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Unite for Body Rights (UBR) 2 Program Annual Report January to December 2019

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BRAC Institute of Educational Development,
BRAC University (BIED, BRACU)



For sexual and
reproductive health
and rights



Acronyms

ARH	Adolescent Reproductive Health
BAPSA	Bangladesh Association of Prevention of Septic Abortion
BNPS	Bangladesh Nari Progati Sangha
BIED	BRAC Institute of Educational Development
CSE	Comprehensive Sexuality Education
DSK	Dushtha Shasthya Kendra
DGHS	Directorate General of Health Services
DGFP	Directorate General of Family Planning
EKN	Embassy of the Kingdom of the Netherlands
EDI	Educational Institute
FPAB	Family Planning Association of Bangladesh
FPI	Family Planning Inspector
FWV	Family Welfare Visitor
GBV	Gender Based Violence
GD	Gender Diversity
GOB	Government of Bangladesh
HP	Health Practitioners
MO	Medical Officer
MMW	Me and My World
MHM	Menstrual Hygiene Management
NCTB	National Curriculum and Textbook Board
NGO	Non- Governmental Organization
PM	Program Manager
PME	Program Monitoring & Evaluation
PSTC	Population Service & Training Center
RHSTEP	Reproductive Health Services Training & Education Program
RTI	Reproductive Tract Infections
SACMO	Sub-Assistant Community Medical Officer
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
ToT	Training of Trainers
TTC	Teachers Training College
UBR	Unite for Body Rights
UHC	Upazila Health Complex
UFWC	Union Health and Family Welfare Center
UM	Upazila Manager
YFS	Youth Friendly Service
YO	Youth Organizer

Executive Summary

In Bangladesh, like many countries in South Asia, Sexual and Reproductive Health (SRH) is still a cultural taboo, parents do not feel comfortable discussing SRH issues with their adolescent children and on the other hand, schools provide very limited or no information on SRH. Adolescents and youths often face difficulty as they experience puberty with limited knowledge and access to information to deal with their emotional and physical changes, hence, often fail to make informed decisions; affecting their future and wellbeing. Moreover our health system is less accommodative in creating access to SRH-related services for the adolescents and youths. Lack of access to essential information, makes majority of adolescents and youths, who constitute a third of Bangladesh's population of 144 million i.e. around 52 million, unaware, regarding their sexual reproductive health and rights (SRHR). Thus, a huge chunk of the population too often enter their reproductive years, poorly informed about SRH issues, without adequate access to SRH-related information or services.

Comprehensive Sexuality Education (CSE) programs provide age-appropriate, scientifically accurate, and culturally-relevant information on SRH, including SRH rights, services, and healthy behaviours distinct from those of adults; In a variety of cultural and socio-economic backgrounds, CSE for in and out of school adolescent has found to be effective in delaying initiation of sexual activity, reducing unintended pregnancy, and increasing condom and contraceptive use and reduce gender violence and encourage more acceptance to gender equality . In addition to CSE, adolescents need access to SRH and other health information and services in order to practice healthy sexual behaviours. Confidentiality, respectful treatment, integrated services, culturally appropriate care, free or low cost services, and service availability are all widely recognized as the essential components of appropriate services for adolescents and young adults. Globally, providing adolescent friendly services to ensure SRHR for adolescents has been complicated by service providers' biases and by stigma, among other barriers.

On this back drop, donors, policymaker's government and non-government organizations (NGOs) are increasingly advocating for Comprehensive Sexuality Education (CSE) and Youth Friendly Health Services (YFHS) to improve adolescent and youth health and wellbeing; as the future of a nation lies with them. Unite for Body Rights (UBR) Bangladesh Alliance, is one such initiatives, launched in 2011 to address the need of this above population. Continuation of this initiative has now evolved in to UBR 2 and it is funded by the Embassy of the Kingdom of the Netherlands (EKN).

Six national NGOs, BAPSA, BNPS, DSK, FPAB, PSTC and RHSTEP, who have long experience in SRHR and gender development sector were selected as Implementing Partners (IPs). To receive technical assistance in UBR 2, five other development organizations were tagged along as Technical Partners (TPs). Three of them are national; Naripokkho, BRAC Institute of Education Development and BANDHU Social Welfare Society; focused on gender and gender base violence, gender diversity & psycho social issues in UBR counselling. The other two international TPs are, Rutgers and Simavi; Netherlands based organizations, providing support on monitoring and sustainability as well as building capacity in need based issues of the project.

UBR 2 was implementing in semi urban and rural areas of Bangladesh from January 2016 to December 2019. During this phase, UBR included three new components; Gender diversity, Gender Based Violence and Psychosocial Counselling for young people. The programme intervention areas included 12 *upazilas* (sub districts) under nine districts of Bangladesh, representing different socio-economic condition and geological areas.

Programme goal

All young people, living in poor rural and semi- urban areas in 12 *upazilas*, irrespective of their age, gender, social background or sexual preference know their rights, take informed decisions about their sexual reproductive health and have access to high quality, youth friendly sexual reproductive health services within a supportive socio-cultural and political environment.

Strategic objectives

- Create access to SRHR information through in and out of school education
- Create access to quality YFSRH through UBR health clinics and ensuring Government clinics comply with national standards
- Raise awareness amongst (community) stakeholders and build their capacity to support and advocate for provision of SRHR education and services
- Advocate with GoB for inclusion of UBR strategies and models in Government structures and strategies.

Programme Outcomes

- Young people (10 – 19 years) living in rural and semi-urban areas in 12 *upazillas* are increasingly aware of their SRH rights and have knowledge and skills to make informed decisions regarding their sexual reproductive health
- Young people (10 – 24 years) living in rural and (semi) urban areas in 12 *upazilas* have access to youth friendly SRHR services that adhere to the national standards.
- An SRHR supportive environment ensured for sustainable access to Comprehensive Sexuality Education (CSE) & Youth Friendly Services (YFS) in 12 *upazillas*
- Contribute to the development of (national) governmental policies and programmes that include youth-friendly SRH education and services.

OUTCOME 1

Young people (10 – 19 year) living in rural and semi-urban areas in 12 *upazilas* are increasingly aware of their SRH rights and have knowledge and skills to make informed decisions regarding their sexual reproductive health

In-school achievements

- In 2019, UBR 2 program, planned to select 2 UBR intervention schools in each *upazila* to pilot the Whole School Approach (WSA), adopted from RUTGERS. WSA helps schools to SRHR education in sustainable and scalable way involving teachers and staff at schools, but also reaching out to parents, health workers and community leaders. It is a way of embedding sexuality education into the school structure.
- The training program on WSA, was an effective and successful one to achieve the relevant program output. A total of 522 teachers (male 322; female 200) were capacitated while piloting WSA. Knowledge on the significance of adopting WSA to ensure CSE was imparted through these training. The training program was synchronized with CSE as well as YFS services. Currently 444 out of 446 targeted schools included CSE in their lesson plan of NCTB curriculum and follow MMW curriculum.
- In order to build capacity of UBR schools & madrasahs to include SRHR topic in their lesson plan, head masters/teachers and School Management Committee (SMC) were given training. A total of 4,668 Head master/teachers and 3,219 SMC members, both female and male, were trained in 2019. It was an effective initiative for improving their knowledge, skill and attitude on CSE, as CSE is an essential component of ensuring quality education, which plays a critical role in determining the health and well-being of all adolescents.
- Head master/teachers and SMC members had become capacitated and committed to adopt and implement WSA, hence, established a strong linkage with different GOB authorities like *upazila* level education, health and family welfare, youth and sports, child and women affair and local government divisions.
- A total of 106,259 students had completed the CSE/MMW sessions in different EDI under UBR 2. The MMW graduates were more confident and able to negotiate with their parents and other gatekeepers to meet with their growing up challenges and requirements. The 13 lessons of CSE/MMW, enabled adolescents to adopt responsible behavior; with a sense of empowerment of knowing the rights on when to say 'yes' as well as 'no' while enjoying a safe, and loving relationship free of coercion and violence.

Out of school achievements

- The programme reaches the out of school young people in different ways- i) Organize court yard session by trained Youth Organizer (YO) at community ii) Disseminate information at youth center in UBR *upazila* office. During this reporting period 5,813 young people had completed 13 lessons of MMW curriculum through the courtyard meeting.

- Over the years in total 13916 out of school young people from community had completed MMW graduation and a substantial increase was observed in number of graduates from 2016 to 2019 in all IP areas. In 2019, it was 3,091 total graduates compared to 1,007 in 2016. Courtyard meeting was found to be most effective interactive session, following peer to peer approach. It attracted young people who do not have access to information.
- In each *upazila* Office, Youth Center had been set up as SRHR information center, where young people had access to receive information. Books, computer and several Behavior Change Communication (BCC) materials were available in the center for receiving information. During their visit they received psycho-social counselling from UBR counsellor and other services as per their needs from UBR health facilities. They also took part in different campaign or event on SRHR, organized by UBR program.
- During the reporting period, youth flow in the UBR Youth Centers were high. Every month in every center it was targeted that at least 30 young people will visit the youth corner. And it was observed that, despite having different difficulties, youth flow was more than the expectation. It is worth mentioning that 41,540 young people received information on SRHR when they visited Youth Center at UBR *upazila* offices.

Outcome 2

Young people (10 – 24) living in rural and semi-urban areas in 12 *upazillas* have access to youth friendly SRHR services that adhere to the national standards

Achievement on Youth Friendly Services (YFS)

- UBR program has established youth friendly health service facilities in 12 *upazillas*. It is worth mentioning that a major progress had been achieved in service delivery mechanism in terms of youth friendliness. The skill of staffs for delivering YFSRHR services was improved through trainings. All the staffs were oriented on the basic information of YFHS and started delivering services in compliance with the national standards. The program had developed a guideline to ensure the youth friendly services in the health facilities and shared it with government service providers.
- Till date 995,370 and in 2019, 263,834 health services were provided, which was well over the UBR 2 target of providing YFS to 750,000 Young People in intervention areas. The skills of staffs for delivering YFSRHR services had been improved through trainings. The staffs also learnt about 'National Standards of YFHS' and had taken steps to deliver services in compliance with the national standards.
- In addition, during this reporting period, the project delivered different health services such as GH, RTI/STI, MR/MRM/PAC, D&C, GH, FP, ANC/PNC, safe delivery various pathology tests, contraceptive services (pills, condom, emergency contraceptive pills) and distributing sanitary napkin. The trained service providers provided psycho-social and psycho-sexual counselling services through a non-judgmental approach and maintaining privacy and confidentiality. In the current reporting year 413,406 clients

received such services among them 155,083 were between ages 10 -24 years and 63,430 were 24 above.

Health camps in and out of school

- In addition to health service at UBR health facilities in 12 *upazila* offices, the health camp was organized at school to develop their health seeking behavior. Since the health camps were found to be effective, in 2019 the project has organized the camp at community level to increase the access to health service for out of school young people. Hence, 275 health camps were organized in schools, 70 in Madrashas and 233 in the community level where in total 1,306 health cards were also distributed in 2019

Government health facilities are capacitated

- UBR had set up YFS corner in the government health facilities to promote UBR model for creating access to adolescent & youth friendly services, as well as to strengthen the capacity of government service providers for ensuring the Adolescent & Youth Friendly Health Service (AYFSH). For this purpose, UBR provided the equipment and materials (weight machine, height scale, blood pressure machine, patient's bed, citizen charter sheet, furniture and SBCC materials, etc.). In 2019, 31 YFS corner was supported by UBR 2 during 2019 in government health facilities.

Outcome 3

An SRHR supportive environment ensured for sustainable access to Comprehensive Sexuality education (CSE) & Youth Friendly Services (YFS) in 12 *upazilas*

Facilitate social accountability ensure the availability of health services

- Social accountability is an integral component of good governance. It relates to the enabling environment for citizens, public service users and program beneficiaries to demand better responsiveness and accountability from policy makers, program implementers and public service providers. During the reporting year 74 youth organizers and 74 UBR staffs were trained to implement tools and concept of social accountability. One of the major objectives of these trainings was to strengthen the capacity of the youth in implementing social accountability tools so they can take part in decision making process and good governance. The Citizen Charter was developed and set up at union level.
- UBR young people were included as a member in the working team which was vacant for a long period, following government circular. The community and young people were taking their responsibilities to meet the demand of their peer in the community to have access to health services

Outcome 4

Contribute to the development of (national) governmental policies and programmes that include youth-friendly SRH education and services.

Joint advocacy initiatives taken with Government stakeholders/Networks

Day observation is one of the major activities of the project under the pillar of outcome 4. The events of day observation were organized jointly with government and non-government organization. In 2019, UBR celebrated 5 National International Days, i.e. on 8th March: International Women's Day; 28 May- MHM (Menstrual Hygiene Management) Day; July 11, World Population Day; 12 August: International Youth Day and 25 November to 10 December: 16 days Activism against GBV. Joint celebration of these events was the best opportunity to work with government at *upazila* level, where UBR could advocate for the SRHR agenda and could influence the key personnel at local level through sharing the lessons. It also helped to make good collaboration with government officials to work together. Young people, community leaders, teachers, students, parents, government officers and local elected members participated in these events. These day observations engaged community level and school level stakeholders of the project and focused SRHR needs & rights of adolescents and women. In 2019, 8,699 young people, 1,731 parents, 1,007 government officials, 1,612 community members, 407 community leaders, 575 teachers participated in the day observation activities

Lessons learnt

- The Whole School Approach was initiated in 2019 as a model of sustainable SRHR education by building capacity of schools with their own resources. Whole School Approach (WSA) implementation in UBR schools was encouraging. The evidence based good practices of the pilot initiatives on WSA should be advocated so that it could be adopted at EDIs
- UBR program providing huge investment for systematically capacity building of EDI's staffs and youths to create awareness on quality service and responsible social practices towards improved health and wellbeing, hence, meaningful involvement of the young people and the trained staffs could be the driving force of the program facilitating a lot to achieve target, quality, visibility & sustainability of the program.
- The YFS corner at government health premises was developed by UBR 2 project at an affordable cost. The training of the government service providers was meant to build preparedness on AYFS. To strengthen the momentum of the YFHS, local level collaboration should be continued with government officials towards continuation of the program objectives. Moreover, sharing the evidence based YFHS model of UBR while utilizing UBR's almost a decade long relationship with government influentials, to influence government decision makers in order to continue youth corners at government health facilities.
- At the same time UBR 2 needs to increase involvement with government officials and policy makers, especially at national level for official approval to implement the project at scale. Fact

sheets on SRHR situations & indicators, global agenda, government commitments, young people needs/rights, parents, civil society interest- etc. should be instrumental to trigger the decision-makers' will & cooperation.

