EXECUTIVE SUMMARY

INDEPENDENT COUNTRY PROGRAMME EVALUATION

BANGLADESH

2012-2016

CONTEXT

This report presents the results of the final evaluation of the UNFPA eighth country programme of cooperation with the Government of Bangladesh, covering the period 2012 to 2016.

The People's Republic of Bangladesh has a population of 160 million and is the most densely populated among countries with populations exceeding 10 million. It is progressively transitioning from a low-income to a middle-income country. Bangladesh is host to over 200,000 refugees and asylum seekers from Myanmar. According to the World Risk Index, it is the fifth highest disaster risk country in the world and second in Asia.

The UNFPA eighth country programme in Bangladesh had an initial total budget of (USD) $70 million and covered three core programme areas: (a) reproductive health and rights (allocated with $46 million); (b) population and development ($9 million); and (c) gender equality ($13 million). An amount of $2 million was allocated to programme coordination and assistance.

OBJECTIVES AND SCOPE OF THE EVALUATION

The objectives of the evaluation were:

(1) To provide an independent assessment of the relevance and performance of the UNFPA eighth country programme to the UNFPA country office in Bangladesh, national programme stakeholders, the UNFPA Asia and the Pacific Regional Office (Bangkok), UNFPA headquarters and a broader audience;

(2) To provide a specific analysis of how UNFPA took into account and addressed those factors that leave Bangladesh vulnerable to disasters and emergencies in Bangladesh;

(3) To provide an analysis of how UNFPA has positioned itself within the development community and national partners, with a view to adding value to the country development results;

(4) To draw key lessons from past and current cooperation and provide a set of clear and forward-looking options leading to strategic and actionable recommendations for the next programme cycle.

The evaluation covered all activities planned and/or implemented during the period 2012 to 2016, including soft aid activities.

METHODOLOGY

The evaluation was structured around two categories of evaluation criteria: (i) the criteria of relevance, effectiveness, efficiency and sustainability for the assessment of UNFPA interventions in all programme areas; (ii) the criteria of coordination and added value for the analysis of the strategic positioning of UNFPA in Bangladesh.

The data-collection tools used by the evaluation team comprised: (i) a detailed review of the documentation available regarding the country programme, as well as relevant national public policies and strategic documents; (ii) semi-structured interviews with 124 key informants; (iii) 12 focus groups discussions, which included beneficiaries of UNFPA supported interventions.

Besides Dhaka, the evaluation made four site visits, respectively in Barisal, Cox's Bazar, Jamalpur and Patuakhali. The selection of the site visits was based on a purposive sampling, meant to illustrate the portfolio of interventions supported by UNFPA in Bangladesh. In Cox's Bazar, the evaluation team was able to visit the Kutuapalong refugee camp, where two focus groups were held, respectively with women receiving family planning information and with participants to the adolescent corner activities.

Throughout the evaluation process, the evaluation team systematically triangulated its data and information sources, as well as its data collection tools. The use of the evaluation matrix was key for the formulation of evidence-based findings; it outlined the assumptions to be assessed and the corresponding indicators for each evaluation question.

Methodological constraints and limitations faced by the evaluation team included: (i) insufficient information provided by annual work plans with regard to country programme interventions (in particular those relating to "soft aid" activities such as advocacy and policy dialogue); (ii) limited availability of monitoring data (especially at the results level); (iii) the limited sample size of sites visited and final beneficiaries consulted, with regard to the broad scope of the eighth country programme and the diversity of interventions, stakeholders and beneficiaries. Mitigating measures taken by the evaluation team included: (i) an extended review of documentation (including, in particular, the analysis of data stemming from the country office standard progress reports and annual reports); (ii) a purposive sampling of site visits and key informants with a view to ensuring the consultation of the main stakeholders while allowing for the expression of a wide range of opinions.

MAIN FINDINGS

The country programme interventions were well aligned with UNFPA global policies and strategies as well as with UNDAF priorities and national policies and strategies. They rightly targeted some of the most vulnerable groups in low performing districts, slums and refugee camps. However, specific target groups, such as women and girls vulnerable to gender based violence, undocumented refugees, those not accessing family planning services and those most at risk for sexually transmitted diseases, required more strategic planning to strengthen capacity to reach them.

In the area of reproductive health and rights, UNFPA-supported interventions contributed to improved quality and accessibility of services for maternal health and family planning. It did this through local level planning, training and deployment of midwives and skilled birth attendants, ensuring a secure supply and choice of modern contraceptives and the expansion of reproductive health services for adolescents and youth. **Demand for these services is, however, challenged by insufficient awareness among target groups, crowded or underdeveloped facilities, shortages of staff and socio-cultural barriers.** The sustainability of results is also threatened by over-reliance of most interventions on external resources and the absence of exit strategies.

In the area of population and development, UNFPA has contributed to the strengthening of national capacities to collect and analyse population data. It has also promoted the use by the Bangladesh Bureau of Statistics of up-to-date data collection and validation techniques. UNFPA supported the production of traditional census reports as well as of secondary analysis of 2011 census data. UNFPA also contributed to the integration of population and gender equality concerns into national and sectorial plans and policies. However, follow up to UNFPA supported interventions, especially trainings, has been insufficient.

In the field of gender equality, UNFPA-supported interventions have contributed toward reducing the vulnerability of marginalized and disadvantaged women and girls. The interventions are aimed at eliminating gender-based violence and child marriage in targeted districts and municipalities. Advocacy against child marriage is gaining momentum and the response to gender based violence has improved, although insufficient emphasis has been placed on sustaining the services to support women survivors. Sustainability of results is limited by the lack of a comprehensive gender equality strategy.

