According to the 2011 Bangladesh Population Census, there are 29.5 million adolescents in the country, which comprises nearly one-fifth of Bangladesh’s population. For a country like Bangladesh, it needs to invest in the human capital of young people and focus on meeting their needs efficiently. Often referred to as the demographic dividend, what this means in simple terms is that investing in young people will contribute to economic growth, poverty reduction, falling fertility rates, and better social indicators for the country. Lack of access to high-quality education, absence of decent work opportunities for youth, and unavailability of comprehensive health including sexual and reproductive health (SRH) services are a few of the challenges which they have to contend with on a regular basis.

In the context of Bangladesh, many adolescents are sexually active due to high rates of child marriage. Early childbearing is closely integrated with the threat of child marriage. Use of FP methods before the birth of the first child among married adolescent girls remains low. Currently, 51 per cent of 15-19-year-olds are using a FP method, which is lower than the national average of 62 per cent. Unmet need for family planning is highest among married adolescent girls, at 17 percent compared with 12 percent among reproductive-aged women, making young married couples a priority group for taking FP services. The FP program needs to institute SRH counselling and services for adolescents and youths at its service delivery points.

The Bangladesh Government is committed to improving access to reproductive health and family planning services for adolescents and youth. Recently, MCH Services Unit of DGFP has established adolescent-friendly health corners (AFHCs) at Mother and Child Welfare Centers (MCWCs) and Union Health and Family Welfare Centers (UH&FWCs) to extend SRH services, especially for unmarried adolescents. The new initiative of setting up an adolescent friendly corner in the existing health facilities can be a critical intervention for unmarried adolescents with SRH information and services. The corner is expected to act as a hub of SRH information and counselling (preventive services) and services (curative) for SRH-related issues and complications.

The government plans to expand these AFHCs to other districts. However, before horizontal expansion of the AFHC across the country, existing interventions need to be evaluated and monitored effectively to generate evidence on programmatic gaps and ways to overcome the implementation challenges.

DR. MOHAMMED SHARIF  DR. UBAIDUR ROB
MCH Services Unit, Directorate General of Family Planning-
Programs for Adolescents

The Government of Bangladesh (GOB) has articulated its commitment to improving access to adolescent sexual and reproductive Health (ASRH) services through numerous policy and program documents, including the Population Policy (2005), the Adolescent Reproductive Health Strategy (2006), and the National Plan of Action for Adolescent Sexual and Reproductive Health (2013). These documents provide the basis for engaging with the government, nongovernmental organizations (NGOs), and private sector partners. As part of that commitment, the Ministry of Health and Family Welfare (MoHFW) recently introduced adolescent-friendly health corners (AFHCs) in existing health facilities (specifically, Union Health and Family Welfare Centers [UH&FWC] and Mother and Child Welfare Centers [MCWC]) to reach out to adolescents with ASRH services.

“Adolescent Friendly Health Services (AFHS) from 127 service delivery points (MCWCs & UH&FWCs) in 13 districts.”

Adolescent friendly health services

The MCH Services Unit of the Directorate General of Family Planning (DGFP) provides Adolescent Friendly Health Services (AFHS) from 127 service delivery points (MCWCs & UH&FWCs) in 13 districts with the support of UNFPA, UNICEF, Plan International Bangladesh, and Save the Children. Recently the Department of Public Health and Informatics of Bangabandhu Sheikh Mujib Medical University (BSMMU) conducted the baseline survey to assess the UNICEF-supported AFHS centers.

In 2015, DGFP developed an Operational Manual for Adolescent Friendly Health Services for ensuring privacy, confidentiality, and equity/ability from service centers. DGFP is now developing an Adolescent Health Strategy which will include mental health, trafficking, child marriage, adolescent pregnancy etc., in addition to sexual and reproductive health. In addition, DGFP and UNICEF have been working together to develop a national package of IEC material for adolescent health. IEC materials on AFHS developed by various organizations have been collected, collated, and reviewed by experts through consultation workshops and key messages, and materials for AFHS have been identified. BKMI is providing valuable technical assistance.

Recently, a Memorandum of Understanding (MoU) has been signed between DGFP and Plan International Bangladesh to carry out a project in Rangpur district, titled Advancing Adolescent Health (A2H) funded by USAID. A2H is a 3-year project (January 12, 2016–January 11, 2019) with the overall objective of improving the sexual and reproductive health status and well-being of young people (10–19 years) in the 8 upazilas of Rangpur district by increasing access to sexual and reproductive health services and information. The Lutheran Aid Mission to Bangladesh (LAMB) and the Eco-Social Development Organization (ESDO) are the two partners working with Plan International in the target areas of Rangpur district.

