

E/ICEF/2005/P/L.12/Rev.1
31 October 2005

English

United Nations Children's Fund
Executive Board
First regular session 2006
16-20 and 23 January 2006

Revised country programme document**

Bangladesh

Summary

The Executive Director presents the revised country programme document (CPD) for Bangladesh for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session, and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing, by 9 December 2005, of their wish to bring the country programme before the Board.

<i>Basic data[†]</i> <i>(2003 unless otherwise stated)</i>	
Child population (millions, under 18 years)	65.3
U5MR (per 1,000 live births)	69
Underweight (% , moderate and severe)	48
Maternal mortality ratio (per 100,000 live births)	380
Primary school enrolment (% net, male/female)	81/84
Primary school children reaching grade 5 (%)	65
Use of improved drinking water sources (%)	75 ^a
Adult HIV prevalence rate (%)	--
Child work (% , children 5-14 years old)	7 ^b
GNI per capita (US\$)	400
One-year-olds immunized against DPT3 (%)	85
One-year-olds immunized against measles (%)	77

[†] More comprehensive country data on children and women are available at www.unicef.org.

^a Adjusted for arsenic contamination levels on the basis of national surveys conducted and approved by the Government.

^b Excludes "household chores".

The situation of children and women

1. With a population of over 130 million, Bangladesh is one of the world's most densely populated countries. About half of the population (65.3 million) are children under 18 years of age. Bangladesh has been ranked 138th among 177 countries in the Human Development Index 2004. Despite an increase in national income per capita, the poverty gap is widening, with 63 million people living below the food-energy intake poverty line. The adult literacy rate is estimated at 56 per cent for men, 43 for women.

2. The infant mortality rate decreased from 75 to 51 per 1,000 live births from 1995 to 2002, and the under-five mortality rate fell from 116 to 69 between 1995 and 2003. Neonatal deaths account for two thirds of the infant deaths and one half of all under-five deaths. Most deliveries take place at home, in the absence of skilled attendance and access to emergency obstetric care, a fact that underlies one of the highest maternal mortality ratios in South Asia. A national study in 2004 revealed that the leading cause of death among children one to four years old is drowning, followed by pneumonia, malnutrition, and diarrhoea. Some 36 per cent of infants are born with low birth weight, 43 per cent of under-five children are stunted, and 48 per cent of under-fives are underweight. Anaemia is a severe public health problem in pre-school children and pregnant women. Health facilities suffer from shortages of supplies and qualified staff.

3. While 97 per cent of households have access to drinking water from an improved source, the overall safe water coverage has been

reduced to about 75 per cent because of arsenic contamination. Use of sanitary latrines is increasing; however, promoting hygiene practices, especially proper hand washing, remains a challenge. Solid-waste management is emerging as an important environmental problem, particularly in urban areas.

4. Because of poor parental skills, there are major disparities in the knowledge and practices of caregivers regarding early childhood care and development, particularly psychosocial development. Fewer than 10 per cent of children are registered after birth.

5. The net primary school enrolment rate is 81 per cent for boys and 84 per cent for girls. The dropout rate is high, and fewer than half of the children who complete primary school achieve expected competencies due to poor teaching-learning methods, overcrowded classrooms, and the lack of support from home.

6. Poverty is the main cause of child labour. An estimated 4.9 million children aged 5-14 years are working, many under hazardous conditions. Gender discrimination determines various societal roles that hamper the advancement of girls and women. Nearly 40 per cent of girls 15 to 17 years old are married, despite a law banning marriage before the age of 18. Dowry and dowry-related violence are widespread and pose serious threats to women. The minimum age of criminal responsibility was raised from seven years, but only to nine years, a fact highlighting the need to improve the juvenile justice system. An estimated 5.3 million orphaned children have lost a mother, father or both parents.

7. While the HIV prevalence rate is still low, behavioural patterns suggest that HIV infection could reach epidemic proportions unless major prevention efforts are undertaken. The Government has finalized the National Strategic Plan for HIV/AIDS and has received resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

8. About half of the urban population of 26 million lives in **the poorest communities**. With no policy for **these people**, their access to essential basic services is scarce. Many children in this situation are working, deprived of education and health care, and vulnerable to violence, abuse, and exploitation.

9. In the Chittagong Hill Tracts, where about half of the population is of ethnic minority origins, development has been slower than that of the national average, mainly because of a history of conflict and the more difficult terrain. Malaria is common in this area.

10. Children are also vulnerable to emergencies, such as recurring floods that regularly submerge a large part of the country. Floods in 2004 affected more than 36 million people in 39 districts.

11. Bangladesh has ratified the Convention on the Rights of the Child and its two Optional Protocols. It has also ratified the Convention on the Elimination of All Forms of Discrimination against Women and other major international agreements. The Government is committed

to addressing children's and women's rights and has set itself on course towards achieving the Millennium Development Goals. The Poverty Reduction Strategy Paper (PRSP) **has been** finalized.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

12. UNICEF, in collaboration with the World Health Organization (WHO) and other partners, supported the Government in maintaining polio-free status and increasing the full immunization rate from 52 to 63 per cent in 2003, vaccinating approximately 3 million children annually by the age of one. UNICEF has provided vaccines, training for health workers, and communication materials. UNICEF, in partnership with Columbia University and the Japan International Cooperation Agency, upgraded 190 emergency obstetric care facilities at the district and *upazila* (sub-district) levels. A national vitamin A "plus" campaign was introduced on a twice-yearly basis in 2003 as a strategy to maintain supplementation coverage after the completion of National Immunization Days. In 2004, approximately 15 million children aged 12 to 59 months received vitamin A capsules.