Areas of opportunity for sustainability

Comprehensive Sexuality Education (CSE)

- The program already ensured the functionality of the school units through activating the trained teachers along with the Task force & SMC. There was a UBR school package that covers CSE group sessions, quizzes, wall magazines, debates, regular coordination meetings among the relevant support groups like parents, SMC, youth alumni, and the local government officers etc. The program documents on all the success stories & best practices could be used to further convince the stakeholders including the high-level decision-makers.
- MMW, the CSE in the UBR is already accepted by the NCTB, up to a good extent, which was a result of a series of interventions like individual lobbying, advocacy, and joint events. However, the communication is continuing with the experts of NCTB and they have agreed to update the Teachers Training Curriculum (TTC) in-line with the MMW Module to use it in the teacher's training in collaboration with UBR.
- Mainstreaming SRHR education into the teacher training curriculum will pave the way for mainstreaming life skills education, based on the SRHR materials, developed by the UBR project. Besides, this would then could ensure the MOHFW and MoE to implement and continue the program objectives once the UBR activities are ceased.
- The trained Youth Organizers (Volunteers) who were engaged for organizing and facilitating CSE session to disseminate the SRHR education for out of school young people, could be linked with ADP Club of MoWCA and Youth Club of Youth department. For this purpose, the already existing community level youth center/club could be tagged with Department of Youth Development/Department of Women Affairs skills training program in order to help the youth becoming wage earners and start their own careers. Moreover, as MMW curriculum was shared with the departments to include the MMW curriculum for life skill based education materials in the club. Also in the clubs, the Youth Advocates as the peer leader of the programme could facilitate the sessions.

Youth Friendly Services (YFS)

- The national program known as 'ADOHEARTS', providing YFHS to the young people is in place by the government through DGFP, supported by EKN. DGFP has been trying to brand youth friendly service points in the government facilities, UBR can collaborate in this by handing over the corners that were developed by UBR at government facilities to local government counterparts. In the same manner UBR could rebrand its YFS centers in its intervention upazillas to ADOHEARTS accredited centers from the DGFP

- The clinics could introduce services in addition to existing ones and add nominal charges against it as only YFS was found not to be sufficient enough to make the clinics sustainable.
- UBR needs to enhance its advocacy works with the national-level decision-makers to keep & continue the pace of works, to bring on the progress towards the adaptation of CSE & YFS in the government approach & system.

Challenges & its mitigation

- Keeping the teachers, headmasters, school management committees & education officers motivated, in response to the changing norms, values & socio-political context was a challenge. Slow & steady inception & interventions to establish an enabling environment, worked a lot to overcome this up to a good extent. The task force and SMC also could play a vital role towards keeping alive the UBR initiatives.
- Motivating NCTB & relevant authorities for accepting CSE also remained challenging. However, repeated explanation, justification & negotiation were found to be effective to move them towards accepting CSE up to a good extent till now and advocacy on inclusion of SRHR in TTC curriculum should also follow this with a rapid and enhance strategy.
- Also repeated reference of the Global Agenda & GoB commitments (i.e. SDG, HLPF, etc.) and sharing the common interest & joint initiatives of the national/ international NGOs, UN agencies, like-minded platforms & networks, etc. helped a lot to convince the relevant decision-makers as well.

Conclusion

Sexual and Reproductive Health and Rights (SRHR) are basic human rights but in Bangladesh, access to SRHR information and services are constrained specially for young people, aged 10 - 24 years. They are unaware of their reproductive rights, let alone their sexual rights. SRH are considered taboo irrespective of religion, caste, ethnicity, and social status. The intervention, Unite for Body Rights (UBR), recognizes those constrains and intervened to uphold the rights for young people both in and out of schools. Hence, addressing the burning issues of the adolescents/youths like informed decision making & avoiding risky behaviors, access to SRHR information/services, avoiding sexual abuse and negotiation skills, self-esteem, gender equity and diversity etc. –prerequisite for a positive life which paves the way to build an optimum social environment for all.

UBR made some significant works to enhance essential knowledge on SRHR and YFS in its intervention areas during its decade long journey. UBR introduced comprehensive sexuality education and published a book in Bengali 'Me & My World (MMW). In the published book, NCTB's name was printed as one of the members of its review board. UBR imparted knowledge to 'in and out of school adolescent 10-19 years', also trained and sensitized school and madrasah teachers, oriented parents' and other stakeholders and government counterparts at local and

national level to create an enabling environment for SRHR education and youth friendly services. UBR also introduced youth-friendly sexual and reproductive health services, well-suited for the need of the young people; focusing on inclusiveness, friendly behaviors, environment, commodities, processes & policies. Hence, UBR has been unique and inclusive unlike many existing interventions in the country promoting SRHR for adolescent and youth. It accommodated both adolescent boys and girls as well as youth and gender diverse community. UBR had strong representation of its target population; the adolescent and the youth in its major implementation and program activities. These adolescent and youth are actually the ambassadors of UBR and they are the change agents in the society to spread their learning and good practices among their families and their surrounding environment.

Although the policy environment in Bangladesh is supportive of Reproductive Health; however different perception and understanding among the policymakers on the SRHR is still a challenge to implement it especially for the young people. The coordinated effort to address the SRHR issue from the government health and education department is less effective as per the current need of the target population to bring an immediate visible change in SRHR education and YF services in the country. Furthermore, national policy initiatives are not always reflected in local level service implementations. This gap between policy and SRHR provisions on the ground is reflected in the poor sexual and reproductive health outcomes and increased gender violence in our society. UBR's effort was supplementary to the government development efforts in health and education. In this regard UBR hopes to establish the SRH rights of adolescent and youth on informed decisions about their sexual reproductive health and have access to high quality, youth friendly sexual reproductive health services within a supportive socio-cultural and political environment beyond its implementation period through enhanced advocacy with its partners and government stakeholders.

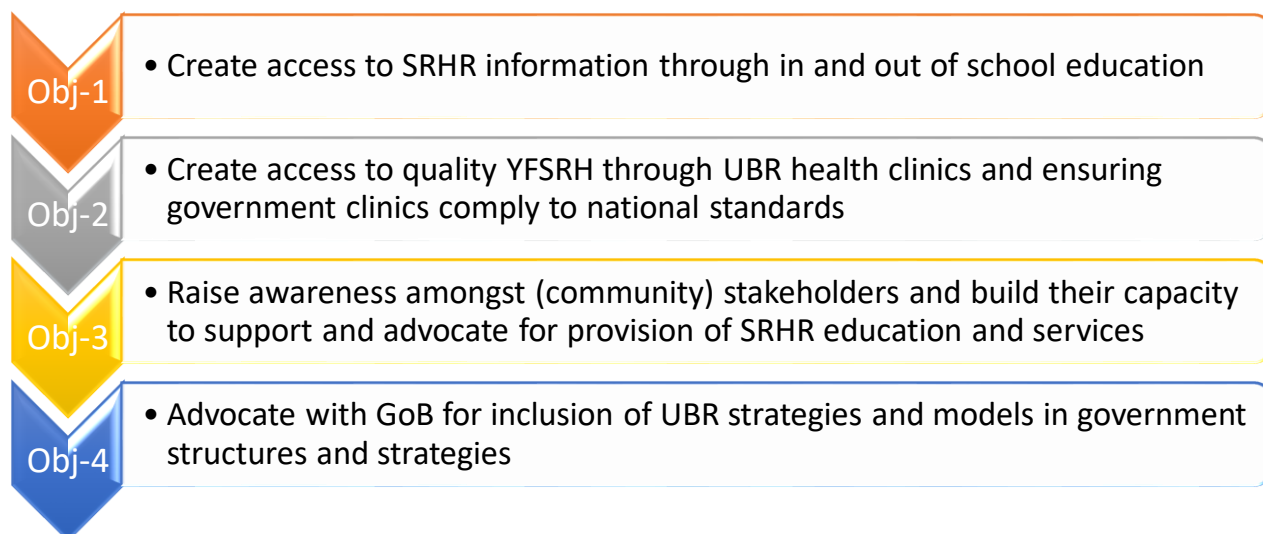
Introduction

The Unite for Body Rights (UBR) programme had completed its first phase from 2011 to 2015. The second phase was undertaken in 2016 and continued up to December 2019, known as UBR 2. UBR is being funded by The Embassy of the Kingdom of the Netherlands Government (EKN). Unite for Body Rights (UBR) program in Bangladesh was successfully focusing on improving SRHR knowledge and access to services, by providing Comprehensive Sexuality Education (CSE) in and out of school, improving health providers' capacity to provide Adolescent and Youth Friendly Health Services (A&YFSRH), and working with communities to create a more supportive environment in which young people can exercise their Sexual Reproductive Health and Rights (SRHR).

Programme Goal

All young people, living in poor rural and semi-urban areas at 12 *upazilas*, (sub-districts) in Bangladesh, irrespective of their age, gender, social background or sexual preference know their rights, take informed decisions about their sexual reproductive health (SRH) and have access to high quality, youth friendly sexual reproductive health services within a supportive socio-cultural and political environment

Strategic Objectives



Target Groups of the Programme

The primary target of the program is in and out of school young people aged 10 to 24, living in semi urban and rural communities. Secondary target groups of the programme are the people those are related to the day-to-day environment of young people: their parents, teachers, head teachers, health-workers, youth organizers and community leaders. Government officials at health and education institutes (lobby targets), policy-makers at higher Governmental levels, like minded national and international organizations and journalists constitute also target group of the programme.

Programme areas

Different geographic locations, like urban, hilly, haor and plain lands to represent different socio-economic groups, were selected for the UBR intervention areas in the country. In UBR 2, the programme is being implemented in 12 *upazillas* (sub-districts); Gazipur, Savar, Mymensingh Sadar, Pabna Sadar, Noakhali Sadar, Netrokona Sadar, Barhatta, Maddhyanagar, Durgapur, Chittagong City Corporation, Kawkhali, Rajosthai.

Program partners

UBR Alliance was developed with 11 partner NGOs, among them, six are implementing partners; BAPSA, BNPS, DSK, FPAB, PSTC and RHSTEP while RHSTEP being the lead of UBR Alliance Bangladesh. To receive technical assistance in UBR 2, five other development organizations were tagged along as Technical Partners (TPs). Three of them are national; Naripokkho, BRAC Institute of Education Development and BANDHU Social Welfare Society; focused on gender and gender base violence, gender diversity & psycho social issues in UBR counselling. The other two international TPs are, Rutgers and Simavi; Netherlands based organizations, providing support on monitoring and sustainability as well as building capacity in need based issues of the project. A small brief on each partner is given below.

Implementing partners

BAPSA has been implementing SRHR projects exclusively for the youths since 2010. BAPSA is experienced in providing SRHR services and information to the Youth and adolescents through Youth Friendly Service (YFS) Centers since then. Like other NGOs, BAPSA has expertise in BCC material development on SRHR. Several posters, hand-books, leaflets, handy flip-books, curriculum for teachers have been developed. BAPSA is also a member of national SRHR Forum under the DGFP. All these expertise, materials and connections are being used to increase the quality of services in UBR-2 project.

BNPS has its strength on women's social, economic and political empowerment through bottom-up approach. BNPS' own experience show that sexual and gender based violence is a major obstacles for women's empowerment and in this regard, BNPS has been focused SRHR issue as thematic area of working. BNPS has extensive skills in advocacy and lobbying with government counterpart for women's empowerment. The advocacy and lobbying initiatives with the Minister of Education and NCTB has brought some success. In addition, BNPS working in this alliance as an expert organization on gender equality and mainstreaming gender at local to national level.

DSK has an expertise in the development sector on reproductive and sexual health project implementation through the Maternal, Child and Adolescent Health Services and by keeping inter coordination with donors and Government departments. DSK prioritize to mobilize young people to be involves in SRHR education, as well as realize acknowledgement from their parents through

them. DSK is technically equipped and maintains a strong health professional strength and has the capacity to reinforce community engagement, strengthen referral linkages. DSK also able to mobilize head teacher and SMC members to ensure the CSE through monitoring trained teachers and students. The organization was also proves its efficiency in completion of UBR project activities in due time ensuring quality and quantity (target of the project).

FPAB played the leading role in the first phase of UBR 1 program. It has pioneered the family planning movement in Bangladesh and played a strong advocacy role in formulating the national family planning programme introduced by the then Government of Pakistan in 1965. It also pioneered Youth Parliament and 'Tarar Mela', the youth friendly service & education Centre with one male & two (male & female) counselors, and both of which are fully managed by young people. FPAB has ensured 20% youth participation in its governance structure at all levels. FPAB has a system of both male and female youth peer educators. FPAB is an important ally in the UBR advocacy for SRHR.

PSTC is one of the pioneer organizations of the country, working on SRHR field. PSTC has been implementing clinic and community based health service delivery projects in urban and rural areas with special focus on mothers, children, adolescents and youth. PSTC has proven its expertise in implementing children and adolescents development activities as well as establishing and strengthening GOB-NGO private sector collaboration and coordination and carrying out advocacy programs at different level. PSTC is with UBR field since 2011. It has successfully completed several projects related with SRHR. And in the field of BCC program and service delivery PSTC is one of the prominent organizations in Bangladesh. PSTC has the skill in mobilizing the community and also has the influencing capacity and advocacy skill in SRHR sector from national to local level.

