya refugees since 2017. It is imperative that the UK and other countries continue to support aid efforts for these refugees but also recognise the strain that accommodating so many refugees can place on the local population. Consequently, we need to help Bangladesh to also help their own locals in what is one of the poorest regions of the country. This was an extremely enjoyable and informative visit, helped by the wonderful disposition of the other party members who were almost the prefect delegation companions. I'm extremely grateful to the All-Party Parliament Group on Population, Development and Reproductive Health for affording me this opportunity."

Tommy Sheppard MP: "The heat and the humidity is oppressive. Dhaka must be the most crowded place on earth. Twice the population of London and no public transportation means the streets are jammed pretty much permanently. Chaotic, fast, intense, overwhelming – and yet life gets done. The poverty is intense yet there is immense wealth here too – and they are building everywhere. I've never been anywhere with such dramatic manifestation of rich and poor. Millions of people live in shanty towns right in the heart of the city. These are the industrial workers in a country where the minimum wage has just been increased to 100 dollars a month and the rent on a new flat costs three times that.

"The work we saw and the workers who do it are impressive. They provide vital services to the poorest communities – and you can see and touch the difference. The operation in the Rohingya camps is stable and efficient. The worry is that these become permanent rather than emergency places of residence for a people terrorised out of Myanmar. But that is beyond the control of the agency workers whose task is to simply keep people alive from one day to the next."

Conclusion and acknowledgments

Participants felt the Bangladesh APPG on PDRH study tour was informative, educational and successful in stimulating plans to engage in family planning/SRHR parliamentary advocacy to further the International Conference on Population and Development Programme of Action and its integration in the Sustainable Development Goals.

Delegates will promote and encourage continued ODA to Bangladesh and globally through questions and debates in the UK Parliament – UK AID gives women health choices and rights in Bangladesh.

Delegates expressed their gratitude to the APPG on PDRH and the European Parliamentary Forum for Sexual and Reproductive Rights (EPF) for its financial support and UNFPA for agreeing to co-host the study tour. Delegates want to thank the Honourable Prime Minister of Bangladesh; the Speaker of the Bangladesh Parliament and MPs; DFID and FCO staff in the UK; the British High Commissioner and Head of DFID and staff in Bangladesh; Bangladesh Ministers and Government officials; hospital and clinic directors and staff; UNFPA Bangladesh representatives and staff in London, New York and Bangladesh; MSI and BRAC staff; SRHR and GBV stakeholders they met; factory director and staff; ILO staff; the events team in Bangladesh; and the curator of the Bangabandhu Museum for their support and efforts.

A particular thank you to Nabila Purno, Programme Analyst, Maternal Health, UNFPA Bangladesh, for all her hard work, which resulted in a successful study tour. Thank you also to Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH, for her advice and organisational skills.

<u>For further details, please contact</u>:

Ann Mette Kjaerby
Parliamentary and Policy Advisor
UK APPG on PDRH
Room 20, 1 Millbank House, House of Lords
Westminster SW1P 3JU
UK

e-mail: kjaerbym@parliament.uk

mobile: +44 (0)7791082036