13. Communication initiatives have drawn national attention to the education rights of all children, especially of girls and working children. The primary education project was expanded to 38 of the country's 64 districts, reaching more than 10 million children with quality education, and training 150,000 teachers on interactive methods. The expertise of UNICEF in primary education served as strategic input to the sub-sectorwide programme, known as the Second Primary Education Development Programme (PEDP-II). Nearly 350,000 urban working children in six City Corporations (urban areas) received basic education, and 125,000 adolescent girls were trained in life skills, which significantly improved the girls' ability to act independently.

14. More than 1 million tube wells were tested for arsenic contamination, while communication initiatives increased awareness of arsenic contamination from among 35 per cent of the population in the programme area to 76 per cent between 2000 and 2003. Arsenic-free water supplies are being installed in 20 *upazilas* that have contaminated water. Supported with funds from the United Kingdom Department for International Development, community hygiene promotion among 1.5 million households resulted in construction of more than 400,000 household latrines and 5,000 water points. Hygiene promotion took place in 4,800 primary schools.

15. Birth registration campaigns were held in 19 districts, registering 7.9 million children under five in 2004, and advocacy efforts led to the enactment of the 2004 Births and Deaths Registration Act, simplifying registration and making it mandatory. UNICEF also supported the development of the National Plan of Action to Combat Sexual Abuse

and Exploitation including Trafficking; the preparation of a national action plan following the United Nations General Assembly Special Session on Children; and the National Strategic Plan for HIV/AIDS. As Chair of the United Nations Theme Group on HIV/AIDS, UNICEF played a leading role in HIV/AIDS-related initiatives, and administered a \$12-million HIV/AIDS Prevention Project funded by the World Bank and DFID.

16. In the Chittagong Hill Tracts, a community-based project provided health and education services through 2,220 *para* (village) centres. More than 44,400 children aged 3 to 6 years received early learning opportunities, and 215 safe water points and 6,675 sanitary latrines were built in 300 villages. In urban **poor communities**, UNICEF supported early childhood development activities for 12,000 children in Urban Development Centres.

17. During the 2004 floods, UNICEF participated in the United Nations Flash Appeal and provided support for water, health, education, and protection. UNICEF, with the World Food Programme (WFP), procured and distributed fortified blended food for 422,250 children, pregnant women, and breastfeeding women in affected districts.

Lessons learned

18. Implementing the 2001-2005 programme, UNICEF adapted to the workings of evolving partnerships such as the sector-wide approaches (SWAs) in health and primary education, in which the country office could play a significant and constructive role while remaining a non-pool funder. Implementation of World Bank-supported projects in primary education, nutrition, and HIV/AIDS also provided opportunity for new working modalities.

19. The mid-term review (MTR) of the country programme recommended that the new country programme converge the efforts of different programme activities, making them more focused, and enhance the rights-based approach, increasing the emphasis placed on disadvantaged groups, including **urban poor communities** and ethnic minorities.

20. The MTR further stressed the need for behavioural change communication to be coordinated across different programmes and projects to yield synergy. Community- and family-based behavioural change will support the healthy development of children and the advancement of adolescents, especially girls.

The country programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	11 000	50 000	61 000
Education	9 500	65 000	74 500
Water and environmental sanitation	10 490	68 000	78 490
Child protection	7 500	15 000	22 500
Policy, advocacy and partnerships for children's rights	8 000	12 000	20 000
Cross-sectoral costs	14 000	-	14 000
Total	60 490	210 000	270 490

Preparation process

21. The country programme preparation was led by the Joint Government-UNICEF Advisory Group, involving all stakeholders at various stages of the process. The programme has taken into consideration the MTR, the situation analysis, the 2004 Common Country Assessment, the draft medium-term strategic plan (MTSP) of UNICEF 2006-2009, the concluding observations of the Committee on the Rights of the Child, and the draft PRSP. Also incorporated were children's views, collected through participatory methods.

22. The process for the United Nations Development Assistance Framework (UNDAF) 2006-2010 took place concurrently. The Joint Strategy Meeting in March 2005, involving United Nations agencies, the Government, donors and civil society, endorsed the UNDAF. Main elements of the proposed UNICEF programme of cooperation were agreed in a Joint Government-UNICEF Advisory Group meeting on 16 March.

23. The proposed country programme has been assessed and is likely to have no negative impact on the environment.

Goals, key results and strategies

24. The country programme aims for the progressive realization of children's and women's rights through improved survival, development, protection and participation in the framework of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals and the Millennium Declaration.

25. The country programme will aim to achieve key results by converging programmatic efforts in disadvantaged areas selected through vulnerability analysis, and will include the provision of a package of basic interventions and support to a community-based planning process. The Expanded Program on Immunization (EPI), vitamin A supplementation, salt iodization, and birth registration will target all children nationwide. Concurrently, active contributions to the SWAp in health and education will influence national policies and strengthen institutional capacity. Collaboration with other United Nations agencies and relevant partners will be pursued.

