

Bangladesh

Executive Summary

In 2015, the combined approach of technical assistance, advocacy and partnership from UNICEF and its partners supported the finalization of Bangladesh's seventh Five-Year Plan, aiming at achieving the social and economic outcomes of Bangladesh Vision 2021 and the Perspective Plan 2010–2021. The Five-Year Plan aims at greater and shared prosperity with a higher annual growth trajectory of 7.4 per cent. Importantly, the Plan acknowledges the barriers and vulnerabilities preventing children from reaching their full potential and considers the enhancement of systems to provide children and parents' access to HIV, gender and adolescent-friendly services.

As a result of advocacy and support from UNICEF and its partners, key policies and strategies were endorsed in Bangladesh in 2015: The first multi-sectoral National Nutrition Policy; a comprehensive Micronutrient Strategy; and a National Strategy on Prevention and Control of Micronutrient Deficiency 2015–2024, the first of its kind in the region. UNICEF supported finalization of a multi-sectoral National Strategy for Maternal Health, the development of the National Strategic Plan for Quality of Care within the national plan for Universal Health Coverage; and the development of the first-ever immunization policy, the endorsement of the immunization Comprehensive Multi-Year Plan (2016–2021) and the Urban Immunization Strategy.

Following successful UNICEF-supported programme modelling, in 2015 actions were taken by the Government and partners to expand three health, nutrition and community-based interventions initiated by UNICEF Bangladesh. The Special Care Newborn Units (SCANU) – promoted by UNICEF since 2011 to reduce newborn deaths by 20 per cent in intervention areas – were adopted by partners and a total of 41 SCANUs (30 UNICEF-supported) were established by the end of 2015. Modelling of the 42 UNICEF-assisted District Nutrition Supported Officers (DNSOs) at sub-national level triggered the creation of 64 District Nutrition Officer positions in the Ministry of Health and Family Welfare covering the entire country – recruitment will occur in 2016. This will accelerate mainstreaming of nutrition services at district level and below. The Ministry of Chittagong Hill Tracts Affairs and the Ministry of Finance expressed interest in scaling up the UNICEF-supported 4,000 paracentres (i.e., one-stop service centres) in the Chittagong Hill Tracts and expand this model to increase access to social services to populations living in the marginalized communities and most remote areas in Bangladesh.

In the three Prevention of Mother-to-Child Transmission (PMTCT) of HIV pilot sites, 20,000 pregnant women in antenatal care (ANC) and delivery received HIV testing and results (13,000 in 2014). HIV testing and counselling among pregnant women receiving ANC rose to 88 per cent (54 per cent in 2014). Early HIV testing and timely provision of antiretroviral therapy (ART) to pregnant women/mothers, and strengthened early infant diagnosis resulted in none of the HIV-exposed babies monitored in 2015 testing positive at the second polymerase chain reaction after breastfeeding (approximately 14 months).

UNICEF contributed to Bangladesh's progress in access to improved sanitation from 56 per

cent (World Health Organization (WHO)–UNICEF Joint Monitoring Programme (JMP), 2012) to 61 per cent (JMP, 2015) and reduction of open defecation from 4 per cent (JMP, 2012) to 1 per cent (JMP, 2015). UNICEF contributed to increasing access to improved water sources from 81 per cent (JMP, 2012) to 87 per cent (JMP, 2015). Since 2012, UNICEF contributions directly benefited more than 1 million people with increased access to improved sanitation, 1.43 million people with increased access to improved water sources and 0.5 million people who stopped open defecation.

UNICEF's technical support for institutionalization of early childhood development and pre-primary education (PPE) resulted in 2014 in the increase to 51 per cent of Grade 1 students with PPE (47 per cent in 2013) and an increase in the net enrolment ratio to 97.78 per cent (97.3 per cent in 2013). About 60 per cent of children who completed the basic education course were mainstreamed into formal schools under the UNICEF-assisted second chance education intervention.

UNICEF's collaboration with Oxford University and Islamic Foundation under the Global Interfaith Water, Sanitation and Hygiene (WASH) Alliance Initiative will leverage results in 2016 towards achievement of key WASH priorities. The science-practitioner partnership with Oxford University supports development of water security outcomes that meet the needs of the poor and contributes to advances in building water-secure institutions in rural areas and developing sustainable small towns in fragile lands.

In 2015, shortage of skilled human resources in health facilities affected the effective provision of HIV testing for pregnant women as well as the quality of services in SCANUs and other service delivery points. Also, lengthy procedures for policy/strategy approval delayed the finalization of documents such as the Maternal, Neonatal, Child and Adolescent Health operational plan.

Humanitarian Assistance

In 2015, as a key member of both the Disaster Emergency Response Group – a national forum comprising the Government of Bangladesh, United Nations agencies, non-governmental organizations (NGOs) and other development partners – and the Humanitarian Coordination Task Team, UNICEF Bangladesh supported the Government's humanitarian response to several natural disasters. In the course of the year, more than 3.7 million people – including approximately 1.5 million children – were affected by floods caused by Cyclone Komen in the north and by flash flooding and landslides in the south. Directly and through partners, UNICEF provided life-saving and recovery assistance to 120,000 of the affected children.

In particular, UNICEF procured and delivered non-food items – i.e., plastic sheets, family kits, water purification tablets and hygiene kits – to 40,000 households most affected by flooding in the north-western districts. In the same districts, UNICEF and its partners have started the screening for malnutrition of more than 10,000 children under 5 years old, and treated 3,000 children affected by severe acute malnutrition (SAM), following the training of more than 1,100 health workers on facility-based management. About 230,000 pre-positioned flyers on emergency health behaviours and on the use of water purification tablets were printed, and 45,000 were used within flood-affected areas. Facts for Life messages were broadcast in 10 districts twice every hour during the peak of the floods. UNICEF also supported radio panel discussions on preparedness and response.

In June and November 2015, UNICEF Bangladesh provided training to its field-based staff

members and 52 officials from relevant ministries of the Government of Bangladesh in disaster preparedness planning and response. In addition with UNICEF direct support, a vulnerability assessment was conducted in low-performing and vulnerable districts and the findings were used to develop emergency preparedness plans, in consultation with the respective communities.

Further to its continued efforts on post-disaster needs assessment, coordination meetings, critical gap filling and humanitarian public health interventions, the Country Office provided technical support to the development of the Health Emergency Preparedness and Response Plan for two disaster-prone divisions.

The WASH and Nutrition clusters and Education and Child Protection clusters – led and co-led by UNICEF, respectively – effectively organized partners' support to Government-led needs assessments and joint response plans. The work of UNICEF Bangladesh on the Child Protection sub-cluster this year focused on the effective reactivation of the sub-cluster by bringing the Ministry of Women and Children Affairs on board as well as expanding the co-leadership to BRAC and Plan International. The UNICEF-led Nutrition cluster continued strengthening the capacities of the Government and its partners in emergency preparedness through the establishment of 22 new district coordination forums and the training on Nutrition in Emergencies of more than 450 individuals from both the Government and partner organizations. The UNICEF-led WASH cluster's contingency stock was reviewed and an additional US\$100,000 in emergency supplies was pre-positioned to Government warehouses located in flood-prone areas for effective response to 200,000 affected people. As a result of an effective coordination of the support provided to the emergency-affected population at national and sub-national levels, UNICEF-led WASH and Nutrition clusters leveraged US\$2.5 million and US\$0.8 million, respectively, for emergency response in 2015.

After several years of advocacy, the Ministry of Primary and Mass Education, with support from the Education cluster, reviewed the draft framework of Disaster Risk Reduction in Education, including in an emergency context, and the document is in the process of being approved. A 4Ws matrix (global tool used to capture data from the field) as well as a joint needs assessment for flash flood and landslides in Bandarban (north) and Cox Bazar (south) Districts were developed with participation from the Government and NGO partners.

Furthermore, thanks to a contribution by the Central Emergency Response Fund, in 2015 UNICEF Bangladesh and its partners finalized planning for a response implemented in 2016 to provide improved WASH services and facilities, SAM treatment and promotion of young child feeding practices as well as child protection assistance (e.g., child-friendly spaces, adolescent clubs, social workers) to the most deprived children and their families (approximately 88,000 beneficiaries) in Cox's Bazar District in the south.

The UNICEF Bangladesh Emergency Task Force met monthly to plan, implement and monitor humanitarian interventions. The group also regularly reviewed pre-positioned emergency stocks to strengthen preparedness. New stocks were procured for WASH, nutrition and child protection programmes and is being processed for education items – all in consultation with cluster partners. Stand-by agreements with NGOs and transport companies are being developed to ensure close monitoring, rapid response and delivery of supplies in times of humanitarian crisis.

Mid-Term Review of the Strategic Plan

In the light of the Strategic Plan, UNICEF Bangladesh's experience in implementation of gender as a normative principle for programmes has confirmed the need to have both expert technical staff and the right partnerships at the country level to most effectively promote gender equality through programme implementation. Sporadic interventions are not efficient and, above all, fall short of addressing complex gender-related issues and inequities in the country. In UNICEF Bangladesh, the renewed focus on gender with a dedicated gender specialist, who was engaged both in gender mainstreaming and gender-focused work, has gathered momentum within the office; and especially, generated additional interest from development partners. As a result, the Country Office in 2015 was successful in establishing strategic partnerships with women activists, the Prime Minister's office and key development partners committed to gender equality. In total, 50 per cent of the Country Programme output results can be rated as significant in terms of gender marker.

