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[This is a document prepared for *Share-Net International, the Knowledge Platform on Sexual and Reproductive Health and Rights*, for Bangladesh. The main Objective of this assignment is to identify strong partners and assess a SRHR agenda for the SRHR knowledge node in Bangladesh.]

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	LIST OF ACRONYMS
BAPSA	Bangladesh Association for Preventive Septic Abortion
BGMEA	Bangladesh Garment Manufacturers and Exporters Association
BSWS	Bandhu Social Welfare Society
BLAST	Bangladesh Legal Aid and Services Trust
CAMPE	Campaign for Popular Education
CEDAW	Convention on all forms of Discrimination Against Women
CSR	Corporate Social Responsibility
DGHS	Directorate General of Health Services
FPAB	Family Planning Association of Bangladesh
FSW	Female Sex Workers
GDI	Gender Development Index
GoB	Government of Bangladesh
HPNSDP	Health, Population & Nutrition Sector Development Program
HASAB	HIV/AIDS and STD Alliance Bangladesh
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IDU	Injecting Drug Users
INGO	International Non-Government Organization
LGBTQ	Lesbian Gay Bisexual Transgender Queer
MoE	Ministry of Education
MoWCA	Ministry of Women and Children Affairs
MoHFW	Ministry of Health and Family Welfare
NIPORT	National Institute of Population Research and Training

RHSTEP	Reproductive Health Services Training and Education Program
RMG	Ready Made Garments
RTI	Reproductive Tract Infection
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
MR	Menstrual Regulation
MSM	Men who have Sex with Men
MSW	Male Sex Workers
NGO	Non-Government Organization
NICHE	Netherlands Initiative for Capacity development in Higher Education
Nuffic	Netherlands Universities Foundation for International Cooperation
UBR	Unite for Body Rights
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
VAW	Violence Against Women

Table of Content

Agenda Setting Exercise for Share-net, Bangladesh

Introduction: This is a document prepared for *Share-Net International, the Knowledge Platform on Sexual and Reproductive Health and Rights*, for Bangladesh. The main Objective of this assignment is to identify strong partners and assess a SRHR agenda for the SRHR knowledge node in Bangladesh.

The aims of the agenda setting exercise include:

1. To identify thematic areas and knowledge gaps that needs to be strengthened in the coming years in order to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas
2. To get an oversight of the organisations, networks and the policy context in the field of SRHR in the two countries
3. To describe the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda
4. To identify potential organisations, networks or combination of organizations that could serve as a focal point for SRHR in the country

The document is divided into 3 Sections. Section 1 presents SRHR Background in Bangladesh. Section 2 addresses objective number 2 and 3, i.e. gives an oversight of context, organizations/networks/alliances, policy etc. at both public and private sectors in Bangladesh. Section 3 presents the identified thematic areas and knowledge gaps in SRHR interventions; and Section 4 addresses objective number 4, i.e. presenting organizations that could serve as focal point for SRHR in Bangladesh.

Section 1: SRHR Background, Bangladesh

Now we will have an overview or mapping of SRHR related work in Bangladesh undertaken by various stakeholder organizations, including NGO, INGO and the Government. The purpose is two-fold: a) to provide the reader with the vision, strategies and initiatives these development institutes and organizations currently working in the field of Sexual and Reproductive Health and Rights (SRHR) and Gender in Bangladesh; b) provide a context for identifying potential research themes under SRHR in Bangladesh. The section is divided into sub-sections of NGO/INGO: Overview; Public Sector Involvement; Existing Alliances & Coalition on SRHR and Gender; and Private Sector Involvement: Involvement of the Ready Made Garments Sector.

But before starting with the oversight, it is important that we familiarise ourselves with the country context and current SRHR situation.

Bangladesh is a developing and populous country of 160 million (predominantly Muslim) people and is quickly urbanizing. The Gross domestic product of Bangladesh grew with 6,1% in 2011 and poverty declined during the last decade by 1% per year. However, high levels of inequality persist: 50% of the people living on less than $1.25 per day and 81% on less than $2.00. Bangladesh is projected to have an estimated 220 million of population by 2050 (UNFPA 2014, BBS, 2014; Bertelsmann Stiftung, BTI 2014, World Bank 2014, UNDP 2014 [1].

Bangladesh, like other South Asian countries, has a patriarchal society that dominates within both the private and public spheres of life to different degrees. From the household to the political realm (from local government to parliament) male domination is the dominant paradigm and includes controlling and/or influencing women's labour, their sexuality, choice of marriage partner, access to labour and other markets and income/ and resources, personal ownership of asset etc. Women's accesses to social, economic, political and legal institutions are mostly

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[1] UNFPA, 2014 http://unfpabgd.org/index.php?option=page&id=49&Itemid=4

http://www.bbs.gov.bd/Home.aspx

Bertelsmann Stiftung, BTI 2014 — Bangladesh Country Report. Gütersloh: Bertelsmann Stiftung, 2014.

http://www.worldbank.org/en/country/bangladesh/overview

http://www.un-bd.org/bgd/

Bangladesh Country Report: GDP data and GDP forecasts

http://www.gfmag.com/gdp-data-country-reports/321-bangladesh-gdp-country-report.html#axzz28cLo41Om

mediated by men. Culturally, women are expected to be dependent on men throughout their lives. Despite women's political leadership, gender equity is still a problematic issue. According to the UNDP Gender Development Index (GDI) of 2004, Bangladesh ranked 110 among 144 countries (which was an improvement of 13 places since 1999). Even though the gender gap is slowly narrowing and there has been improvement in the life expectancy of women, the country continues to have low levels of female representation in government, in decision-making positions and in ownership of assets. Bangladesh's performance with regard to Millennium Development Goal 4, i.e. gender equity and women's empowerment, remains mixed (UNDP 2004). Women have entered the labour market in millions, making their entry into public spaces more visible almost everywhere. Since the mid-1980s the size of the total labour force increased 1.6 times, averaging a growth rate of 3.6 per cent per annum. During this period the female labour force increased from 2.54 million to 10.02 million, implying an average growth rate of 16.7 per cent per annum, more than four times faster than the total labour force and more than six times faster than the male labour force (Mahmud 2003). The comparative position of women in the labour market in Bangladesh compared to that of men increased steadily during the period 1984-2000, whereas the percentage of males in the labour force declined. Perhaps the most remarkable characteristic of this increase is that entry into the labour market peaks for women in the 25-29 year age group (Rahman and Otobe 2005).

All these statistics have caused what is now termed the 'feminization of the workforce' (Sultan 2010). Studies on women's paid work by Siddiqui (2000), Kabeer (2001), Mahmud (2003), Kabeer and Mahmud (2004) etc. clearly show that women in Bangladesh were/are not pushed into the labour market because of worsening economic conditions only, but also because they were/are responding to new economic opportunities, and expressing their own demand for paid work (Sultan 2010). Women's participation in politics, especially at the local governance level, has also increased in recent years. This is mainly because of various reservation or quota policies, but women at the local level have proven to be efficient, less corrupt and more active (Mohsin 2010). Thus the traditional gendered separation of the public and private is very much challenged in Bangladesh. Increasing the percentage of women in higher education also contributes to women's visibility and presence in the public sphere (White 1992; Mahmud 2010).

While women are not excluded from public spaces, the negotiations of these spaces, nevertheless, involve dealing with, and often remaining within, dominant cultural norms of femininity, sexuality, and class. If women transgress any of those norms for reasons other than economic, and engage in questioning the character, morality and dominance of patriarchal values or men, they face hostile and sometimes violent consequences (Baden et al. 1994; Haq 2008; Mohsin 2010; Azim, F. 2010). Notably, Bangladesh has a poor record regarding violence against women. UNDP (2004) resources show that one woman is subjected to some form of violence every hour in Bangladesh. Nonetheless, the existing view that patriarchal social structures force women into 'passive acceptance' of violence can be contested given the legal changes that the women's movement has brought in Bangladesh. Since the early 1980s, the women's movement in Bangladesh has successfully campaigned against acid violence, in support of sex workers'

rights and against the state control of women's body etc. The women's movement at the national and grass-root level on issues like domestic violence can be credited with moving the issue from a 'private matter' to a public concern. The Constitution guarantees equality to women in the public sphere, but it controls private lives with Personal Laws that are religion-specific. Restrictions on marriage, sexuality, child custody etc., through discriminating Personal Laws, can and do restrict women's capacity for income, resource accrual and empowerment. there are a plurality of legal codes involved with controlling women, such as the Personal Law, which is a religion-specific law aimed at regulating women in the 'private sphere' of the family-household. Though Bangladesh is a signatory of CEDAW (The Convention on all forms of Discrimination Against Women), its reservation to Article 2[i] makes it difficult to bring gender equality for women, especially in the realm of inheritance rights.[ii]

As far as sexual rights and diversity are concerned, there is much restriction at the state level. State criminalization of homosexuality is at place through Section 377A under the Criminal Penal Code. Issues of sexual diversity and rights have been very slow in making public news. The state still has not changed its approach to sexuality rights, and thus queer communities continue to remain outside the acceptable parameters of discussion at large – the reasons for which can also be attributed to the influence of religion (mainly the Islamic framework) that frames and guides the constitution. Also, by not engaging with sexuality rights and especially by not enforcing anti-sodomy law 377, the government stays clear of human rights violation accusations and can continue with its 'moderate Muslim nation' image at the international level.