26. The country programme aims to achieve the following results enhancing the achievement of UNDAF results: (a) children will be protected through more effective legislative and enforcement systems; (b) the Child Rights Commission will be established and address children's issues; (c) 90 per cent of all children will be protected by valid immunization by 12 months of age; (d) 90 per cent of children 12 to 59 months of age will be receiving biannual vitamin A supplementation; (e) 85 per cent of households will be consuming iodized salt; (f) drowning deaths among children aged one to four will be reduced from 86 to 70 per 100,000 population; (g) the percentage of women with obstetric complications whose need for services are met will increase from 27 to 50; (h) 70 per cent of all children will be registered and provided with a birth certificate; (i) in the **poor communities** of six City Corporations, 100,000 out-of-school children will have completed non-formal primary education, 200,000 working children will have completed basic education, 20,000 will have completed vocational training; (j) 1 million adolescent girls and boys in selected areas will have acquired the skills to protect themselves and act as agents of change to reduce child marriage, dowry, and other forms of abuse; (k) 30 per cent of adolescents will have the information and skills needed to reduce their vulnerability to HIV, and 80 per cent of HIV-infected children will be receiving care and support; (l) children in the Chittagong Hill Tracts and urban **poor communities** will have access to improved health and education basic services; (m) knowledge about children and women will be expanded as a means to advocate for their rights, with emphasis given to the most vulnerable; (n) **caregivers of children under 5 in selected upazillas (sub-districts), Chittagong Hill Tracts and urban poor communities will practice a set of essential child care behaviours;** (o) **girls and boys aged 0-5 in selected urban poor communities, Chittagong Hill Tracts and selected districts will receive age appropriate care and 500,000 children aged 3-5 in these areas will complete one year of pre-school and be enrolled in primary school at age 6;** (p) **children made vulnerable by HIV/AIDS in selected districts, including in the Chittagong Hill Tracts, urban poor communities and other selected areas, will have access to and benefit from care and support services;** (q) **the situation and rights of children in Bangladesh will be monitored to guide implementation of the Convention on the Rights of the Child and the achievement of the Millennium Development Goals and PRSP goals;** and (r) **national and international**

media will advocate for betterment of the situation of Banglashi children and women and promote greater participation by children.

27. The country programme will also contribute to reaching the PEDP-II national targets of (a) a primary net enrolment rate of 95 per cent, with 85 per cent completion and 65 per cent achievement of nationally defined competencies for girls and boys; and (b) the Government target of 100 per cent access to safe water and sanitation facilities by 2010.

28. To achieve these results, the country programme will use the following strategies:

(a) Emphasis will be placed on the most vulnerable children to accelerate the reduction of existing gaps. UNICEF will advocate for fulfilling the rights of these children as a means of constructing an equitable society and as a precondition to achieving the Millennium Development Goals.

(b) Adolescent girls and boys will be empowered to become agents of change in the society to improve conditions and reduce gender disparities. Gender concerns will be mainstreamed across different programmes.

(c) Social mobilization and strategic communication will be integrated in the programmes to achieve and sustain the social and behavioural objectives. Meaningful child and community participation will be sought in the design, management and monitoring of programmes that are relevant to the lives of children and communities.

(d) Advocacy and partnership will be enhanced through systematic knowledge management and communication activities to leverage resources for children and promote child rights at the international, national and community levels.

Relationship to national priorities and the UNDAF

29. The country programme aims to contribute to the national goals and targets of the Government's PRSP for July 2005 to June 2007. The Government has also set priorities for children in the National Plan of Action for Children 2004-2009. The country programme will contribute to the overall goals of the Government's sector-wide programmes in health and education and support the health Sector Investment Plan (SIP) 2003-2010 as well as assist the preparation of a Sector Development Programme in water and sanitation. UNICEF will support the Government in the implementation of the National Strategic Plan for HIV/AIDS 2004-2010 and will support coordination through the Joint United Nations Programme on HIV/AIDS (UNAIDS), along with other stakeholders.

30. The common results and complementary roles of United Nations agencies have been articulated in the following six UNDAF priorities: democratic governance and human rights; health, nutrition and

sustainable population; education and pro-poor growth; social protection and disaster risk-reduction; gender equity and the advancement of women; and the prevention of and protection against HIV/AIDS. The UNICEF country programme is strongly linked with and supports these national priorities and UNDAF outcomes.

Relationship to international priorities

31. The Government has strongly endorsed the Millennium Declaration and the Millennium Development Goals. The country programme is targeted to help Bangladesh achieve the Goals, and is guided by the principles of *A World Fit for Children*. Better knowledge of the causes of child morbidity and mortality will enable UNICEF to contribute strategically to the reduction of child mortality. Interventions to ensure quality education and gender equity in schools, support to emergency obstetric care for maternal mortality reduction, and HIV/AIDS prevention will accelerate the achievement of the Goals.

32. The new country programme embraces all focus areas of the MTSP 2006-2009. Increased emphasis will be placed on child survival, maternal mortality reduction and protection as well as HIV/AIDS, considering the potential risk faced by the country.

33. Support to water and sanitation will significantly contribute to the United Nations Decade “Water for Life” 2005-2015. UNICEF will lead the inter-agency collaborative mechanism “United Nations Water”, and link with UNICEF offices in the Region for the biennial South Asia Conference on Sanitation.

34. Other international and regional conventions, such as the Optional Protocols to the Convention on the Rights of the Child and the South Asian Association for Regional Cooperation’s Convention on Preventing and Combating Trafficking in Women and Children for Prostitution, will facilitate regional cooperation. Resolutions regarding Beijing+10 will be a key reference for efforts to improve gender equality.

Programme components

35. **Health and nutrition.** The programme will contribute to achieving the goal set by the Health, Nutrition, Population Sector Programme-SIP of increasing the availability and utilization of quality services for a defined essential services package. Lessons learned from community-based activities will be used to leverage support for scaling up cost-effective interventions. The areas of focus are high neonatal and maternal mortalities; childhood injuries; inequality in access to and utilization of services; and HIV/AIDS.

