

# ADOLESCENT HEALTH NEWSLETTER

Highlighting new programs and research on the sexual and reproductive health of adolescents in Bangladesh

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## EDITORIAL

### The Evidence Project: A New Avenue for the Population Council and DGFP to Collaborate on Adolescent Health

Through the Evidence Project, the Population Council is building on its extensive body of research and programs by applying implementation science (IS) to improve the lives of adolescents in developing countries. The project's activities include identifying effective interventions to promote adolescent sexual and reproductive health (ASRH) and helping governments formulate evidence-based ASRH policies.

In Bangladesh, the Evidence Project is collaborating with Directorate General of Family Planning (DGFP), with financial support from the United States Agency for International Development (USAID), on several initiatives to improve ASRH, especially for underserved adolescents and other target populations. The initiatives are focused on addressing issues such as adolescent fertility, early marriage, family planning, nutrition, gender-based violence, and education. Specific activities will include an analysis of ASRH programs, an assessment of adolescent-friendly health corners, support for ASRH Networking Forum meetings, and this Adolescent Health newsletter.

The Evidence Project is conducting a comprehensive review of ASRH programs and interventions in Bangladesh over the last 10 years. The resulting synthesis will give an overview of existing and past programs and identify effective, scalable programs, strong partnerships, and key national partners. To enable prioritization of future programming and investments, the review will also describe major research, programming, and evidence gaps.

The Evidence Project will also lead an assessment of Adolescent Friendly Health Corners (AFHCs), a new Government of Bangladesh initiative to provide unmarried adolescents with sexual and reproductive health information and services. Since AFHCs are new in Bangladesh and no previous evaluation of the country's adolescent-friendly health services has been conducted, this assessment will generate useful knowledge to strengthen the program. This activity will improve understanding of the experiences of adolescents receiving services from AFHCs, the challenges they face, how well their needs are met, and what can be done to improve these services.

## INSIDE

Introduction of Adolescent-Friendly Health Services (AFHS) by DGFP	2
SSCOPE: Addressing mental health and psychosocial wellbeing	3
ANGEL: A model to provide ASRH information and services	4
Unite for Body Rights (UBR)—A program to empower young people	4
SNV: Promoting SRH in the ready-made garments sector	5

Together with DGFP, the Evidence Project also supports ASRH Networking Forum meetings where government, NGO, and development partners can share information to promote collaboration and minimize duplication of effort. Finally, the Evidence Project and DGFP are collaborating to produce this newsletter to highlight new and ongoing ASRH projects of interest. ■

  
DR. MOHAMMED SHARIF

  
DR. UBAIDUR ROB

# Introduction of Adolescent-Friendly Health Services (AFHS) by the Maternal and Child Health Services Unit of DGFP

According to the 2011 Bangladesh Population Census, there are 29.5 million adolescents (10–19-year-olds) in the country, which comprises nearly one-fifth of Bangladesh's population. In order to improve the health of this important age group, the Maternal and Child Health (MCH) Services Unit of the Directorate General of Family Planning (DGFP), with support from UNFPA, has introduced Adolescent-Friendly Health Services (AFHS) in ten service centers. These centers include five Mother and Child Welfare Centers (MCWCs) and five Union Health and Family Welfare Centers (UH&FWCs) in Thakurgaon, Sirajganj, Cox's Bazar, Maulavibazar, and Patuakhali. UNICEF is also providing support to implement AFHS in an additional 83 service centers (4 MCWCs and 79 UH&FWCs) in Nilphamari, Jamalpur, Khulna, and Bhola districts.

*“Specially designated Adolescent Friendly Health Corners (AFHCs) are being created to enable UH&FWCs and MCWCs to extend SRH services to adolescents.”*

To support delivery of AFHS, specially designated Adolescent Friendly Health Corners (AFHCs) are being created within UH&FWC and MCWC facilities. UH&FWCs and MCWCs were already offering SRH services to mothers and married couples; now, these dedicated AFHC spaces will enable UH&FWCs and MCWCs to extend those SRH services to adolescents, including unmarried adolescents.

Service providers and supervisors have been trained on the AFHS operation

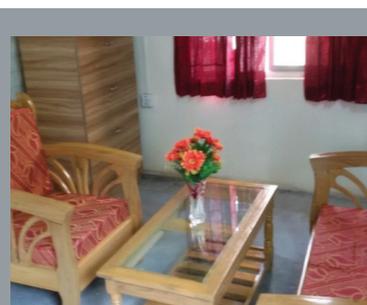
manual, which was developed by the MCH Services Unit and other stakeholders, and MCWCs have received registers and reporting forms for record keeping and monthly reporting. Each MCWC has decorated an AFHS room where adolescents can receive services in a confidential, comfortable environment. The MCH Services Unit is in the process of developing IEC materials that can be displayed in the service centers and in communities to increase awareness of AFHS. Additional take-away materials will also be developed for adolescents visiting the facilities.