The Strategic Plan integrated approach of sectoral priorities and programme strategies with focus on equity has provided enough flexibility for country offices to adjust their programmes to specific contexts and respond to emerging issues, while at the same time sustaining the impact of previously made investments in basic services. However, in some countries, like Bangladesh, which has a complex programming landscape, such an approach has also exposed the need for a strategy – and accountability structure – that enables the use of evidence-based cross-sectoral policies, strategies and interventions to leverage results and resources for children and women.

For example, the management of the adolescent programme in the context of UNICEF Bangladesh required the establishment of a flexible, strategic and coordinated programme management structure that enables the Country Office to effectively address the multiple deprivations affecting the realisation of the rights of children. The Country Office is still in the process of establishing a functional cross-sectoral accountability structure, flexible enough to be adaptable and also be of practical assistance to coordinate, plan, implement, monitor and report results at a national and decentralized level as well as in the database, VISION.

There is a need for more and enhanced synergies among the sectors to support a holistic response addressing the multiples deprivations that are affecting the realization of the rights of children – and this requires the implementation of multiple strands of action.

Summary Notes and Acronyms

ABAL – Ability-Based Accelerated Learning
AFHS – Adolescent-Friendly Health Services
ANC – antenatal care
ARLG – Adolescent Radio Listeners Group
ART – antiretroviral therapy
BBS – Bangladesh Bureau of Statistics
BCP – Business Continuity Plan
BCM – Bank Communication Management
BSC – Business Support Centre
BSMMU – Banglabandhu Sheikh Mujib Medical University
C4D – Communication for Development
CCC – Convergence Coordination Committee
CHL – Child Help Line
CHT – Chittagong Hill Tracts

CMT – Country Management Team
CRC – Convention on the Rights of the Child
CWB – Child Welfare Board
DCT – direct cash transfer
DEPB – District Evidence-Based Planning and Budgeting
DNSO – District Nutrition Supported Officer
DPHE - Department of Public Health Engineering
DSHE – Directorate of Secondary and Higher Education
ECL – Each Child Learns
EPI – Expanded Programme on Immunization
EVMIP – Effective Vaccine Management Improvement Plan
GSSC – Global Shared Service Centre
HMIS – Health Monitoring Information System
HTC – HIV testing and counselling
IFA – Iron-Folic Acid
IMED – Implementation Monitoring & Evaluation Division
IMEP – Integrated Monitoring, Evaluation and Research Plan
IPAM – Implementation Plan on Arsenic Mitigation
JMP – Joint Monitoring Programme
JPGSPH – James P. Grant School of Public Health
KMC – Kangaroo Mother Care
KOICA - Korea International Cooperation Agency
LSBE – Life Skills in Education
LTA – Long-Term Agreement
MAR – Managed Aquifer Recharge
MARA – Most-At-Risk Adolescents
MICS – Multiple Indicator Cluster Survey
MNCH – Maternal, Neonatal and Child Health
MoHFW – Ministry of Health and Family Welfare
MoHA – Ministry of Home Affairs
Moi – Ministry of Information
MoLGRD&C – Ministry of Local Government, Rural Development & Cooperatives
MoPME – Ministry of Primary and Mass Education
MoRES – Monitoring Results for Equity System
MOSS – Minimum Operating Security Standards
MoSW – Ministry of Social Welfare
MoWCA – Ministry of Women and Children Affairs
MPDR – Maternal Perinatal Death Review
MSM – men who have sex with men
NGO – non-governmental organization
PCR – Polymerase Chain Reaction
PEDP-3 – Third Primary Education Development Programme
PMTCT – prevention of mother-to-child transmission (of HIV)
PPE – pre-primary education
PPTCT - Prevention of parent-to-child transmission
ROSA – Regional Office for South Asia (UNICEF)
SAM – severe acute malnutrition
SCANU – Special Care Newborn Units
SCE – Second Chance Education
SNCCs – Social Norm Change Chapters
SPPME - Social Policy, Planning, Monitoring & Evaluation

STD - sexually transmitted disease

UNDAF – United Nations Development Assistance Framework

UNDASS – United Nations Department of Safety and Security

WASH – water, sanitation and hygiene

WDCs – Ward Development Committees

WHO – World Health Organization

Capacity Development

In 2015, the compounding effect of partners training on Monitoring Results for Equity System (MoRES), the dissemination of data on the situation of women and children in the different division/districts, and the introduction of technology-friendly data collection and monitoring system to track pregnant mother in hard-to-reach districts all contributed to enhancing Bangladesh's capacity to move beyond data collection and analyse data to develop targeted interventions responding to the specific needs of children and their communities.

More than 11,000 government officials, members of the media, non-governmental organizations (NGOs), community members, adolescents, religious leaders and entrepreneurs were trained on child rights, ethical reporting, and Children's Rights and Business Principles, raising awareness on the range of actions required for Bangladesh to be fit for children.

Using the standards and training materials developed in 2012–2015, UNICEF continued implementation of the programme's capacity development strategy by supporting 6,000 line-ministries officers, local government and community leaders on decentralized evidence-based programme planning and delivery in: Maternal, Neonatal and Child Health (MNCH) dashboard, adolescents' health services planning, school planning and monitoring, and Primary School Quality Level. Six NGO partners received training from BRAC University on an online mechanism to collate knowledge and behavioural data and monitor/analyse progress. A total of 660 local government managers were trained on the MNCH dashboard and on adolescents' health services planning.

UNICEF Bangladesh supported the expansion of the Health Monitoring Information System (HMIS) to include more nutrition indicators, supported the development of a competency-based nutrition curriculum, and established a partnership with the National Institute of Preventive and Social Medicine and the Institute of Child and Mother Health to roll out training in the United Nations Development Assistance Framework (UNDAF) districts.

A total of 21 upazila Social Norm Change Chapters (SNCCs), and 1,679 health Community Support Systems were established as platforms for dialogue, networking and coordination to fight harmful practices and create demand for MNCH services.

Evidence Generation, Policy Dialogue and Advocacy

To manage and monitor progress of evidence-generation activities, UNICEF Bangladesh used the Integrated Monitoring, Evaluation and Research Plan (IMEP), which in 2015 included 23 activities (19 studies, 2 research activities and 2 evaluations). By year-end, 10 activities were completed, 9 on-track for completion and 5 delayed/postponed to 2016.

The Bangladesh Multiple Indicator Cluster Survey (MICS 2012–2013) report was launched in 2015. It highlighted large disparities in child outcomes – e.g., stunting, primary school attendance and access to improved sanitation – between households from different

geographical regions; rural and urban areas; and households with different wealth and education levels of mothers.

To bridge the gap between evidence and policymaking, three issue-based policy briefs on ending child marriage, child labour and out-of-school children were produced by the Bangladesh Bureau of Statistics, the Bangladesh Institute of Development Studies and UNICEF. Additional knowledge products were developed to inform the Country Programme (2017–2020): The Situation of Children and Women, an Evaluation on the Strategic Positioning of UNICEF Bangladesh, a study on the impact of climate change on children and a thematic paper on gender. Furthermore, data profiles on the situation of children and women in the different division/districts provided policymakers with a user-friendly way to access and use data.

The development of the national Urban Immunization Strategy facilitated the establishment of a high-level Inter-Ministerial Urban Health Coordination Committee to address inequality in service provision and quality of urban service delivery. The committee, co-led by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Local Government, Rural Development & Cooperatives (MoLGRD&C), is supported by technical working groups and Urban Health Cells in both Ministries and in City Corporations.

A UNICEF-supported multi-sectoral National Nutrition Policy 2015 was approved by the Cabinet. It features an equity-focused and multi-sectoral approach in addressing nutrition challenges. The National Strategy on Prevention and Control of Micronutrient Deficiency 2015–2024, endorsed by MoHFW, is the first of its kind in the region.

Partnerships

For the past three years, UNICEF Bangladesh has worked with international retailers to support programming for garment factory workers and the urban communities surrounding the factories. In 2015, the Office strengthened compliance and support of children's rights in the Ready-Made Garment sector. A study on the impact of this sector on children and a mapping of the corporate social responsibility landscape were undertaken to identify priority issues for a programme commencing in 2016.

Under 'A Promise Renewed Bangladesh Call for Action' declaration and the Every Newborn Action Plan, an US\$8 million agreement was signed between Korea International Cooperation Agency (KOICA) and UNICEF to support the Government's effort to reduce preventable deaths in children and women.

UNICEF intensified community engagement to promote behavioural and social norms changes through six NGO partners in seven districts. A total of 1,512 Ward Development Committees facilitated 2,569 community dialogues to end harmful practices. The partnership with the James P. Grant School of Public Health (JPGSPH) of BRAC University enhanced the monitoring of behavioural changes in intervention and control sites. This showed that in selected districts with Communication for Development (C4D) interventions, 48 per cent of pregnant women made at least four ANC visits (38 per cent in non-intervention areas), and the consumption of at least 100 Iron-Folic Acid (IFA) tablets by pregnant women was 16 per cent higher in intervention sites.