RHSTEP is a leading national organization providing sexual, reproductive and general health services to women, men, adolescents and children. It provides capacity building training to the government and NGO service providers; advocating to establish SRHR in Bangladesh. RHSTEP is the only NGO which is permitted by the Government of Bangladesh to perform its activities in public hospitals. RHSTEP 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. RHSTEP has been implementing several projects on SRHR for women, young people including women working in garments sector. The organization has experience in working with Government premises and can make good liaison with the health sector which can contribute in the program for collaboration.

Technical Partners-National

BANDHU Social Welfare Society address the concerns of human rights abuse and denial of SHR and pioneered in providing a rights-based approach to health & social services for the gender diverse population in Bangladesh. By mobilizing the resource from donor agencies and with the support from development partners Bandhu has scaled up essential SRHR activities including HIV

intervention, legal support, advocacy and policy development programs that work on addressing the social, religious, cultural and legal impediments of gender diversity population/communities in terms of their rights and freedom. Bandhu advocates at policy level for creating enabling environment to ensure human rights of gender diversity population. Bandhu had selected as Technical Partner in UBR to address the issues of gender diverse population in order to integrate the community into the SRHR service as well as improve life skill to ensure Human Rights.

BIED focuses on adolescent development programs especially on the emotional wellbeing of the adolescent. As a research and academic institution BIED has the capacity to analysis and design the intervention for adolescent considering the need based on program findings. BIED is providing the capacity building training on psychosocial counseling to the UBR 2 staffs and target beneficiaries in order to develop their skills required for the intervention in schools. The expertise of BIED in conducting research on adolescent contributes in program quality monitoring, policy advocacy as well as documentation and dissemination to the sector actors.

NARIPOKKHO has the expertise on the issues of 'Gender Based Violence against Women (GBVAW)'. Focusing activism, Naripokkho has the capacity to analyze the situation, and fine tune the intervention accordingly. Naripokkho is contributing in the development of the capacity of different level gatekeepers to deal with the GBVAW issues. For the UBR programme, Naripokkho contributes in mainstreaming the gender equality and gender based violence approaches within UBR by providing training on GBV for staffs, youth organizers and community.

Technical Partners- International

Rutgers is based in the Netherlands as a knowledge Centre, Rutgers conduct research on SRHR of young and adults in order to advocate and develop programs for adolescent health and rights. It is a knowledge center on sexuality issues, and has built the capacity of the Implementing Partners' (IPs) to increase their organizational skills to work in a comprehensive way on SRHR, especially for the young people in Bangladesh.

SIMAVI is an international development organization which aims to empower women in marginalized areas to improve their own health, the health of their families and that of the community they live in. Simavi takes a Rights-Based Approach in its SRHR work. Simavi takes the responsibility to build capacity of the Secretariat and Steering Committee to ensure an independent and sustainable Alliance at the end of the UBR2 programme, this includes capacity building on community management and program sustainability by training of Social Accountability and provide technical assistance in Program Monitoring & Evaluation.

Socio-Political Status

There are still many barriers in the society and community regarding SRHR awareness and accessibility on youth and adolescent friendly services in the county. SRHR awareness among general population is low and gender-based violence (GBV) is on the rise. Although the Ministry

of Health and Family Welfare is committed to ensuring the effective implementation of the Adolescent Health Policy (2017-2030), which will contribute to the overall wellbeing and health of all adolescent boys and girls of Bangladesh. The National Adolescent Health Policy has been developed for a period of 14 years. Reproductive health and rights is a concern for both Government and NGOs, who have taken lots of initiatives regarding this issue. Both Director General of Family Planning (DGFP) and Director General of Health Services (DGHS) have taken initiatives for ensuring adolescent and Youth Friendly Services in the sub districts and Union Health complexes by the AdoHeart project of UNICEF which is also financed by EKN. UNICEF and UNFPA provided support to NCTB in reviewing curriculum and taken initiative for developing Adolescent Framework for the year till 2041.

To have an adequate knowledge level among the target groups, a long-term and continuous investments are a prerequisite for their attitudinal and behavioural change. It has been observed that socio-cultural attitude, religious beliefs, deep-rooted social norms, conservative social context, traditional mind set, inadequate political commitment, and weak policy implementation caused young people in Bangladesh to have limited access to quality information on SRHR and quality YFSRH services.

A multiplicity of problems and challenges remain, for instance, there are several programs by Government and other development partners, still, the SRHR needs of adolescents are yet to be realized in Bangladesh. Donors and policymakers have been increasingly advocating for comprehensive sexuality education (CSE) and youth- friendly services (YFS), but there is a gap between knowledge and understanding of effective adolescent sexual and reproductive health programming in Bangladesh, especially programming at scale.

Although the National Adolescent Health Strategy (2017-2030) focuses on the sexual and reproductive health including other issues, but education on SRH are more sensitive and stigmatized. Limited access to quality information on Sexual and Reproductive Health and Rights (SRHR) and quality youth-friendly sexual and reproductive health (YFSRH) services. This is caused by a multitude of factors such as poverty, socio-cultural, religious beliefs and norms, and weak policy implementation, etc. There are several factors those influences the situation are: Inadequate access to SRHR education in schools due content on the SRHR issues as well as lack of training for school teachers. Teachers are not professionally skilled on how to impart such education. It was found to be difficult for the teachers to deliver the messages to the students in Bangladesh's conservative and religious society.

DGFP is managing youth-friendly service in some selected government health facilities (UHFWC, Upazilla health complex). However, Bangladesh needs an extension of such youth-friendly SRHR service in full scale to be mainstreamed throughout the country and stewardship should come from Government-managed health and family welfare service sector.

Gender equality and women's rights are core to SRHR. However, gender equality is far away from reaching the mainstream in Bangladesh and women do not enjoy the same rights as men do. A gender role strongly influences access to information and choice of contraceptive methods. Men as fathers, brothers, husbands and community leaders traditionally play an important role in decision making, including decisions regarding the SRH of women and their families and communities. Moreover, there is little progress in recognition of sexual rights and diversity, although the GoB recently (2012) legally recognized the 'third gender,' Most health facilities are not ready to provide services to Gender Diverse (GD) population. Many in our society remain untreated or maltreated for sexually transmitted diseases (STD), and undiscovered HIV infection.

Progress Achieved According to Logframe

Outcome 1: Young people (10 – 19 year) living in rural and (semi) urban areas in 12 upazilas are increasingly aware of their SRH rights and have knowledge and skills to make informed decisions regarding their sexual reproductive health

The UBR II program planned in 2019 to select 2 model schools (among UBR intervened schools) in each *upazila* to introduce the Whole School Approach (WSA), adopted from RUTGERS, WSA helps schools to SRHR education in sustainable and scalable way involving teachers and staffs at schools, but also reaches out to parents, health workers and community leaders. It is a way of embedding sexuality education into the school structure. WSA is a cohesive, collective and collaborative action in and by a school community that has been strategically constructed to improve student learning, behavior, wellbeing, and promotion of conditions that support these. The approach also includes other aspects of school life such as practice teaching, parent's involvement, and safety-net as well as greater wellbeing of students. The process makes the students confident, with self-esteem which will lead them to become active and responsible citizens in the future. In WSA approach, interventions was focused on strengthening School Management Committees (SMC) which was activated through 3 Task Forces; namely i) MMW/CSE, SRHR related health services, MHM, Ending child marriage and GBV Taskforce ii) Resource Mobilization Taskforce iii. Skill development opportunity taskforce. To facilitate the taskforces, UBR initiated a number of activities as follows: (a) Formation & planning meeting with task forces, (b) Orientation/Training for teachers, (c) Training for students, and (d) Parent meeting. The gender-transformative approach (GTA) of WSA demands not only improving girls access to education, but young people especially male (students, teachers, parents, and SMC) understanding of GTA.

The current programme also focuses on Gender based Violence, Gender Diversity and Psychosocial counseling to develop life skill of adolescent and youth. To accommodate this need there were three technical partners; Naripokkho, Bandhu and BRAC IED having extensive experience in these areas, were providing skill development trainings to the UBR team. During this reporting period capacity building of teachers on Whole School Approach (WSA) was the new dimension to help build capacity of schools so that they could individually implement Comprehensive Sexuality Education (CSE) and adolescent friendly learning environment in schools. In this regard a group of Master Trainers were given training on WSA in UBR 2 program to provide training to the field team.

Moreover the SRHR trainers facilitated the sessions at community and other stakeholders' level, disseminating appropriate information on gender diverse population to address stigma. The attitude towards the transgender groups among the target population was improving after receiving the information in a positive way but it was far behind to ensure gender equality as they were many social and religious taboos involved, these UBR initiatives were the way forward while addressing the taboos. UBR was actually helping to bring the change in people's

attitude towards gender equality; this was found during feedback sessions, training evaluation and the mid-term evaluation of UBR 2. In addition, the UBR teams at local levels had taken necessary initiatives for this population groups, foremost by identifying them so that they could be reached to avail the services, as a result of these trainings. The participants were sensitized on gender based violence and developed their skills to take part in combating it in the community.

During this period, SRHR trainer of the program had received training on psychosocial counseling by BRAC IED for the program provision of providing counseling to the students.

Output 1.1.1: Master Trainers, SRHR trainers, SRHR Educators and Youth Organizers have the capacity to deliver CSE

UBR staffs, counselors and volunteers also received training on concept, identification of sexual and gender based violence, law and policy regarding the violence and the referral linkages to provide services to the victims and under this activity in 2018 a total of 103 UBR staffs and 184 youths received training. A total of 321 youths and 33 UBR staffs had received this training in the reporting year of 2019 (Table 1.1). After receiving these trainings the UBR team had been capacitated to identify victims of violence, provide services through counselling or by referring them to other organizations for any legal support or major health services as required. The youth volunteers at the field level and teachers were at school level contact persons to whom victims could communicate for support. Youth volunteers and teachers were also responsible to create awareness on their rights and sent the victims to UBR Health facilities for the services.

Table 1.1 Training of UBR Staffs and Youths by the UBR Technical Partners (TPs) in 2019

TPs	UBR Staffs			UBR Youths			Training Focus
	Achievement			Achievement			
	Male	Female	GD	Boys	Girls	GD	
Naripokkho	17	16	0	10	11	0	Concept , forms, Law and prevention of GBV
Bandhu	0	0	0	137	109	54	Background, policy and RIGHTS of Gender Diverse population
Sub-Total	17	16	0	139	111	54	
Grand Total		33			321		

Output 1.1.2: Teachers in UBR schools & madrasahs in 12 upazila trained to deliver CSE and/NCTB-SRHR education.

The training program on WSA, was an effective and successful one to achieve the relevant program output. A total of 322 teachers (male 176; female 146) were capacitated while piloting WSA at schools.

Table 1.2 Teachers Training on WSA Approach in UBR schools, 2019

IP	Target Meeting	Achieved	Target Participant	Achieved		Total
				Male	Female	
BAPSA	1	1	19	10	9	19
BNPS	2	2	26	13	13	26
DSK	4	4	32	23	9	32
FPAB	12	12	49	37	12	49
PSTC	4	4	74	63	11	74
RHSTEP	3	2	60	33	06	39
Total	18	17	260	179	60	239

Moreover, knowledge on the significance of adopting WSA approach to ensure CSE was imparted through these training (Table 1.2). They were sensitized on gender transformative approach and also had become aware that CSE is not only a bookish education but also a complete right based, age appropriate, information based education which enables young people to make informed decisions for their wellbeing. The training program was synchronized with CSE as well as YFS services.



Teachers are taking part in Group Work



Training on WSA approach among School

Capacity building training of teachers on MMW curriculum was organized during 2019, to conduct CSE and NCTB recommended SRHR school sessions. A five day-long residential training was given by the Master Trainers on CSE. There were 89 teachers trained on MMW curriculum and 53, trained on process and information to conduct the school session as recommended by NCTB. It was found that, after attending the training, teachers were more comfortable to discuss the issues in the class and were keen on including the session in their work plan. They also invited the UBR trainers to visit the schools to assess the quality of the training outcome by exploring the reflection from the students. These UBR teams found that the UBR trained

teachers facilitated CSE in classrooms, through lively plenary discussions & individual experience sharing. Followings were how teachers shared their learnings from the training.

“Teachers are over and over again faced questions on growing up, relationships or sex and sexual issues from school students, in our family and even from community. It is important that they are responding to these questions and provide fact-based information in a suitable and safe way. This training helped us to become confident & skilled to responding properly regarding sensitive issues”. **Mr. Md. Ershadul Haque assistant teacher, Susang Adharsha Bidhanikaton high school, Durgapur**

“After completing the training, I am just sharing my feelings and learnings, that, CSE-MMW sets the foundations of healthy youthful life cycle by providing information on the body parts; understand human reproduction; family and interpersonal relationships; safety, prevention and reporting of sexual abuse, etc. CSE also delivers the opportunity to develop confidence by learning about their emotions, self-management, social awareness, relationship skills and responsible decision-making”. **Mr. Md. Shamsul Haque, BSC teacher, Ranikhang high school, Durgapur, Netrokona**

Coordination meetings were also organized with the trained teacher of different schools along with head teachers in presence of Upazila Education Officers on CSE and NCTB SRHR education, focussing more gender sensitivity, gender diversity, SGBV, SRHR and consent.