Adolescent-friendly MCWCs and UHFWCs will offer the following services:

- Counseling and information on physical and mental changes during puberty, menstrual and personal hygiene, nutrition, family planning, violence against women, substance abuse, and prevention of early marriage and early child bearing;
- Services related to reproductive tract infections and sexually transmitted infections, menstrual problems, prevention and treatment of anemia, immunization, family planning, menstrual regulation (for married adolescents) and post-abortion care,

antenatal care, prenatal care, and delivery care;

- Referrals to one-stop crisis centers and cells run by the Ministry of Women and Children Affairs (MOWCA), and to voluntary counseling and testing (VCT) centers at the district hospital to receive HIV counseling and testing. ■



*An Adolescent-Friendly Health Corner at Maulavibazar MCWC. Adolescents can receive services here in a confidential, comfortable environment.*



## SSCOPE: Addressing mental health and psychosocial wellbeing alongside ASRH



SSCOPE (Schooling, SRHR, Gender and Counselling of Adolescents in Post-Primary Education) is a low-cost, secondary school model developed by the Institute of Educational Development, BRAC University. The intervention, begun in 2012, operates in 33 schools in 9 locations of urban Dhaka and reaches underprivileged adolescents between the ages of 12 and 15.

SSCOPE's curriculum integrates knowledge of the body, sexual and reproductive health and rights (SRHR), and gender with psychosocial wellbeing, thereby making education more holistic. SRHR topics covered include bodily changes, menstruation and wet dreams, nutrition, child marriage, sexual harassment, gender, and abuse. Lessons on psychosocial wellbeing address the mental health of the students through sessions on topics like positive communication, healthy relationships, stress management, and goal setting.

The lessons are delivered by Shomaj-Shongees, young female para-counselors between the ages of 24 and 27. Shomaj-Shongees are responsible for dedicated weekly classes on SRHR, gender, and psychosocial wellbeing, which gives adolescents both access to information on these topics and a forum to raise questions or concerns they might have. Additionally, sessions with Shomaj-Shongees provide opportunities for individual and group counseling to adolescents. Shomaj-Shongees also visit SSCOPE student households to ensure regular school attendance and to work with parents. Through the SSCOPE schools, the Shomaj-Shongees have provided support to about 1,200 adolescents.

A new component, the Creative Arts Program, was added in 2015, which uses art and creativity to deliver lessons on SRHR and gender through drama and role play, paired discussions, and reflective writing assignments. ■

*“When I had my first period, I didn’t know what was happening. I thought I was sick. My mother didn’t explain anything to me at first. My father said if you eat [certain foods], bad things will happen to you, and my parents wouldn’t let me do some kinds of work. But I now know the important information related to periods and I am not ashamed anymore.”*

—SSCOPE PARTICIPANT, AGE 13

## ANGEL: A model to provide ASRH information and services



Bangladesh is characterized by high rates of child marriage and early childbearing. Two out of every three women in the country are married before their 18<sup>th</sup> birthday. To address this situation, the NGO Health Service Delivery Project (NHSDP) in Bangladesh, supported by the United States Agency for International Development (USAID) and the UK Department for International Development (DfID), is mandated to serve adolescents and youth aged 15–25 through its 403 static clinics and 10,482 satellite (mobile) clinics managed by 26 local NGOs throughout the country. NHSDP serves about 5.6 million young people, including about 400,000 young women who are pregnant and 100,000 who are pregnant for the first time.

The ANGEL (Adolescents & Newlywed Girls' Events of Life) model aims to reduce child marriage, early pregnancies, and maternal mortality by providing services to specific populations through "Smiling Sun [Shurjer Hashi - SH]" clinics. The ANGEL program is targeted at various groups, including: young, unmarried boys and girls, newlywed couples, first time parents, and mothers-in-law of young married girls. ANGEL reaches out to these target groups through multiple settings: secondary school- and madrasah-based, community-based, home visitation, and clinic-based services. Information is provided to adolescents and

youth through schools/madrasahs, communities, and clinics, while services are provided through satellite and static clinics in the Smiling Sun clinic network.

*"The ANGEL (Adolescents & Newlywed Girls' Events of Life) model aims to reduce child marriage, early pregnancies, and maternal mortality through 'Smiling Sun' clinics."*

For the ANGEL program, local NGOs participating in the NHSDP engage young, unmarried boys and girls through five steps:

- (1) enumeration of adolescent boys and girls by household,
- (2) gatekeeper meetings,
- (3) designating student leaders within selected schools,
- (4) organizing satellite sessions, and
- (5) organizing other activities once a year (for example, *melas*, or fairs).