UNICEF's partnership with Telenor was strengthened by using mobile phone-based technology to provide conditional cash transfers to 500 children, and to expand the Child Help Line (CHL) from piloted locations to countrywide coverage.

UNICEF Bangladesh and Marks & Spencer achieved Gold Standard Certification with the issuance of 31,954 Verified Emission Reduction certificates against the planned mid-term target of 14,290, with attendant human and environmental health benefits.

UNICEF, Bangladesh Bureau of Statistics (BBS), think tank and research institutes continued generating evidence on child rights.

External Communication and Public Advocacy

As part of its ongoing collaboration, UNICEF and the European Union launched the 'Child Rights Toolkit: Integrating child rights in development cooperation', which provides practical guidance to all stakeholders on how to operationalize a rights-based, child-focused approach to development programming, budgeting, policymaking and law-making. This enables those engaged in children's development to apply new knowledge to effectively guarantee child rights.

Additionally, UNICEF provided technical support to MoHFW for the implementation of a Comprehensive Communication Campaign for Routine Expanded Programme on Immunization (EPI) and new vaccines that used various communication channels to improve behavioural practices and generate positive social norms changes for increased utilization of immunization services, particularly by poor and excluded children.

Other UNICEF-supported initiatives included: a National Newborn Campaign with key messages on newborn care; a 15-episode drama serial on child drowning prevention that aired on Bangladesh national television; and an advocacy toolkit for case management of pneumonia as per new World Health Organization (WHO) guidelines for managers, service providers and communities.

UNICEF and the largest circulated Bengali Daily organized a round table on maternal health attended by the MoHFW State Minister, key donors, United Nations agencies and communities. The programme advocated UNICEF's priorities to policymakers as well as to 2.5 million readers on ending child marriage, reducing teen pregnancy, 24/7 Comprehensive Emergency Obstetric Care, and addressing inequity in accessing quality MNCH services in low-performing districts as well as urban slums.

As a result of UNICEF Bangladesh advocacy, the Ministry of Finance set up a dedicated cell on child-focused budgeting, which will start tracking and analysing the national budget in a child-sensitive way. The Country Office continued to expand its presence and communication of key advocacy messages through digital platforms such as Facebook, YouTube and Twitter.

South-South Cooperation and Triangular Cooperation

Eight health managers, service providers and two UNICEF health officers attended a Total Quality Management training organized in Sri Lanka by the Japan International Cooperation Agency, the Ministry of Health of the Government of Sri Lanka for capacity building of health managers and service providers. Five doctors and two nurses attended a Training of Trainers (ToT) on Kangaroo Mother Care (KMC) at the All India Institute of Medical Science to build their capacity before establishing a national training centre on KMC at Banglabandhu Sheikh Mujib Medical University (BSMMU). UNICEF Bangladesh shared lessons learned at a dissemination meeting of the Maternal and Young Child Nutrition Security Initiative in Asia initiative in Bangkok. This show-cased the strength of the District Nutrition Supported Officers (DNSO) approach, piloted by UNICEF in Bangladesh, in driving policy and practices on Direct Nutrition

Interventions such as severe acute nutrition (SAM) management, micronutrient supplementation and capacity development.

The partnership with Kerala Institute of Local Administration of India provided a learning opportunity between the officials of Bangladesh and India. A total of 67 government officials were trained on decentralized planning for children and opportunities to replicate good practices in a cost-effective manner were identified.

To facilitate information exchange between countries and the sharing of lessons to scale up sanitation delivery in the region, the Country Office supported the Government of Bangladesh as host of the regional South Asian Conference on Sanitation (SACOSAN) in January 2016. In view of the conference, UNICEF, in collaboration with other key stakeholders, commissioned the study 'Journey to Zero' to identify the key drivers of Bangladesh's success in reducing open defecation as evidence for strategy and policy recommendations.

Identification and Promotion of Innovation

The absence of a harmonized protocol and approach was identified as a key bottleneck contributing to arsenic contamination in improved water sources and slow progress in Bangladesh. Consequently, UNICEF developed the 'Arsenic Safe Village' community-based concept, which utilizes the village as the unit of intervention instead of the water point. The innovative concept integrates community-led planning, utilization of site-specific data for technology selection and three-tier quality assurance to improve the precision of delivery of arsenic-safe water. UNICEF supported the implementation of the Arsenic Safe Village in 26 of the most arsenic-prone unions in three districts. A total of 126 villages have been declared arsenic safe with arsenic safe water supply coverage. The evidence generated from this innovation resulted in the inclusion of the concept in the Revised National Implementation Plan on Arsenic Mitigation as a viable approach.

Due to stigma and discrimination, it is a challenge to reach young men who have sex with men (MSM) and transgender people to provide HIV services. Therefore, UNICEF supported the community based organization Bandhu Social Welfare Society to design and implement the 'HIM initiative' – a voucher scheme linking HIV prevention, referral treatment and care for these adolescents. The initiatives engaged young MSM and transgender people in Dhaka – as peer educators and as 'seeds'. The vouchers were distributed through a 'modified respondent driven' system, starting with a small number of peers and expanded through successive 'waves' of peer recruitment. The voucher linked young MSM and transgender people in Dhaka to a service centre.

The initiative was found effective in linking young MSM with sexual and reproductive health and HIV services. HIV testing and counselling (HTC) was accessed by 160 people (76 per cent), and 110 people (52 per cent) were diagnosed and treated for sexually transmitted infections. This innovative approach has potential for scale-up.

Support to Integration and Cross-Sectoral Linkages

In 2015, cross-sectoral efforts within the Country Office focused on critical child rights issues that necessitated the combined efforts of the Dhaka-based programme sections and Zone Offices. To clarify accountability and leverage resource for children, the office developed a guidance note on cross-sectoral approaches to programmes – i.e., how different sections should work together to address multiple and overlapping deprivations faced by children, their families and communities in Bangladesh.

For example, on the important issue of child marriage, rather than looking at the requirements of advocacy, programme implementation and evidence generation on what works in ending child marriage merely as a sectoral issue, synergies and collaboration among UNICEF's programme sections and field offices were promoted through the Deputy Representative's office.

At the field office level, UNICEF was successful in mobilizing communities and government officials to take action against child marriage at the local level, create awareness among communities and advocate for local approaches on ending child marriage that reflected specific socio-cultural needs and practices in a geographical area.

Another issue with an increased collaboration and coordination among sectors was that of adolescent programming. While the child protection sector leads the support to the Ministry of Women and Children Affairs (MoWCA) on developing a national adolescent strategy, other sectors including gender, education, HIV/AIDS, C4D, nutrition, health and water, sanitation and hygiene (WASH) have been engaged by providing relevant technical assistance to ensure that the issue retains a multi-sectoral approach, keeping in mind the comprehensive needs of adolescent girls and boys.

Service Delivery

The Country Office maintained its support to Bangladesh's efforts to tackle inequity by enhancing the capacities of the Government and other leader to address the bottlenecks hindering effective coverage of social services in their respective sectors and communities.

In 2015, the Convergence Coordination Committees (CCCs) established by UNICEF in the 20 UNDAF districts identified key bottlenecks, as well as actions to overcome such bottlenecks, and coordinated the implementation of district plans. As a result, 32 unions were able to leverage US\$1.5 million and address issues affecting children in their respective communities.

The biannual joint monitoring visits (Government-UNICEF) continued fostering dialogue between central Government, local authorities and beneficiaries, increasing ownership and mutual understanding of the programme challenges and successes. These visits highlighted the need for regular dissemination of programme achievements and lessons learned, as well as the importance of fostering inter-sectoral collaboration between line ministries. In turn, this resulted in the Government's commitment to expand and fund the network of 4,000 paracentres currently supported by UNICEF in hard-to-reach areas – an example of an effective project exit strategy.

Illegal connections by urban slum dwellers to piped water systems have wide-reaching effects which include microbiological contamination of the system, and financial losses for the water service providers. UNICEF provided technical and financial support to Dhaka Water and Sewerage Authority to provide 40,000 marginalized people with metered access in Shattala Slum. Sixteen community dialogues were organized to foster community ownership and equitable access, as well as plan the implementation of the legal connections. Water quality tests were carried out, and 608 caretakers and 912 community members received training on key aspects of operation and maintenance. The 304 legal connections were publicly handed over to the community at ceremonies attended by key stakeholders. A dissemination-sharing workshop was convened, with the participation of policymakers and technocrats, to facilitate scaling up.

Human Rights-Based Approach to Cooperation

The Situation Analysis prepared by UNICEF Bangladesh and its partners in 2015 took a rights-based approach to identifying the key deprivations of children in terms of their right to health and survival, food and nutrition, education and protection, especially for marginalized children living in urban slums, disaster-prone or hard-to-reach areas, and from ethnic minorities. Following a review of UNICEF's comparative advantage in the country, programmatic areas of intervention were identified jointly with government partners to address the causes of child deprivations during the next programming cycle (2017–2020).