Though the state has recently (2014) recognized the 'third Gender' but with no policy implication yet, but the state's position on sexuality in general and LGBTQ rights in particular is of the utmost relevance in understanding sexuality in Bangladesh. In 2011 and 2013, Bangladesh was amongst nineteen other countries that voted against the resolution declared by the Human Rights Council of the UN Human Rights Body regarding 'no discrimination or violence against people based on their sexual orientation'.[iii]

SRHR continues to have a low priority within the Government of Bangladesh (GoB)'s health agenda even though the sexual and reproductive health for women in Bangladesh is poor. *Maternal mortality is unacceptably high*. Bangladesh has one of the highest rates of *child-marriage* in the world. The median age of marriage for girls is approximately 15.5 years reported by married women ages 20-49 in 2007—men by contrast average approximately 26 years of age as of their first marriage—figures which have remained stagnant for decades despite improvements in girls' education (UNFPA 2014)[2].

[2] UNFPA, 2014 http://unfpabgd.org/index.php?option=page&id=49&Itemid=4

The most recent statistics from 2007 show that approximately 66 percent of women in Bangladesh were married before the age of 18; and 33 percent of girls begin childbearing before the age of 20. Consequently, adolescent fertility in Bangladesh is still one of the highest in the world, with 126 births per 1,000 women between the ages of 15-19. The figure is approximately 50.26 births per 1000 women ages 15-19 on a global average.

It also has one of the lowest rates of birth registration in the world, which constrains legal protection against child marriages. 74% of the girls marry before the age of 18, and over one third even before the age of 15 (Plan Bangladesh, 2014, UNICEF, 2014)[3]. Early marriage leads to *early pregnancy*, as the girls are expected to give birth within the first year of marriage. One third of teenage girls aged 15 to 19 are mothers or are already pregnant. High maternal mortality and morbidity remains a serious concern in Bangladesh. The most recent figure for Maternal Mortality Rate is 194/100,000LB (2010); a marked decline from 322/100,000LB in 2001. The marked gaps remain in these areas of SRHR: for example, in 2010, 76% of deliveries in Bangladesh took place in the home (23% in a private, public or NGO-run health facility; doubling the figure between 2001 and 2010). Medically trained birth attendants (qualified doctors, nurses, midwives, paramedics, or other Skilled Birth Attendants) are present at 27% of births as of 2010, up from 12.2 percent in 2001. An estimated 73 percent of births in Bangladesh are attended by non-medically trained persons with close to 7,000 mothers dying each year due to pregnancy-related causes; nearly two-thirds of all maternal deaths are the direct result of obstetric complications (e.g. hemorrhaging, eclampsia, obstructed delivery, abortion, et al) (UNFPA, 2014)[4].

Maternal malnutrition, infections during pregnancy, anemia and repeated pregnancies contribute to low birth weight babies and thus, also, to a high maternal mortality rates. Also, 14% of pregnant women's deaths are associated with *violence and injuries*. Of every 10,000 ever-married women, about 17 suffer from *fistula*. The use of *modern methods* of contraception (Contraceptive Prevalence Rate, CPR), has increased only slightly between 2004 and 2007 (from 47.3 percent to

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[3] Plan Bangladesh, 2013, Child Marriage In Bangladesh, Report, http://www.girlsnotbrides.org/reports-and-publications/child-marriage-in-bangladesh/

UNICEF, 2014, http://www.unicef.org/bangladesh/children_4866.htm

Icddr,b and Plan Bangladesh, National Survey on Child Marriage, http://plan-international.org/where-we-work/asia/bangladesh/about/publications/national-survey-on-child-marriage-by-plan-bangladesh-and-icddr-b/

[4] UNFPA, 2014 http://unfpabgd.org/index.php?option=page&id=49&Itemid=4

47.5; with 52.5 percent of married women not currently using any form of contraception). Unmet need for family planning has increased from 11 per cent in 2004, to 17 percent in 2007. (UNFPA 2014)[5]. Discontinuation rate is also high. Unmarried women are particularly excluded from SRH services. Unmarried men also suffer from condemnation when seeking help for SRH problems. The girls, but also their spouses, enter marriage without having received any significant *SRHR education*, either from parents, siblings or teachers. For information, they can only turn to their peers or quacks, which lead to the dissemination of serious misconceptions.

Bangladesh has a *young population*. A third is under 14 years of age and 21% are aged 10-19. Adolescent *fertility* in Bangladesh is one of the highest in the world, with 135 births per 1000 women below 20. Most adolescents enter into marriage and pregnancy without any adequate *preparation*, with all the SRH effects mentioned. Misinformation, stigma, taboo and misconceptions regarding sexuality related issues, healthy sexual relations etc. causes an extra-ordinary amount of stress, manifesting itself, amongst others, in exceptionally high suicide rates. Lack of sex education not only results in unwanted pregnancies, but they are also particularly vulnerable to *STIs, HIV/Aids and drug abuse*. Despite the cultural norms and taboos, many adolescents are exposed to sex before marriage and thus are vulnerable to *unwanted pregnancy*.

Also, *child sexual abuse and exploitation* are becoming everyday affair in Bangladesh. For both boys and girls, initial experiences of sexual exploitation invariably involve sexual violence or rape. Rates of sexually transmitted infections are high among victims of sexual exploitation and access to – and acceptance of – condoms are limited.

Although *abortion* is illegal in Bangladesh, the government has long supported a network of menstrual regulation (MR) clinics. 468,000 menstrual regulations are performed each year in Bangladesh. Most abortions are done by the unskilled practitioners. At least 8.000 women die from complications of unsafe abortions. Besides this around 100.000 women suffer from long run morbidity from the complications of unsafe abortions

Bangladesh has a concentrated HIV epidemic. There are several groups at particularly high risk for HIV and who have been included in the National Strategic Plans: injecting drug users (IDU), male and female sex workers (M/FSW), males who have sex with males (MSM) and Hijras (transgender community). Large proportions of MSM and MSW, report STI symptoms (MSW more than MSM), multiple sex partners (including women), group sex (often associated with

[5] Ibid

violence) and very low condom use with all types of partners (4% - lowest in the region). Sex between males is illegal under Penal Code 1860 Section 377 in Bangladesh. [6]

Section 2: GO/NGO/INGO: Overview

Bangladesh has a very active and thriving NGO scenario, and the number of NGOs (both large and small) increases every year. In 2006, it was estimated to be 2000[7], and in 2009, it was estimated to be 2,356. NGO NGO Affairs Bureau, Prime Minister's Office statistics on 2013-2014 (April, 14) shows that 21022 project in total has been approved. It only shows how dynamic and complex development activities are in this field in Bangladesh, and indicates to the fact that mapping of all organizations working on SRHR (in different capacities and extent) is difficult for a scoping paper like this. Therefore, in order to have an overall view, and keeping the Dutch agenda of SRHR in mind, I have chosen the most prominent and currently relevant actors and stakeholders amongst NGOs and INGOs. In this section, we will first get an overview of the Public Sector, i.e. Government of Bangladesh's policies and plans for SRHR, then present the SRHR network and Alliances, after which an overview of selected NGO/INGOs. Finally, the section has a brief on Private sector engagement and possibilities in SRHR related issues in Bangladesh.

2.1 Public Sector Involvement

The government of Bangladesh has had an impressive track record in population control, related policy and in general what can be termed under Reproductive Health. Bangladesh had an internationally recognized family planning program with positive influences on the health of women and their children. But, it also had several development programs that went far beyond family planning – microcredit and education for girls were two that had been successful in many communities and had received international recognition for their success. By the beginning of the nineties decade, the Bangladesh family planning program had gone through many changes. Its achievements, in demographic terms, had exceeded the expectations of many. The contraceptive prevalence rose steadily from the mid-seventies to 1991. Instead of having 6.3 children in their lifetime, the average woman in Bangladesh could expect to have 4.3. by early 90s, (before ICPD, 1994), Before ICPD, the family planning community of Bangladesh had committed itself to

[6] An overview of SRHR in Bangladesh can be obtained from Bangladesh: Country Implementation Profile, ICPD+20, prepared by UNFPA, 2012

[7] World Bank, 2006, Economic and Governance of NGOs, Bangladesh Development Series, Paper No. 11,

revamping its program – with an emphasis on improving quality, expanding access, and developing sustainable systems. The three guiding principles of Bangladesh were: quality, expanding access and sustainable systems. Post ICPD, ICPD, the National Steering Committee for the future challenges met and reviewed their action plans. There was development of a National Plan of Action. This was a new type of plan that was theme-based and cut across different sectors. Its emphasis is on human development and concentrates on achieving improvement in the quality of life. Government sees its success in SRHR areas based on gender and economic development: especially focusing on increased participation of women in education, labor market and political processes, like:

Significant advances were also made in relation to women's opportunities, women's empowerment and women's role in public participation. Bangladesh has already achieved gender parity in primary and secondary school enrolment. In secondary education we have 53% girls and 47% boys. ... Women's participation in the formal and informal economy as well as in political processes has increased significantly. For example, while only 7% women were engaged in regular jobs in 1990s, now it went up and 12,000 female candidates have been elected in local elections in 2014. ... On the health front, the maternal mortality rate declined by 65% to 194 from 554 in 1994. Total fertility rate reduced by half from 5.3 in 1994 to 2.3 now, without any mandatory programmes but through public awareness programmes. We have reduced the unmet need for family planning to 12%, one of the lowest among LDCs and in South Asia. Child mortality reduced by 72%. [8]

Government recognizes limitations and challenges of a rapidly growing population and young age structure, rapid urbanization, international migration etc.