Other target groups are engaged through a two-step approach: first, household enumeration is conducted, then programs are organized and carried out. Two programs—"Newlywed Couples Ceremonies" and "Group Meetings"—have been organized so far and have received tremendous support from the community. ■

## UBR (Unite for Body Rights)—A program to empower young people

*The added value of working together*

Since 2010, the UBR Bangladesh Alliance (made up of nine Bangladeshi NGOs working on adolescent health) has been implementing a sexual and reproductive health and rights (SRHR) program called Unite for Body Rights (UBR) in 12 *upazillas* (sub-districts) of Bangladesh. A consortium of Dutch partners (Simavi, Rutgers, and the Embassy of the Kingdom of the Netherlands in Dhaka) provides technical and financial support to the program. UBR works to improve the SRHR of young people in Bangladesh by integrating comprehensive sexuality education in schools, increasing health workers' capacity to offer youth-friendly services, and creating an enabling environment for SRHR.

A 2013 mid-term evaluation of the first phase (2010–15) reported that UBR had helped young people advocate against early marriage, tackle sexual harassment, and support others to access professional delivery care. The evaluation also showed high levels of satisfaction among service users and support among community members and leaders who have been involved in the program. UBR Alliance is now focusing on changing attitudes and practices related to SRHR and gender among young people in target UBR *upazillas*.

The UBR Alliance in Bangladesh is now in its second phase ('UBR2,' 2016–2019) and has committed to advance the SRHR agenda through stronger engagement with the government system. "UBR2" has a two-part Theory of Change to support that goal: (a) work with government services to increase their capacity for and build their ownership of SRHR initiatives, thus encouraging government mainstreaming of the UBR program and promoting programmatic sustainability, and (b) scaling up the project through innovation and increased coverage of schools and the population in target *upazillas*. ■

## SNV: Promoting sexual and reproductive health through inclusive business practices in the ready-made garments sector of Bangladesh



SNV Netherlands Development Organisation, with funding from the Embassy of the Kingdom of Netherlands, is implementing “Promoting Sexual and Reproductive Health through Inclusive Business Practices in the Ready-Made Garments Sector of Bangladesh,” a project to test business models that support the provision of sexual and reproductive health (SRH) services to female garment workers in Bangladesh. The project, which began in June 2014 and will run through May 2017, aims to improve the quality, range, and accessibility of SRH services available to garment workers in selected factories and persuade the targeted factories to include SRH in their core business models.

Six different business models are being tested in fifteen garment factories, with service providers bearing 40 percent of the total project costs. The selected service providers will offer

provide family planning, maternity care (including antenatal, delivery, and postnatal care), post abortion care, menstrual hygiene, safe menstrual

*“SNV aims to improve the quality, range, and accessibility of SRH services available to garment workers and persuade factories to include SRH in their core business models.”*

regulation, reproductive tract infection/sexually transmitted infection services, and other related diagnostic services to garment workers. Findings

from this study will inform future design and scale-up of workplace SRH initiatives.

Two factories, inspired by SNV’s initiative, have committed to investing in the provision of SRH services for their workers and will be signing contracts with SNV to deliver those services. A system to track the financial impact on factories of this sexual and reproductive health intervention has been developed and will soon be rolled out in target factories. In conjunction with this project and in collaboration with the Independent University of Bangladesh, SNV has started a ‘Youth Filmmakers in Development Sector’ initiative, through which participating students from public and private universities receive technical assistance to make documentaries focused on project-related initiatives. ■

## NEW PROJECTS AND INITIATIVES

### *Plan International announces new adolescent rights project*

Plan International Bangladesh launched their new project entitled “Creating an enabling environment for young people to claim and access their sexual and reproductive health rights in Bangladesh” on October 6<sup>th</sup>, 2015 at the Spectre Convention Center, Dhaka. This project, supported by the European Commission and the Swedish International Development Cooperation (SIDA), will provide sexual and reproductive health and rights-related services to young

people in three districts: Borguna, Khagrachori and Kishoregonj. As part of the project, Plan International Bangladesh will also work with the Directorate General of Family Planning (DGFP) to ensure services for young through adolescent-friendly health corners (AFHCs).