UNICEF Bangladesh supported the MoWCA-led preparation and review of the fifth periodic report of Bangladesh on its implementation of the provisions of the Convention on the Rights of the Child (CRC). Prior to the session and in consultation with other United Nations agencies in Bangladesh, UNICEF prepared a confidential report informing the United Nations Committee on the Rights of the Child of the development, remaining concerns and recommendations on child rights in the national Government. The Committee highlighted the need to adopt necessary measures to enforce the laws.

Despite UNICEF Bangladesh's advocacy and technical support, the implementation of the 2013 Children's Act, harmonizing national legislation with the CRC, remains slow. In addition to accelerating adoption of rules to operationalize the act, UNICEF continued supporting the capacity of key officials through multidisciplinary professional training in the 20 UNDAF intervention districts; and advocated for the inclusion of components of the Children's Act included into the training curriculum for pre-service and in-service training in professionals.

The ongoing establishment of district-level Child Welfare Boards (CWBs) in all 20 UNDAF districts and 53 per cent of the intervention upazila is key to enhance the protection of children in Bangladesh. These multidisciplinary statutory structures are mandated to coordinate and monitor children rights at the district and upazila level.

Gender Mainstreaming and Equality

In 2015, UNICEF Bangladesh continued addressing key gender disparities affecting the realization of child rights in the country. In particular, child marriage was a key priority – in alignment with UNICEF's Gender Action Plan. Development partners tasked UNICEF Bangladesh to lead the joint support to MoWCA in developing a National Action Plan to End Child Marriage – ready for review and endorsement. In parallel, UNICEF was a persistent advocate mobilizing development partners to be united in calling on the Government to retain 18 years as the minimum age for girls' marriage in the Child Marriage Restraint Act. Evidence-based data on child marriage were generated and alliances with women's organizations were forged to reinforce advocacy with the Government.

Important progress were also recorded on adolescent health and towards the provision of Adolescent-Friendly Health Service (AFHS). In particular, UNICEF and partners' continued advocacy on the challenge of teenage pregnancy led to the ongoing development of a national Adolescent Health Strategy – UNICEF staff are technical members in the drafting team. A first series of AFHS-related consultative workshops in selected districts successfully engaged Government, civil society, United Nations partners, international NGOs and adolescent girls and boys.

UNICEF also continued supporting UN Women and other United Nations agencies in advocating and providing technical expertise on gender mainstreaming to government partners.

The Joint United Nations group's advocacy on and inputs to the Bangladesh Seventh National development Plan (2016–2020) ensured that UNICEF's priorities on adolescent health, secondary education for girls and child marriage found due attention in the Plan.

To build the Government's institutional expertise on gender, UNICEF supported the National Institute of Training for the Bangladesh Civil Servants to include gender equality and child rights as curriculum topics taught to new recruits.

In UNICEF Bangladesh, the dedicated gender specialist – with a background in planning monitoring and evaluation and experience in gender and development – is part of the Representative's Office, performing both an advisory role to management and a technical role in support to programme implementation.

Environmental Sustainability

Under the United Nations initiative Greening the Blue, UNICEF Bangladesh recorded great progress in solar energy with the installation of solar power systems completed in three Zone Offices and a fourth one in progress. Additionally, the redesigning of the main office space – saving 7,050 square feet – halving the number of printers and vehicles and reducing by 75 per cent the office's newspaper subscriptions resulted in savings, as detailed later in the report. The new established 'Green Office' team will advance greening opportunities.

Since 2012, UNICEF Bangladesh has piloted and scaled up the Managed Aquifer Recharge (MAR) technology – a cost-effective, climate-resilient water supply technology in salinity-prone coastal areas. The Country Office has enhanced sustainability of MAR systems through capacity building of sector practitioners and communities; advocating for inclusion of MAR in key sectoral documents; assessing its applicability to drought-prone and urban areas, and disseminating technical briefs and case studies at national and international levels – e.g., a 2015 MAR case study provided evidence to formulate key messages on the impact of climate change on children. This was used at the International Conference on Climate Change in Paris for the inclusion of children and their rights in the conference's outcome.

UNICEF Bangladesh and Marks & Spencer continued implementation of a carbon-reduction project through provision of environmentally clean cook stoves ('Bondhu Chula') to 40,000 families in eight districts. In 2015, the project achieved Gold Standard Certification with the issuing of 31,954 Verified Emission Reduction certificates against the planned 14,290. Funding leveraged from UNICEF headquarters will scale up the adoption of the 'Bondhu Chula' using a school-led promotional campaign to sensitize parents on the stoves' environmental and health benefits.

In 2015, a study on the impact of climate change on children and a review of the climate-change sensitivity of UNICEF's current programming were commissioned. The study will support advocacy for national-level climate change policies, and for inclusion of children's issues in the Country Programme 2017–2020.

Potential future interventions include children's participation to protect the environment; strengthening their resilience to negative impacts of climate change, and equipping children/communities/decision makers with evidence and tools for responsible decisions, thereby mitigating negative environmental impacts.

Effective Leadership

UNICEF Bangladesh redefined the accountability framework decentralizing some responsibilities to the six Zone Offices – e.g., confirmation of expenditures for cash transfers to partners and supplies. Accordingly, the CMT also introduced innovative quarterly meetings held on rotation at different Zone Offices to discuss strategic issues, with the participation of non-CMT members who are subject-matter experts in different fields. This resulted in more participatory discussions. The Key Performance Indicators reviewed at the monthly CMT meetings were revised to add indicators on status implementation of the Harmonized Approach to Cash Transfer (HACT) to facilitate monitoring. Thorough HACT monitoring of three fraud cases involving implementing partners was addressed. One was reported to the UNICEF Office of Internal Audit and Investigation (OIAI) and is still under review.

UNICEF Bangladesh introduced 'Quick Wins' by renovating the existing office space to improve the working environment. This included a more effective utilization of space by re-positioning sections and ensuring consistent space distribution among staff; increased lighting; wider corridors; new coffee lounge; and improved canteen facility. This resulted in cost savings, efficiency gains, increased staff motivation and a greener office (*see the Efficiency Gains section*).

The sustainability of audit recommendations was a key priority to ensure that risk management is enforced at programme implementation level, with specific management indicators monitored monthly by the CMT. Adverse indicators were immediately addressed, enforcing managers' accountability. The Country Office also implemented the action points identified at the latest Enterprise Risk Management exercise in late 2014 and addressed the needs/risks thereby identified – i.e., greater integration of HACT assurance in programme implementation, systematic follow-up of audit/spot-check recommendations, decentralization, suspected cases escalated to the UNICEF Office of Internal Audit and Investigation, and ethics training.

The Business Continuity Plan (BCP) was updated. The office-wide simulation planned for 2015 was rescheduled to January 2016.

Financial Resources Management

UNICEF Bangladesh implemented Bank Communication Management (BCM) in early 2015, among the first Country Offices in South Asia. By December, 94 per cent of payments were effected through BCM. Also, bank reconciliations and monthly account closures were promptly submitted and open items regularly followed up on.

The Country Office worked closely with the local banking partner, Standard Chartered Bank, and replenished approximately US\$33.7 million in more favourable exchange rates, resulting in foreign exchange gains of more US\$124,000.

UNICEF Bangladesh continued its successful liquidation of outstanding direct cash transfers (DCTs) to implementing partners despite challenges faced in liquidating one DCT over nine months of US\$59,948 – this case was under legal proceedings awaiting court decision.

In 2015 the position of Programme Specialist was established, dedicated to strengthening HACT implementation within the office and among implementing partners. The rollout of a comprehensive HACT assurance plan was closely monitored by the CMT, the Programme Management Team and the newly established HACT committee. The Country Office conducted 292 programmatic visits (104 per cent of 280 planned) and 90 spot checks (103 per cent of 87

planned). It also conducted 11 (100 per cent) of planned NGO audits and the Government's Foreign Aided Project Audit Department completed 5 (31 per cent) of the planned 16 audit of government implementing partners. Micro-assessments were conducted for 6 NGOs and 42 government implementing partners. A total of 34 new staff members were trained on HACT and 98 per cent staff completed the UNICEF HACT e-course. HACT training was also provided to the staff of 32 implementing partners.

At December 2015, 98 per cent of US\$25.2 million Regular Resources and 65 per cent of US\$31.7 million Other Resources were utilized. The IB utilization was 100 per cent, at US\$1.1 million.

Fund-Raising and Donor Relations

Donor reports deadlines (a three-month projection) were systematically monitored and communicated to programme managers at the monthly CMT meetings through the Country Office scorecard. Information on expiring grants was similarly shared through the scorecard. Workflow processes on donor reporting, grant extension and funding proposals were shared office-wide through a memorandum by the Representative (October 2012), clearly outlining responsibilities and timelines. Pending the recruitment of the Reports Officer, the Country Office ensured quality of donor reports through a Reporting Consultant remotely reviewing reports in dialogue with the submitting section. The Deputy Representative conducted a final review before sharing the reports with the donors. In 2015, all but 2 of the 51 due donor reports were submitted on time.