36. The programme includes components that are national in coverage (immunization, vitamin A, control of iodine deficiency disorders) and a package of interventions to be implemented in selected areas, in the Chittagong Hill Tracts and urban **poor**

communities. Through an innovative approach, births will be registered when children receive routine EPI. Facility-based integrated management of childhood illnesses (IMCI) will be expanded from 100 to 300 sub-districts and cost-effective models for community-based IMCI will be established in 50 sub-districts. The programme will also support the development of national strategies and plans for the prevention of injuries, and pilot safety packages for the home, school and communities in selected areas.

37. Support will be provided to improving antenatal and emergency obstetric care in upgraded facilities, combining an efficient response to mothers' needs with care for the newborn as a way to prevent neonatal deaths. Since most deliveries take place at home, targeted support will be provided in select communities for birth planning and recognition of danger signs.

38. A comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV will be promoted and will include technical support for policy development as well as vertical transmission interventions in specific facilities.

39. To reduce malnutrition, the programme will develop new strategies for (a) sustained vitamin A supplementation, de-worming and reduction of iron-deficiency anaemia among children, adolescents and women of child-bearing age; and (b) improvement of the private sector performance in salt iodization. Furthermore, child and maternal nutritional practices will be improved through community-based IMCI.

40. Regular resources will support key interventions, including PPTCT, particularly in developing sustainable and cost-effective child/maternal health and nutrition models for national replication. The key partner in implementation will be the Directorate General of Health Services in the Ministry of Health and Family Welfare. UNICEF will participate in the Donor Consortium monitoring the implementation of the Health, Nutrition, Population Sector Programme and will collaborate with other United Nations agencies and development partners, especially in maternal health.

41. **Education.** The programme aims at ensuring equitable access to quality basic education for all children by increasing children's developmental readiness for school, improving the quality of education, broadening access and reducing gender and other disparities.

42. For pre-school children, the programme will support learning in safe and child-friendly centres and will promote positive practices for early learning in homes and communities. Interventions will focus on the most disadvantaged children in urban **poor communities**, the Chittagong Hill Tracts and selected districts.

43. In formal education, support will be provided within the sector-wide programme (PEDP-II) to reach national targets. UNICEF will support in-service training of teachers in child-centred and participatory methods, innovative interventions for inclusive education, social mobilization and community participation to ensure that schools

are child-friendly, gender-sensitive, efficient and effective. In six districts UNICEF will develop and pilot these interventions for nationwide implementation within PEDP-II. Support will be extended to secondary education to introduce life skills, including HIV/AIDS prevention, through the curriculum, extracurricular activities and teacher training.

44. In partnership with the Government, non-governmental organizations (NGOs) and communities, UNICEF will provide life-skills-based basic education for 100,000 out-of-school children of primary school age in urban **poor communities** and for 200,000 urban working children aged 10 to 14 (the majority girls). About 20,000 of these children will also receive livelihood training to expand their employment horizons. UNICEF will advocate for policies and practical measures to improve the lives of working children and to decrease the incidence of child labour. UNICEF will continue its partnership with the International Labour Organization (ILO) in the Time-Bound Programme on the Elimination of the Worst Forms of Child Labour.

45. Regular resources will be used to support PEDP-II and improve access to services for vulnerable groups. Other resources will ensure expansion of initiatives to improve quality, equity and access.

46. **Water and environmental sanitation.** The programme will support the monitoring of progress towards the national and global targets, particularly the Millennium Development Goals. Policy and practice will be linked through support given by UNICEF to the proposed Policy Support Unit in the Ministry of Local Government, Rural Development and Cooperatives and through involvement in the preparation of a Sector Development Programme. Key partners include DFID, the Danish International Development Agency and the World Bank. Advocacy will focus on arsenic mitigation, water quality, school sanitation and hygiene education. The programme will develop a knowledge base on the water and sanitation sector through the analysis of programme experience, the monitoring of sector developments and active involvement in various national, regional and global networks.

47. UNICEF will support the development and improvement of water quality monitoring systems and the adoption of the water-safety plan approach. Technologies for arsenic mitigation will continue to be developed and promoted. The range of appropriate sanitation options will be extended, especially for high water table areas and urban **poor communities**. Ecological sanitation will be investigated for appropriateness in Bangladesh. Solid-waste management and drainage systems will be further developed for shanty towns.

48. The programme will support communities in achieving their objectives regarding improvements in hygiene practices and access to sanitation and safe water supplies by strengthening community capacity for self-analysis, action planning, monitoring and evaluation. The programme will ensure that a comprehensive solution is reached

for the whole community, engaging the poor and marginalized groups. The projects will include school sanitation and hygiene education as an integrated component of the community action plan. Flood preparedness will be addressed in all flood-prone areas.

49. UNICEF will use its regular resources for funding the core activities in knowledge development, advocacy and sector development, with some limited support given to community projects. Other resources funding will allow for the expansion of the community projects across a wider area.

50. **Child protection.** The programme aims to create a culture of respect for children's protection rights through advocacy, a change of societal attitudes, strengthened capacity in social work, and the establishment of protective social services and mechanisms.

51. UNICEF will focus on adolescents, especially girls, children at risk, and policy development, advocacy and legal reform. Adolescents equipped with appropriate life skills will be able to better protect themselves from exploitation, violence, and abusive practices, including dowry and child marriage and trafficking. The involvement of the family and community will support this improvement in life skills, with its positive effect on gender roles. Children without parental care, or who are involved in domestic labour or commercial sexual exploitation, are considered to be at risk, and their needs will be addressed. The programme will also facilitate the implementation of the new birth registration law through intersectoral coordination. In addition, it will support the reform of the juvenile justice system by promoting measures that do not deny children's freedom and that support rehabilitation in the children's natural social environment.