In 2019, 42 meeting was arranged where 1,064 teachers total attended; among them 599 were male and 465 were female (Table 1.3). The main objective of these meetings was to create a common understanding of MMW documents and how to overcome different kinds of challenges. These meetings aided in bringing the teachers on the same page, while they could approve on the importance of CSE, psychosocial counselling and their critical role to implement CSE in their schools; especially on gender sensitivity, gender diversity, and gender-based violence, reproductive organs, safe and informed sexual life. There is growing evidence showing that the CSE oriented adolescent and young people make accurate age-appropriate knowledge, attitudes, skills, and positive values, respect to human rights, gender equality, diversity, and, attitudes and skills that contribute to a safe and healthy life.

Table 1.3 Teachers’ Coordination Meeting in UBR areas, 2019

IPs	Teachers Participation					
	Meetings		Achievement			
	Target	Achievement	Target	Male	Female	Total
BAPSA	4	4	130	65	65	130
BNPS	8	8	120	59	55	114
DSK	4	4	120	85	34	119
FPAB	8	8	232	142	90	232
PSTC	8	8	120	72	75	147
RHSTEP	12	10	360	176	146	322
Total	44	42	1320	599	465	1064

Also, teachers shared their feelings and discussed about the challenges that they face in their schools and influence of psychosocial counselling. They have observed the changes among their students during conduction of the sessions.

“Even I have never got chance to know about adolescent reproductive health. But once upon a time we all had to go through it. But the fact was, we also had curiosity and dilemma during adolescent period, limited knowledge of reproductive health, tendency of early marriage, risky behaviors during pubertal changes etc. The same goes for the adolescent and youth today! Even we didn’t know our rights and responsibility towards adolescents. Now I have learned many things. So, I hope UBR will again arrange this kind of meeting at schools.” **Md. Nurul Abser, Teacher, Haji Chandmia Sowdagar High School, Chattogram**

” Lesson 9” Protect yourself from STI/HIV/AIDS” is very sensitive for me to deliver in the session. I can’t address vaginal discharge, etching on the vaginal surface, sexually transmitted diseases. But this coordination meeting has given me such a scope to enrich myself and remove my shame for sharing different issues”. **MMW trained teacher, Md. Shofiquel Islam**



Coordination Meeting with Teachers in



Coordination Meeting with Teachers in

Output 1.1.3: Target UBR schools & *madrashas* to include SRHR topic in their lesson plan

The training was a good initiative for head master/teachers and School Management Committee (SMC) for improving their knowledge, skill and attitude on CSE, as CSE is an essential component of ensuring quality education playing a critical role in determining the health and well-being of all adolescents. The head master/teachers and SMC had become capacitated and committed to adopt and implement WSA, hence, established a strong linkage with different GOB authorities like *upazila* level education, health and family welfare, youth and sports, child and women affair and other local government divisions. In 2,019, a total of 4,296 Head master/teachers and 1,144 SMC members, both female and male, were trained (Table 1.4).

Table 1.4: Orient headmasters and SMC on CSE/NCTB-SRHR Education in UBR areas, 2019

IPs	Target	SMC		Head master/teacher		Total
		Male	Female	Male	Female	
BAPSA	30	23	13	377	339	752
BNPS	60	157	75	367	226	825
DSK	02	50	07	-	-	57
FPAB	60	248	83	907	276	1514
PSTC	60	189	89	697	425	1400
RHSTEP	90	167	43	474	208	892
Sub-Total	302	834	310	2822	1474	
Grand Total		1144		4296		5440

Head teachers were encouraged to prioritize CSE for the age group of 10-19 years, during these sessions. They understood that CSE provides the opportunities to gain accurate comprehensive knowledge, evidence based, and age-appropriate information on sexuality. This sessions were very effective to make a strong linkage among the headmasters, school management committee and trained teachers to carry out SRHR education in the school. The orientation sessions informed SMC members about UBR Activities in educational institutes (EDIs). The participants were very much positive and want to continue CSE, as CSE covers the full range of topics that are important to all learners, at different EDIs along with debate competition, quiz tests, wall magazine etc. Table1.5 shows that 444 out of 446 schools included CSE in their lesson plan of NCTB curriculum and follow MMW curriculum. Following were the reflections representing the participants' view on CSE after attending the sessions.

“Every parent should learn human right based education approach (Morality and Humanitarian education are Farj/compulsory). This is my learning and realization from the 2-day long orientation that I have received, CSE builds and promotes an understanding of universal human rights including the rights of adolescents and young people, the idea of equality and the rights of all people's health education. CSE also involves raising awareness among young people and encouraging them to recognize their own rights, acknowledge and respect other's rights, including safe, responsible and respectful sexual choices, as well as their right to access the information that young people need for effective self-care. So, being a teacher and parent/guardian at the same time, we should ensure CSE education for adolescents and youth”.

Mawlana Md. Abdur Rahman, Principal, Durgapur Din-e-Alim Madrasah



Orientation Meeting with headmasters

“ Adolescents have the right to enjoy a safe and healthy life, free from any diseases. We have the responsibility to provide the right information and services to adolescents, who are not well informed regarding SRHR. Through this orientation of headmasters, we promise to continue the SRHR sessions in our schools.” **Md. Golam Jilani, Headmaster of Chamordani High School**

Table 1.5 No. of schools include CSE in lesson plan of NCTB curriculum and follow MMW curriculum, UBR areas, 2019

IPs	Included Lesson plan in NCTB EDI				Included MMW as extra class in EDI				Total Target	Total Achieved
	School		Madrasha		School		Madrasha			
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved		
BAPSA	25	25	5	5	13	13	2	2	30	30
BNPS	47	47	13	13	28	28	2	2	60	60
DSK	51	51	9	9	26	26	4	4	90	90
FPAB	48	48	12	12	21	21	9	9	90	90
PSTC	44	44	16	16	21	21	09	09	90	90
RHSTEP	69	69	17	16	33	32	12	12	86	84
Total	284	284	72	71	142	141	38	38	446	444

Most of the teacher had become more capable to conduct/ facilitate sessions while adopting non-judgmental approach. They were keen on creating positive attitudes & values, imparting fact based information, promoting life skills & responsible behaviors.

Table 1.6 Young Graduates on NCTB & MMW in EDI in UBR IP areas, 2016- 2019

IPs	2016	2017	2018	2019	Total till 2019
BAPSA	4053	11014	17661	13246	45974
BNPS	320	8104	12616	14957	35997
DSK	9443	10578	24125	26388	70534
FPAB	14741	13652	22377	21755	72525
PSTC	11313	14292	16404	13359	55368
RHSTEP	5081	8765	14082	16554	44482
Total	44951	66405	107265	106259	324880

They commenced to focus on learning through experience sharing, role play, group work, question answer and lots of energizing activities to make these learning easy and fun for children. After completing 13 sessions, adolescents know their pubertal period, how to cope with physical and mental change, importance of CSE, and how to receive right/evidence based information from relevant persons through proper channel. They were also familiar with gender

role, norms and values, sexuality, sexual and reproductive rights .The MMW graduates were more confident and able to negotiate with their parents and other gatekeepers to meet with their growing up challenges and requirements. The 13 lessons of CSE/MMW, enabled adolescents to adopt responsible behavior; with a sense of empowerment of knowing the rights on when to say ‘yes’ as well as ‘no’ while enjoying a safe, and loving relationship free of coercion and violence. Table 1.6 shows that a total of 106,259 had completed the CSE/MMW sessions in different EDI under UBR 2.

The alumni group was formed, after completing 13 lessons in EDI’s. In addition to organizing sessions on SRHR issues in schools, SRHR awareness and sensitization was channeled through different Extra-Curricular Activities (ECA) like quiz, essay, debate or drawing competition, wall magazine etc. These activities also helped other students studying in different classes, to become aware on SRHR. Before going to organize the events, the Alumni Groups of each school conduct meetings twice a year to plan and design for the event with the trained teachers and Head Teachers. 329 such meetings were held with 10,499 participants (Table1.7). The alumni organized 180 MMW exhibitions with a total of 19,559 participants (Table 1.7).

Table 1.7 Meeting with Alumni Group and their activities in UBR areas , 2019

IPs	Meeting of Alumni Committee			Organize exhibitions on MMW					
	Event	Target Participants	Achievement		Total	Event	Participants		Total Total
		Male	Female	Male			Female		
BAPSA	30	1584	566	1018	1584	15	468	988	1456
BNPS	60	789	345	444	789	30	1178	2824	4002
DSK	59	1770	859	1149	2008	30	3612	5440	9052
FPAB	30	2000	1013	2129	2222	30	529	911	1440
PSTC	60	840	437	585	1022	30	466	794	1264
RHSTEP	90	1890	907	1047	2369	45	1102	1247	1954
Sub total	329	6873	4127	6372	9994	180	7355	12204	19168
Total			10499				19559		



Adolescent in school MMW sessions

Attached two quotes below reflect the majority of the students' view regarding SRHR learnings.

“Our parents and teacher never included us in any issue of decision making. They treated us that, we are too young to be consulted, and know very little. As a result, our decision-making capacity, confidence, leadership skills did not develop. I think alumni group meeting is a process and opportunity to improve our aforesaid quality and we need to prove ourselves that ‘yes we can do better if we have the opportunity’”. **Habiba Akter Alumni member, Gujir Kona girl’s high school**

“Debate, quiz, and wall Magazine helped us to improve presentation skills, facilitation skills, evolve the talent to express, present logic, discover logical reasoning capacity, and determine facts and myths. So that we become a rational and responsive future generation and we have the scope to express our talents”. **Suraya Akter, President Alumni association, N.Vaurtala high school**

The following Table 1.8 showing that there was a target of 352 of arranging Extracurricular Activities (ECA) like organize wall magazine, quiz, debate, essay, drawing competition on SRHR in 360 schools. 343 had been organized, reaching a total of 36,617 participants (Table 1.8).

Table 1.8: Extracurricular activities: Organize wall magazine, quiz, debate, Essay, drawing etc. competition in 360 schools) on SRHR in schools in UBR areas, 2019

Extra curriculum event	BAPSA		BNPS		DSK		FPAB		PSTC		RHSTEP		Total			
Target Event	30		97		60		60		60		45		352			
Achieved	30		97		60		60		60		36		343			
No of Participants attended													Total			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	T	
	794	1288	3923	8256	6077	8239	851	1150	1517	2554	1704		2022	13162	23509	36671



Extracurricular Activities in School and Community

The data showed that the programme accomplished targeted activities. This implies that school authorities had given importance on the CSE promotion to raise awareness among the students through different media. Moreover Upazilla Education Officer or relevant government officials and other stakeholders were invited in the events to make them aware regarding SRHR education in schools and to bring a positive attitude from them as well.

Output 1.1.4: Youth Corners are established & functioning in schools & Madrasah

Two trained teachers & alumni group members are carrying out the responsibility for maintaining these youth corners and they are communicating with young people to the gathering of young people in this corner. Youth Corners are established and functioning in intervention *upazillas*. Every youth corner was working well and day by day acceptance and importance of these corners were increasing among the students and teachers. School authority and students very much appreciated this initiative. Through these youth corners, youth and adolescents were getting right and fact base CSE and SRHR information and also these youth centres acted positively to create a CSE and SRHR friendly atmosphere in EDI. Also students were receiving SBCC reading material, leaflet, brochure, booklet, study on CSE/SRHR, psychosocial counselling by trained teachers. Counselling schedules had been established with respective trained teachers and EDI head (Set up trained teacher's nameplate with counselling schedule).

Table 1.9 Setting up of Youth corners in school in Ubr areas, 2016-2019

IPs	Target (total Project period)	Establish youth corner in EDIs					Functioning YC in EDI
		Achievement					
		2016	2017	2018	2019	Total	
BAPSA	15	3	6	6	0	15	15
BNPS	30	8	15	7	0	30	30
DSK	30	24	0	6	30	30	30
FPAB	30	4	7	19	0	30	30
PSTC	60	3	6	21	30	30	30
RHSTEP	45	10	10	23	0	43	43
Total	180	52	44	84	0	178	178

Teachers also maintained counselling register and other necessary documents. The Alumni group assisted the teacher to activate youth corners and a periodical meeting was organized to review the activities with head teachers, teachers and alumni group. The meeting minutes were recorded and followed up by the concerned teachers.

Till 2019, youth corners have been established in 178 schools (Table 1.9) against the target of 180. It was found that in 178 schools, the materials of the corners by the students were recorded in the register book, counseling session held in the corners, question and answer board was utilized properly and comment box was open during school time and maintained by the trained teachers. Following how a student was quoted for how the corner is helping them

“ During the pubertal time, curiosity and panic create among us. The different questions arise in our minds. We cannot share anything with our elders or parents regarding pubertal issues. The youth corner is helping to give the solution to our problems. We are spending time in the youth corner and sharing our problems with trained teachers when faced with any difficulties. We read SRHR related booklets and SBCC materials. We share our views openly and our teacher maintains confidentiality.” **Beauty Rani, Student of Ekota High School, Chamordani**

Output 1.2.1: 250,000 out of school young people (10-19 years) informed on SRHR

In order to disseminate SRHR information to out of school young people through courtyard session, Youth Organizer (YO) had been given training on CSE.

Table 1.10 Train Youth Organizer on MMW in UBR areas in 2019

IPs	Target	Achievement		
		Male	Female	Total
BAPSA	20	9	10	19
BNPS	40	17	18	35
DSK*	0	0	0	0
FPAB	40	20	20	40
PSTC	40	17	20	37
RHSTEP	60	47	36	83
Total	200	110	104	214

* Note-The rest of the YO of DSK were trained in the earlier years

A 5-day residential training had been organized by the programme to build their capacity on session facilitation. During the reporting period, 214 YOs have received training (Table 1.10) against a target of 200. These trainings helped them to develop their skill on SRHR issues to conduct sessions in the community for out of school young people under the supervision of SRHR educator.

The programme reaches the out of school young people in different ways:

- i) Organize court yard session by trained Youth Organizer (YO) at community
- ii) Disseminate information at youth center in UBR *upazila* office.