Government of Bangladesh currently has a *Health, Population & Nutrition Sector Development Program (HPNSDP)* (2011-2016)[9] program with the goal to ensure quality and equitable health care for all citizens by improving access to and utilization of health, population and nutrition services and the development objective is to improve both access and utilization of such services, particularly for the poor. The major components of the HPNSDP are: Improving Health Services and Strengthening Health Systems and these are interdependent and mutually reinforcing. The component of improving health services aims at improving priority health services in order to accelerate the achievement of the health related MDGs by capitalizing on and scaling up the interventions undertaken under the HNPSP as well as introducing new interventions. This component will support the priority interventions of (a)

[8] Government's Statement At the 47th Session of the Commission on Population and Development , 7 - 11 April 2014

[9] Ministry of Health and Family Welfare (2011). Strategic Plan for Health, Population & Nutrition Sector Development Program (HPNSDP). Planning Wing. Government of the People's Republic of Bangladesh. http://www.bma.org.bd/pdf/strategic_Plan_HPNSDP_2011-16.pdf

Maternal, Neonatal, Child, Reproductive and Adolescent Health; (b) Population and Family Planning Services; (c) Nutrition and Food Safety; (d) Communicable and non-communicable Diseases; (e) Climate Change and Health Protection; (f) Disease Surveillance; (g) Alternative Medical Care (AMC); and (h) Behaviour Change Communication (BCC) related programs.

The Government of Bangladesh has made it a priority to eliminate discrimination against women and girls and promote gender equity. The MOHFW will uphold the same in the next health sector program. The existing Gender Equity Strategy of MOHFW will be reviewed and revised as to various gender related issues including Human Resource planning, development and management at facility level, housing, promotion for women workforce, etc.

In the National Child Policy 2011 of Bangladesh, the fundamental principles states to eliminate all forms of child abuse and discrimination and especially of that to female child and disabled children. It also states the need for initiatives for providing counseling services at the educational institutions for development of mental health of the adolescents, ensure safe birth and healthcare. The programs including Expanded Program Reproductive Health, Sexually Transmitted diseases, HIV/AIDS and other timely programs shall be undertaken and implemented as preventive measures[10].

Furthermore, the Ministry of Health and Family Welfare has given priority in its Strategic Plan for HPNSDP 2011-2016 and includes following priority interventions of improving knowledge of women, men and particularly the adolescents, on reproductive health including HIV/ AIDS, relevant legal and gender equity issues through the activities of DGFP and DGHS and MoWCA, MoE and NGOs. It intends to increase access to reproductive and adolescent friendly health services through the frontline health and family planning personnel and appropriate NGO workers at individual level, school based programs, Community Clinics, strong social/community mobilisation and opening up adolescent corners, as well as creating positive change in the behaviour and attitude of the protectors of adolescents (parents, guardians, teachers, religious leaders, peers, etc.)[11].

[10] Ministry of Women and Children Affairs (2011). National Children Policy. Government of the People's Republic of Bangladesh. http://www.mowca.gov.bd/wp-content/uploads/National-Child-Policy-2011.pdf

[11] Directorate General of Family Planning (2013)."National Plan of Action: Adolescent Sexual & Reproductive Health."Ministry Of Health And Family Welfare, Bangladesh

2.2 Existing Alliances & Coalition on SRHR

1. *Bangladesh Women's Health Coalition*[12]: BWHC is a national NGO, Working with underprivileged and under marginalized women, children and adolescent through health oriented development interventions, with a prime focus on reproductive health services and action oriented community education. It has adopted a comprehensive stand to address both the medical and non-medical determinants of health for the promotion of women health in a life cycle approach. The uniqueness of BWHC program comes from the fact that it has adopted a two prong service-delivery approach through clinic and community-based interventions. This approach has helped the organization to move beyond conventionally defined strategies, actions and values add in women-oriented health program. The major areas of BWHC include safe maternal health, management of unwanted pregnancies (MR), contraceptive care, child survival, prevention and control of STI/HIV/AIDS, mainstreaming healthy ageing for elderly female population, empathetic counselling, community based BCC, adolescent health, evidence based advocacy, development and maintenance of community health volunteers for sustaining community development initiatives. It works extensively with the Government of Bangladesh.

2. *FPAB (Family Planning Association of Bangladesh)*[13]: FPAB envisages a world in which every women, man and young person has access to the information and services they need; in which sexuality is recognized both as a natural and precious aspect of all our lives and as a fundamental human right; a world in which choices are fully respected and where stigma and discrimination have no place. Marie Stopes, UBR, BRAC, RHSTEP and Bandhu are some its working partners.

3. *Networking alliance and partnership*[14]: GJD from BRAC is working with different alliances and forums to influence policy makers to formulate and revise laws, rules and regulations against all types of gender based violence, and also for policy advocacy. Noteworthy, GJD is also an active member of Social Action Committee (a platform consisting of 67 development organisations), citizen's initiative on CEADAW, Bangladesh (a national platform of 38 rights organisation, working on CEDAW and international treaties); WE CAN CAMPAIGN (working to end domestic violence against women and children),

[12] Bangladesh Women's Health Coalition http://www.bwhc.org.bd/index.php?option=com_content&view=article&id=92&Itemid=663

[13] FPAB. http://www.fpab.org.bd/#

[14] BRAC (2014). Gender Justice and Diversity. http://www.brac.net/content/gender-justice-diversity-key-areas-work#.U4FxN_mSxqU

National Girl Child Advocacy Forum (working on different girl child issues), and Campaign for Popular Education (CAMPE), a national coalition of NGOs working towards the implementation of programme interventions in the education sector including the education curriculum. In 2012, BRAC initiated to form and lead a new platform to combat against child marriage with other organisations (Care, Plan International, population council, ICDDR'B, BLAST, FPAB, white ribbon alliance Bangladesh, Marie Stopes etc.)

4. *Coalition for Sexual & Bodily Rights in Muslim Societies (CSBR)*[15]*:* To further knowledge on the multi-dimensional and intersecting aspects of sexuality, health and rights in Bangladesh. The Centre of Excellence for Gender, Sexual and Reproductive Health Rights (CGSRHR) is a partner.

5. *Sexual Reproductive Health Rights Alliance (SRHR*[16]*)*: To improve sexual reproductive health and rights of young people, women and marginalized groups in Bangladesh. The Centre of Excellence for Gender, Sexual and Reproductive Health Rights (CGSRHR) is a partner.

Sexuality & Rights Forum[17]*:* The Centre of Excellence for Gender, Sexual and Reproductive Health Rights (CGSRHR), at the JPG School of Public Health, BRAC University has various organizational memberships in SRHR, especially Sexuality rights issues. 1) Sexual Reproductive Health Rights Alliance (SRHR) to improve sexual reproductive health and rights of young people, women and marginalized groups in Bangladesh; 2) Coalition for Sexual & Bodily Rights in Muslim Societies (CSBR) to further knowledge on the multi-dimensional and intersecting aspects of sexuality, health and rights in Bangladesh, and 3) Sexuality & Rights Forum: to advocate for sexual and reproductive health and rights on a national level in Bangladesh. The Forum was an informal meeting platform for individuals and support groups that wanted to discuss sexuality rights issues. It continued for over a year but currently has been dormant for

[15] CSBR. http://www.csbronline.org/

[16] http://sph.bracu.ac.bd/index.php/centres-initiatives/cgsrhr

[17] The Centre of Excellence for Gender, Sexual and Reproductive Health Rights (CGSRHR) formerly known as Centre for Gender, Sexuality and HIV/AIDS (CGSH) was initially formed as a Collaborating Centre between UNAIDS and BRAC University's James P Grant School of Public Health in 2008. Since then CGSRHR has evolved into a Centre of Excellence dedicated more broadly to research, policy, advocacy and training activities in the arena of gender, sexual and reproductive health rights, sexuality and rights in Bangladesh and in the region. The Centre promotes a broad-based understanding of many of these core issues, with a focus on rights for marginalised groups Bangladesh and in the region. http://sph.bracu.ac.bd/index.php/centres-initiatives/cgsrhr

probably loss of momentum because of individual participants' preoccupation with other priority works. JPG SPH is planning to reactivate the Forum soon.

2.3 NGO/INGO Overview

a. Reproductive Health Services Training and Education Program (RHSTEP)

RHSTEP is a national organization providing sexual, reproductive and general health services to women, men, adolescents and children; capacity building training to the government and NGO service providers; advocating establishing sexual and reproductive health and rights in Bangladesh. At present, RHSTEP is providing SRH services, capacity development support by training and education programs through its 35 service centres in 20 districts of Bangladesh. It is working to raise awareness on sexual and reproductive health and rights and thus people must have access to related health services and to make them empowered to exercise control over their sexual and reproductive health[18]. RHSTEP provides Menstruation Regulation *(MR) Services.* It has pioneered Sexual and Reproductive Health service providing NGO that has evolved through a gradual process of providing MR services[19] in Bangladesh. As of 1983, the Government of Bangladesh formally established the Menstrual Regulation Training and Services Program (MRTSP) as a special project under the Ministry of Health and Family Welfare (MoHFW). The organization also provides *Adolescent Health Care Program:* which addresses the sexual and reproductive health rights (SRHR) of adolescents, RHSTEP started 'Adolescent Health Care Program' on May 2003. The programs are rendering in four levels - Clinic level, School and Madrasa level (through counselling, awareness building and Medicare services), Garments level (through RHSTEP Maternity Clinic of Dhaka (MCD) for Health education on SRHR issues, Peer education, Medicare services like management of RTI/STI/STD, Sharing meeting with garments owner and other stakeholders) , and Community level[20].

b. **NIPORT**

National Institute of Population Research and Training (NIPORT)[21] was established in 1978 with a vision to stand as a Regional Training and Research Institute on health, especially reproductive and child health in South Asia. But its current mission is to provide task oriented in-service training to health & family planning program personnel and conduct program focused studies and operations research in Health & population sector Program in Bangladesh. The

[18] RHSTEP (2014). http://www.rhstep.org/about.php

[19] MR services: performance statistics, in: Health and Rights, Dhaka: Bangladesh, Sexual and Reproductive Health and Rights (SRHR) Consortium, No. 4, Issue 4, 2011.