52. The programme will assist the development of policies as well as legal and institutional reforms and will strengthen social protection services to support children and their families.

53. Implementation will take place in partnership with the Ministry of Women and Children Affairs, the Ministry of Home Affairs, the Ministry of Social Welfare, the Ministry of Local Government, Rural Development and Cooperatives and the Ministry of Law, Justice and Parliamentary Affairs. The programme will strengthen partnerships with international and national NGOs and United Nations agencies, including the ILO and the United Nations Development Programme (UNDP).

54. Regular resources will fund core activities in legal reform, advocacy and policy development, with limited support given to community projects. Other resources will ensure expansion of community-based interventions and programme activities for adolescents.

55. **Policy, advocacy and partnerships for children's rights.** The programme will advocate for the rights of all children, aiming to ensure that children are at the centre of national instruments and plans. The programme will strengthen the knowledge base, so that effective

advocacy can take place for policy change, and will build the capacities of relevant institutions to help monitor the implementation of the Convention on the Rights of the Child. Through communication interventions, the programme will inform and sensitize all levels of society on children's rights.

56. The programme will support the functioning of the Child Rights Commission as an independent monitoring body. Analysis and monitoring of progress in the achievement towards the Millennium Development Goals, supported by *DevInfo*, will be used to promote policy changes and resource allocations. Multiple Indicator Cluster Surveys will be conducted, and a bottom-up routine data-collection system will be piloted. Surveys and research on cross-sectoral areas will be conducted to broaden the knowledge base. The programme will aim to establish a knowledge management system to collect, validate and provide up-to-date, strategic information on the situation of children and women, identifying the most marginalized groups in order to address their needs in policy and programmes. It will also support knowledge-sharing networks, policy dialogue and the participation of civil society.

57. Children will be actively involved in the advocacy process, directly and through opinion-polling among children. In collaboration with journalist organizations, efforts will be made to enhance the skills of communicators regarding children's issues and to promote ethical ways of reporting on those issues. Children's issues and the Millennium Development Goals will be kept high on the agenda with the help of new and existing partnerships, especially with the donor community, international media, National Committees for UNICEF and other United Nations agencies. Necessary information will be provided during emergencies and through the UNICEF website.

58. **Cross-cutting issues.** The preparation of the country programme has highlighted the increasing need for issues to be addressed across programmes. Cross-sectoral coordination is particularly needed for HIV/AIDS, injury prevention, birth registration, emergency response and integrated interventions in the Chittagong Hill Tracts and urban shanty towns.

59. UNICEF will support the national response to HIV/AIDS, focusing on providing adolescent boys and girls with the information and skills needed to reduce their vulnerability to HIV. Regular resources will help to develop models and tools for these interventions. The country programme will have the flexibility to adjust to both the unfolding of the emerging epidemic and external support mechanisms.

60. Injury prevention will also be addressed by various programmes, in keeping with the multifaceted nature of the issue. Birth registration will be enhanced through its association with EPI, school enrolment, and interventions for vulnerable children. Preparedness and responses to emergencies will be integrated in each programme to meet the Core Corporate Commitments of UNICEF in emergencies.

61. In urban **poor communities** and the Chittagong Hill Tracts, an integrated package of basic services will be delivered through a cross-sectoral approach. Urban Development Centres and *para* centres will be the starting points of the integrated community-based approach through which most sectoral activities will be implemented. In the Chittagong Hill Tracts, the existing 2,200 *para* centres will be strengthened while efforts go towards establishing 2,000 new ones.

62. **Cross-sectoral costs.** Part of the programme budget will be used to cover cross-sectoral expenses for the implementation of the country programme and office management. They include operating expenses, salary and travel costs of cross-sectoral staff, and office and IT equipment.

Major partnerships

63. Collaboration will be strengthened with development partners, including United Nations agencies, the World Bank, and the Asian Development Bank (ADB). The country programme will continue to work closely with international and national NGOs and civil society organizations. Interventions for the elimination of child labour will be implemented jointly with ILO and ADB. Joint initiatives with UNDP, the United Nations Population Fund and WFP will be developed into more mature programmes. WHO will be a partner in health-related initiatives. In addition, UNICEF will continue to play a strong role in the United Nations Theme Group and to support the UNAIDS secretariat. Collaboration and coordination will be intensified with donors, including Australia, Canada, Germany, Japan, the Netherlands, Sweden and the United Kingdom, as well as with the European Union and National Committees. Active participation in SWaps and donor consortiums will continue to ensure that strategic relationships are maintained with partners, including international financial institutions.

Monitoring, evaluation and programme management

64. The progress and expected key results will be assessed by Millennium Development Goal indicators and progress indicators specified in the results matrix. The progress of the programme will be monitored regularly by both Dhaka-based and field-based staff. In 2008, an MTR will be undertaken. Monitoring and evaluation activities will be planned strategically using the Integrated Monitoring and Evaluation Plan. Main programmes will conduct an evaluation either before the mid-term or in association with the development of the succeeding country programme. Pilot projects will be assessed and measured against baseline data, and positive results will be used to advocate for scaling up.

65. The Economic Relations Division of the Ministry of Finance will be coordinating the planning and implementation of this programme under the guidance of the Joint Government-UNICEF Advisory Group.