Table 1. 11: MMW graduation 2016 to 2019 in UBR areas

IPs	MMW graduation out of school/community comparatively 2016-2019				
	2016	2017	2018	2019	Total
BAPSA	47	160	400	400	1007
BNPS	293	320	793	797	2203
DSK	307	320	800	800	3200
FPAB	180	310	852	859	1342
PSTC	160	313	800	1800	3073
RHSTEP	289	496	1149	1157	3091
Total	1276	1919	4794	5813	13916

Before organizing the courtyard session at the community, a group of young people with 20 members who were not attached with UBR school program was formed. During this reporting period 5813 young people had completed 13 lessons of MMW curriculum through the courtyard meeting. Over the years in total 13,916 out of school young people from community had completed MMW graduation (Table1.11). Table 11 is showing a substantial increase in number of graduates from 2016 to 2019 in all IP areas. In 2019, it was 3,091 total graduates compared to 1,007 in 2016 Courtyard meeting was found to be most effective interactive session following peer to peer approach. It attracted young people who did not have access to information.



Adolescent have taken part in group exercise of MMW Session in the Community

In each *upazila* Office, Youth Center had been set up as SRHR information center, where young people had access to receive information. Books, computer and several Behavior Change Communication (BCC) materials were available in the center for receiving information. SRHR session was also conducted by SRHR educator in the UBR Youth Center.

Table 1.12 No of young people outside of school received information on SRHR issues in UBR IP areas from youth-centers

IPs	Achievement			
	Male	Female	Gender Diverse	Total
BAPSA	2889	6393	63	9345
BNPS	4569	6853	0	11423
DSK	734	984	7	1725
FPAB	5923	6058	0	11981
PSTC	893	1089	0	1982
RHSTEP	3281	1803	0	5084
Total	18289	23180	70	41540

They can discuss different issues on SRHR in the center and learn by playing different types of games or doing extracurricular activities. During their visit they received psycho-social counseling from UBR counselor and other services as per their needs from UBR health facilities. They also took part in different campaign or event on SRHR, organized by UBR program. During the reporting period, youth flow in the UBR Youth Centers were continuous during this reporting period. Every month in every center it was targeted that at least 30 young people will visit the youth corner. And we noticed that despite having different difficulties, youth flow was more than our expectation. It is mentionable that 41,540 young people received information on SRHR when they visited Youth Center at UBR *upazila* offices (Table 1.12).



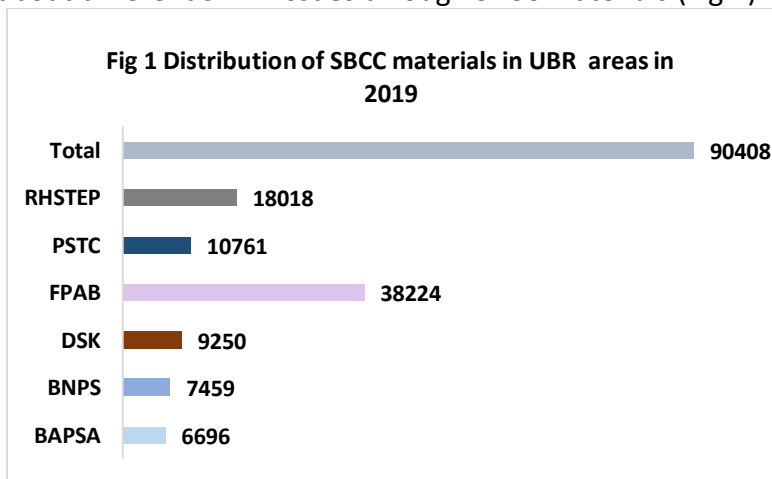
UBR Supported Youth Center in Upazilla Health Complex



Counselor Providing Services from UBR Youth Center

Different types of SBCC materials were distributed among the community for sharing information.

SBCC materials were distributed to young and adults population in the sessions, meetings and day observation programs. UBR published and printed different kind of materials i.e. leaflet, good parenting pamphlet, Booklet on '*Boro hoccijante chai*' (for boys and girls), '*bere uthi asthar sathe*' (for boys and girls), and '*Jibon dokkhota shikha*' (for teachers). During the reporting period, 90408 people informed about different SRHR issues through SBCC materials (Fig 1).





SBCC Materials Distribution in School



SBCC Materials distribution in Day Observation Event



SBCC Material distribution among adolescent girls

Case 1

UBR's contribution in a solitary struggle of being a transgender in a conservative Bangladeshi society

Sayem (Pseudo name), age 17, student of a rural government college who aspires to become a teacher one day. During his puberty he realized that somehow he was different from other boys. He enjoyed more while playing with girls than with boys. He was also more inclined to dress like girls. His family, especially his parents noticed that and felt anxious and embarrassed. Day by day he was growing outwardly like a boy but from within, felt more and more like a girl. His parents were trying allopathy, herbal, homeopathy, traditional healers and spending lot of money, to treat 'his condition' which was unacceptable for them. He was bullied by neighbors, classmates, and people around him. He felt that he was cursed and lost hope of living a normal life as he heard people pointing his condition as a result of his parents' sin. All these became so unbearable that, he was even thinking of committing suicide.

In this mayhem he came in touch with UBR frontline workers and got enrolled in the group session called 'Me & My World (MMW)'. He then found the answers of many of his questions and confusions. He came to know about the existence of non- binary gender and different gender identity and sexual orientation around the world and how people are dealing with these in their life in a positive way. He realized that he is not a curse neither his parents are at fault. This is very natural like many other people living in similar situation like him. He eventually understood the reasons and ways of people's response; also understood how to look at these responses and deal with those.

Sayem shared with UBR team how the lessons learnt from the group sessions organized by UBR were useful to bring back the peace in his life and make him confident to move forward. He also shared how stupid was his thoughts of suicide!

Case 2

UBR's Comprehensive Sexuality Education (CSE) on empowering victims in rural Bangladesh

We all know in every society most of the sexual abuse cases of children are instigated by a family member, relative or by close family friend and how these sexually abused children suffer lifelong consequences for not knowing what to do and how to share this in the family. Following is one such story of sexual abuse and how the presence of UBR in the community helped the victim to stop the abuser of taking advantage of the 'victim's vulnerability'.

Reena (Pseudo name), age 15 was studying in class nine, came from a poor family, residing in a rural area in Bangladesh. Her elder sister was staying with Reena's family along with her husband for about two years since their marriage. After few months of the marriage, her brother-in-law started sexually abusing Reena. She felt very scared, humiliated and confused, experiencing such abuse.

She didn't know how to resist him from abusing her, as he was family. At the same time she feared thinking how her family will react if she discloses this to them. They might blame her of sexually provoking him. Hence, she neither could decide what to do nor share it with others. And was continued being abused by her brother-in-law.

Meanwhile, one of UBR Youth Organizers, the frontline volunteers, formed an adolescent group in Reena's village and she became a member of that group. She commenced attending the UBR group sessions on Comprehensive Sexuality Education (CSE). One of the sessions, was about sexual abuse; regarding body languages, good touch & bad touch. The session also discussed on how to identify the vulnerable situation, how and when to say "No" and how to keep safe from becoming a victim of sexual harassment, abuse & violence. It also discussed on how to seek support from others for protection. In addition, there were role plays in those sessions. *All of these helped Reena to come up with a plan to tackle her situation. She shared it with her group members who supported her. She then gathered enough courage and felt that, she could protect herself and knew exactly what to do!*

So later when her brother-in-law tried again to sexually abuse her she cried out loud so that everyone in the house could hear her yell at her brother-in-law. "I do not expect & enjoy this kind of behavior from you. If you continue doing these again with me, I shall share this with my sister and also with my parents" that was her loud and clear message to her brother-in-law.

Hearing her yell, her mother rushed into her room and asked her, what happened? She replied "it is okay, nothing happened!" Her brother-in-law was speechless! He immediately left her room and never tried to do any of such behavior again. Reena proudly tells her story in CSE sessions setting a bold example for others on how to protect oneself from sexual abuse.



Outcome 2: Young people (10 – 24) living in rural and (semi) urban areas in 12 upazilas have access to Youth friendly SRHR services that adhere to the national standards.

Output 2.1.1: 750,000 Youth Friendly Services Provided to Young People

UBR program had established youth friendly health service facilities in 12 upazillas. It is worth mentioning here that major progress had been achieved in service delivery mechanism in terms of youth friendliness. The skill of staffs for delivering YFSRHR services have been improved through trainings. All the staffs have been oriented on the basic information of YFHS and commenced delivering services in compliance with the national standards. The program has developed a guideline to ensure the youth friendly services in the health facilities and shared it with Government service providers. Table 2.1 shows the comparison of Youth friendly services over the years since 2016 to 2019. The target was 75,000 services and till date program provide 995370 YF services

Table 2.1 Youth friendly services from 2016- 2019 in UBR areas in 2019

IPs	2016	2017	2018	2019	Total
BAPSA	5839	15138	32857	29319	83153
BNPS	8108	21293	43295	44,326	117022
DSK	35932	21903	24855	12834	95524
FPAB	185515	70733	103989	101398	461635
PSTC	24056	33385	40256	37346	135043
RHSTEP	7744	19719	34705	35100	97268
Bandhu	234	888	1092	3511	5725
Total	267428	183059	281049	263834	995370

This is the most important progress achieved in service delivery in terms of youth friendliness during the current reporting period. The skills of staffs for delivering YFSRHR services had been improved through trainings. The staffs also learnt about ‘National Standards of YFHS’ and had taken steps to deliver services in compliance with the national standards.

In addition, during this reporting period, the project delivered different health services such as GH, RTI/STI, MR/MRM/PAC, D&C, GH, FP, ANC/PNC, safe delivery various pathology tests, contraceptive services (pills, Condom, ECP) and distributing sanitary napkins.

Table 2.2 Youth friendly services received by the young people in UBR IP areas in 2019

IPs	Total Clinical Service			Contraceptive Service	Service through Napkin distribution	Total Services	No of clients received
	10 to 24	24 Above	GD				
BAPSA	18139	9728	577	556	319	29319	17925
BNPS	32522	7626	0	0	4178	44,326	22011
DSK	4833	4932	0	1958	1111	12834	25668
FPAB	54097	29926	0	17245	130	101398	202796
PSTC	20014	6705	0	10392	235	37346	74692
RHSTEP	25017	4513	0	68	5319	35100	70017
Bandhu	461	-	461	-	-	-	297
Total	155083	63430	103	30219	11292	260323	413406

The trained service provider provided psycho-social and psycho-sexual counselling services through a non-judgmental approach and maintaining privacy and confidentiality. This year 413406 clients received health services among them 155083 were between ages 10 -24 years and 63,430 were 24 above (Table 2.2). One of the clients' experience is given below

"I was suffering from mental difficulties. Before coming to this center I was very worried about my problems, this is the center from where I received counselling services, this kind of health services are not easily available in where I live. Female psycho-social counsellor and SACMO doctor sat with me several times to solve my problem. Now I am fully cured and confident". **Sima Akter one of the clients of Maddhyanagar youth-friendly service center**

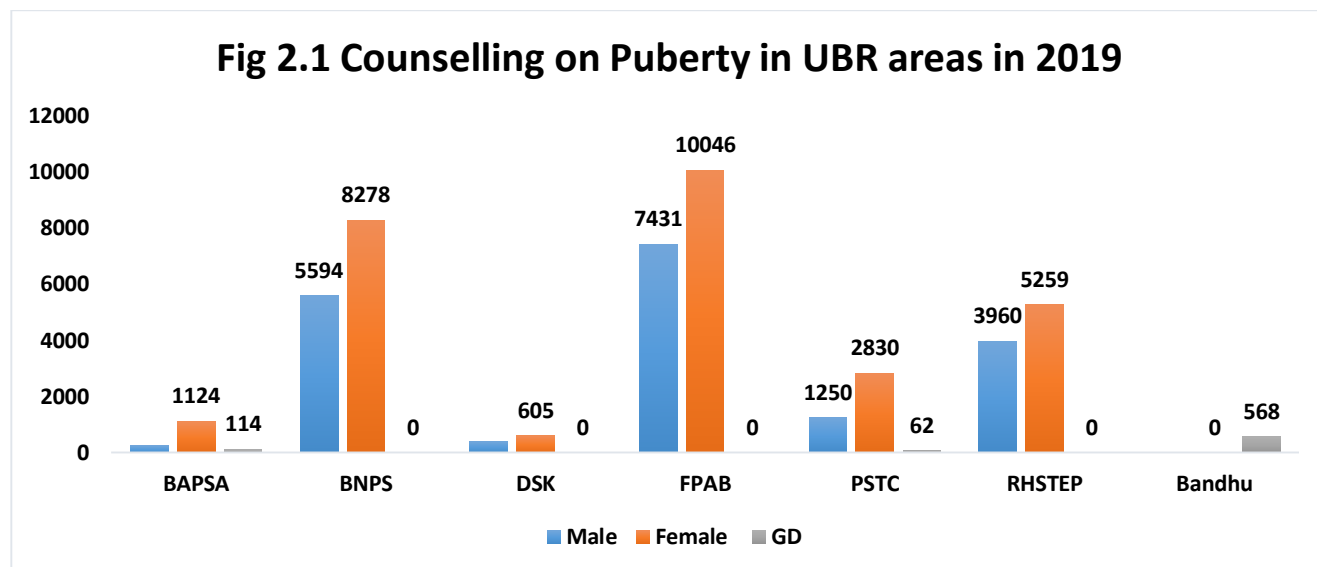
UBR Health Facilities have two counselors in each *upazillas*, male counselor provided service to young boys and female counselor to girls. The counselors have received training on psychosocial counseling for young people and found to be very skilled which was also acknowledged by our clients.