In 2015, the office supported seven National Committee donor-related visits involving corporate partners from H&M, Inditex, Gina Tricot and Kantar Media. This helped engage partners in a programmatic dialogue beyond the provision of funding. Key donors including the Manchester United football team and DLA Piper (global law firm) were supported with audio-visual material by the Country Office to encourage fund-raising efforts in the United Kingdom in support of child protection programmes in Bangladesh.

In 2015, UNICEF Bangladesh raised a total of US\$32,120,800 (58 per cent of needs for the year) – from both public and private-sector donors. Of these, US\$31,475,000 supported developmental interventions and US\$645,800 supported the humanitarian response.

Work progressed on UNICEF Bangladesh Children's Rights and Business Principles (launched in July 2012) and in corporate social responsibility. This enabled UNICEF to capitalize on its relationship with the garment sector and work on a multi-stakeholder partnership involving retailers, factory owners and other strategic partners on a US\$25 million proposal to support UNICEF's work in the urban area. Fund-raising for this proposal will be further realized in 2016.

Evaluation

Following the 2013 internal guidance, the Evaluation Management Team oversees the programmatic relevance of all research and evaluation activities. At the beginning of 2015, it reviewed submissions to the IMEP to ensure that activities were necessary and relevant to fill crucial knowledge gaps for programme implementation, and to develop a more focused IMEP. Additionally, Social Policy, Planning, Monitoring & Evaluation (SPPME) technical clearance of Terms of Reference prior to approval by management remained mandatory for all IMEP activities to ensure relevance, quality and optimal use of resources. Evaluation Terms of Reference, inception reports and final reports were also routinely shared with the UNICEF Regional Office for South Asia (ROSA) as well as Universalis, the company contracted at

regional level for quality assurance of evaluations. For each evaluation, it continued to be mandatory to establish a Reference Group (chaired by the Chief of SPPME), comprising UNICEF specialists as well as external partners. On evaluation capacity-building, UNICEF Bangladesh initiated a Request for Proposals to recruit an agency to conduct a course under the leadership of the Implementation Monitoring & Evaluation Division (IMED), targeting line ministry officials who commission and manage evaluations.

In 2015, the Country Office conducted one evaluation on the Strategic Positioning of UNICEF in Bangladesh against two planned evaluations in the IMEP. The evaluation assessed the relevance, effectiveness, efficiency and sustainability of existing UNICEF programmes in achieving results for children in Bangladesh and formulated recommendations on how to strengthen UNICEF's role as a key national player for child rights in the upcoming Country Programme. A second evaluation on the Child Protection programme, initiated in 2015, will be conducted in 2016. Furthermore, Bangladesh featured as a case study in evaluations led by ROSA and UNICEF headquarters on violence against children and adolescent programming. Management responses were developed for a Health Impact Study on WASH (reclassified as an evaluation) as well as for the Bangladesh case study in the global violence against children evaluation.

Efficiency Gains and Cost Savings

In 2015, UNICEF Bangladesh achieved significant efficiency gains by centralizing the implementation of the administrative transactions of nine programmes and six Zone Offices through a Business Support Centre (BSC) – operational since January 2015. The BSC's four staff members processed transaction previously effected by 15 programme assistants. This resulted in 710 transactions a month on average, for a total of 7,105 transactions. BSC gains spanned from faster processing time and reduced transaction errors (thanks to the enhanced expertise built up by the BSC team), to clearer process accountabilities and increased quality time for programme implementation. This transition to a BSC prepared UNICEF Bangladesh to a smooth transfer of selected transactions to UNICEF Global Shared Service Centres (GSSCs) in January 2016.

UNICEF Bangladesh has also pursued a simplified approach for local field trips called travel2field, resulting in efficiency gains, transaction cost savings and staff empowerment.

The Country Office achieved US\$805,231, including: US\$392,486 through firmer negotiation with suppliers and the establishment of Long-Term Arrangements (LTAs); US\$7,250 through various usage of information technology equipment and tools; US\$124,000 from negotiations with Standard Chartered Bank on better exchange rates; and US\$8,818 thanks to better pricing negotiated with travel agents on LTAs. By reducing the number of drivers from 55 to 41 and the number of cars from 87 to 54, there was a savings of US\$150,000. The installation of solar powered systems in the offices is ongoing and cost recovery takes several years; however, in 2015 estimated savings amounted to US\$1,800. The savings foreseen from new office space distribution (i.e., 'Quick Wins' initiative) was US\$120,877 per year. Finally, with increased usage and additional routes, the Country Office continued improving on cost recovery for the full functioning of the shuttle bus.

Supply Management

UNICEF Bangladesh supplies and services amounted to US\$8.03 million in 2015 – a 19 per cent decrease compared with 2014. Procurement Services accounted for US\$93.7 million in 2015 – a 130 per cent increase from the 2014 value.

UNICEF Bangladesh 2015	Value in US\$
Programme Supplies	4,106,279
Institutional Contracts	3,513,123
Operation Supplies	411,144
Procurement Services	93,737,488

The programme supplies procured included primarily teaching and learning materials, fibre boats, school and hygiene kits, cold room and cold chain materials, micronutrient and therapeutic foods, pharmaceuticals, growth monitoring and medical equipment and construction materials.

To make supply operations more transparent and fair to all parties, an open bidding process was initiated with announcements in newspapers and websites. Other key initiatives included a local market survey of printing companies and the establishment of 30 LTAs for the procurement of routine supplies and services, which reduced transaction time, shortened lead-time/delivery period, and improved relationships with suppliers.

Despite global shortages of some immunization vaccines, in close collaboration with the UNICEF Supply Division, the Country Office managed to secure them, thus ensuring steadiness in the supplies required to support the immunization programme. The Country Office also procured 15 walk-in cold rooms to sufficiently equip and improve the vaccine cold storage facilities at the sub-national level.

The 'clearing stock' initiative was successful. All stocks over 24 months were cleared from the warehouse. Orders for replacements are being processed.

Security for Staff and Premises

The Country Office maintained a standing level of readiness for emergency and security situations, including emergency communication systems, security information and structures, national and international zone warden systems, emergency evacuations and security incident management.

Violent civil unrest over a protracted period continued to affect office operations, programme delivery and staff movements in 2015. However, existing office business continuity procedures, including alternate work modalities, enabled steadiness in UNICEF's operations and critical programme delivery despite the frequent, country-wide shutdowns and other violent political activities. The office also adopted other mitigation measures as advised by the United Nations Department of Safety and Security (UNDSS). Experts from the Compliance Evaluation Monitoring Section of UNDSS conducted an on-site compliance evaluation of all UNICEF premises in December 2014 and as per their January 2015 report, all UNICEF office premises, including those in the field, were Minimum Operating Security Standards (MOSS)-compliant (97 per cent in aggregate). UNICEF Bangladesh is in the process of obtaining an allocation of 0.85 acres of land from the Government to construct the Country Office building, as both UNDSS and UNICEF security advisers recommended to relocate from the current location for security reasons. Meanwhile, to improve staff security and well-being, the office utilized an additional US\$75,000 in security funding from headquarters to procure and install additional essential security equipment and materials, including an X-ray baggage scanner for the Country Office and security floodlights for the Zone Offices.

The United Nations Security Management Team approved a new residential location within

Dhaka city for the international staff which made it possible for staff to live nearby the office avoiding extremely long hours in traffic. UNDSS reviewed the Bangladesh airlines categorization, which enabled programmatic visits to more project locations.

Human Resources

In 2015, UNICEF Bangladesh had 178 Fixed-Term staff (30 International Professional, 96 National Officer and 52 General Service), 16 Temporary Appointments, 1 Junior Programme Officer, 64 Consultants and 3 UN Volunteers. The male/female gender statistics remained at 55/45 per cent office-wide; and improved to 68/32 percent among national officers, 47/53 per cent among GS and 43/57 per cent among International Professionals. To further improve National Officer gender balance, the office actively headhunts to ensure an equitable amount of qualified females on the shortlist. Three female National Officers moved to International Professional positions, and the office retained four females Managers in Supply, Administration, Human Resources and BSC. There were 14 external mission assignments –11 were by national staff (8 females) and 3 by International Professional staff, an improvement from 2014, when 8 out of 9 mission assignments were by International Professional staff. General Service and National Officer staff also benefited from inter- and intra-office stretch assignments. Staff performance evaluation was closely monitored and reached 100 per cent completion rate for 2014. In 2015, 100 per cent mid-year evaluations were implemented.

A Task Force was established to review the findings of the Global Staff Survey 2014. In 2015, the Task Force presented its findings at the first Joint Consultative Committee meeting. The Task Force consulted with all staff and identified 13 recommendations, most of which were closed, including: Improve Zone Offices-Main Office synergy; diversify learning opportunities; maintain a conducive work environment; champion work/life balance; green the offices; and ensure open and transparent communication on key office activities. Implementation has been monitored by the CMT and the Regional Office.

Thirteen group trainings were completed out of fourteen planned. In addition eight training/workshop/ briefing sessions were held during 2015. Training on the 10 Minimum Standards on HIV in the workplace was integrated in the New Hire Orientation for 46 new staff.