Save the Children has also collaborated with DGFP to increase adolescent-friendly health services in five health facilities in Meherpur Districts under their “Shishuder Jonno” Project.

Collaboration with the Population Council/Evidence Project and USAID for evidence generation and research

Under a commitment signed between DGFP and The Population Council, the USAID-supported Evidence Project is contributing to strengthening FP/RH policy and programs in Bangladesh. The Evidence Project is working to increase coordination of national ASRH partners to inform implementation of programs. Under this collaboration the following activities are taking place:

ASRH Networking Forum Meetings

Organize regular ASRH Networking Forum meetings among collaborating research and implementing partners and stakeholders to share and disseminate ASRH activities, reduce or avoid duplication of effort, and increase collaboration among ASRH partners.

Adolescent Health Newsletter

Publish a biannual Adolescent Health Newsletter on ASRH activities in Bangladesh to inform Ministries and other stakeholders of ongoing work on ASRH. The first issue of the Adolescent Health Newsletter was officially launched in June 2016 (for details of the event, please see page 9).

<table>
<thead>
<tr>
<th>District</th>
<th>No. of Facilities</th>
<th>Supported By</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thakurgaon</td>
<td>10 (5 MCWCs + 5 UH&amp;FWCs)</td>
<td>UNFPA</td>
</tr>
<tr>
<td>Sirajganj, Cox’s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bazaar, Maulaviwaz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patuakhali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khulna, Nilphamari</td>
<td>83 (4 MCWCs + 79 UH&amp;FWCs)</td>
<td>UNICEF</td>
</tr>
<tr>
<td>Bhaora &amp; Jamalpur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meherpur</td>
<td>5 (1 MCWCs + 4 UH&amp;FWCs)</td>
<td>Save the Children</td>
</tr>
<tr>
<td>Kishorganj</td>
<td>3 MCWCs + 26 UH&amp;FWCs</td>
<td>Plan International Bangladesh</td>
</tr>
<tr>
<td>Barguna &amp; Khagrachari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khulna, Nilphamari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kishorganj</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barguna &amp; Khagrachari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kishorganj</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barguna &amp; Khagrachari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kishorganj</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barguna &amp; Khagrachari</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kishorganj</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Situation Analysis on ASRH Programming

The Evidence Project is supporting DGFP in synthesis of knowledge and evidence generation. Recently, The Population Council has published a situation analysis brief—“Adolescents in Bangladesh: Programmatic Approaches to Sexual and Reproductive Health Education and Services” —which presents key findings from a comprehensive review and analysis of ASRH programming in Bangladesh for the last 10 years. This brief documents programmatic and evidence gaps, as well as best practices, and thus can help support the development of effective, inclusive, and sustainable programs that can operate at scale. Situation analysis brief has been taken into account as an important background document in the development of the next “National Strategy for Adolescent Health” in Bangladesh.

Dissemination of findings

DGFP and the Evidence Project jointly disseminated the findings and policy recommendations of this document in several regions of the country. Four Regional Consultation Meetings on Adolescent Health were held at Sylhet, Chittagong, Khulna, and Barisal divisions between June and October 2016, where the findings were disseminated among GOB officials of Health Ministry and program managers of local NGOs. In these meetings Divisional Director, Health; Divisional Director, Family Planning; Civil Surgeons; DDFPs; Medical Officers(Clinic/MCH-FP), SACMOs, FWVs and FWAs from respected divisions and areas were present. Besides, in Chittagong, Ziauddin Ahmed, MP was present as chief guest and Mr. Mesbah Uddin, Deputy Commissioner of Chittagong was present as special guests in the meeting and participated in thoughtful discussion on study findings. Dr. Mohammed Sharif, Director (MCH Services) & Line Director (MCRAH), DGFP chaired all the four meetings. Dr. Ubaidur Rob, Country Director, Population Council was also present in the dissemination meetings. Interactive discussions between GOB and NGO representatives were also very useful for developing effective mechanisms, and to create demand among adolescents and community for reaching out for SRH information and services from Adolescent-Friendly Health Corners (AFHCS) in the locality.