[20] RHSTEP (2014). http://www.rhstep.org/ashr.php

[21] NIPORT (2014). http://www.niport.gov.bd/

overall goal of NIPORT is to contribute to improve the health status of families in Bangladesh. The purpose of NIPORT training and research activities is to make sure that program managers and service providers are effective and efficient in providing quality services on health, especially reproductive and child health care in the communities of Bangladesh.

NIPORT's objectives are related to the overall goal of Health and Population Sector Program in Bangladesh, which is to improve the Health and Family Welfare by birth spacing and better status, particularly of mother and children. The role of NIPORT is to enhance the coverage and quality of Health and Family Welfare services through organizing training and undertaking appropriate research studies.

c. **PHULKI**

Phulki endeavours to spark the development of the socioeconomic conditions of disadvantaged people particularly by promoting the rights of women and children. Through its *Childcare and Health Awareness in Ready Made Garments (RMG) Sector*[22], Phulki addresses child rights and development, women's empowerment and right to employment through its different programs, especially through Workplace and Community Based Child Care Centres. Phulki model involves the operation of center by the Phulki for an agreed time, such as one or two years, and capacity building of the employer through regular supervision by the organization personnel. After the employer/ management become capable enough to manage the centres on their own, the model suggests handing over the centers operational responsibility to the management. Phulki's approach towards this promotion of health awareness amongst the female garments workers[23] involve peer educator group. Phulki initially takes sessions with own module and materials with the master trainer group, who then takes responsibility of providing the same awareness session with their peers. From 2012, Phulki has expanded the reach of this project through partnership approach. Another project titled *Community Based Project for Girl Domestic Workers*[24]*, it a*ddresses the girl domestic worker's current situation, problems and needs, Phulki started 'Community Based Project for Girl Domestic Workers' in 2006. Main focuses of the project is to prevent harassment and ensure 8 – 18 years old GDW's child rights through increase their self-esteem by

[22] Phulki (2014). http://www.phulki.org/?page_id=24

[23] Phulki (2014). http://www.phulki.org/?page_id=27

[24] The project is supported by the Japan Citizens' Committee – Shapla Neer, is now running as 'Support for Safer Childhood of Girl Domestic Workers'. The project is covering four areas in Dhaka city through four centers that are situated in Korail slum under Gulshan police station, Paikpara Govt. Colony and Rupnagar private residential area under Mirpur police station and Azimpur Govt. colony under Lalbag police station. The project is going to be sustainable generating community people's responsibility (both physical and financial) towards GDWs. http://www.phulki.org/?page_id=31

equip them with education, awareness, skill trainings, recreation, providing awareness and continuous motivation to their employers & guardians. Different services are provided to GDWs like informal education, awareness on manners; personal hygiene; sex education, skill training on household works; cooking; early childhood development; hand stitch; handicraft; machine sewing, referral services for mainstream schooling & health care. After successfully completion of 18 months package of education and training a GDW appear in the graduation examination and get certificate that she can use during main stream school admission, salary bargaining, alternative income source exploring or for future wellbeing.

d. **BLAST**

BLAST[25] (Bangladesh Legal Aid and Services Trust) is one of the leading legal services organizations in Bangladesh, and the only one that provides access to legal aid across the spectrum, from the frontlines of the formal justice system to the apex court. It envisions a society based on the rule of law in which every individual, including the poor, marginalized and excluded, in particular women, children, peoples with disabilities, adivasis, and dalits, have access to justice and in which their human rights are respected and protected. Through its *Growing Up Safe and Healthy (SAFE)*[26] project, BLAST addresses sexual rights of and violence against adolescent girls and young women in urban Bangladesh, implemented by a coalition of ICDDRB, Marie Stopes Clinic Society, Natri Maitree, We Can Campaign Alliance, Bangladesh legal Aid Services and Trust (BLAST), and Population Council in 19 slums of Dhaka. It also has another project named *Shastho, Odhikar o Narir Icchapuron (SHOKHI; Women's Health, Rights and Choices)*[27] aimed to improve the living circumstances of female slum inhabitants through their empowerment, increased knowledge of their rights and obligations and responsibilities, acquired skills to realize their needs related to their lives in the slums as well as their working circumstances, mainly in garment factories implemented by a consortium of BLAST, Marie Stopes Bangladesh, Bangladesh Women Health Coalition (BWHC) and We Can Campaign Bangladesh in 16 slums of Dhaka.

e. **Bangladesh Association for Preventive Septic Abortion (BAPSA[28])**

BAPSA works on improving the reproductive health care services through a community based social development approach. The organization seeks to create an environment that would

[25] BLAST (2014). http://www.blast.org.bd/index

[26] Safe Project, Bangladesh (2014). http://www.safeprojectbd.org/

[27] Shokhi Project, Bangladesh (2014). http://www.blast.org.bd/whatwedo/shokhi

[28] http://www.ibiblio.org/bapsa/BapsaHOME.htm

guarantee an improvement in the quality of life and health of those so long uncared for both in the urban and rural areas. Its objectives are to improve women's health by ensuring quality reproductive health care services; create awareness among the underserved urban and rural citizenry about the reproductive rights; to establish a system for prevention of septic abortion by organizing training and services; to create a 'Center of Excellence' and maintain the standard of treatment for septic abortion cases; to create a database, organize training, and maintain information linkage on the latest developments related to M.R. and its providers in the country; to develop a surveillance system for monitoring the quality of M.R. services in the country; and finally undertake research on reproductive health, incidence of septic abortion, and all relevant areas concerning women and health care providers.

Current activities of the organization are:

- Reproductive Health Care Services & Prevention of Unsafe Abortion and complication Management. The main components of the project are: Maintaining training liaison for M.R. Training; Facilitating the distribution of M.R. equipment; Quality Care of M.R. Services; BCC Activities for the front line FP and Health workers on prevention of unsafe abortion; Adolescent Health Education on Prevention of unsafe Abortion; and Reproductive Health Care Services.
- Reproductive Health Clinics
- Urban primary Health Care project
- Adolescents Health Care Project
- Behavior Change Communication Activities.

f. **HIV/AIDS and STD Alliance Bangladesh (HASAB)**

HASAB[29] is one of the national, leading Non-Government Organizations (NGOs) in Bangladesh devoted in the field on HIV/AIDS/STI for the past twelve years. It visions to contribute in reducing vulnerability and mitigating impact through integrating HIV programme with sexual and reproductive health, TB and other health services that are critical to communities most affected by HIV. Its major currently running programs are:

- Sexual and Reproductive Health Rights Education (SRHRE) in Bangladesh (DOEL Campaign)[30]

[29] HASAB (2014). http://www.hasab.org/mission_vision.php

[30] DOEL Project Goal: To contribute to the significant reduction of the number of adolescents suffering from avoidable maternal deaths and the prevention of other major sexual and reproductive health hazards, as under the adolescents the acceptance of contraception increases, pregnancies are delayed and maternal mortality decreases. It has 5 partner organizations: HASAB, BRAC, CAMPE, FPAB & BNPS. http://www.hasab.org/about_doel.php

- Link Up: Better Sexual and Reproductive Health & Rights for Young People Affected by HIV[31]
- Promoting Rights of the extreme Socially Excluded People (PRESEP)[32]

The programs have been supporting and providing capacity development of grassroots NGOs/CBOs in their organizational/institutional development, technical and managerial capacity in HIV/AIDS and other health related programs. It has also been expanding its scope of work to SRHR intervention including adolescent development and SRHR issues, addressing human rights issues, community development and participations, community legal services along with other issues to support the socially excluded and marginalized communities.

g. **Bandhu Social Welfare Society**

Bandhu Social Welfare Society[33] (BSWS) envisions a Bangladesh where every person, irrespective of their gender and sexuality, is able to lead a quality life with dignity, human rights and social justice. BSWS has achieved success in mobilizing the community in creating acceptance of sexual minority populations in the society;, mobilized mainstream communities on SRHR of the minority community; raised awareness in schools, madrasas and universities; trained the sexual minorities to create livelihood options for themselves; supported building of relationship with diverse social institutions, elected bodies, lawyers and journalist to create a social safe net. It introduced participatory functional literacy and empowerment process for the sexual minorities; and initiated nationwide advocacy campaigns to influence social mind set, policy reforms and institutional approaches towards the minority community thereby bringing significant reduction in stigma and discrimination. The efforts of the organization have been significantly perceived in the life of the community in 6 districts namely Dhaka, Chittagong, Sylhet, Rajbari, Mymensingh and Comilla.