UNFPA has not achieved timely disbursement of funds during the eighth country programme. This is mainly due to the fact that technical proposals took a year to be

approved and there were subsequent delays in implementation. Serious human resources shortages in the country office affected the achievement of several planned interventions. However, actions have been effectively taken by the country office to increase staffing capacity and to accelerate the implementation of interventions.

UNFPA has contributed effectively to good coordination and complementarity among the UN country team. UNFPA has particularly contributed to strengthening advocacy against child marriage with other UN agencies and development actors. UNFPA corporate strengths are well identified, however its interventions are perceived as being spread too thinly to produce strong results.

In terms of disaster and emergency preparedness, the UNFPA 2011 Emergency and Preparedness and Contingency Plan and its update in 2014 reflect the UNFPA global strategy and adequately consider major hazards and potential emergency situations. In terms of response to crisis, UNFPA achieved **significant results with regard to the access to and use of reproductive health and family planning services by Rohingya refugees** living in the Nayapara and Kutupalong camps. However, the wide majority of (undocumented) Rohingya refugees, living outside of the camps, do not benefit from these services. The capacity of UNFPA to respond to crisis is also hampered by the limited geographic coverage of the Minimum Initial Service Package (MISP) training.

MAIN CONCLUSIONS

The UNFPA eighth country programme was adapted to national priorities in terms of reproductive health and rights, population and development and gender equality. UNFPA effectively targeted vulnerable and marginalized groups such as slum dwellers, indigenous peoples, sex workers, and encamped refugees in targeted districts. UNFPA has effectively programmed more resources to reach adolescents and youth vulnerable to child marriage, gender based violence, and unplanned pregnancies. However, the planning did not extend adequate attention to the homeless, undocumented migrants, school dropouts, fishing populations, and those with high-risk sexual practices and those susceptible to sexually transmitted diseases, LGBT (lesbian, gay, bi-sexual and transgender) persons, women with disabilities and those in difficult circumstances.

As per the national emphasis on the growing adolescent and youth population, the need to realize the demographic dividend, and the UNPFA corporate focus on adolescents, UNFPA has substantially increased support to interventions on behalf of adolescents and youth. It did this by creating a unit to oversee the Generation Breakthrough project which effectively incorporates sexual and reproductive health and gender equality objectives. However, advocacy for increased focus on adolescent sexual and reproductive health is not strong enough to address traditional sensitivities and ensure adequate resources and attention to information and services for unmarried and married adolescents.

The gender equality programmatic area was designed based on the UNFPA mandate and built upon strong global expertise. **It is well aligned with the UNDAF as well as with national needs. There have been gains in strengthening national and local level planning and procedures. However, it is unclear in programme planning and documentation how UNFPA adds value to the national gender equality agenda**, and where the UNFPA role lies in relation to that of other actors, such as government ministries. With the exception of support for the gender equity movement in schools (GEMS), interventions do not appear to be strongly connected with each other at the strategic level or well integrated and mainstreamed with reproductive health and disaster and emergency management.

UNFPA has targeted some of the key groups influencing awareness-raising and advocacy on women's and reproductive health and rights. These groups have a demonstrated influence on women's abilities to protect their rights, including making decisions on family planning and the age of marriage, upholding women's rights to equality and to safe pregnancy and delivery, and protecting themselves from gender based violence and reproductive health diseases in times of emergencies and disasters. However, UNFPA has not targeted enough resources to working with men and boys, with husbands who exert strong influence on women's reproductive health choices and who may subject women to violence and with community leaders who have strong influence over the decisions of parents. There is insufficient sustained advocacy by UNFPA at high levels to promote faster gains while supporting reproductive rights.

Given the high vulnerability of Bangladesh to disasters and emergencies, UNFPA was initially slow in the eighth country programme to take action on the Minimum Initial Service Package (MISP). Training on the MISP has been limited so far, and the MISP does not fully cover gender issues in emergency. The newest response plans for UNFPA and the Interagency Standing Committee have incorporated MISP, gender based violence, and reproductive health concerns. Coordination has been mainly positive with the Government and NGOs providing assistance, however, relations are not strong enough with the Department of Disaster Management. UNFPA assistance to Rohingya refugees has resulted in significant gains in reproductive health for this population. However, services have been hampered by uneven coordination with other UN agencies supporting the refugees.

MAIN RECOMMENDATIONS

In view of the Sustainable Development Goals (2016-2030) highlighting vulnerable populations, **UNFPA should focus more strategically** when planning the ninth country programme **on prioritizing and targeting** morbidity and mortality in **women and girls**, on those vulnerable to having their rights abused, on those in psychological hardship, and on those not fully accessing the health and education systems. It should also identify how to reach these groups.

UNFPA should continue to enhance its significant adolescents and youth focus. It could do this by considering the creation of a distinct unit with a strong technical interface with other areas. This unit could then coordinate and give more dedicated support to bolster the inputs, outputs and outcomes in the health system and in communities. This, in turn, would attract and reach greater numbers of adolescents and youth using reproductive health and gender equality information and services.

In view of contributing to the Sustainable Development Goals, especially SDG 5: Achieve gender equality and empower women and girls, **UNFPA should strengthen the country programme gender equality strategy** and the profile of the gender equality programmatic area and press for greater clarity in the division of roles among partners.

UNFPA should assess the most appropriate means of reaching key influencing groups and prioritize advocacy and communications interventions according to those which will have the most impact.

UNFPA should take a more active role in the UN joint assessments and response, make relevant contributions, and ensure that preparedness and response are reproductive health and gender sensitive. It should also include appropriate interventions in times of emergencies to prevent gender based violence. UNFPA should work toward stronger communications and coordination with government and UN agencies as well as other stakeholders supporting disaster- and emergency-affected populations, such as documented and undocumented refugees.

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