Assessment of AFHCs

The Population Council/Evidence Project is conducting a qualitative assessment study of AFHCs from the perspectives of adolescents, parents, community members, and service providers. As the AFHC intervention in GOB health facilities is new model in Bangladesh and there is no prior evaluation of adolescent-friendly health services, the assessment of the intervention at the early phase will generate useful knowledge to improve and strengthen the program model as it is rolled out. The assessment study was conducted in five districts (Moulvibazar, Thakurgaon, Sirajganj, Cox’s Bazar, and Patuakhali). The results of the study will be published soon.
Success of Early Marriage Prevention in Bangladesh: Initiatives of the Nirapod and Nirapod-2 projects funded by the Embassy of the Kingdom of the Netherlands

Early marriage and adolescent pregnancy present major concerns in the context of Bangladesh—median age of girls at first marriage is 15 years and median age at first birth is 18 years. Women and girls in Bangladesh are often denied the right to make decisions regarding who, whether, and when to marry, have sex, and bear children.

Marie Stopes along with its partners, Association for Prevention of Septic Abortion, Bangladesh (BAPSA), Shushilan and Phulki have started implementing forty nine months long Nirapod-2 project (01 December 2015 - 31 December 2019) funded by The Embassy of the Kingdom of the Netherlands (EKN) in 40 selected upzailas of Patuakhali, Barguna, Laxmipur, Noakhali, Khulna and Narail where 21 upazilas are old and 19 upazilas are new. Besides, the project is also working in 48 Garment Factories in Dhaka, Gazipur and Narayanganj among which 28 are old and 20 are new. Point to be noted that Nirapod project that had been into implementation since October 2012 to December 2015 in above mentioned districts.

Community Adolescent Groups (CAGs) and Community Support Groups (CSGs) are the key agents who are working in child marriage prevention in the project areas. These support groups are empowering students in the community to become involved in processes to increase access to adolescent sexual and reproductive health (ASRHR) with emphasis on violence against women, early marriage, menstrual hygiene, and reproductive health services. The groups generally follow these steps to prevent early marriages: when a CAG member learns any news about early marriage they inform the CSG members and they first try to counsel the family of the girl/boy. Second, if their effort is unsuccessful, they contact the local government (Chairman, member of the union) or NGO. If the situation is unresolved, then the UNO (Upazila Nirbahi Officer) is informed to settle the issue. However, preventing early marriage is not the only agenda; the Nirapod staff tries to follow up to determine what happens next.

During an intervention from January 2014 – June 2016, 565 early marriages were prevented by the ongoing attempts of the Nirapod project.

**Day Observations**

These day observations offer some outstanding ways to disseminate information about the negative effects of early marriage. Adolescent girls actively participated in the rally, discussions, and essay competitions.

Similar to Nirapod project, Nirapod-2 has been successfully moving ahead to prevent early marriages with the ongoing efforts of its staffs and volunteers. CAGs are gradually becoming more aware of how to contribute to this endeavour.

**MSB – 24-hour call center service**

All of the CSGs are disseminating the "Call Center Number +8801762686866" to people in the community, especially to adolescents and the reproductive-aged community, to encourage them to get more information on ASRHR issues or to offer assistance through the Call Center to anyone wishing to prevent early marriage. Figures 2–3 show the number of callers according to their age and their reason for calling.

---

**Adolescent girls in Narail are observing the “World Menstrual Hygiene Day”**

---

**Figure 2: Age-wise classification**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-13</td>
<td>178</td>
</tr>
<tr>
<td>14-18</td>
<td>429</td>
</tr>
<tr>
<td>19-23</td>
<td>14</td>
</tr>
<tr>
<td>24-28</td>
<td>28</td>
</tr>
<tr>
<td>29-32</td>
<td>19</td>
</tr>
<tr>
<td>33-36</td>
<td>8</td>
</tr>
<tr>
<td>&gt;37, Not Responded</td>
<td>10,119</td>
</tr>
</tbody>
</table>

**Figure 3: Reasons for calling health center:**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Planning</td>
<td>9%</td>
</tr>
<tr>
<td>Menstrual Regulation</td>
<td>17%</td>
</tr>
<tr>
<td>Adolescent Health</td>
<td>37%</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>28%</td>
</tr>
<tr>
<td>General Health</td>
<td>0%</td>
</tr>
<tr>
<td>No reason</td>
<td>9%</td>
</tr>
</tbody>
</table>

---

**Adolescent Health Newslette • Issue No 2**
USAID-DFID NGO Health Service Delivery Project (NHSDP) is the largest USAID and DFID co-funded investment in Bangladesh. The project complements the GOB efforts to maximize the reach to the poor and underserved population with delivery of an essential service package (ESP) free of cost or minimum fee through a nationwide network of 25 national NGOs, 388 static clinics, 10,186 satellite clinics, and 7,348 community service providers (CSP), serving approximately 25 million people (15% of the country).