Effective Use of Information and Communication Technology

In 2015, the Country Office fully leveraged the deployment and implementation of all the cloud-based office automation tools. Extensive improvements of connectivity and Unified Communication Services (voice and video conferences) between the Country Office and six Zone Offices were done, increasing effectiveness of communications and further facilitating inter-office dialogue to the benefit of programme implementation. ICT was essential in the implementation of the 'Quick Wins' office initiative, with regard to installing the network and power that the office space renovation required.

The collaboration between the ICT team and the programme team was key for the implementation of the Information and Communication Technology for Poverty Reduction initiatives during 2015, aiming at enhancing effectiveness and efficiency of programme delivery with the support of ICT tools. For example, ICT was engaged in the development of a system to track and monitor the Effective Coverage of Basic Social Services in the country, in the development of the Computerized Disability Data Collection and Reporting System and the CHL. This resulted in real-time data for required action, especially important in case of child rights violations (i.e., child marriage cases reported through the CHL were promptly stopped);

and in a reduced time-gap between data collection and evidence generation, producing more credible data for advocacy/policy change.

As for BCP, 3G Internet services were provided to all key staff members, enabling independent and remote access to cloud-based applications and the ERP system.

UNICEF installed solar systems in two Zone Offices in 2015, in addition to the one installed in 2014, thereby reducing its carbon footprint and gasoline use (generator). This also ensures that the productivity of staff members doesn't get affected by power cuts. A fourth office has been identified for solar implementation, and procurement is ongoing. The implementation of a new strategy to reduce the number of printers also contributed to the reduction in the carbon footprint.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: By the end of 2016, women, children and youth in 20 selected districts demand and benefit from increased and more equitable utilization of quality health, nutrition, population, education, water, sanitation and HIV services.

Analytical statement of progress:

In 2015, UNICEF increasingly focused on enhancing the sustainability of quality health services in Bangladesh. Capacity building of district health managers enabled the implementation of evidence-based decisions and equity-based planning to reach those un-reached and marginalized. About 40 per cent of districts and sub-districts use evidence-based plans and budgets. A national Quality Improvement Secretariat and a Total Quality Management unit were established and the National Strategic Plan for Quality of Care (2015) and the related monitoring framework developed. The Every Mother Every Newborn quality improvement standards and criteria were adopted and models of Quality Improvement implemented.

UNICEF continued investing in 30 Special Care Newborn Units (SCANUs) and sick newborn care at the community level. Support to MNCH services in 14 low-performing districts contributed to increased national coverage of skilled birth attendance and post-natal care to 42 and 34 per cent, respectively – Bangladesh Demographic and Health Survey 2014 (Service Provision Assessment 31.7 and Post Natal Care 27.1, Bangladesh Demographic and Health Survey 2011). Also, 2,061 Community Support Systems were supported to conduct birth preparedness sessions and to facilitate referrals for services for newborn health and major childhood illnesses. A default tracking system of pregnant mothers their and children was established in 10 low-performing districts to ensure timely and comprehensive provision of health services.

UNICEF continued support in strengthening systems to deliver a package of direct nutrition interventions through public health services through the development of modules and tools for a Competency Based Training to reach 25 districts and an estimated 65,000 health workers by 2017. The multi-year (2011–2015) regional project, 'Maternal and Young Child Nutrition Security Initiative in Asia', resulted in successfully mainstreaming nutrition into the health sector. The project end-line assessment indicated a reduction of stunting by 5 percentage points, while anaemia prevalence was reduced by 15 percentage points. Additionally, exclusive breastfeeding increased from 49 per cent (2012) to 64 per cent (2015), and coverage of IFA

supplementation among pregnant women increased from 32 per cent (2012) to 55 per cent (2015) in the project area.

The Country Office supported the Mid-Term-Review of the 3rd National Strategic Plan for HIV and AIDS, and the revision of its Monitoring and Evaluation Plan on HIV and AIDS, enhancing the focus on woman and adolescents, and the inclusion of indicators on PMTCT and Most-At-Risk Adolescents (MARA). A total of 20,000 pregnant women in antenatal care (ANC) and delivery received HIV testing and results (13,000 in 2014); HIV testing and counselling among pregnant women at ANC rose to 88 per cent (54 per cent in 2014); and 39 per cent (20 per cent in 2014) at labour and delivery. Early HIV testing and timely provision of antiretroviral therapy (ART) to pregnant women/mothers, and strengthened early infant diagnosis resulted in none of the HIV-exposed babies monitored in 2015 testing positive at the second polymerase chain reaction (PCR). UNICEF and the Joint United Nations Programme on HIV/AIDS led advocacy resulted in Government's interim memo on Age of Consent for medical services, increasing adolescents' access to services.

As chair of the donor consortium for the sub-sectoral Third Primary Education Development Programme (PEDP-3), UNICEF continued to support the Government to increase participation in primary education and reduce disparities. Grade 1 students with pre-primary education (PPE) increased to 51 per cent in 2014 from 47 per cent in 2013 – nationwide. The primary net enrolment ratio increased from 97.3 per cent in 2013 to 97.78 per cent (boys 96.6 per cent; girls 98.8 per cent) in 2014. School completion rates increased to 79.1 per cent in 2014 (78.6 per cent in 2013) and the survival rate to Grade 5 improved 81 per cent in 2014 (80.5 per cent in 2013).

The Each Child Learns (ECL) initiative aiming at improving quality of education was expanded to 980 (1.24 per cent) public primary schools (700 in 2014), with a total of 7,438 teachers trained (2 per cent) and approximately 400,000 (2.36 per cent) students reached (250,000 in 2014). The number of primary school-age out-of-school Children decreased to 9 per cent (9 and 8 per cent for boys and girls, respectively) [15 per cent in 2010]. A total of 3,902 children (60 per cent) were mainstreamed into formal schools upon completion of the basic education course.

UNICEF contributed to Bangladesh's progress to improved sanitation from 56 per cent (WHO–UNICEF Joint Monitoring Programme (JMP) 2012) to 61 per cent (JMP, 2015) and reduction of open defecation from 4 per cent (JMP, 2012) to 1 per cent (JMP, 2015). More than 480 communities were certified open defecation free and access to improved water sources increased from 81 per cent (JMP, 2012) to 87 per cent (JMP, 2015). Since 2012, UNICEF contributions directly benefited more than 1 million people with increased access to improved sanitation, 0.5 million people stopped open defecation and 1.43 million people achieved increased access to improved water sources in 10 UNDAF and 3 arsenic-prone districts.

In collaboration with the MoLGRD&C and other partners, round-table discussions on water quality monitoring, climate change, resilience to natural disasters and harmonization of approaches for arsenic mitigation were organized. The latter was derived from the slow progress in reducing the number of people exposed to arsenic through drinking water: 22 million in 2009 to 19.7 million people by 2013 (MICS 2009 and 2012–2013). These discussions contributed to the development of the national Implementation Plan on Arsenic Mitigation (IPAM, 2015–2025) to be adopted in 2016.

OUTPUT 1: Strategies and guidelines are developed and incorporated in the Health Sector programme

Analytical statement of progress:

The multi-sectoral National Strategy for Maternal Health was revised and finalized. It is set to be endorsed by MoH&FW next year, along with the Health Sector Development Plan (2016–2021). The Bangladesh Every Newborn Action Plan was endorsed, and the plan's costing analysis is being processed with technical support from UNICEF and WHO. The technical committee for child health decided to postpone the development of an inclusive National Child Health Strategy until 2016. The Immunization Comprehensive Multi-Year Plan (2016–2021) was endorsed by MoH&FW and it has guided the development of the GAVI Health System Strengthening Plan (2016–2018).

Following UNICEF's sustained advocacy, an Inter-Ministerial Urban Health Coordination Committee was formed and first convened in 2015, headed by the Secretary of the MoH&FW and the Secretary of the Local Government Division of the MoLGRD&C. This shall facilitate and enhance quality delivery of urban health, including coordination and monitoring aspects, considering that in Bangladesh urban health lies under Urban Local Bodies but logistics, supplies and the issuing of Guidelines and Standard Operating Procedures is under MoH&FW. To operationalize the aimed improvements, an Urban Working Group with four sub-groups (i.e., Urban EPI, Urban HMIS, Urban Family Planning and Urban Health Coordination Sub-Groups) were instituted; and urban Health Cells in the Local Government division and Ministry of Health were identified to facilitate the process.

UNICEF contributed to the revision of the Gender Equity Strategy 2014–2024 of the health sector, which was approved by MOH&FW in 2015. UNICEF also provided technical assistance to develop AFHS guidelines and the development of comprehensive adolescent Health Strategy. This year, government health managers in four districts and two city corporations were provided technical assistance to develop their 2016–2017 AFHS plan.

OUTPUT 2: MNCH services strengthened at district and sub-districts level through developing and implementing appropriate plans by 2016.