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[31] Link Up Project Goal: To contribute to reduce unintended pregnancies, HIV transmission and HIV-related maternal mortality amongst young people affected by HIV (aged 10-24 years; Sex workers, MSM, Transgender, station boys, Young factory workers, Stimulant users). The Partner Organizations are Marie Stopes International and Population Council. http://www.hasab.org/srhr.php

[32] PRESEP Goal: Promoting social, legal and health rights of selected marginalized communities for their wellbeing (among People Living with HIV/AIDS (PLHA), Female Commercial sex worker (Hotel Based, Street Based, Brothel Based), Male having sex with male (MSM), Transgender/Hijra (TG) and Ex. Injection Drug Users). It is working with 11 partner organizations. http://www.hasab.org/presep.php

[33] BSWS Annual Report 2012. Published in July 2013. http://www.bandhu-bd.org/report/Annual%20Report%202012%20of%20BSWS.pdf

Bandhu Social Welfare Society has provided core services to Sexual Minority Populations with a vision to ensure improvement of sexual and reproductive health as well as to ensure safer sex practices among its beneficiaries. The service packages were available in three big Divisional areas of Dhaka, Chittagong and Sylhet covering fourfold approach such as:

- Drop in services,
- Clinical & VCT services,
- Awareness raising activities
- Policy and Advocacy Initiative

h. **Marie Stopes**

Its vision is improved sexual and reproductive health (SRH) and wellbeing of women, men and adolescents in Bangladesh. It has around 132 network clinics in Bangladesh, and delivers services monthly around 500 locations. It has 2 Adolescents programme, 10 Satellite services for homeless, 53 NGO partnerships for STI services, and about 102 Health Card Scheme in factories across Bangladesh[34].

i. **Unite for Body Rights (UBR)**

The UBR Bangladesh[35] Alliance is a part of Dutch SRHR alliance in the Netherlands. The Netherlands is internationally recognized as a leader in the field of SRHR. This is based on its credible and favourable indicators and on its leading role in international advocacy and SRHR promotion in its development cooperation programs. The Dutch SRHR alliance (consist of six strong & experience Dutch NGOs) has defined a programme —Unite For Body Rights with five local NGOs in Bangladesh (Bangladesh alliance). Its strategic objectives are:

- Increased utilization and quality of comprehensive Sexual and Reproductive Health (SRH) services
- Increased quality and delivery of Comprehensive Sexuality Education (CSE)
- Reduction of Sexual and gender-based violence (SGBV)
- Increase acceptance of sexual diversity and Gender identity.

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[34] Marie Stopes Bangladesh (2014). http://www.mariestopes-bd.org/today.htm

[35] UBR Bangladesh (2014). http://www.ubrbd.org/node/220

UBR Annual Report (2011). http://www.ubrbd.org/sites/default/files/Annual%20Report%2711.pdf

The program is using following intervention strategies to achieve these objectives: Service delivery at clinic and community level, Capacity building of civil society and Creating and Enabling Environment (policy influencing).

j. **BRAC**

BRAC's mission is to empower people and communities in situations of poverty, illiteracy, disease and social injustice. The interventions aim to achieve large scale, positive changes through economic and social programmes that enable men and women to realise their potential through innovation, integrity, inclusiveness and effectiveness.

BRAC has had engaged with SRHR issues, especially for adolescent and youth through its Adolescent Development Program (ADP), Gender focused programs and Health programs in particular. Under its Health Programme, BRAC makes a collective effort to make public health a frontline agenda, United Nations (UN) has incorporated multiple health components in its Millennium Development Goals (MDGs), emphasising on improving maternal health, reducing neonatal mortality, and combating HIV and other communicable. BRAC Health has reached the under-privileged and deprived community through its frontline community health workers (CHWs); adopting a door to door service delivery approach. *Essential Health Care (EHC)*[36] is the foundation of BRAC's health programme combining promotive, preventive and basic curative services. EHC has revolutionised the primary healthcare approach in Bangladesh, reaching millions with low cost basic health services through BRAC's frontline community health workers. EHC aims to improve reproductive, maternal, neonatal and child health along with the nutritional status of women and children. *Maternal, Neonatal and Child Health Programme*[37] *is* the programme intervention mainly aimed at providing basic primary healthcare at the community level, working with village health committees to motivate behaviour change in the committee by addressing issues of pregnancy, newborn and child health, and facilitating access to obstetric and newborn care at public and private facilities.

Even though BRAC has integrated Gender and Women's empowerment approach in its overall programs, it also has a dedicated Gender Justice and Diversity (GJD)[38] program that

[36] BRAC (2014). Health Programme. http://health.brac.net/essential-health-care-ehc

[37] BRAC (2014). Health Programme. http://health.brac.net/maternal-neonatal-and-child-health-programme-mnch

[38] BRAC (2014). Gender Justice and Diversity. http://www.brac.net/content/gender-justice-diversity-key-areas-work#.U4FxN_mSxqU

dedicatedly takes initiatives to create community platforms to fight violence against women and children, gender based discrimination, youth engagement, promote better and equal gender relations etc. For example, through *Gender quality action learning (GQAL) programme* GQAL, *POSITION (poribortito jiboner sandhane - to enhance a positive life)* POSITION, *Communication for development (C4D)* C4D as well as other programme initiatives, GJD is reaching out to wide scale of target population across Bangladesh to promote gender justice and equality.

In 2012 BRAC made focused program for SRHR, the following are the two new initiatives being taken - Sexual and reproductive health rights (SRHR) programme & Violence against women (VAW). Sexual and reproductive health rights programme started from July 2012 with the consortium of six partners as Oxfam Novib, BNPS, CAMPE, FPAB, HASAB and BRAC. It is a campaign based programme funded by Oxfam Novib, which aims to contribute to the significant reduction of the number of adolescent girls suffering from avoidable maternal deaths and the prevention of other major sexual and reproductive health hazards in both adolescent girls and boys. The violence against women (VAW) project started from September 2012 in Khulna with the consortium of We Can and Steps towards Development. This capacity building project, with contribution from United Nation Trust Fund (UNTF), aims to enhance the prevention of sexual harassment in public place.

k. **BRAC University:**

Under the umbrella of BRAC University, two Institutes, James P. Grant School of Public Health (JPG) and Institute of Educational Development (IED) are currently engaged with SRHR and Gender related work.

James P Grant School of Public Health: The Centre of Excellence for Gender, Sexual and Reproductive Health Rights (CGSRHR)[39] formerly known as Centre for Gender, Sexuality and HIV/AIDS (CGSH) was initially formed as a Collaborating Centre between UNAIDS and BRAC University's James P Grant School of Public Health in 2008. Since then CGSRHR has evolved into a Centre of Excellence dedicated more broadly to research, policy, advocacy and training activities in the arena of gender, sexual and reproductive health rights, sexuality and rights in Bangladesh and in the region. The Centre promotes a broad-based understanding of many of these core issues, with a focus on rights for marginalised groups Bangladesh and in the region. The Centre endeavours to expand the frontiers of public health discourse and practice, and its vision is an empowered Bangladesh where

[39] James P Grant School of Public Health, BRAC University (2014). http://sph.bracu.ac.bd/index.php/centres-initiatives/cgsrhr

inequalities and inequities in gender, sexual and reproductive health, sexuality and sexual rights have been overcome. The Centre undertakes a wide range of research, advocacy and programming towards: Expansion of knowledge, Promotion of dialogue and exchange, Network and partnership building, Dissemination of information, Advocacy for change and Capacity building. James P. Grant School of Public Health at BRAC University will be implementing the REACH OUT[40] Project work plan under "The role of CTC providers in the context of urbanization in Bangladesh". The project has begun in January 2013 and will continue for five years.

Currently JPG is the lead institute of a NUFFIC/NICHE project for capacity building on SRHR along with two partners RHSTEP and NIPORT.

Institute of Educational Development (IED): The Institute of Educational Development (IED) works through capacity development, research and advocacy to develop education in Bangladesh from multiple angles. In particular IED's focuses on supporting the public sector through capacity development and textbook support, developing school models for quality education and large-scale educational research, as well as advocating in the areas of Early Childhood Development (ECD), emotional wellbeing and Sexual Reproductive Health and Rights (SRHR) through training and research.

IED is currently addressing SRHR through its SSCOPE[41] (Schooling, SRHRG & Counselling for Post Primary Education) program, an innovative model for junior secondary education, established in 2012 provides quality education using methods, techniques and styles which focus on the experience of the students themselves and has introduced the concepts of emotional well-being of adolescents through psychosocial counselling, and education on sexual and reproductive health and rights and gender (SRHRG). It introduced the concept of *Shomaj Shongees* or Para Counsellors to aid in the operations conducted by the SRHRG and Counselling units. The objectives of this project are to:

- Foster improved knowledge and skills among adolescent for building a healthy attitude and responsible behaviour towards Sexual and Reproductive Health Rights and Gender (SRHRG) issues.

[40] The REACHOUT programme is an international five-year research project with a budget of 5.8 million Euros which is helping to understand and develop the role of close-to-community health workers in tackling ill-health in rural and urban areas in Africa and Asia.. The findings of this research will be used to improve policy and the implementation of programmes from health systems and community perspectives. It will also build capacity in the focus countries to conduct health systems research. http://sph.bracu.ac.bd/index.php/projects/reachout

[41] Annual Report (2013). Institute of Educational Development BRAC University.

- Promote a help seeking behaviour and avoid stigma and gender stereotypes that shape the context of SRHRG.
- Empower adolescents to make informed decisions and choices, solve problems, and think critically and creatively about obstacles and emotional problems in their lives, to work towards a better future and to find ways of becoming self-reliant.
- Enable adolescents to cope with emotional challenges, concerns of adolescents, and trauma, for instance anxiety, fear, sadness, loss, anger, aggression, guilt, feelings of alienation, withdrawal, lack of concentration in daily activities, poor class performance, and poor health.
- Build leadership skills of young adults.

The project is currently active at all 33 SSCOPE schools and reaches about 1200 students.