**Women-Friendly Pharmacy (WFP) background**

NHSDP is committed to establishing woman- and girl-centered services in all Surjer Hashi (SH) service delivery points to ensure equitable access of women and girls to essential health services.

A New Business Initiative was launched in 2015 to develop a network of standard Women-Friendly SH Pharmacies. The Women-Friendly Pharmacy initiative is an innovative health service delivery model for improving health of girls, women, and their families through the Surjer Hashi clinic network.

Since the inception of the project, a medicine “sell corner”/outlet has played an important role in yielding profit for SH clinics. However, the selling corner was reserved for the clients who received services from the respective clinic.

Over the years observers noted that expansion of the pharmacy and products resulted in increased customers and higher margins earned from selling drugs. NHSDP created a self-assessment tool for clinic pharmacies and conducted a situation assessment of existing drug selling corners at 330 clinics to understand the current status and to explore the possibility of revitalizing and repositioning existing pharmacies for maximum effectiveness as a source of program income for the SH network.

“The Women-Friendly Pharmacy is an innovative health service delivery approach for improving the health of girls, women, and their families ...”

This approach will create a girl- and women-friendly environment in the pharmacy, to attract them and help them procure their personal hygiene materials and medicines for themselves and their family. It also will improve economic opportunities for women since the pharmacies will employ female pharmacists/paramedics.

The program has creatively combined business, regulation, standards, health interventions, and economic opportunities to create a sustainable NGO-public-private health model for increasing access to health care, especially for women.

**The First SHWFP and onward**

The first outdoor pharmacy of this project was opened in August 2015 at Daulatpur, Jessore under a national NGO, PKS.

In the inaugural month, the monthly sales at this pharmacy were just over BDT 5,000, and BDT 25,000 in the following month; and thereafter significant monthly improvements on the sales figure reached BDT 224,295 in December 2015, which is a 780% increase from the second month (please see graphs).

**Way Forward**

Three more similar standard WFPs have been inaugurated at Tilaghar (Sylhet), Joypurhat, and Laksham (Comilla) under SSKS, Kanchan Samity, and SOPIRET. Services started in January 2016 and the volume of sales increased significantly over the last three months (see graphs).
Adolescence is a period of rapid physical and mental changes. During this time adolescents have lot of curiosity and questions. However, in many cases they do not get the right information or answers. As a result, they are sometimes misguided and sometimes they make poor decisions and suffer the consequences.

**Background and evolution of the booklets**

In Bangladesh, socio-cultural beliefs and the difficulties in accessing quality information and services on sexual and reproductive health directly affect adolescents. Against this backdrop, a booklet series on Adolescent Reproductive Health (ARH) “Nijeke Jano,” was first developed in 2002. Later two more editions of the booklets were developed. The first two editions were based on the collected data of ICDDR,B’s Family Health Research project. BCCP developed the booklets with the cooperation and guidance of different organizations, among them the ARH Working Group consisting of UN organizations, development partners, national and international NGOs, and the financial support of USAID.

The third edition was developed in 2015 with the technical support of BKMI/BCCP. These booklets have been updated based on the frequently asked questions (FAQs) databank collected from a new generation of adolescents in 2013. The databank was developed under the TRAction project of icddr,b/USAID. These were pretested with the adolescents through two workshops titled “Pretesting of ARH Booklets” and were also validated by a committee comprised of ARH experts and program managers from government and nongovernment agencies and development partners. The validated versions of the booklets were fully reviewed and approved by the IEC Technical Committee of the Ministry of Health and Family Welfare (MoHFW), Government of Bangladesh in January 2015. These resources can contribute effectively to achieving the sustainable development goals such as ensuring healthy life and promoting well-being for all at all ages.

**About the booklets**

The series includes 4 booklets: Puberty; New Feelings, New Passions; STD & HIV-AIDS; and Marriage and Family Health.

The booklets are in Bangla and cover different issues related to health, nutrition, hygiene, marriage, FP, HIV/AIDS, sexual harassment, future planning, physical and mental changes, etc.