Analytical statement of progress:

In 2015, an additional 11 districts implemented District Evidence-Based Planning and Budgeting (DEPB), a flexible tool that attracts all the key health players (public, private and DPs) in a district to invest in a single plan. By the end of 2015, all 20 UNDAF districts had adopted DEPB, and a total of 25 districts (20 UNDAF and 5 non-UNDAF) were covered by a comprehensive MNCH service delivery under DEPB. UNICEF also built the capacity of 35 district health managers to confidently facilitate DEPB. The DEPB process was linked to the existing web-based HMIS to facilitate identifying gaps, and the required interventions.

The HMIS was strengthened through UNICEF direct support: 2,331 Community Health Care Providers in 12 UNDAF districts were trained on data entering and reporting, and 246 health managers on data analysis and supervision; 10 HMIS consultants were recruited to support community management information system. In intervention areas, web-based reporting improved to 95 per cent from 10 per cent (2013). The established dynamic reproductive, maternal, newborn and child health dashboard using geographic information system technology has improved real-time monitoring. All 7 divisions and 64 districts are now using the standard dashboard regularly and generated more than 8,000 graphs and tables.

The Coverage Evaluation Survey 2014 shows an increase of the Fully Vaccinated Coverage to

81.6 per cent in 2014 from 80.7 per cent in 2013 nationally. In 2015, supports were given to three City Corporations to reduce dropouts and doses not given at the right age; and to strengthen monitoring. This lessened the dropout rate in Dhaka North City Corporation to 1.9 per cent in 2015 from 5.7 per cent in 2014. Similarly, in Dhaka South City Corporation, dropouts reduced to 6.7 per cent from 12.9 per cent in 2014. Although Fully Vaccinated Coverage was 78.8 per cent in urban areas compared with 82.3 per cent in rural areas, the dropout rate of Penta1-3 in all urban areas decreased by 50 per cent, with no gender difference. The Effective Vaccine Management Improvement Plan (EVMIP) was endorsed by the Inter-Agency Coordination Committee and it has also facilitated the development and submission of the GAVI-Health System Strengthening bifurcated proposal of US\$34million – US\$20million is for the implementation of EVMIP through UNICEF. Meanwhile, the UNICEF-facilitated procurement of nine district cold rooms was finalized and the replacement of the central temperature monitoring system was initiated, as per EVMIP. The main challenge remains to sustain the optimum coverage and reduce inequities, which relate to geographic variables (e.g., remote areas and reaching the urban poor) as well as socio-economic household characteristics.

OUTPUT 3: By 2016, 60 per cent of families and communities in the 20 selected districts have awareness and skills to practice and use MNCH services.

Analytical statement of progress:

To facilitate the introduction of the pneumococcal vaccine and injectable polio vaccine, in 2015 UNICEF supported a nationwide massive Communication Campaign for Routine EPI and new vaccines to generate positive social norms change for the new vaccines and demand for immunization services. By the end of 2015, 2 million babies were better protected from pneumonia and against polio. This success built on the experiences recorded in the past by the UNICEF-supported health education activities: in 2014, 60.4 per cent of mothers/caregivers were knowledgeable about the number of visits required for complete vaccination (29 per cent in 2011); and the families' health card retention rate increased to 84 per cent in 2014 from 81 per cent in 2011. The achievements of the 2015 campaign are being measured through an ongoing annual Coverage Evaluation Survey.

To create demand for MNCH services, UNICEF supported the establishment of 2,061 Community Support Systems in 14 districts (10 are UNDAF districts) through existing Community Groups formed by MOH&FW. More than 7,300 Female Community Health Volunteers were trained to conduct birth preparedness sessions, facilitate referrals, and provide services for newborn health and major childhood illnesses.

In addition, a default tracking system of pregnant mothers and children was established in 10 UNDAF districts out of 20. This system enables health-care providers to identify and track drop-out mothers and children to ensure health services, such as ANC, PNC, immunization and full treatment with antibiotics received in a complete and a timely manner. The default tracking system contributes to universal health coverage. The system was expanded in 2015 to capture all maternal deaths in the country, indicating the cause of death – to analyse the social determinants of death and prepare a response. This will support the Initiative on Quality Improvement of health facility-based services. In three hard-to-reach districts, through facilitation of Community Health Volunteers and applying the default tracking system, 61,414 mothers/pregnant women have been enrolled (58 per cent of the target) to track the service received during and after pregnancy using an online system. The Government trained on MNCH services in 24 sub-districts and 865 Community Health Volunteers provided counselling, creating demand for services.

A communication strategy on newborn care for the National Newborn Campaign was also developed. In addition, 28 episodes of a drama series on child drowning prevention were aired on Bangladesh national television to create awareness. An advocacy toolkit for case management of pneumonia was also developed for the managers, service providers and community.

OUTPUT 4: Health facilities in 20 targeted districts provide high-quality MNCH services.

Analytical statement of progress:

With UNICEF's assistance, 10 additional SCANUs were established in 2015, and technical support was provided to maintain functionality of the 20 SCANUs established in previous years. Regular maintenance of equipment through a UNICEF-contracted technical agency facilitated efficient service delivery in the SCANUs. Also, a Total Quality Management process was maintained in 12 health facilities for the overall facility management of SCANUs in compliance with national quality improvement standards and Standard Operating Procedures.

In 2015, the Country Office also supported the establishment of regional newborn training centres in seven medical colleges and tertiary-level hospitals/institutes; and established training venues for emergency triage and treatment and sick newborn care in four medical institutes (i.e., Dhaka Medical College Hospital, Institute of Child & Mother Health, Dhaka Shishu Hospital and BSMMU). In addition, the capacity of BSMMU was further enhanced as the centre of excellence through establishing a KMC unit for management of pre-term/low birthweight babies. Between January and August of 2015, a total of 20,942 newborn babies were admitted to 10 SCANUs and 17,828 babies were saved.

The Women-Friendly Hospital Initiative was implemented in 13 health facilities. Accreditation visits were conducted in three facilities, and two facilities are expected to receive accreditation as per the provisional report of the assessment team, pending confirmation by the National Accreditation Body meeting. Mobilized resources for monitoring by the Directorate General of Health Services. Rights & Accountability interventions were implemented in four districts. Both Women-Friendly Hospital Initiative and Rights & Accountability interventions contributed to creating an environment of gender equity and protection of rights of clients in accessing quality MNCH services. Continuous support were provided for the implementation of Maternal Perinatal Death Review (MPDR) in 10 districts. To revise the National MPDR Guidelines, a working group was created to help design the sustainability mechanism of MPDR and link it with HMIS.

OUTPUT 5: Capacity of the service providers improved in selected hospitals to provide quality MNCH services (Integrated Management of Childhood Illness, Emergency Obstetric Care, Sick Newborn Care and EPI).

Analytical statement of progress:

To facilitate a smooth introduction in Bangladesh of pneumococcal vaccine and injectable polio vaccine in March 2015, UNICEF made substantial investment in related capacity building. A total of 2,469 health workers and 982 cold chain personnel received training on the introduction of these new vaccines.

UNICEF also continued on its leading and supportive roles on national capacity building and institutionalizing Quality Improvement under the stewardship of MoHFW. A Quality Improvement Secretariat is currently fully functional thanks to UNICEF's continued technical and financial assistance. The National Strategic Framework for Quality of Care was launched with support

from UNICEF, and technical support was also provided for the formation of Quality Improvement committees at national and sub-national levels. To improve the quality of service delivery in SCANUs, 150 medical officers and 438 senior staff nurses were trained on emergency triage and treatment and sick newborn management in SCANUs. In addition, 52 service providers were trained on Standard Operating Procedures in SCANUs at BSMMU (Centre of Excellence).

To sustain the nationwide Integrated Management of Childhood Illness services, a total of 480 service providers (170 medical officers and 310 paramedics) received clinical management training. As part of South-South collaboration, 10 health managers, service providers and programme people improved their knowledge on Total Quality Management attending a training organized in Sri Lanka, by the Ministry of Health in collaboration with the Japan International Cooperation Agency. To introduce new newborn interventions for pre-term management, eight key staff obtained training in this topic at the All India Institute of Medical Science in New Delhi. These eight master trainers are to train KMC teams (three doctors and five nurses per team) in 15 selected hospitals in 14 districts in the course of next year.

To improve HMIS at the community level and establish correct denominators, a total of 2,331 Community Health Care Providers in 12 districts (out of 64) were trained on data collection, recording and online reporting on the software tool, DHIS-2. To further ensure data quality and timeliness of reporting in the 12 districts, 768 first-line supervisors were trained and are now able to monitor and provide supportive supervision and guidance on field reporting.

In 2015, 65 health managers trained on AFHS in turn trained 300 service providers including doctors, nurses, family welfare visitors and other paramedics on providing AFHS in four districts and two city corporations. In addition, 279 service providers (70 doctors and 179 nurses) received training on MPDR and applied it in 10 districts. Continuous support was provided for the implementation of MPDR in 10 districts at community level.

OUTPUT 6: By 2016, capacities in service delivery, supply, uptake and demand of defined direct and nutrition sensitive interventions is increased equitably in 20 UNDAF districts plus urban and disaster-affected areas.