Based on the success of the project so far, there are plans to expand SRHRG Education (following/adapting the one in SSCOPE Framework) to Formal Secondary Schools and Madrasahs in order to spread the ripple effects among adolescents of Bangladesh. Additionally, Emotional Wellbeing and SRHR are rising areas that IED has been advocating and developing for adolescents and workers in the private sector.
Additionally, IED with UCEP has started a NUFFIC/NICHE project to build capacity and promote for SRHR and emotional wellbeing.

l. **UNFPA**

The United Nations Population Fund promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. Focusing on strengthening the institutional capacities for service delivery in Maternal, Neonatal and Children's Health & Family Planning (MNCH/FP) through technical assistance and training, UNFPA, Bangladesh has emphasized the need for improved quality and accessibility of integrated MNCH/FP services, as well as community participation, capacity building, awareness and advocacy. UNFPA also promotes advocacy and awareness on sexual and gender-based violence (SGBV), including policy, programmes and research that can effectively address a targeted health sector response to violence[42].
The Reproductive Health and Rights[43] and Gender Equality components[44] (3 projects running currently) of the 8CP are synthesized through the technical support that UNFPA

[42] UNFPA (2014). http://unfpabgd.org/index.php?option=page&id=62&Itemid=51

[43] UNFPA (2014). Reproductive health and Rights
http://unfpabgd.org/index.php?option=page&id=55&Itemid=72

[44] UNFPA (2014). Gender Equality and Women's Empowerment
http://unfpabgd.org/index.php?option=page&id=56&Itemid=73

gives to Bangladesh via its Population & Development component which utilizes a "D4D" (Data for Development) approach for policy level advocacy on critical development issues. Through D4D, UNFPA collaborates with government statistical agencies, local and international research organizations; and supports the use of disaggregated population data that can be used at the policy level to inform country development strategies.

m. **Save the Children**

Save the Children[45] in Bangladesh has been working across seven thematic sectors: Child Protection, Health and Nutrition, Livelihoods and Food Security, HIV/AIDS, Humanitarian and Emergency response, Education and Child Rights Governance. Its vision is all children in Bangladesh realise their rights and grow to their full potential as active, respected citizens. Though it does not seem to have dedicated or exclusive program under SRHR, but it addresses many of those issues under a variety of themes. For example, *Child Protection* sector works in 27 districts of Bangladesh to strengthen the legal and social mechanisms which protect children from abuse, exploitation, trafficking, child marriage and other forms of violence. It focuses on prevention through behavioural change and awareness-raising, often led by children. For survivors, rescue, repatriation and psychosocial support services and quality institutional and community-based care are provided. Through *HIV/*AIDS theme, Save the Children is a key stakeholder in HIV/AIDS response in Bangladesh. It is working directly and with input of 23 implementing partners/sub-recipients is fighting AIDS by reducing HIV transmission and harm reduction for Key Affected Populations (KAPs) in Bangladesh. Other key interventions include Behavioural Change Communication campaigns, building public awareness, primarily targeting the children/youth of reproductive age and KAPs. HIV/AIDS education section was endorsed by Ministry of Education and in now included in the national curriculum. Thousands of religious leaders, school teachers and trainers are mobilized to act for the prevention of AIDS and for the protection of HIV affected people. The Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) is the key international financial institution supporting the HIV Prevention Program in Bangladesh, with over USD 108 million disbursed to agencies operating GFATM projects in Bangladesh as of 2013.

n. **Plan International Bangladesh**

Plan Bangladesh's Country Strategic Plan supports disadvantaged children and their families so that they can become active citizens in their communities and society. With a focus on

[45] Save the Children (2013). http://bangladesh.savethechildren.net/sites/bangladesh.savethechildren.net/files/library/SCinBD%20Country%20Brochure%20LowRes.pdf

children, it supports the evolution of democratic community organisations, advocate for positive social change and help children to become active leaders in their communities. Addressing SRHR, their *Generation Breakthrough*[46] project (in partnership with UNFPA, Ministry of Education & Ministry of Women and Children Affairs) focuses on adolescent and young boys and girls aged 10-19 with the aim of grooming them into responsible, non-violent, healthy and happy adults, as future (sexual) partners, fathers, mothers and carers, with gender equitable attitudes and practices. The project will particularly be done through addressing the following:

- Reducing risk factors for GBV and SRHR
- Promoting protective factors for GBV and SRHR
- Promoting positive non-violent masculinities
- Rejecting negative, patriarchy enforcing values and social norms such as corporal punishment
- Training and improving on parenting skills

The program will develop a strategy to promote CSR investment in the SRHR issues in collaboration with the private sector giants such as, Standard Chartered Bank, Grameen Phone and others. There are two primary methods of approach, one is school based and the other is club based. The ministries are also providing field level intervention.

[46] *Scoping study on SRHR activities within the Apparel and Textile sectors (2013)*. Final report. BMB Mott MacDonald. Embassy of Kingdom of Netherlands, Bangladesh.

Section 3: Research Thematic areas and knowledge gaps

The Platform's focus is on strengthening the role knowledge can play in developing evidence-based policies and practices and ensuring that resources are used strategically and to maximum effect, in relation to the four core areas of Dutch policy on SRHR, namely;

- Better information and greater freedom of choice for young people about their sexuality
- Improved access to reproductive health commodities
- Better sexual and reproductive health care (during pregnancy and childbirth, including safe abortion)
- Greater respect for the sexual and reproductive rights of groups who are currently denied these rights.

On the other hand, the activities to achieve the goals from the Multi-Annual Strategic Plan of Dutch development cooperation with respect to SRHR include the following[47]**:**

- Political dialogue to strengthen SRHR within the government's health policy and the health system which will take place through support of the Health, Population and Nutrition Sector Development Program (HPNSDP).
- Addressing sensitive topics such as menstrual regulation (MR), violence against women (VAW), and youth sexuality through innovative sexuality education and creating more youth friendly SRHR services, in particular for the poor in selected urban slums and rural districts. This will be done in partnership with non-governmental organizations (NGOs) and as much as possible in cooperation with the government of Bangladesh (GoB).
- Knowledge development through sharing Dutch knowledge and expertise, and carrying out evidence based research related to SRHR to better support policy decisions as well as to promote new strategies for effective implementation of SRHR activities.
- Promotion of CSR initiatives such as the provision of reproductive health care for employees in the garment industry.
- Improved comprehensive sexuality information and education, and more demand and utilization of SRHR related services for young adolescents run by the GoB and NGOs.

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[47] Anke van der Kwaak, Initial scoping mission of sexual and reproductive health and **rights networks and organizations for Share-Net international**
Report visit to the Royal Netherlands Embassy in Bangladesh
31 November, 3 December 2013

- More involvement of men and other stakeholders such as service providers, law enforcers, and RMG management in SRHR related activities particularly in prevention of early marriage, violence against, and discrimination and exploitation of women.
- Greater empowerment and decision-making power of girls and women through education, knowledge, skills, and improved livelihoods using comprehensive community based interventions.
- Production of pro-poor accessible SRHR related products (sanitary napkins, contraceptives, medical abortion) through social marketing of private organizations[48].

Based on existing research work and knowledge production on SRHR in Bangladesh, as well as keeping these objectives in mind, the following thematic areas were identified:

1. **Contemporary Knowledge on Gender and SRHR**
2. **Need assessment of Sex education:**
3. **Sexuality Rights Issues**
4. **Reproductive Health and Service related knowledge**
5. **Early marriage and subsequent SRHR problems**
6. **Private Sector Involvement**
7. **Young People, SRHR and Emotional Wellbeing**
8. **Accessible and Inclusive SRHR Services for all**
9. **Men Engagement**
10. **Reflexive Research on Policy makers and Service Providers**

These research themes were presented to a stakeholder meeting (representing many of the NGO/INGO actors listed in the previous section), and discussions and feedback on the themes resulted in an understanding of 'priority' areas (as depicted by participants).

Overall views and feedback indicated that working in SRHR in Bangladesh is still problematic, not only because of the sensitive and often tabooed nature of its issues, but mainly because of:

[48] http://bangladesh.nlembassy.org/services/development-cooperation/sexual-and-reproductive-health-and-rights, accessed 16th of February 2014

a) The 'Silo' nature of development practises in Bangladesh;

b) Dominant 'public health' model of SRHR.

Areas and topis that need to be focused on are:

a. Population based study on knowledge, perceptions, and practises of SRHR in Bangladesh (from which 'Youth', perhaps the most significant group's needs can be teased out for better knowledge and further research and policy interventions);
b. Long Term (longitudinal) researches are more needed to be able to have better knowledge on SRHR and to impact on effective interventions and policy making at both GO/NGO level.
c. More Action/Operational researches on model testing of various SRHR interventions (for example, what works best to change knowledge, attitudes and practises);
d. More sociological/anthropological qualitative studies in this field to compliment and support quantitative researches, especially if we want to have deeper understanding gendered lived realities of SRHR at different socio-economic levels and vulnerable groups of people.
e. Smaller researches to compliment large scale ones (for example, perceptions of 'sexuality' in different groups; Sexuality and disability etc.)

Following are the prioritized research areas/themes in SRHR:

a) Contemporary Knowledge on Gender and SRHR: most programs in areas of SRHR are service oriented and often operates in existing (often backdated) assumptions about norms, practises and gender relation without giving closer attention to the changing demography, urbanization, impacts of globalization and cultural changes, new challenges to gender and power relations resulting from dynamics like education and opportunities of employment for both men and women. Though there are target group (e.g. urban slums, or rural women etc.) oriented or intervention specific researches done in abundance, but a large scale across class, ethnic groups, gender and religion study on concepts, perceptions and practises of sexual and reproductive health and rights is urgently needed. Research aiming at doing proper 'problem' analysis of SRHR issues is essential at this moment.