**Availability and dissemination of the booklets:**

PDF copies of the booklets are available on the BCCP website at the following link: [http://www.bangladesh-ccp.org/home/resourcesReport/5](http://www.bangladesh-ccp.org/home/resourcesReport/5)

Paperback copies of the latest version of the booklets are available upon email request to: bdccgroup@gmail.com.

The booklets have been distributed to different schools in the Model Villages of the Bureau of Health Education under MoHFW. In addition, the booklets were distributed to NGO Health Service Delivery Project (NHSDP) network, Maternal and Child Health (MCH) Services, IEM (Information, Education and Motivation) units/DGFP, and several other organizations. The booklets can be disseminated more widely and can be useful for the adolescents all over Bangladesh.

ARH booklets help adolescents gain knowledge about themselves and provide correct information to help them make the right decisions at the right time.
Tipping Point: Digging Up the Roots of Child Marriage to Replant the Future

In Nepal and Bangladesh, child marriage is rooted in a complex dynamic of limited choices and few material resources, including economic insecurity; lack of livelihood options; household labor; and prevailing social norms about family honor, control of sexuality, and the low social status of girls.

Tipping Point is a project by CARE Bangladesh and supported by Kendeda Fund, which addresses child marriage through advocacy in Nepal and Bangladesh by influencing policymakers, donors, researchers, and civil society.

The project aims to:

- Promote communication, trust, and support for gender equity and rights through dialogues among adolescents, parents, and other community members;
- Raise awareness among community members of gender equity and rights, and promote solidarity within peer groups;
- Develop positive gender-equitable norms through exemplifying and celebrating alternative behaviors; and
- Encourage networks, solidarity groups, and organizations to collaborate, shift discourse, and take action to support gender-equitable opportunities for girls and boys.

The project focuses on identifying the root causes of child marriage and facilitates innovative strategies to create alternative paths for adolescent girls. To do so it works in a dynamic process of innovation, insight, and influence.

The project is working in 16 sub-districts of Nepal and 90 villages of Bangladesh with adolescent girls and boys, parents, community and religious leaders, and nationally with networks of social activists, experts, and government agencies. These areas are both geographically and economically isolated from other regions. CARE expects this learning and innovation initiative to contribute to global understanding of the complex issues driving child marriage and strategies that can contribute to a “tipping point” of sustainable change to prevent child marriage and create viable alternative paths for adolescent girls.

“Tipping Point is a project by CARE Bangladesh and supported by Kendeda Fund, which addresses child marriage through advocacy in Nepal and Bangladesh by influencing policymakers, donors, researchers, and civil society.”

Adolescent girls are playing football under the project activity of Tipping Point.
BALIKA: Delaying child marriage through community-based skills development programs for girls

The Population Council along with its partners, Population Services and Training Center (PSTC), mPower and CIDIN, with funding from the Embassy of the Kingdom of the Netherlands implemented a four-year study to understand whether skills-building approaches to empowering girls can delay marriage in Bangladesh. “BALIKA: Bangladeshi Association for Life Skills, Income and Knowledge for Adolescents” is a randomized controlled trial to evaluate what works to delay child marriage in Bangladesh and why. It involved more than 9,000 girls aged 12–18 in 72 communities located in primary schools in three districts of Khulna, Satkhira, and Narail where child marriage rates are the highest. This is the first rigorously evaluated study to provide evidence on approaches to delay child marriage in Bangladesh. Communities were assigned to receive one of three intervention strategies in the trial for 18 months.

**Education:** Girls received tutoring in mathematics and English (in-school girls), and computing or financial training (out-of-school girls).

**Gender-rights awareness training:** Girls received life-skills training on gender rights, critical thinking, negotiation and decisionmaking.

**Livelihoods skills training:** Girls received training in computers, entrepreneurship, mobile phone servicing, photography, and basic health.

Another 24 communities served as the control group where no program services were provided. A baseline survey was conducted before the project was implemented, and an endline survey was conducted after the intervention to measure the impact of each intervention strategy in relation to the others and to the control group.

“**This is the first rigorously evaluated study to provide evidence on approaches to delay child marriage in Bangladesh.**”

BALIKA provided all girls with 144 hours of life-skills education. Basic life skills were provided for 44 hours and one of the three interventions was provided for 100 hours. Girls met weekly with mentors and peers in girl-only safe spaces called BALIKA centers, which helped them to acquire the skills they need to navigate the transition from girlhood to adulthood, develop friendships, and receive training on new technologies.