ANNEX A: Summary Results Matrix: Government of Bangladesh- UNICEF Programme of Cooperation, 2006-2010

UNICEF MTSP Focus Area	Key Results Expected in this Priority Area/Baseline Estimates for these Results	Key Progress Indicator	Means of Verification of Results	Major Partners, Partnership Frameworks and Cooperation Programmes	Expected Key Results in this Priority Area will contribute to
1. Young child survival and development	<p>1.1 85% of all children in low coverage districts including Chittagong Hill Tract Areas (CHT) and urban poor communities protected by valid immunization by 12 months of age.¹</p> <p>1.2 Drowning and other injury deaths among children aged 1-17 reduced in selected upazillas from 48 to 40 per 100,000 population²</p> <p>1.3 Caregivers of children under 5 in selected upazillas, CHT and urban poor communities, practice a set of essential child care behaviours.</p> <p>1.4 Children in selected districts, CHT and urban poor communities reduced micronutrient deficiencies³</p>	<p>1.1.1 % of children aged 12 months immunized with all six antigens at the recommended age and intervals (All indicators disaggregated by district and urban/rural, CHT). B=64% T=85%</p> <p>1.2.1 # of children aged 1-4 drowned per 100,000 children of the same age group B=86, T=70 per 100,000 children</p> <p>1.2.2 # of children aged 1-17 died from injuries per 100,000 children of the same age group B=48 T=40</p> <p>1.3.1 % of caregivers of sick under 5 children who seek care from trained providers. B=19%, T=40%</p> <p>1.3.2 % of caregivers of under 5 children who practice a set of 5 essential child care behaviours. B=TBD, T=25% increase from baseline</p> <p>1.4.1: % of children aged 18-59 months with night blindness. B= <1%, T= <1%</p> <p>1.4.2: % of school-age children with urinary iodine excretion below WHO cut off B=34%, T=25%</p> <p>1.4.3: % of adolescent girls with haemoglobin levels <120 µg/L. B=46%, T=30% (CHT)</p>	<p>1.1.1 EPI Coverage Evaluation Survey (CES). MICS (2009)</p> <p>1.2.1, 1.2.2 Bangladesh Demographic and Health Survey (BDHS).</p> <p>1.3.1, 1.3.2 IMCI household and health facility survey.</p> <p>1.4.1, 1.4.2, 1.4.3 National Nutrition Survey.</p>	<p>Ministry of Health and Family Welfare, Ministry of Local Government , Rural Development and Co-operatives, Ministry of Industries, WHO, UNFPA, UNDP, WFP, DFID, EU, Sida, The Netherlands, The World Bank, ADB, CIDA, Micronutrient Initiative (MI) NGOs Professional Associations Salt Producers Association Salt Mill Owner's Association Health, Nutrition and Population Sector Programme (HNPSP)</p>	<p>UNDAF Outcome 2: Survival and development rights of vulnerable groups are ensured within an environmentally sustainable framework (Output 1.1 , 1.2, 2.1, 2.2, 3.1, 3.2) Outcome 3: Output 3.5</p> <p>WFFC goal to: Promote Healthy Lives</p> <p>MDG 4: Reduce child mortality</p> <p>MDG 5: Improve maternal health</p> <p>MDG 7: Ensure environmental sustainability</p> <p>CRC: Right to Health</p>

¹ This result will contribute to the national target of '90 % of all children protected by valid immunization by 12 months' as described in the CPD.

² This result incorporates the result '(f)drowning death among children aged one to four will be reduced from 86 to 70 per 100,000 population' in CPD.

³ This higher level result will attribute to two results in CPD: (d) 90 per cent of children 12 to 59 months of age will be receiving biannual vitamin A supplementation and (e) 85 per cent of households will be consuming iodized salt.

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	1.5 Met need for obstetric complications increased nation wide including in CHT and urban poor communities.	B=30%, T=20% (elsewhere) 1.5.1 % of women estimated to have obstetric complications who are treated in EmOC facilities B=27%, T=50% 1.5.2 % of women delivering in a health facility B=9%, T=25%	1.5.1, 1.5.2, 1.5.3, Special Surveys, MIS report, Bangladesh Maternal Mortality Survey (BMMS)		
	1.6 Improved standard of hygiene, sanitation and safe water practices and behaviors on a sustainable basis in programme areas covering approximately 30 million population, including plainlands, CHT and urban poor communities, contributing to the government's national target of 100 per cent access to sanitation and 80 per cent access to safe water facilities. ⁴	(All disaggregated by sex, age and socio-economic groups) 1.6.1: % of people practicing hand washing with both hands and soap before preparing food and eating and with soap or ash after defecation B= TBD T=50% 1.6.2: % of households where caretakers of children who are still being fed and/or are not yet using a latrine, practice hand washing with both hands and soap before feeding their children and practice hand washing with both hands and soap or ash after cleaning a child's bottom and/or disposing children's faeces. B: TBD T=50% 1.6.3: % of households where all members use and maintain their own or shared latrines T=90% 1.6.4: % of households using adequate and safe water for drinking, cooking, washing fruits, vegetables all year round. T=80%	1.6.1, 1.6.2, 1.6.3 Specific programme monitoring and evaluation system National Sanitation Campaign Monitoring data MICS (2009)	Ministry of Local Government, Rural Development & Cooperatives – particularly Department of Public Health Engineering DFID, CIDA, DANIDA, World Bank WSP, WHO, UNDP WaterAid, CARE, NGO Forum, DSK and other sector NGOs	
2. Basic education and gender	2.1 200,000 working girls and boys of 10-14 years of poor urban	(All disaggregated by girls and boys) 2.1.1 # of working children aged 10 – 14 who enrolled that complete 40 months	2.1.1, 2.1.2, 2.1.3, 2.1.4, 2.2.1, 2.2.2 Baseline survey,	Ministry of Primary Mass Education, Ministry of	UNDAF Outcome 3 The most vulnerable groups have improved life conditions,