Specific issues may include: more nuanced understanding of perceptions/meanings of 'sexuality and gender' (What it means to be 'man', 'woman' and 'third gender' in different socio-economic-cultural contexts in Bangladesh); Religion(s) and SRHR (especially Sexuality); 'Rights' as a SRHR concept, and Bodily Rights and Integrity in particular; specific focus on adolescence and youth.

Everyone agreed that this can be an overarching large scale research (population study with qualitative components) which can serve all stakeholders individual interest or work areas along with providing an up-to-date reference on SRHR knowledge in Bangladesh.

b) **Need assessment of Sex education:** (comprehensive) sex education remains a contested and tabooed subject which is felt as necessary by many stakeholders, and is undertaken by many actors (Government included basic information in its National Curriculum for junior secondary schools, and many NGO/INGOs are engaged with developing and disseminating information related to sex education). There is a need to have a large scale need-assessment research on children, adolescents and youth regarding when, what and how comprehensive sex education should be developed and delivered. Research on developing culture and age appropriate language for SRHR is also required.

c) **Sexuality Rights Issues:** in Bangladesh, most efforts and interventions are dedicated to the RH (reproductive health) part of SRHR, and not much on SR (Sexuality rights). Till today, sexuality is approached and delivered through a health perspective and often through the lens of disease (HIV/AIDS, STI/STD, MSM etc. There is rarely any discourse and knowledge base on LGBT people, their rights and inclusion in SRHR discussions or services. The silence on sexuality rights, acknowledgement of sexual diversity, and the existence (and lived realities) of LGBT population should be priority area for research in Bangladesh. Only when there will be positive, empathetic, and evidence based knowledge created and disseminated – it will be possible to create an enabling environment of lobbying for recognizing sexuality as a right for everyone in Bangladesh.

   Interestingly, this area received very positive attitude, interest and support from all stakeholders. Gap areas for research on sexuality rights include: a) understanding of 'Sexuality' and 'sexuality as a right' amongst different groups (age, class, ethnicity, sexual orientation and identities); legal organization or legal aspects of SRHR, specifically on sexuality rights; women's sexuality issues (beyond violence); MSM (Men having Sex with Men) issues and needs etc.

d) **Early marriage and subsequent SRHR problems:** Early marriage is a well established social phenomenon in Bangladesh, which impacts on girls' and women's sexual and reproductive health in more than one negative way. There are a lot of studies on early marriage and almost every organization (GO/NGO/INGO) dedicates their efforts and attentions addressing the issue of early marriage. But there needs to be longitudinal research on early marriage across the country and document issues like pregnancy, abortion, violence etc. Like gender based violence, there has be a cost analysis of early marriage on country's economy and economy of the household in order to do effective advocacy to stop early marriage in Bangladesh.

Early marriage is an overall theme and priority area for almost all actors in SRHR field, and there has been considerable amount of research done related to early marriage, but most are not sufficiently broad or cross cutting. There is definitely a need for an updated large scale study on early marriage and/or a research initiative that brings together data from various smaller researches covering different issues and makes a new in-depth analysis of these data.

e) **Men Engagement:** though there have been a few interventions starting recently (e.g. Engaging Men Initiative by CARE, Bangladesh; or Generation Breakthrough, by UNFPA and Plan) encouraging men to be engaged and involved in issues like Gender based violence, SRHR issues like early marriage, early pregnancy, family planning etc., but not enough evidence based knowledge has been produced in the context of Bangladesh to demonstrate cost and social benefit of engaging men in positive ways. Research on need for inclusion of men and boys for SRHR and gender sensitization services should be a priority area. It would be more holistic to understand whether interventions on men and boys have had resulted into a changed scenario in Bangladesh[49].

Men engagement is seen as a significant gap area in SRHR, but it is also seen in a critical way since it is felt that in the absence of correct (theoretical) approach to gender and masculinity can in fact prove to be counter productive. Men engagement is also seen as an important and essential element in many SRHR service provisions in a variety of sectors. For example:

- men's attitude and possible positive involvement towards women's SRHR issues;
- concepts and attitudes to hegemonic masculinity and LGBT rights;
- SRHR to be understood from a broader gender and equality framework – for which men's attitude, construction of masculinities etc. need to be included.
- SRHR service provisions for men (formal and informal health services that cater to male SRHR issues);

f) **Private Sector Involvement:**

Background of Private Sector Involvement: Involvement of the Ready Made Garments Sector: Bangladesh has a thriving garment sector, which has grown since the late 1970s from catering to piecemeal tailoring orders from a few foreign buyers to being the world's second

[49] Khan SI, Hudson-Rodd N, Saggers S, Bhuiyan MI & Chuiya A, 2004. 'Rethinking Condom Use in the AIDS Era', Sexual Health" 1(4).

largest exporter of readymade garments. This sector accounts for more than USD 15 billion of export earnings (essentially more than 75 percent of total export earnings), more than 13 percent of GDP, and is arguably the most important industrial sector in Bangladesh currently or in the foreseeable future[50].

In a Scoping Study on SRHR activities within Apparel and Textile Sector, conducted by BMB Mott and MacDonald, for the EKN, (2013), it was seen that the existing socio-cultural background of long standing patriarchal institutions in Bangladesh tends to overlook various arenas of SRHR, and the Apparels and Textile industry is not an exception. There are more than 62,003 Apparels and Textiles factories (of all sizes) in Bangladesh employing approximately 4 million workers, an estimated 80% of whom (i.e. 3.2 million) are women workers. Even though it is a sector where majority of the workers are women, the concept of SRHR is not yet something that a garment worker is able to understand or relate to. There are various crosscutting factors that need to be understood when exploring the issue of SRHR within this industry. Urban growth, migration, especially female migration, gender norms and perceptions tend to shape the situation with regards to violence and acceptability and compromise on SRHR. Individual attitudes and the community attitudes towards gender based violence and SRHR till date is extremely narrow. Within the communities/slums (where most industry workers live), there is no protection from violence, women tend to engage in intimate relationships and in return they find some form of protection from other men. Due to lower wages, additional income is obtained by these workers through multiple sexual relationships in exchange for money. Our findings reveal that a large number of women are suffering from (reproductive Tract Infections (RTIs)/Sexually Transmitted Infections (STIs) and other communicable as well as occupational diseases within this industry. Different studies and observations revealed that such problems get aggravated primarily because of their lack of awareness and poor access to health services including information and education on various aspects of health and hygiene, reproductive health (RH), STIs, and HIV/AIDS. Studies and observations showed that the change in the health seeking behaviour and attitudes of garments workers were not up to the desired level.

The major factor in this sector is Bangladesh Garment Manufacturers and Exporters Association (BGMEA)[51] is one of the largest trade associations in the country representing the readymade garment industry, particularly the woven garments, knitwear and sweater sub-sectors with equal importance. BGMEA officially recognizes the fundamental rights of the workers, particularly

[50] BMB Mott and MacDonald, Final Report 2013, Scoping Study on SRHR activities within Apparel and Textile Sector, EKN

[51] BGMEA (2014). http://www.bgmea.com.bd/#ad-image-1

access to healthcare facilities. On this spirit BGMEA runs 12 Health Centres for the garment workers and their families, provide pre – medical services and medicines at free of cost. Besides, it run awareness program on HIV/ AIDS, tuberculosis, reproductive health and the use of contraceptive devices, as well as a hospital for the workers in Chittagong[52]. Alongside, several NGOs and INGOs are working through different interventions (some collaborated with BGMEA and its foreign buyers) and capacity building initiatives to develop the working environment, social compliance and Reproductive Health status of the workers in the factories (e.g. GIZ, Oxfam, Care Bangladesh, ILO Bangladesh, BRAC, RHSTEP, Phulki, BLAST, Marie Stopes, IED BRAC University, Change Associates Bangladesh, Alliance for Bangladesh Worker Safety, etc.)

In their impact assessment, BMB found out that amongst EKN supported SRHR projects in this sector, there are certain challenges and gaps which pose as hindrances for promoting effective SRHR knowledge and services to its target groups. They identified four focus areas that requires attention and improvement: a) awareness, b) service delivery, c) Advocacy and d) absence of Formative Research. Among these, areas that might be of interest for Share-net are awareness, advocacy and research. The tools used for majority of the programs were found to be quite traditional and not —out-of-the-box. Majority of the projects used traditional tools such as leaflets, pamphlets, flash cards and others as a tool for awareness. Advocacy lacks in strategic and effective messaging. Absence of Formative Research is another gap area because majority of the projects mapped in this study had a clear absence of formative research prior to the implementation phase. While there are informal assessments undertaken, formative research could potentially provide a more in-depth understanding of the interests, attributes and needs of the industry workers.