By the end of the study each intervention showed that it was possible to significantly delay child marriage. Overall the probability of child marriage declined significantly by about a third in all intervention villages relative to the control villages. The probability of child marriage was 31 per cent lower for the education and gender-rights awareness interventions and 23 per cent lower for the livelihoods intervention relative to control villages.

In addition to delaying child marriage, BALIKA studied the impact of its three interventions on a range of other indicators that affect health, education, and social outcomes. A range of sexual and reproductive health indicators shows that specific knowledge about menstruation, sexually transmitted infections, HIV/AIDS transmission, and family planning was significantly greater in all interventions compared to the control communities. Girls in the intervention villages were more likely to use sanitary menstrual pads and seek health services for reproductive health problems compared to girls in control villages. Girls participating in the project were 18 per cent more likely to be attending school. Knowledge that girls can say no to marriage and rejection of norms reinforcing gender-based violence were significantly greater in the villages that participated in the BALIKA program.
NEW PROJECTS AND INITIATIVES

Launching of Website on Adolescent Health & Publication Ceremony for Adolescent Health Newsletter

A grand launching of a website on Adolescent Health and publication of the Adolescent Health Newsletter was held on 29 June 2016 at the Greesha Ballroom of Six Seasons Hotel to showcase DGFP’s two new initiatives for accelerating promise for improvement of adolescent health at Bangladesh. The State Minister of Health & Family Welfare (MoHFW) Mr. Zahid Maleque, MP was present at the launching event as the chief guest. Mr. Syed Monjurul Islam, Secretary, MoHFW and Director (Admin) of DGHS; Dr. Md. Ehteshamul Huq Chowdhury; UNFPA representative Ms. Argentina Matavel Piccin; and Alexis Taylor-Granados, Acting Deputy Mission Director, USAID/Bangladesh; were present as special guest during the launch. Mr. Mohammad Wahid Hossain, DG, DGFP chaired the ceremony and Dr. Mohammed Sharif, Director (MCH Services) and Line Director (MCRAH) delivered welcome speeches. Dr. Ubaidur Rob, Country Director, Population Council Bangladesh office was also present among the guest.

The MCH Services Unit of the DGFP with the support of UNFPA has developed a website for adolescents (www.adolescent-mchdgfpbd.org). From this website, the adolescents can get information related to their health and other important information. The website is interactive; besides FAQs they can ask any question by sending an email and will get a reply within a week.

In his speech, State Minister Mr. Zahid Maleque, MP said that Bangladesh has established a comprehensive internet-based digital communication system among national, district and union levels. He believes that adolescents will be benefited by the newly launched website through the expansion of an internet-based communication system.

The Adolescent Health Newsletter will disseminate information on new and innovative programs, activities, and upcoming activities related to adolescent health around the country. The online version of the Adolescent Health Newsletter is also available at http://evidenceproject.popcouncil.org/wp-content/uploads/2016/05/Bangladesh-Adolescent-Health-Newsletter_Issue-01.pdf. It is expected that this Newsletter will act as an effective medium of collaboration and coordination among government and development partners who work specifically on adolescent health. It will also create a common space where both government and development partners will be able to portray their ongoing programmatic activities in front of wider audiences. The editorial board comprises with the members from the Government, development partners, NGOs, and media. DGFP and the Evidence Project/Population Council, supported by USAID, jointly published the newsletter which will be issued on biannual basis.
UPCOMING EVENTS

SAHM 2017 Annual Meeting
Cultivating Connections: The Importance of Relationships in Adolescent and Young Adult Health
8–11 March, 2017
New Orleans, LA

In this digital age adolescents and young adults are increasingly connected with a broader internet-based community. However, young people continue to be influenced by relationships with parents, health care providers, teachers, peers, romantic partners, and friends IRL (in real life). These critical connections occur not only on social media but also within families, schools, health care systems, and communities. This meeting will explore the significance and value of cultivating connections in adolescent and young adult health and development.

For more information, visit: http://www.adolescenthealth.org/meetings/2017-annual-meeting/annual-meeting-home.aspx

IUSSP International Population Conference 2017
Investing in Adolescent Health - the Future Is Now
29 October – 4 November, 2017
Cape Town, South Africa

Statistics South Africa, on behalf of the Republic of South Africa, will host the 28th International Population Conference of the International Union for the Scientific Study of Population (IUSSP) in Cape Town, South Africa at the Cape Town International Conference Centre (CTICC) from 29 October to 4 November 2017.