⁴ This result will address the UNICEF's specific contribution to the national target of "support the Government in reaching its target of 100 per cent access to safe water and sanitation facilities by 2010"

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equality	<p>communities in 6 City Corporations completed life skills based quality basic education and 20,000 of them have acquired livelihood skills⁵</p> <p>2.2 100,000 out of school girls and boys of 6-9 years of urban poor communities in 6 City Corporations completed quality non-formal primary education⁶</p> <p>2.3 In six selected districts and CHT, for both girls and boys primary net enrolment rate increased to 95% and completion rate to 85% with 65% of primary graduates achieving nationally</p>	<p>non-formal education course. T=200,000</p> <p>2.1.2 % of working children who enroll that achieves primary school competencies in literacy and numeracy and life skills. T=at least 65%</p> <p>2.1.3 % of trained 13+ adolescents, both girls and boys acquires livelihood skills. T=80%</p> <p>2.1.4 % of trained 13+ adolescents, both girls and boys who are placed in jobs or supported to be self employed. T=60%</p> <p>2.2.1 # of out-of-school children of urban poor communities completed 5 year NFE course. T=100,000 (at least 50% girls)</p> <p>2.2.2 % of girls and boys in non-formal education course achieving primary school competencies in literacy and numeracy. T=65% girls and 65% boys</p> <p>2.3.1 Net primary school enrollment T=95%</p> <p>2.3.2 % of enrolled girls and boys completing primary education cycle each year. T=85%</p> <p>2.3.3 % of primary graduates achieving nationally defined competencies in 6 selected districts. T=65%</p>	<p>monitoring reports, rapid assessment reports, learner assessment reports, mid-term/final evaluation, Labour Market Survey</p> <p>2.3.1, 2.3.2. Directorate of Primary Education MIS, MICS, Survey/studies</p> <p>2.3.3 Periodical national assessment, achievement studies</p> <p>2.4.1, 2.4.2, 2.4.3 ELC enrolment data, MICS, monitoring reports, rapid assessment</p>	<p>Education, Ministry of Local Government, Rural Development & Cooperatives, Second Primary Education Development Programme Consortium, Bureau of Non-Formal Education Ministry of Women and Children Affairs, Bangladesh Shishu Academy, Institute of Child and Maternal Health, Ministry of CHT Affairs, CHT Development Board, City Corporations, universities, training research institutes, ILO, international and national NGOs & CBOs</p>	<p>skills, services, and decent job opportunities</p> <p>WFFC goal to: Provide Quality Education</p> <p>MDG 1: Eradicate extreme poverty and hunger</p> <p>MDG 2: Achieve universal primary education</p> <p>MDG 7: Ensure environmental sustainability</p> <p>CRC: Rights to Education and Participation</p>

⁵ This result will contribute to the key result (i) in the poor communities of six City Corporations, 100,000 out-of-school children will have completed non-formal primary education, 200,000 working children will have completed basic education, 20,000 will have completed vocational training.

⁶ This result will contribute to the key result (i) in the poor communities of six City Corporations, 100,000 out-of-school children will have completed non-formal primary education, 200,000 working children will have completed basic education, 20,000 will have completed vocational training.

⁷ This result specifies UNICEF's contribution to the national target of "a primary net enrolment rate of 95% with 85% completion and 65% achievement of nationally defined competencies for girls and boys" through PEDP-II.

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	<p>defined competencies ⁷</p> <p>2.4 Girls and boys aged 0 – 5 in selected urban poor communities, CHT and selected districts, receive age appropriate care and 500,000 children aged 3-5 complete one year pre-school and are enrolled in primary school at age 6.</p>	<p>2.4.1 % of families practicing age appropriate care T=50%</p> <p>2.4.2 % of 3-5 years who completed on year pre-school with expected competencies. T=80%</p> <p>2.4.3 % of children who completed one year pre-school starting primary school at age 6. T=80%</p>	<p>reports, mid-term evaluation, final evaluation</p>		
3. HIV/AIDS and children	<p>3.1 30 % of adolescents aged 10-18 years in selected districts have correct information and life skills to reduce their vulnerability to HIV.</p> <p>3.2 80 % of HIV-positive pregnant women, their spouses and children receive comprehensive PPTCT packages including ARV prophylaxis, treatment and support.⁸</p> <p>3.3 Children made vulnerable by HIV/AIDS in selected districts including in CHT, urban poor</p>	<p>3.1.1 % of adolescents 10 to 18 years with comprehensive correct knowledge and life skills of HIV/AIDS prevention (disaggregated by gender and in and out of school). T=30%</p> <p>3.2.1 % of HIV positive pregnant women receiving support and ARVs for PPTCT. T=80%</p> <p>3.2.2 % of HIV positive parents of infected children, who receive support and ARVs treatment for their own infection. T=50%</p> <p>3.2.3 % of HIV positive children who receive ARVs treatment and support. T=80%</p> <p>3.3.1 % of children made vulnerable by HIV/AIDS in programme areas, receiving community support and care. T=50%</p> <p>3.3.2 % of children made vulnerable by HIV/AIDS in programme areas, attend schools. T=70%</p>	<p>3.1.1 Baseline survey, final evaluation,</p> <p>3.2.1, 3.2.2, 3.2.3 Project Report, HMIS</p> <p>3.3.1, 3.3.2 Situation Assessment, project report, final evaluation</p>	<p>Ministry of Health and Family Welfare Ministry of Primary Mass Education, MOE, NGOs, CBOs,</p> <p>UNAIDS, UNFPA, WHO,</p>	<p>UNDAF Outcome 6 Prevention and protection abaint HIV/AIDS</p> <p>WFFC goal to: Combat HIV/AIDS</p> <p>MDG 6: Combat HIV/AIDS, malaria and other diseases</p>

⁸ This result incorporates the key result, (k) '80% of HIV-infected children will be receiving care and support' in CPD.