Awareness and educational components seem to be the driver of SRHR programs in Bangladesh. While solid work and understanding have been established in this regard, within the context of Apparel and Textile industry there are several areas which require improvements such as in areas of formative research, gender responsive and transformative aspects, strategic and effective messaging and advocacy tools[53]. It is undeniable that because of recent tragedies in RMG sectors and pressure on the sector to amend its policies to be more worker-friendly, it is the high time to push for SRHR issues in field. There should be shift from the concept of CSR in Bangladesh, for this is to be understood NOT as a favor to the society, rather than a corporate responsibility. The concept stems from the embedded culture and attitude- if we are make SRHR a sustainable

[52] BGMEA's Activities (2014). http://www.bgmea.com.bd/home/pages/BGMEASACTIVITIES#.U4cLg_mSxqU

[53] Scoping study on SRHR activities within the Apparel and Textile sectors (2013). Final report. BMB Mott MacDonald. Embassy of Kingdom of Netherlands, Bangladesh.

concept within this industry; it must be a business model, a business practice[54]. Besides establishing it as a social responsibility and not only a 'compliance' issues, there needs to be a 'value chain analysis' which can demonstrate how investing in the SRHR of the workers (especially the majority of female workers), everyone starting from producers, buyer and consumers benefit ultimately. BSR HER PROJECT, Business Case[55], shows that investing in worker health is more than a moral imperative—there is a compelling business case for the investment. For every $1 invested in women's health, one Bangladeshi factory saw a $3 return through higher productivity, lower turnover and reduced absenteeism. Such arguments need to be made based on wide scale study in RMG sector because advocacy for SRHR in privet sector can only be strengthened by evidence based cost analysis of the investment in its workers. It is worth mentioning that in recent years, a few NUFFIC/NICHE projects in Bangladesh in SRHR theme have started, and some are directly engaged with the RMG sector. Under these projects research is a major focus, and these research opportunities could be optimized and made as entry points for Share-net's own research initiatives.

There are a few small scale researches on SRHR service provisions, health spectrum and practices in RMG sectors (for example, by JPG School of Public Health, BRAC University), but it requires more extensive work in this sector. Some of the identified gap areas for research actually includes men's SRHR needs, for example, SRHR Services for men (male workers): including formal and informal sectors; need assessment of male workers SRHR needs etc. Also, the need for counseling and mental health or emotional well being of workers which is closely related to many SRHR issues is a gap area of research.

1. **Young People, SRHR and Emotional Wellbeing:** SRHR, especially for adolescents and young people remain a crucial issue, something unaddressed, closeted and without any voice. Smaller studies and consultations with these groups reveal (and supported by experiences of service providers) that emotional well being, psycho social support is an absolute necessity for delivering SRHR knowledge and services. Physiological as well as psychological changes, lack of correct information, gender norms, sexuality related myths and misconceptions, lack of youth friendly services, sexual violence and trauma etc. Impact on young peoples' health and mental well being. In Bangladesh, there is hardly any psycho social support offered for young people (be it educational institutes or work places), and to design and deliver such services, we must have substantial research on these issues.
2. **Reflexive Research on Policy makers and Service providers:** The need to understand 'ourselves' – i.e. policy makers to implementation workers on the grass root – there is a pressing need to have knowledge and understanding on attitudes, perceptions and prejudices towards SRHR. This will provide more than only understanding of dominant normative

[54] BMB, 2013, EKN

[55] BMB, 2013, refers to http://herproject.org/our-impact/business-case

thoughts and practises of the providers, but will also help in knowing why policies and interventions often do not translate into practises and question our conceptual frameworks.

3. **Reproductive Health and Service related knowledge:** It is undeniable that even though sex is a taboo topic in Bangladesh which is normatively not acknowledged outside heterosexual matrimonial framework, but sexual practices within and outside marriage are common. Unwanted pregnancies and demand for services for MR is high. There are many organizations and many studies on MR services and practices, but much is not known about 'Safe Abortion' or the Medical Abortion which is relatively new in Bangladesh (Guidelines for Medical Abortion has only recently been finalized). Similarly there needs to be statistical knowledge on under-age girls' maternal mortality (mostly resulting from early marriage and early pregnancy).
4. **Accessible and Inclusive SRHR Services for all:** At present most SRHR, especially reproductive health related services are mainly targeted at married couples. Marriage normativity and recognition of sexual relation only between heterosexual married couples result in excluding a vast number of population who are not married (especially women) and non-heterosexual. There should be research done and knowledge produced on equity on SRHR, the need for inclusive SRHR services and products (like contraception, counselling on sexual health, MR, etc.).
5. **Who do we Research on:** At present most research interests centre around either urban slums or rural poor women (which, undoubtedly, is needed to be focused on), but excludes the growing (and much influencing) middle class, the communities on the conceptual periphery or 'minority' groups (ethnic or sexual, climate refugees etc.), women working in industries other than RMG etc. Dhaka urban slums, for example are saturated with researches/researchers (which seems at times picked for convenience), and there needs to be more diversity and inclusiveness of class, gender and locations when it comes to gender and SRHR researches aimed at knowledge production.

Note: One concern was expressed by the participants of Stakeholder's meeting was the process of selecting 'priority research Themes' by the Writing group in the Netherlands. If the finally selected themes are not cross checked with Bangladeshi organizations/stakeholders, then there might be a risk of non-alignment regarding priority themes between the Dutch and Bangladeshi counterparts.

Section 4: Organizations that could be host for Share-Net, Bangladesh Knowledge Node

Criteria for the Host of Knowledge Node (as listed by Share-net):

- Experience, if possible with all the above functions, for example hosting a network, good working relations with policy makers, organising meetings/workshops, demonstrable expertise in SRHR, involvement with research activities.
- Agreement with the Platform's strategic vision and values.
- Knowledge of the local SRHR landscape.
- Demonstrable record of strong organizational structures and processes (planning, human resources management, contracting, budgeting, reporting).
- Ability to communicate and negotiate with officials and other professionals.
- Networking and communication skills and competencies to connect relevant organizations and persons, and facilitate strategic partnerships with leverage.
- Experience of using a variety of communication tools (presentations, newsletters, papers and social media content) and online collaboration tools.
- Able to communicate well in English and relevant local language.

Keeping these requirements in mind, and based on the mapping exercise (and experiences of working in this field), discussion with EKN, BD - the following observations are being made:

- James P. Grant School of Public Health, BRAC University and Plan International Bangladesh expressed their respective interest in becoming the host of this knowledge node.
- Including the above mentioned organizations, observation says that, among all the existing institutes and organizations that are currently working in the area of SRHR, it looks unlikely that ONE single organization will be able to work independently and inclusively as the Host of Knowledge node (not because they are bad!), mainly because each one is more or less narrowly focused on specific areas and work with their own interest-partner organizations, and not all have a wider acceptability amongst all the stakeholders, or wider networking experiences. The two organizations which expressed interest: Plan Intl. and BRAC School of Public Health: Plan International Bangladesh can be an interesting host for knowledge hub, as they have recently been very active in SRHR

field; though BRAC JPG SPH with the Institute of Educational Development, BRAC University can also be a relatively stronger option, since they already have a Centre (which is not the prominent yet in its presence), and is part of NUFFIC/NICHE projects, is forming a knowledge platform etc. But the main concern with BRAC SPH is the doubt whether they are taking too much on their plate or not. They are always keen on taking projects, has experience with working with diverse groups and stakeholders. Though they have a lot of potential. BRAC IED (Institute of Educational Development): is very interested, and is investing a lot of time and energy on SRHR issues, especially for adolescents and young people. The question is: are they independently experienced enough to pull be independent hosts or not? IED has had a successful secretariat for Early Childhood Education and is still going strong in pulling govt-non Govt partners. Therefore, they might be able to use such experiences and make SRHR knowledge node work. A joint hosting proposal seems a better option with possibility.

- RHSTEP: could be a potential hub for such research and network, but has not shown any interest (may be because they are already partner with BRAC SPH), but also might be because their concentration is mainly on service delivery.
- UBR: though it is an international alliance, and their current fund ends in 2015 (with possibilities of extension, especially with BRAC IED), they could work as a host.
- FPAB: the oldest organization in this field, extensive work area, partnership history across the country, but very old fashioned, bureaucratic, (not everyone will be very enthusiastic to work with them), so, they are less likely to be partners.
- ICDDR'B: the MOST important organization for research work, very credible in the field of research, but they are not seen by others as multi-dimensional development organization. Icddr,b can be the strongest contributor in knowledge production, but they do not have very credible history with hosting network.
- Department of Women and Gender Studies: was established with the generous funding of EKN and in theory should be an important partner in gender and SRHR related work, but has not been able to establish themselves as a significant or visible actor in this field yet. It does not have working relationship with any other organizations especially in development field (apart from individual teaching staff doing consultancy). My personal opinion and experience is: because it is under public university framework, and has pretty intense internal politics, it's better not to consider them as a host, but definitely as a working partner (ELA wants to see them coming into SRHR related work).

Suggestions:

a) Share-net should have individual dialogue with PLAN intl. and BRAC JPG SPH separately and see what plan/vision they have anyway.

b) BRAC can be asked to make a BRAC University Alliance (they have BRAC SPH, IED). BRAC university itself can bring in a lot wider and broader work areas and partners under the Knowledge Node.

c) You can look into the possibility of proposing: one organization holds a Secretariat of the Knowledge node (with dedicated office space/centre and staff), organizations which will be members/partners of the SRHR knowledge Node, can take turns (2 or 3 years each turn) to lead the activities based on priority themes of that phase. In this way, there will be invested interest of the leading organization, the host cannot dominate or ignore, and accountability of work. [ELA supports this idea].

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[i] Obliging the state to take measures to do away with all kinds of discrimination against women including legal, customary and traditional sources.

[ii] Also refer to CEDAW Report On Bangladesh, 2011 by the United Nations http://www.bayefsky.com/pdf/bangladesh_t4_cedaw_48.pdf

[iii] bdnews24.comBangladesh Decries Equal Gay Rights, 18 June 2011, http://www.bdnews24.com/details.php?cid=2&id=198740&hb=2