The IUSSP International Population Conference is a major international event drawing over 2,000 scientists, policy makers and practitioners in the global population community to meet and address issues of common concern. The Conference takes place once every four years, providing a unique forum for population experts to take stock of recent research on population trends and issues and to debate possible actions and policy responses to the challenges posed by population phenomena.

The IUSSP is the largest international professional association of population specialists. With over 2000 members from 140 countries, the IUSSP brings together researchers, scholars, policy makers and others from diverse disciplinary and professional backgrounds to address key population issues. The IUSSP’s main activity is the organisation of scientific seminars and conferences. Every four years, the IUSSP organises the International Population Conference.

For more information, visit: http://ipc2017capetown.iussp.org/about-the-conference

IUSSP International Population Conference 2017
Investing in Adolescent Health - the Future Is Now
29 October – 4 November, 2017
Cape Town, South Africa

The International Association for Adolescent Health (IAAH) 11th World Congress on Adolescent Health: Investing in Adolescent Health - the Future Is Now will be held in New Delhi, India from 27–29 October 2017, hosted by Health Institute for Mother and Child (MAMTA) and the Public Health Foundation of India (PHFI) and with the support of the Ministry of Health and Family Welfare, Government of India. The Congress will provide a unique opportunity for cross-fertilization between different professional groups; and a platform to foster innovative strategies for promoting the health and development of adolescents, and improving public health now and in the future.

For more information, visit: www.iaah2017congress.org
USEFUL RESOURCES

RECENT ARTICLES FROM THE JOURNAL OF ADOLESCENT HEALTH

January 2016; Volume 58, Issue 1

Mapping the Views of Adolescent Health Stakeholders
Lindsay A. Ewan, Daniel McLinden, Frank Biro, Melissa DeJonckheere, Lisa M. Vaughn
http://www.jahonline.org/issue/S1054-139X(15)X0012-7

April 2016; Volume 58, Issue 4

School-Based Interventions Going Beyond Health Education to Promote Adolescent Health: Systematic Review of Reviews
Nichola Shackleton, Farah Jamal, Russell M. Viner, Kelly Dickson, George Patton, Christopher Bonell
http://www.jahonline.org/issue/S1054-139X(15)X0017-6

What Influences Adolescent Girls’ Decision-Making Regarding Contraceptive Methods Use and Childbearing? A Qualitative Exploratory Study in Rangpur District, Bangladesh
A.S.M. Shahabuddin, Christiana Nöstlinger, Thérèse Delvaux, Malabika Sarker, Azucena Bardaji, Vincent De Brouwere, Jacqueline E. W. Broerse
Published by: PLOS|ONE
June 23, 2016
http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0157664

Can Social Protection Improve Sustainable Development Goals for Adolescent Health?
Lucie D. Cluver, F. Mark Orkin, Franziska Meinck, Mark E. Boyes, Alexa R. Yakubovich, Lorraine Sherr
Published by: PLOS|ONE
October 17, 2016
http://dx.doi.org/10.1371/journal.pone.0164808

FEATURED PROGRAMS

AFHS (Adolescent Friendly Health Services)
http://www.dgfp.gov.bd/

Success of Early Marriage Prevention in Bangladesh: Initiatives of the Nirapod and Nirapod-2 projects funded by the Embassy of the Kingdom of the Netherlands
www.mariestopes-bd.org

Surjer Hashi Women-Friendly Pharmacy
http://nhsdp.sms.com.bd/

“Nijeke Jano”: Booklet Series to Provide Adolescents the Right Information at the Right Time
http://www.bangladesh-ccp.org/home/resourcesReport/5

Tipping Point: Digging Up the Roots of Child Marriage to Replant the Future
http://www.care.org/work/womens-empowerment/child-marriage/tipping-point

BALIKA: Delaying child marriage through community-based skills development programs for girls
http://www.popcouncil.org/research/balika-bangladeshi-association-for-life-skills-income-and-knowledge-for-ado
The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this document are the sole responsibility of the Evidence Project and the Population Council and do not necessarily reflect the views of USAID or the United States Government.

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.

The contents of this document are the sole responsibility of the Evidence Project and the Population Council and do not necessarily reflect the views of DGFP or the Government of Bangladesh.

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.