In her opening speech, Senait Gebregziabher, Country Director of Plan International Bangladesh, asked all attendees to extend their support to this project and thereby enable young people to realize their sexual and reproductive health and rights. The event was chaired by Dr. Mohammed Sharif, Director, MCH Services

and Line Director, MCR-AH, DGFP, with special guests Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare, Md. Nur Hossain Talukder, Director General, DGFP. Representatives from several development, donor, and partner organizations were also present. Noting that adolescent sexual and reproductive health and nutrition are development priorities of the Government of Bangladesh, the speakers voiced their appreciation for Plan International’s efforts to address adolescent sexual and reproductive health, and called for development organizations to work together to advance these sectors. ■



*Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare (second from right), Dr. Mohammed Sharif, Director, MCH Services and Line Director, MCR-AH, DGFP (far right), and Senait Gebregziabher, Country Director of Plan International Bangladesh (third from right), at the launching event of this new project.*

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## UPCOMING EVENTS

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### 8th Asia Pacific Conference on Reproductive and Sexual Health and Rights

23–26 February 2016

Nay Pyi Taw, Myanmar

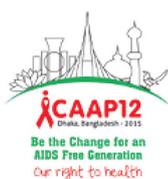
APCRSHR is a biennial gathering of civil society, young people, academia, government, media, private sector, and development partners from the Asia Pacific region who are concerned about sexual and reproductive health and rights (SRHR).

The conference platform is focused on ensuring universal access to SRHR and advocates for commitment and concrete action from governments and institutions to respect, protect, and promote SRHR in the Asia Pacific Region.

Successes and lessons learned will be shared at the conference through plenary sessions, parallel sessions, satellite sessions, and poster presentations.

For more information, visit: [www.mm8apcrshr.org](http://www.mm8apcrshr.org)

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### 12th International Congress on AIDS in Asia and the Pacific (ICAAP)

12–14 March 2016

Dhaka, Bangladesh

ICAAP is the largest forum on AIDS held in the Asia and the Pacific region. Since the first ICAAP was held in 1990 – almost 25 years ago – the ICAAP has played a critical role in raising public awareness, building political commitment, strengthening advocacy networks and disseminating knowledge and experiences on HIV issues among stakeholders in the region.

For more information, visit: [www.icaap2015.org](http://www.icaap2015.org)

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## FEATURED PROGRAMS

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### AFHS (Adolescent-Friendly Health Services) introduced by DGFP

[www.dgfp.gov.bd](http://www.dgfp.gov.bd)

### SSCOPE (Schooling, SRHR, Gender and Counselling of Adolescents in Post-Primary Education)

[www.iedbracu.ac.bd/school-material-design/sscope](http://www.iedbracu.ac.bd/school-material-design/sscope)

### ANGEL (Adolescents & Newlywed Girls' Events of Life)

[www.pdf.usaid.gov/pdf\\_docs/PA00KVRV.pdf](http://www.pdf.usaid.gov/pdf_docs/PA00KVRV.pdf)

### UBR (Unite for Body Rights)

[www.ubrbd.org](http://www.ubrbd.org)

### SNV: Promoting sexual and reproductive health through inclusive business practices in the ready-made garments sector of Bangladesh

[www.snv.org/project/sexual-and-reproductive-health-and-rights-srhr-garment-factory-workers](http://www.snv.org/project/sexual-and-reproductive-health-and-rights-srhr-garment-factory-workers)

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## USEFUL RESOURCES

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### RECENT ARTICLES FROM *THE JOURNAL OF ADOLESCENT HEALTH*

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### *Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights?*

Venkatraman Chandra-Mouli, Joar Svanemyr, Avni Amin, Helga Fogstad, Lale Say, Françoise Girard, Marleen Temmerman

[www.jahonline.org/article/S1054-139X\(14\)00428-5/abstract](http://www.jahonline.org/article/S1054-139X(14)00428-5/abstract)

### *Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support*

Donna M. Denno, Andrea J. Hoopes, Venkatraman Chandra-Mouli

[www.jahonline.org/article/S1054-139X\(14\)00424-8/abstract](http://www.jahonline.org/article/S1054-139X(14)00424-8/abstract)

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DGFP, a directorate of the Ministry of Health & Family Welfare, is implementing family planning programs and maternal and child health (MCH) services throughout Bangladesh and works to provide high-quality and equitable health care. DGFP strives to improve access to and utilization of population, health, and nutrition services and is responsible for the development, implementation, and evaluation of government family planning programs. Additionally, DGFP works to improve mother and child health, reduce under-five mortality, and improve sexual and reproductive health, adolescent health, and nutrition.

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**Evidence**

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The Evidence Project seeks to expand access to high-quality family planning/reproductive health services worldwide through implementation science, including the strategic generation, translation, and use of new and existing evidence. The project is led by the Population Council in partnership with the INDEPTH Network, the International Planned Parenthood Federation, PATH, and the Population Reference Bureau.



The Population Council confronts critical health and development issues—from stopping the spread of HIV to improving reproductive health and ensuring that young people lead full and productive lives. Through biomedical, social science, and public health research in 50 countries, we work with our partners to deliver solutions that lead to more effective policies, programs, and technologies that improve lives around the world. Established in 1952 and headquartered in New York, the Council is a nongovernmental, nonprofit organization governed by an international board of trustees.