Table 2.3 Counseling support to young people in UBR Health Centers by IPs in 2019

IPs	Counselling (Puberty)				Counseling (GBV)			
	Male	Female	GD	Total	Male	Female	GD	Total
BAPSA	265	1124	114	1503	0	0	0	0
BNPS	5594	8278	0	13872	0	12		12
DSK	402	605	0	1007	08	63	0	71
FPAB	7431	10046	0	17477	711	1062	0	1773
PSTC	1250	2830	62	4142	8	13	0	21
RHSTEP	3960	5259	0	9219	772	2150	0	2922
Bandhu	-	-	568	568	-	-	-	-
Total	18902	28142	744	47788	1499	3300	0	4799

Young people sought mostly mental support during their physical change or problems that they could not share with family. UBR also provided support to the victims of Gender Based Violence

(GVB) through counselling and made referral linkages with other organization to provide legal support, if any. In 2019, 47,788 young people received counselling support on puberty and 4,799 young people received counselling on gender based violence (Table2.3). Fig 2.1 showing the counselling flow of different IPs in 2019.



In addition to health service at UBR Health facilities in 12 *upazila* offices, the health camp was organized at school to develop their health seeking behavior. Since the health camps found to be very effective, the project organized the camp at community level to increase the access to health service for in and out of school young people in the current reporting year.

Table 2.4: Youth friendly Service through health camp in schools and Community level, health card distribution and support set up in government facilities in UBR areas in 2019

Activities	BNPS	DSK	FPAB	PSTC	RHSTEP	G. Total
Health Camp in EDI &Community level						
School	47	52	45	45	61	275
Madrasah	13	9	15	15	13	70
Community	40	40	43	40	50	233
Total	100	101	103	100	124	578
Target	100	100	-		150	150
Distribution of Health Card during health camp for follow up service	8527	302	206	3557	398	1306

In 2019, 275 health camps were organized in schools, 70 in *madrashas* and 233 in the community level, where 1306 health cards were distributed (Table 2.4).



Health Camp in School and Community

Output 2.1.2: Referral system of YFSRHR Services established

The UBR YFS Health Facilities do not have the provision of all types of services and these are not authorized to handle some cases on Health. Moreover to provide the legal support as well as legal counseling to the GBV survivors, UBR do not have the facilities except the psychosocial counseling support. Thus the referral linkages with other organizations or health service providers were made. A mapping has been done on the Health Service facilities at local level by the YFS team by which 64 Health Service have been identified to get available services and to refer the cases as required. UBR has built referral linkage with Ain O Shalish Kendro (ASK), One Stop Crisis Centers (OCC), District legal aid office, BLAST and BRAC to provide legal support to GBV survivors. In that case Naripokkho, Bandhu Social Welfare Society as technical partner of UBR providing assistance to the programme in organizing meeting with the stakeholders to strengthen the linkages for better service facilities. On the other hand to provide further health support to the clients referral linkage established with district level hospital like; Shahid Tajuddin Ahmed Medical College and Hospital, Chattogram Medial College and Hospital.

Output 2.1.3: Health Service Providers in Government health facilities are capacitated to provide Youth Friendly SRHR Services.

UBR had set up YFS corner in the Government Health facilities to promote UBR model for creating access to Adolescent & Youth Friendly Services, as well as to strengthen the capacity of government service providers for ensuring the Adolescent & Youth friendly Health services. To support the cause, UBR provided the equipment and materials (weight machine, height scale, blood pressure machine, patient's bed, Citizen Charter sheet, furniture and SBCC materials etc.) Table 2.5 showing that 31 YFS corners were supported by UBR 2 during 2019 in government health facilities.

Table 2.5 Support set up YFS corners in govt. health facilities in UBR areas, 2019

IPs	Support to set up YFS corners in Govt. Health Facilities							
	Target	Achievement						Total
		UHC	UH & FWC	Union HC	UHC	MCWC	CC	
BAPSA	2	0	2	0	0	0	0	2
BNPS	6	2					4	6
DSK	4	2	2	0	0	0	0	4
FPAB	7	2	N/A	N/A	N/A	N/A	5	7
PSTC	4	2	2	-	-	-	-	4
RHSTEP	8	3	2	-	-	-	3	8
Total	31	11	8	0	0	0	12	31

After setting up the corners, the government service providers were trained on SRHR and youth friendliness. The government service providers (SACMO, HA, FWV, CHP, FWC) of health centers i.e. Union Family and Welfare Center (UH&FWC), Union Mother and Child Welfare Centers (MCWC) under DGFP received training. The Training was coordinated by Adolescent Health Team of DGFP and UBR YFS team, following the module developed by the National Health Departments. In 2019, 43 participants related to Union Health complex, City Health Center, civil surgeon's office, Community clinic and Family Welfare Centre were invited for the training. Participants were from UFPO, MO- (CC), UH&FPO, RMO SACMO, Paramedic, FWA, FWV, CHCP (Specially Jamalpur 4 AFHS centers CHCP), & HA position. In the reporting period 47 such GoB officials were trained (Table 2.6)

Table 2.6: Training of government health service providers in UBR areas in 2019

IPs	Train health service providers (Govt.) on SRHR and Youth friendliness in line with the National Adolescent Health Strategies						
	Target	UHFP0	MO/ MOMCH	SACM O	FWV/ CHCP	FWA/HA	Total
BAPSA	2	1	0	0	0	0	1
BNPS	2	2	2	-	3	2	9
DSK	2	2	2	-	0	2	6
FPAB	2	2	2	-	2	2	8
PSTC	2	2	5	-	1	-	8
RHSTEP	2	3	3	1	7	1	1
Total	2	1	14	11	14	7	4

Output 2.1.4: Youth Friendly SRHR Service monitoring system established

UBR Program Monitoring team has worked on the tools to develop effective monitoring system of Youth Friendly SRHR Services at both UBR and Government Health facilities. It was also a challenge to introduce the monitoring system in Government Health Complex. However, UBR has developed a guideline to operate the YFS corner at Government facilities in which the monitoring mechanism was discussed. The guideline has been shared with the Government Service Providers in the training, received their comments to finalize the monitoring strategy and tools, to be used by the concern officials for ensuring the quality of youth friendly service.

UBR YFS team who was in charge in designing and developing the guideline and protocols and training of staffs for the programme, made periodical visits to assure the quality of the service of UBR health facilities. Total six such visits by YFS team were made and 1 joint visits during 2019 (Table 2.7). A Comprehensive assessment tool for quality of YFSRHR services was developed by M&E group and implemented in the field. A client exit interview tool to monitor client satisfaction was also developed by M&E group and was implemented.

Table 2.7 YFS monitoring visit in UBR intervention areas in 2019

IP areas	Quality assurance visit by YFS Team			Joint visit for Health Facilities at <i>upazila</i>		
	No of quality assurance visit			No of joint visit		
	Target `	Achievement	Participant	Target `	Achievement	Participant
Mymensingh	1	1	8			
Durgapur	1	1	4			
Pabna						
Noakhali				1	1	6
Gazipur	1	1	8			
Savar						
Chattogram	1	1	3			
Netrokona	1	1	4			
Barhatta	1	1	4			
Madhonagor	1	1	4			
Rajsthali	1	1	4			
Kawkhali	1	1	4			
Total	6	6	23	1	1	6

During this period, the team went to the UBR *upazillas* to find out the strength and gaps of the YFS component of the UBR 2 program. The team constituted of Master Trainer and Program Officer along with Program Coordinator and Program Manager and visit the Health facilities as well as Youth Center at the *upazila* Offices to check the quality that followed the national standards, discussed with *upazila* staff and Management, monitoring the service and facilities as per requirement , participation of young people (MYP) in the program and activation of Upazilla Youth Forum and their knowledge and skill to perform the role and responsibility in the community for the sustainability of the program.



Joint Visit of YFS Monitoring Team

Case Story 3

Youth Friendly Services: An urgent need of the young people

The story is about a girl named Sabina (pseudo name) who lived in a rural corner of Kawkhali *upazila*, Rangamati. She was 14 years old, a brilliant student in her class. But her knowledge about menstruation hygiene management was not adequate. During, her menstrual cycle, she was using a piece of rag and had little knowledge about importance of hygiene and menstruation. She could not put the rags under sun to as these were not supposed to be visible by others as it is perceived as a matter of shame if anyone sees it because in her society menstruation of a girl is a matter of gossip and is totally prohibited to share in fear of losing dignity. Moreover, buying a sanitary pad from local medicine shop was also a matter of embarrassment because sometimes salesman or male persons standing beside the local medicine shop tease young girls with indecent comments/ words about menstruation. So, whatever her mother gave her to use (normally unhygienic piece of used old cloth/rag) during her menstruation, she had to use it.

One day Sabina felt an abnormal change in her abdomen. It was swelling up day by day and she felt uncomfortable. Her family members suspected that she was pregnant. It was an embarrassing situation for Sabina as no one would talk to her at that time because it WAS considered a great sin for being pregnant out of wedlock. Suddenly she had fallen sick. She felt serious pain and had medicine from a quack, which made her condition worst. Sabina's family wasn't ready to take her to the hospital near their home as they were not comfortable to consult with the male doctor posted there, about Sabina's abdominal pain.

Then within one week she was so seriously sick that Sabina was admitted to a hospital. After a thorough investigation the doctor found that she was suffering from a urinary tract infection that was caused by the unhygienic cloths. Sabina received treatment for the bacterial infection and survived. However, as Sabina's father was a farmer, her family had to lend money from neighbors in order to pay the high cost of her treatment? It took 7 months to return all the money that was borrowed by her father.

Sabina now feels strongly that knowledge on SRHR and YF services should be provided to young people like her in every community so that they don't feel afraid and suffer like her. Bilkis, Sabina's friend, who is a Youth Volunteer of UBR-2 project never misses classes due to her menstruation or becomes ill as a result of bad menstrual hygiene as she maintains her personal hygiene which she learnt from a Unite for Body Rights (UBR)-2 youth corner.

Output 2.2.1: Teachers played role as psycho-social counselors for young people in schools

In this reporting period counselling sessions were provided among 5372 boys and 7482 girls (Table 19). Altogether it was 12854 for both boys and girls in 2019 (Table 2.8).

Table 2.8 Counselling sessions for young people done in IP areas in 2019

IPs	Boys	Girls	Total
BAPSA	1475	2020	3495
BNPS	488	718	1206
DSK	1186	1762	2948
FPAB	1379	2082	3461
PSTC	890	1820	2710
RHSTEP	844	900	1744
Total	5372	7482	12854

Mental Health and Psychosocial Wellbeing Unit of BRAC IED has facilitated training for 3 batches of 25 teachers, and staffs on psycho-social counseling in 2019 (Table 2.9).

Table 2.9 Train Teachers on psycho-social counselling by BIED in 2019

IP upazila	Participants	
	Male	Female
Mymensingh	-	-
Netrokona	0	2
Barhatta	3	1
Durgapur	2	0
Noakhali	2	0
Pabna	0	1
Gazipur	2	0
Chittagong	3	1
Dharmapasha	5	0
Kawkhali	-	-
Rajsthali	-	-
Savar	1	2
Total	18	7
		25

After completing this training the teachers mentioned that the relationship between them and their students had improved. If the students felt any discomfort like stress, anger, exam phobia they come to the teachers to share their personal feelings and issues. Both the teachers and staffs expressed that they could manage their stress, anger and they also reported positive changes in their personal life after receiving the training. The communication skill like empathetic listening, understanding, non-judgemental attitude has improved, they reported.

Training Key Staff Members on Psychosocial was not in the UBR activity plan but for the increasing demand from partner organizations, BRAC IED has arranged a training on psychosocial support for the capacity development of UBR 32 key staff members (Table 2.10) on Psychosocial Counselling and Supervision & Monitoring. After completing the training it was found that the key staff members learned a lot on Psychosocial Counselling and it helped them on monitoring, supervising their supervisees, as well as added to their individual development.

Table 2.10: Train Key Staff Members on Psychosocial Issues by BIED in 2019

IPs	Male Participants	Female Participants
BAPSA	1	2
BNPS	4	1
DSK	4	2
FPAB	2	1
PSTC	3	4
RHSTEP	5	1
BIED	0	0
Bandhu	1	0
Naripokkho	0	1
Sub-Total	20	12
Grand Total		32

Outcome 3: An SRHR supportive environment ensured for sustainable access to Comprehensive Sexuality education (CSE) & Youth Friendly Services (YFS) in 12 Upazila

Output 3.1.1: Increased collaboration between UBR, SRHR partners and Government departments

UBR alliance and RHRN platform jointly organized a **Workshop on mainstreaming CSE education: “Making One Voice on CSE”** with other SRHR stakeholders for a joint collaboration and networking for mainstreaming CSE in national level curriculum on February 13 2019 (Golden Tulip-a hotel at Banani). Development partners, INGOs, NNGOs, SRHR networks and partners were present at the workshop. Following were the objectives of the workshop

- To make a common understanding on CSE implementation by gap analysis
- To develop strong allies through collaboration between SRHR organizations who are working especially on CSE to influence the policy makers for mainstreaming CSE

Representative from UNICEF, Simavi, BRAC, RHRN, Ritu, Red Orange, WE CAN, MHM platform, NEARS, Action Aid, Plan International and all UBR partner organization were present in the workshop. In the panel discussion session panelist addressed the ‘Gaps & Barriers on CSE and the ‘Way forward & Collaboration strategy’ to *mainstream CSE* : (In terms of curriculum update, training module development, capacity building for the trainers & teachers, policy implementation, facilitating the scopes for continuous learning sharing etc.). UBR has been

continuing collaboration and communication with health and education section of UNICEF and UNFPA to influence government health and education department for mainstreaming CSE and YFS as per experience of UBR program. As a result NCTB included UBR in the Life Skills Based Education mapping initiative which supported by UNFPA. And also included in the National plan of action initiative by DGFP and UNICEF.

During this reporting period UBR's continuing advocacy strategy with NCTB reviewed MMW and published their name among the review panel list in the UBR publication of MMW. This was the continuous advocacy efforts by UBR team during the current reporting period.