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	communities and in other selected areas have access to and benefit from care and support services.				
4. Child protection from violence, exploitation and abuse	<p>4.1 Children protected through more effective legislative and enforcement systems</p> <p>4.2 70% of all children registered and provided with a birth certificate</p> <p>4.3 One million adolescent girls and boys in selected areas acquire skills to protect themselves from abuse, exploitation and violence in their communities.</p>	<p>4.1.1 Key child protection related laws reviewed. T=100%.</p> <p>4.1.2 % of reviewed laws harmonized with international child rights standards. T=80%</p> <p>4.1.3 Child protection mechanisms, including community-based established and functional.</p> <p>4.2.1 % of children who received birth certificates. T=70%</p> <p>4.3.1 # of adolescent girls and boys in selected areas practice life skills to support peers to protect themselves from abuse, exploitation, violence, HIV/AIDS, child marriage and dowry. T=100,000</p> <p>4.3.2 Support networks established and functional in selected areas for adolescents to access peer education for life skills, including HIV/AIDS and livelihood options.</p>	<p>4.1.1, 4.1.2 Records of the Ministry of Law and other relevant ministries</p> <p>4.1.3 Evaluation, assessments, studies and reports</p> <p>4.2.1 Report of Ministry of Local Government, Rural Development & Cooperatives</p> <p>4.3.1 Baseline, midline and endline surveys</p> <p>4.3.2 Field monitoring reports</p>	<p>Ministry of Social Welfare, Ministry of Law, Justice and Parliamentary Affairs, Ministry of Local Government, Rural Development & Cooperatives, Ministry of Home Affairs, Ministry of Women and Children Affairs, NGOs</p>	<p>UNDAF Outcome 1 Human rights of children, women and vulnerable groups are progressively fulfilled within the foundations of strengthened democratic governance</p> <p>UNDAF Outcome 4 Human security is strengthened and vulnerability to social, economic and natural risks is reduced</p> <p>UNDAF Outcome 5 Social changes are realized to reduce discriminatory practices and to pursue equity and empowerment for women and girls</p> <p>WFFC goal to: Protect against Abuse, Exploitation and Violence</p> <p>MDG to: The Millennium Declaration</p> <p>MDG 3: Promote gender equality and empower women</p> <p>MDG 7: Ensure environmental sustainability</p> <p>CRC: Improved protection of children</p>

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5. Policy advocacy and partnerships for children's rights	5.1 Situation and rights of children in Bangladesh monitored to guide implementation of CRC and achievement of MDGs and PRSP goals. ⁹	5.1.1 The Child Rights Commission established to address children's issues for effective implementation of CRC. 5.1.2 DevInfo institutionalized in the government system and regularly updated data made available for policy makers.	5.1.1 Enacted Child Rights Commission Law, CRC report to the CRC Committee 5.1.2 Updated DevInfo	Ministry of Women and Children Affairs Joint UNICEF-Government Advisory Group Inter-Ministerial Child Rights Committee Save the Children Alliance Bangladesh Shishu Adhikar Forum Planning Commission Bangladesh Bureau of Statistics Civil Society, NGOs, UN Agencies, Universities, research agencies	UNDAF Outcome 1 Human rights of children, women and vulnerable groups are progressively fulfilled within the foundations of strengthened democratic governance UNDAF Outcome 2 Survival and Development Rights of vulnerable groups are ensured within environmentally sustainable framework UNDAF Outcome 3 The most vulnerable groups have improved life conditions, skills services and decent job opportunities UNDAF Outcome 4 Human security is strengthened and vulnerability to social, economic and natural risks is reduced WFFC goal to: Protect against abuse, exploitation and violence MDG to: The Millennium Declaration MDG 1: Eradicate extreme poverty and hunger MDG 2: Achieve universal primary education
	5.2 Knowledge on children and women expanded to advocate for their rights, with emphasis on the most vulnerable to improve resource allocations and enhanced investments in children.	5.2.1 Statistically Sound, internationally comparable information on status of children provided through MICS and other surveys. 5.2.2 Bottom up routine monitoring and data collection system and mechanism established in selected districts to provide accurate, timely and disaggregated data and information of children with special focus on marginalized and vulnerable groups. 5.2.3 Knowledge Management system established in UNICEF in partnership with stakeholders and access to evidence-based information on children and women provided for policy dialogue and advocacy.	5.2.1 MICS Report 5.2.2 monitoring report of Multi-sectoral Committee at district level 5.2.3 Updated and operational Knowledge Management website		

⁹ The key result will attribute to the key result '(b) the Child Rights Commission will be established and address children's issues' in CPD.

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					MDG 7: Ensure environmental sustainability MDG 8: Develop a global partnership for development CRC: General Measures of Implementation