Output 3.1.2: Increased capacity of 50 key staff (Steering committee, Managers Program and Monitoring etc. Activities done in 2018

Output 3.1.3: Increased capacity of UBR secretariat, PMs, and different learning teams to implement UBR. Activities done in 2018

Output 3.1.4: Media people sensitized and play role in raising awareness on SRHR Media people was sensitized by deferent initiatives in previous years. Regular communication had been continuing with media for documentation and publishing in the print media as well as broadcasting in the electronic media at local and national level on SRHR related issues. Under the activity of Media Advocacy/Talk show/Round Table.

Roundtable at Bengali Daily newspaper 'Prothom Alo'



UBR tried to focus the problem of school teachers skipping the chapters on reproductive health in their classed influenced by social taboo as this problem needs to be addressed through various initiatives including changing social attitudes and promoting desired behaviours hence, UBR Organized a Round table on “Sexual and Reproductive Health Education: Adolescents and Adolescents Rights” collaboration with the renowned daily Bengali newspaper ‘Prothom Alo’ , supported by EKN, to create mass awareness on these issues .Former Caretaker Government adviser Rashida K Chowdhury was the chief guest and Mr. Probir Kumar Bhattacharya, Director of

the Department of Secondary and Higher Education, and Ms. Mushfiqua Zaman Satiar, Senior Advisor, Gender and SRHR, EKN, were the special guests in the meeting. Policy makers, NGO and youth representatives also participated in the round table meeting. Speakers of the meeting raised voice on the rights of the adolescents to age appropriate information on SRHR and emphasized on the need for teachers' role to address this neglected topic in our society.

Output 3.2.1: 1243 community leaders and 19198 parents have increased awareness on SRHR

UBR 2 planned to enhance parent children communication to ensure the SRHR for the target group. Several channels were designed for the communication during this period. The sensitization meetings were organized for parents at both community and schools by SRHR educators and teachers respectively for the student in and out of schools. In addition, selected community leaders were sensitized about SRHR education and youth friendly services, through these meetings. They were informed about sexuality & reproductive health rights, gender diversity & rights, gender role; gender equality and the types of sexual and gender based violence including their role as a gate keeper.

It was revealed that most of the cases mothers were easily convinced than father or male members and agreed with the importance of SRHR lessons and services for their adolescents and youths. ***Md. Bappi Mia, parent from Kahang Johor, and Shefali Begum from Mymensingh Sadar shared similar reflections on the importance of SRHR education.***

“Many of us did not understand the importance of reproductive health education at the adolescence period, even after marriage. It is an important factor in our daily life. We didn't have the opportunity to access information during our adolescence, neither could we ask anyone nor did anyone provide us any information. As a result many of us had been suffering from reproductive health problems. Now we understand the situation need to be changed and we would accept the initiatives which will be benefited our children. ”

In addition to parents' meeting, the meetings with community leaders like upazila chairman, vice-chairman, union parishad chairman, ward counselor and other local influential people like religious leaders, were organized as they were the potential stakeholders of the program and it was necessary to create supportive environment through social awareness on SRHR among the community. During this reporting year, 12 meetings were organized with 1,243 community leaders and 864 meetings with 19,198 parents (Table 3.1).

Table 3.1: Meeting with community leaders and parents in UBR areas in 2019

IPs	Community Leader		Parents		Total	
	Male	Female	Male	Female	Male	Female
BAPSA	17	2	85	741	102	743
BNPS	104	32	1272	2353	1376	2505
DSK	174	64	1229	2852	1403	2916
FPAB	305	427	285	924	590	1351
PSTC	27	5	744	2672	771	2677
RHSTEP	62	24	1509	4532	1571	4556
Sub-Total	689	554	5124	14074	5813	14748
Grand Total	1243		19198		20561	

In the meeting, the community leaders were oriented about the concept of SRHR, how the young people are discriminated and become the victims of gender based violence in the family and society and what should be their role to support CSE implementation in school through school management authorities and to ensure youth friendly SRHR services through clinic management authorities. The community leaders were found to be very positive to support community young people in this regard.



Parents Meeting for raising awareness on SRHR Issues

Output 3.2.3: Community groups have capacity to use the social accountability tools to ensure the availability of health services

Social accountability is an integral component of good governance. It relates to the enabling environment for citizens, public service users and program beneficiaries to demand better responsiveness and accountability from policy makers, program implementers and public service providers. During the reporting year, 74 youth organizers were trained to implement tools for

social accountability as well as 74 UBR staffs, community other people were also trained (Table 3.2). The objectives of the training were to make aware the UBR key implementers and youth on the concept of social accountability and its tools to ensure good governance of local health service system by engaging community. One of the major objectives was to strengthen the capacity of the youth in implementing social accountability tools so they could take part in decision making process and good governance.



Training on Social Accountability

Table 3.2 Training on Social Accountability in UBR areas in 2019

IPs	Train Youth Organizers to implement tools for social accountability mechanisms		Train UBR Staff, Youth Organizer, Community young people and community people on Social Accountability roll out at Upazila level by PNGO				Total
	Participants		UBR staff	Youth Organizer	Community People	Community YP	
	M	F					
BAPSA	2	6	2	2	4		8
BNPS	8	4		4	6	2	12
DSK	5	6	1	4	2	4	11
FPAB	7	7	1	4	9		14
PSTC	6	3	1	4	4		9
RHSTEP	10	5		6	9		15
Bandhu	1	2	1	0	0	2	3
Naripokkho	0	2	2	0	0		2
Sub-total	39	35	8	24	34	8	74
Grand total	74		74				

During UBR 2 phase a guideline was developed in Bangla to roll out the training for the community and young people by the master trainers and Youth Organizers. The Citizen Charter was developed and set up at union level. Also orientation meeting for the community people was

organized to create awareness on their rights as a citizen and resource allocation by the Government to fulfil the requirement on health service.

In addition, the management working group of the union health complexes was reactivated. Following government circular, young people were included as a member in the working team which was vacant for a long period. The community and young people were taking their responsibilities to meet the demand of their peer in the community to access health services. In 2019, UBR Staff (8), Youth Organizer (24), community (34) & community young people (8) were trained on social accountability (Table 3.2). 74 YOs were also trained on how to utilize social accountability tools (Table 3.2).

Output3.3.1: 240 Youth Organizers in UBR2 Program are capacitated to take a role in advocacy

In general during implementing programme, young people are considered as one homogeneous group when in reality they are an enormously diverse group, not only in terms of age and gender, but also in terms of ability and beliefs that give them the agility to face new challenges. Hence they are very efficient in doing advocacy for ensuring their SRH rights. A team of 20 Youth Organizers were playing key role in implementing UBR activities in 12 *upazillas*. They were responsible for organizing MMW sessions for their peers at community level, conveyed the message of health seeking behaviors to other young people, as well as involved in prevention of GBV, early marriages or any kind of inappropriate social practices in their respective areas. UBR program organized different training sessions to build the capacity of these youths, since the beginning. Through this, young people were empowered to take the lead, instead of only participating. During this period, advocacy trainings were organized for the group to strengthen their capacity for SRHR advocacy. They were playing active roles in organizing events at local level, participating in national level forums and sharing their experiences to advocate for sexual and reproductive health Rights. In 2019, only FPAB did the ToT Advocacy & leadership for 40 YOs, rest of the IPs completed the activity in 2018.

Activity: Organized Youth Conclave:

To introduce YFS service to others stakeholders, to create opportunity and network for youth organizers of UBR and braking the taboo with collective effort UBR alliance organized the Youth Conclave on the 13th October 2019 at Bangla Academy having the presence of nearly



Youth conclave, 2019 at Bangla Academy

250 youths from 12 UBR upazila among others. Along with discussion sessions, there were 11 exhibition stalls by the UBR implementing partners. Three different panel discussions were held on 3 topics. Honorable MP Meher Afroze Chumki inaugurated the youth conclave and His Excellency Mr. Harry Verweij, Ambassador of the Kingdom of the Netherlands gave the speech in the closing session.

Outcome 4: Contribute to the development of (national) governmental policies and programs that include youth-friendly SRH education and services.

Output 4.1.1: Advocacy strategy in place for UBR Program

During UBR 2 phase, advocacy strategy was developed with the technical assistance from Rutgers, Netherlands. A two day long workshop was organized with Program Managers, Upazila Managers, Program Team Leaders who were directly involved in the advocacy on CSE and AYFS issues. The strategy was formulated by analyzing stakeholders, following national policy and strategy on Adolescent Health and Education, Gender, Sexual Harassment Law etc. The draft

strategy was shared with EKN and Steering Committee of UBR and finally submitted to EKN by Rutgers.

Output 4.1.2: Joint Advocacy initiatives taken with Government stakeholders/Networks

Day observation is one of the major activities of the project under the pillar of outcome 4. The events of day observation were organized jointly with government and non-government. UBR celebrated 5 National International Days, i.e. on 8th March: International Women’s Day; 28 May- MHM (Menstrual Hygiene Management) Day; July 11, World Population Day; 12 August: International Youth Day and 25 November to 10 December: 16 days Activism against GBV. Joint celebration of these events was the best opportunity to work with government at *upazila* level where UBR could advocate for the SRHR agenda and could influence the key personnel at local level through sharing the lessons. It also helped to make good collaboration with government officials to work together. In these programs, young people, community leaders, teachers, students, parents, government officers and local elected members had participated. These day observations engaged community level and school level stakeholders of the project and focused SRHR needs & rights of adolescents and women. In 2019, 8,699 young people, 1,731 parents, 1007 government officials, 1,612 community members,, 407 community leaders, 575 teachers participated in the day observation activities (Table 4.1)

Table 4.1 Day observations: International Women’s Day, Menstrual Hygiene Day, World population day, International Youth day, 16 day activism in 2019 by UBR alliance

IPs	Young People		Parents		GO* Officials		Community Member		Community Leader		Teachers		GD*	Total
	M*	F*	M	F	M	F	M	F	M	F	M	F		
BAPSA	438	1203	13	19	61	136	170	1130	34	44	45	83	1	3377
BNPS	613	818	68	197	113	107	18	13	40	30	9	15	2	2043
DSK	674	1125	274	465	50	32	11	13	17	18	84	98	0	2861
FPAB	835	1062	223	232	97	53	95	70	77	83	98	66	0	2991
PSTC	79	196	1	0	3	3	0	0	0	0	1	1		284
RHSTEP	664	992	70	169	145	207	46	46	27	37	39	30	3	2455
Sub total	3303	5396	649	1082	469	538	340	1272	195	212	276	293	6	14011
Grand total	8699		1731		1007		1612		407		575			

*Here, M =Male, F=Female, GO= government, GD=gender diverse



International Women's Day and AIDS Day Celebration

Sharing Learning Meeting: An exchange meeting, with 36 participants, was held titled 'Sharing Learning on "Adolescent and Youth Friendly Health Services: UBR Approach"' organized by UBR (United for body rights), on June 23 in CIRDAP Auditorium, Dhaka. Which aimed to address Goal 3, Goal 5 and Goal 10 of SDGs.

In the Sharing learning meeting the chief guest was Mr. G M Saleh Uddin, Honorable Secretary, Medical Education & Family Welfare Division, and Ministry of Health & Family Welfare. Special guests was Dr. Mohammad Sharif Line Director, DGFP, Ms. Mushfiqna Zaman Satiar, Senior SRHR and Gender Adviser, EKN, Priosindu Talukder, Deputy Secretary, Deputy Project Director, Establishment of Kishor Kishori Club Project MOWCA, Mr. Matiur Rahman, Executive Director, FPAB, Ms. Quazi Suraiya Sultana, Executive Director, RHSTEP, the Lead Organization of UBR2. This meeting was organized through UBR Alliance collectively with partners, government officials and other stakeholders.

Mr. GM Saleh Uddin, Health and Family Welfare Secretary was the chief guest, said, "Me and my world" is a timely and useful learning instrument on SRHR. He assured that essential cooperation in the main section of National Education Curriculum would be ensured. Besides, he promised to include UBR's 9 years of evidence based results and field experience on youth-related SRHR services into the program of action taken by the Ministry of Health. He would also arrange a coordination meeting involving different ministries. Below are the few recommendations came up in the meeting:

- Provide all service related documents of UBR to DGFP
- MMW will provide to secretary for replicate all over the country to provide SRHR education to Youth
- Increase space in government health facilities
- Life skills and skills development related education need to be increased
- Provide psycho-social counselling training to govt. service providers
- Psycho-social counselling need to provide all the adolescents through school teacher
- MMW (SRM) will circulate all the educational institution.

To increase access for Youth Friendly Services in government facilities, UBR shared the good practices, for instance psychosocial counseling, CSE for community young people and strengthen the community network for sustaining the services after the project period through social accountability. Hence, UBR local management team participated in the upazila coordination meetings and shared achievements and challenges of the programme. The team organized visits for the concern officials of Health and Education Departments to show case the UBR 2 program after meetings with them. The District Civil Surgeon, UHFPO, Medical Officers visited UBR Youth Health Centers and gave suggestions for further improvement as well as showed their interest for future collaboration to make YFS sustainable and effective. On the other hand, Education Officers visited the schools and participated in the coordination meetings. They were oriented on the programme activities and they also gave their feedbacks in line with the government policy and strategy. During this period, 74 Health officers visited UBR YFS centers and 31 education officers visited UBR schools (Table 4.2).

Table 4.2 Sensitization meeting with Govt. officer and visit by them in 2019

IPs	Meeting/Workshop with Upazila Education officer & Health Officer			Visit to UBR School by Education officer			Visit to UBR YFS Center by Health officer		
	# of meetings	Participant		# of visit	Participant		Participant		
		Male	Female		Male	Female	Male	Female	
BAPSA	1	13	4	1	1	0	2	15	7
BNPS	2	35	22	2	12	11		10	4
DSK	2	17	12	2	4	0	2	8	0
FPAB	2	3	3	-	-	-	-	8	4
PSTC	38	42	16	3	3	0	1	1	1
RHSTEP	1	1	1	0	0	0	1	8	8
Total	46	111	58	8	20	11	6	50	24
Grand -Total	46	169		8	31		6	74	

A government high officials' team visited the Youth Corner of UHC and Upazila Health Complex at Rajsthali and Betbunia Community Clinic in Kawkhali Upazila Health Complex and UBR office of Kawkhali on 13 to 14 December 2019. The team headed by Dr. Samsul Haque, Line director of DG HS. He was also accompanied by Dr. Jesmin Ara Khanom, Deputy Director, EPI Surveillance, Dr. Md. Aman Ullah, Program Manager, Adolescent and School, Health Program, Dr. Nasreen Akhter, Deputy Program Manager, Monitoring and Evaluation, Adolescent and School, Health Program and Ruihla Ang Marma, UH&FPO, Rajsthali and Ms. Swimipro, UH&FPO, Kawkhali, Education Officer and ward counselor of Kawkhali, Quazi Suraiya Sultana, ED, RHSTEP, UBR-PMs, YFS team members, upazila managers, and youth forum members. Govt. officials visited youth corners in govt. facilities and discussed with local authorities how this corners will continue beyond UBR project.



Output 4.1.3: Teachers and Head masters capacitate in playing advocacy role on SRHR

One of the major strategies of UBR programme is the bottom up participation to ensure the SRHR of Adolescents. In view of this UBR organized several sensitization meetings and skill development trainings for teachers and Head teachers to make them realize the importance on the SRHR education and get support in promotion of comprehensive sexuality education to the young people in the society through schools. Since UBR is working in only 320 schools in 12 upazilas, it need to be extended throughout by sharing the good practice of the programme. It was found that teachers and head teachers were one of the key stakeholders in advocacy activities for mainstreaming SRHR education. For this purpose, UBR selected 180 personnel from 360 UBR schools as UBR advocates, based on their dedication towards SRHR programme and skill in influencing the government officials to carry forward the advocacy agenda of UBR for SRH rights of young people by participating in different forums and meetings. In this year, under this activity only PSTC and RHSTEP organized the orientation and the rest did this in previous year. PSTC had done one such orientation with 26 participants and RHSTEP did two with 26 participants.

Output 4.1.4: Government Officers are sensitized to implement CSE in schools and YFS service at health facilities for adolescent and young people

To increase the access to Youth Friendly Services in Government facilities, UBR shared its model of the good practices i.e. psychosocial counseling, CSE for community young people and strengthen the community network for sustaining the service after the project period. Thus UBR local management team participates in the *upazila* coordination meetings and shares

achievements and challenges of the programme. The team organized visits for the concern officials of Health and Education Departments to show case the UBR 2 program after meetings with them. The District Civil Surgeon, UHFPO, Medical Officers visited UBR Youth Health Centers and Facilities and provide their inputs for further improvement as well as further collaboration to make it sustainable and effective. On the other hand, Education Officers also visited the schools and participated in the coordination meeting. They were oriented on the programme and provided their feedbacks in line with the government policy and strategy. In 2019, 46 sensitization meetings/workshops were held with 169 participants (Table 4.3). Also 8 visits were made by education officers (with 31 participants) and 5 by health officers (with 58 participants) (Table 4.3).

Table 4.3 Sensitization meeting with government officer and visit by them in UBR areas in 2019

IPs	# of meeting Participant			Visit to UBR School by Education officer			Visit to UBR YFS Center by Health officer		
				# of visit	Participant		# of visit	Participant	
		M	F		M	F		M	F
BAPSA	1	13	4	1	1	0	2	15	7
BNPS	2	35	22	2	12	11		10	4
DSK	2	17	12	2	4	0	2	8	0
FPAB	2	3	3	-	-	-	-	8	4
PSTC	38	42	16	3	3	0	1	1	1
RHSTEP	1	1	1	0	0	0	0	0	0
Total	46	111	58	8	20	11	5	42	16
Grand -Total	46	169		8	31		5	58	

Output 4.1.5: UBR YFS model adapted in government structure out of UBR

One of the outcomes of UBR is to adapt the YFS model into Government structure to ensure the sustainability of the programme. In line with this issue, UBR 2 developed its advocacy goal to incorporate UBR- YFS good practices into AdoHeart model. To achieve the desired goal, UBR Alliance team at central level made communication and collaboration with AdoHeart programme of UNICEF which is funded by EKN. The objectives of the AdoHeart program is to strengthen the capacity of Health Departments of Government for ensuing Adolescent Friendly Health Services. UBR participated in different meetings organized by AdoHeart and shared the good practices of UBR to be incorporated in the AdoHeart Program. In this reporting year 57 advocacy meetings in different departments of education and health were organized (table 4.4).

Table 4.4: Meetings with different GoB departments in UBR areas at *upazila* Level in 2019

IPs	Participants					Total
	Edu Depart	Health Depart	NGO	UBR	Others stakeholders	
BAPSA	-	16	0	0	0	16
BNPS	0	0	0	0	25	25
DSK	0	0	0	0	0	0
PSTC	2	4	9	0	0	13
FPAB	1	1	0	0	1	3
Total	1	21	9	0	26	57

Output 4.1.6: Linkage to include CSE in national curriculum and teachers training curriculum

Unite For Body Rights (UBR) Bangladesh Alliance in collaboration with RHRN Platform Bangladesh organized a Round Table Meeting on 21st August, 2019 at CIRDAP Auditorium Dhaka, to sensitize the stakeholders on the importance of Adolescents' SRHR Education and to create a common understanding on the capacity of teachers for implementing SRHR education and to draw attention to the appropriate authorities, for inclusion of SRHR education in Teachers Training Curriculum.

Through this round table UBR Bangladesh Alliance intended to obtain support from teachers' training curriculum (TTC) review committees to prioritize & include SRHR information and motivate the authority of TTC to ensure to teach SRHR topics considering the need & right of the adolescents. Moreover, to make a strong relationship/coordination/linkage with the officials of TTC/TQI/NAEM to explore the opportunity of further working with them to realize UBR objectives.

The round table was participated by different government officials, and other relevant stakeholders. Following are some of the distinguished guests, who were present in the round table as chair, chief guests and special guests respectively

Dr Md Mahmud-Ul-Haque, Additional secretary (Development) Secondary & Higher Secondary Education Division, Ministry of Education.

Dr Mohammad Jahangir Hossain, Director (Planning & Development) & Generation Break Through Directorate of Secondary & Higher Education

Professor Dr Md. Abdul Mannan, Director, Directorate of secondary and Higher Education

Professor Syeda Tahmina Akhter, Director IER, Dhaka University, Dhaka

Professor Kaniz Syeda Binte Sabah Principal Government Teachers Training Collage Dhaka.

Professor Dr Md. Abdul Mannan Director, Directorate of Secondary and Higher Education

Professor Md. Moshuazzaman Member (curriculum) National Curricula and Textbook Board (NCTB). Dr. Muhammad Munir Hussain Programme Analyst, Adolescent & Youth, UNFPA



Round table with GoB stakeholders by UBR & RHRN, @ CIRDAP, August 2019

Lessons learnt

- The Whole School Approach was initiated in 2019 as a model of sustainable SRHR education by building capacity of schools with their own resources. Whole School Approach (WSA) implementation in UBR schools was encouraging. The evidence based good practices of the pilot initiatives on WSA should be advocated so that it could be adopted at EDIs
- UBR program providing huge investment for systematically capacity building of EDI's staffs and youths to create awareness on quality service and responsible social practices towards improved health and wellbeing, hence, meaningful involvement of the young people and the trained staffs could be the driving force of the program facilitating a lot to achieve target, quality, visibility & sustainability of the program.
- The YFS corner at government health premises was developed by UBR 2 project at an affordable cost. The training of the government service providers was meant to build preparedness on AYFS. To strengthen the momentum of the YFHS, local level collaboration should be continued with government officials towards continuation of the program objectives. Moreover, sharing the evidence based YFHS model of UBR while utilizing UBR's almost a decade long relationship with government influentials, to influence government decision makers in order to continue youth corners at government health facilities.
- At the same time UBR 2 needs to increase involvement with government officials and policy makers, especially at national level for official approval to implement the project at scale. Fact sheets on SRHR situations & indicators, global agenda, government commitments, young people needs/rights, parents, civil society interest- etc. should be instrumental to trigger the decision-makers' will & cooperation.

Areas of opportunity for sustainability

Comprehensive Sexuality Education (CSE)

- The program already ensured the functionality of the school units through activating the trained teachers along with the Task force & SMC. There was a UBR school package that covers CSE group sessions, quizzes, wall magazines, debates, regular coordination meetings among the relevant support groups like parents, SMC, youth alumni, and the local government officers etc. The program documents on all the success stories & best practices could be used to further convince the stakeholders including the high-level decision-makers.
- MMW, the CSE in the UBR is already accepted by the NCTB, up to a good extent, which was a result of a series of interventions like individual lobbying, advocacy, and joint events. However, the communication is continuing with the experts of NCTB and they have agreed to update the Teachers Training Curriculum (TTC) in-line with the MMW Module to use it in the teacher's training in collaboration with UBR.
- Mainstreaming SRHR education into the teacher training curriculum will pave the way for mainstreaming life skills education, based on the SRHR materials, developed by the UBR project. Besides, this would then could ensure the MOHFW and MoE to implement and continue the program objectives once the UBR activities are ceased.
- The trained Youth Organizers (Volunteers) who were engaged for organizing and facilitating CSE session to disseminate the SRHR education for out of school young people, could be linked with ADP Club of MoWCA and Youth Club of Youth department. For this purpose, the already existing community level youth center/club could be tagged with Department of Youth Development/Department of Women Affairs skills training program in order to help the youth becoming wage earners and start their own careers. Moreover, as MMW curriculum was shared with the departments to include the MMW curriculum for life skill based education materials in the club. Also in the clubs, the Youth Advocates as the peer leader of the programme could facilitate the sessions.

Youth Friendly Services (YFS)

- The national program known as 'ADOHEARTS', providing YFHS to the young people is in place by the government through DGFP, supported by EKN. DGFP has been trying to brand youth friendly service points in the government facilities, UBR can collaborate in this by handing over the corners that were developed by UBR at government facilities to local government counterparts. In the same manner UBR could rebrand its YFS centers in its intervention upazillas to ADOHEARTS accredited centers from the DGFP
- The clinics could introduce services in addition to existing ones and add nominal charges against it as only YFS was found not to be sufficient enough to make the clinics sustainable.

- UBR needs to enhance its advocacy works with the national-level decision-makers to keep & continue the pace of works, to bring on the progress towards the adaptation of CSE & YFS in the government approach & system.

Challenges & its mitigation

- Keeping the teachers, headmasters, school management committees & education officers motivated, in response to the changing norms, values & socio-political context was a challenge. Slow & steady inception & interventions to establish an enabling environment, worked a lot to overcome this up to a good extent. The task force and SMC also could play a vital role towards keeping alive the UBR initiatives.
- Motivating NCTB & relevant authorities for accepting CSE also remained challenging. However, repeated explanation, justification & negotiation were found to be effective to move them towards accepting CSE up to a good extent till now and advocacy on inclusion of SRHR in TTC curriculum should also follow this with a rapid and enhance strategy.
- Also repeated reference of the Global Agenda & GoB commitments (i.e. SDG, HLPF, etc.) and sharing the common interest & joint initiatives of the national/ international NGOs, UN agencies, like-minded platforms & networks, etc. helped a lot to convince the relevant decision-makers as well.

Conclusion

UBR made some significant works to enhance essential knowledge on SRHR and YFS in its intervention areas during its decade long journey. UBR introduced comprehensive sexuality education and published a book in Bengali 'Me & My World (MMW). In the published book, NCTB's name was printed as one of the members of its review board. UBR imparted knowledge to 'in and out of school adolescent 10-19 years', also trained and sensitized school and madrasah teachers, oriented parents' and other stakeholders and government counterparts at local and national level to create an enabling environment for SRHR education and youth friendly services. UBR also introduced youth-friendly sexual and reproductive health services, well-suited for the need of the young people; focusing on inclusiveness, friendly behaviors, environment, commodities, processes & policies.

Hence, UBR has been unique and inclusive unlike many existing interventions in the country promoting SRHR for adolescent and youth. It accommodated both adolescent boys and girls as well as youth and gender diverse community. UBR had strong representation of its target population; the adolescent and the youth in its major implementation and program activities. These adolescent and youth are actually the ambassadors of UBR and they are the change agents in the society to spread their learning and good practices among their families and their surrounding environment.

Although the policy environment in Bangladesh is supportive of Reproductive Health; however different perception and understanding among the policymakers on the SRHR is still a challenge to implement it especially for the young people. The coordinated effort to address the SRHR issue from the government health and education department is less effective as per the current need of the target population to bring an immediate visible change in SRHR education and YF services in the country. Furthermore, national policy initiatives are not always reflected in local level service implementations. This gap between policy and SRHR provisions on the ground is reflected in the poor sexual and reproductive health outcomes and increased gender violence in our society.

The Unite for Body Rights (UBR) program in Bangladesh focuses on improving SRHR knowledge and access to services, by providing Comprehensive Sexuality Education, improving health providers' capacity to provide Youth Friendly SRHR services, and working with communities to create a more supportive environment in which young people can attain their SRH rights

UBR 2 believes that access to quality information and services will lead to good sexual and reproductive health of young people, which will lead to healthier communities. UBR's effort was supplementary to the government development efforts in health and education. In this regard Unite for Body Rights (UBR) program in Bangladesh focuses on improving SRHR knowledge and access to services, by providing Comprehensive Sexuality Education, improving health providers' capacity to provide Youth Friendly SRHR services, and working with communities to create a more supportive environment in which young people can attain their SRH rights.