Analytical statement of progress:

More than 3,000 children with SAM were reached with treatment following the training of more than 1,100 health workers and the screening of more than 10,000 children. In collaboration with the International Centre for Diarrhoea Disease Research Bangladesh two formulations of Ready-to-Use Therapeutic Food using locally available food ingredients have been developed. The two recipes are found to be as efficacious as the international gold standard in the treatment of children with SAM. More field-based studies to test the effectiveness of these recipes are being planned.

In 2015, UNICEF Bangladesh rolled out a programme aimed at strengthening workplace support for breastfeeding through a public-private partnership involving one Ready Garment Factory in Gazipur (a peri-urban of Dhaka), five health facilities and one Upazila in Kurigram district. The initiative aims to benefit 35,000 infants and young children aged 0–23 months old and 45,000 pregnant and lactating women. So far, partnerships have been established for the implementation of the programme, while necessary materials and supplies have been delivered in target areas.

Adolescent girls was a new group targeted by a set of nutrition interventions under the Ending

Child Marriage initiative. A total of 34,000 adolescents from 1,056 clubs were reached with a set of selected age-specific, direct nutrition interventions. Additionally, in hard-to-reach areas of Chittagong Hill Tracts (CHT), more than 37,000 adolescent girls (77 per cent) and more than 43,000 adolescent girls (90 per cent) received IFA and deworming tablets, respectively. The services contribute to break up the inter-generational cycle of undernutrition among adolescent girls.

To strengthen institutional capacity towards improved nutrition programming, assorted supplies and equipment were procured and delivered to government health facilities in 25 districts across the country. This included 2,000 pieces of height boards, 1.5 million IFA tablets, 11,900 sets of Direct Nutrition Intervention toolkits, 12,900 sets of assorted job aids, 1 million growth monitoring and promotion cards and 2,000 cartons of therapeutic foods.

With UNICEF Bangladesh financial and technical support, 99 per cent of children aged 6–59 months old were reached with vitamin A supplementation through a national campaign.

OUTPUT 7: By 2016, systems and capacities in coordination, management and monitoring are in place at national and sub-national levels to support scale-up of proven nutrition interventions and practices in 20 UNDAF districts plus urban and disaster-affected areas.

Analytical statement of progress:

In 2015, UNICEF Bangladesh continued strengthening the Government's capacity to delivery nutrition services by deploying an additional 22 DNSOs – cumulatively reaching a total of 39 districts and 3 city corporations. Through the DNSOs support this year (January–October 2015), a total of 10,733 (22 per cent) front-line health workers and first-line supervisors were provided with on-the-job training on various technical skills (i.e., anthropometric measurement, counselling techniques, micronutrient supplementation, record keeping and reporting). A total of 3,397 (26 per cent) health facilities were reached with monitoring and supportive supervision. Furthermore, 3,045 (23 per cent) health facilities started reporting on (at least one) nutrition indicators while 2,911 (22 per cent) more health facilities reported on all standard nutrition indicators, compared with 4 per cent in 2014; nutrition supply gaps were reduced by 36 per cent; and 58 per cent facilities are now providing maternal and child nutrition counselling services. A total of 99 (70 per cent) facilities targeted for management of SAM by the Government are functional, compared with 34 (24 per cent) at the start of the year. UNICEF continued its support to 42 district coordination forums that bring together multiple sectors to support nutrition programming.

The nutrition cluster mobilized to address the humanitarian needs of more than 40,000 people affected by flash floods in the north of country and refugees in the south. The two projects, currently in roll-out mode, target more than 20,000 children under 5 among the cumulative beneficiaries. The nutrition cluster continued strengthening capacities of the Government and its partners in emergency preparedness through the establishment of 22 new district nutrition coordination forums and the training of more than 450 individuals from both the Government and partner organizations on Nutrition in Emergencies. The Government also approved the National Nutrition Survey Guidelines, produced with the support of the nutrition cluster. The guidelines are expected to standardize nutrition assessment implementation post disasters but can also be applied during normative periods. The cluster supported the preparation of guidelines on the management of SAM among children under 6 months old. This guidelines have now been adopted and consequently incorporated in the updated national guidelines.

As a result of the Country Office's support to strengthen the national nutrition information

systems, the Nutrition Information and Planning Unit led the release of four newsletters, prepared databases for training and another for supply management. An agreed set of indicators for nutrition sensitive interventions was also finalized. A reporting format for SAM management and another for collecting, analysing and reporting on the National Vitamin A Campaign were uploaded into the HMIS website, successfully facilitating collection of online information for the first time.

To strengthen local level programme coordination between health and family planning, with UNICEF support, the National Nutrition Service organized 15 sub-national-level review meetings this year, involving all district- and upazila-level health and family planning managers.

OUTPUT 8: By 2016, political commitment and national capacity to legislate, plan and budget for improved equitable access to evidence-based, comprehensive nutrition interventions is strengthened.

Analytical statement of progress:

With the technical support of UNICEF Bangladesh, the Government endorsed a National Nutrition Policy 2015, which features an equity-focused and multi-sectoral approach in addressing national nutrition challenges. Additionally, the MoHFW approved the National Strategy on Prevention and Control of Micronutrient Deficiency 2015–2024 – preparation of which was led by UNICEF. It is expected that the strategy will guide efforts towards reduction of micronutrient deficiencies in the country.

Following the successful modelling of nutrition mainstreaming through the DNSO approach, the Government created 64 District Nutrition Officer positions to cover the entire country. The deployment of a nutrition cadre within the Government will ensure the sustainability provision of nutrition services in public health and other sectors. The concept paper and strategic investment plan on the 4th Health Population and Nutrition Sector Development Programme 2016–2021, Essential Services Package and communication strategy of health, nutrition and population sector documents have been prepared in 2015 with UNICEF support. This will support immensely the continued provision of nutrition services in the country.

UNICEF is also providing technical and financial support for the preparation of the Breast-Milk Substitute by-law. The by-law will supplement enforcement of the Breast-Milk Substitute Act 2013 that is aimed at regulating the marketing of breast-milk substitutes, thereby preventing erosion of breastfeeding practices.

As a result of UNICEF's advocacy efforts, the Bangladesh National Nutrition Council (– the highest policy and coordinating body in Bangladesh, chaired by the Prime Minister – was revitalized. The role of the Council is to strengthen effective multi-sectoral and multi-stakeholder coordination of nutrition policies and programmes and track nutritional outcomes.

As a stop-gap measure, UNICEF had supported the revision of the existing salt law, but is now involved in the drafting of a new comprehensive National Salt Iodization law, which will include mandatory iodization of animal feed salt, salt used in processed foods, restriction of open salt selling, and clear identification of industrial salt, with more transparent mechanisms for implementing the new legislation.

OUTPUT 9: The Directorate of Primary Education and its offices in the 20 convergence districts have capacities to increase students' learning achievement and survival rate to Grade 5.

Analytical statement of progress:

Working with the Government and development partners, in 2015 UNICEF promoted/adopted a combination of strategies aimed at enhancing teaching quality, learning achievement and primary education completion.

With UNICEF support, in 2015, the Government expanded to 50 out of 57 existing Primary Teacher Training Institutes (up from 36 in 2014) the Diploma in Primary Education, which is designed to upgrade teachers' qualification and quality. The total number of teachers trained will increase from 7,200 to 10,000. In partnership with the MoPME, Dhaka University's Institute of Education and Research assessed the Diploma in Primary Education course as part of quality assurance of the programme.

The ECL initiative to improve learners' achievement was expanded to an additional 980 public primary schools (1.2 per cent) in 2015 (up from 700 in 2014), with 7,438 teachers trained and benefiting approximately 400,000 children (up from 250,000 in 2014). Phase 1 of the ECL longitudinal study initiated in 2014 revealed that children who completed Grade 1 in ECL schools performed slightly better in Bangla and Math than those from non-ECL schools. With UNICEF's technical support, the Government has developed a plan to strengthen ECL implementation based on lessons from the study visit to India in 2015 and recommendations from Phase 1 of the study. ECL is being scaled to 1,500 schools during the school year 2015–2016, reaching an estimated total of 600,000 children.

UNICEF continued to promote a holistic approach to school decentralized planning and management using the school effectiveness framework that covered 910 primary schools (2.3 per cent) in 2015 (up from 305 in 2014), benefiting 227,000 children (82,960 in 2014) in the 20 UNDAF districts. A total of 1,799 teachers (up from 1,033 in 2014) acquired knowledge and skills on school effectiveness. Nearly 3,355 School Management Committee members were trained (up from 1,469 in 2014) and developed annual school improvement plans.

The aforementioned strategies, combined with the UNICEF-supported School and Classroom Based Assessment, which developed methods and tools on 12 subjects incorporated in the curriculum dissemination package, are contributing to improving learning achievements and more children completing the full cycle of primary education.

OUTPUT 10: Disparity between 20 convergence districts, including selected urban slums, and the national average for the net enrolment ratio and transition from PPE to Grade 1 is reduced by 50 per cent.

Analytical statement of progress:

UNICEF continued to provide upstream technical support on the institutionalization of early childhood development and pre-primary education, leveraging all sectoral partnerships in the provision of early childhood development and PPE. This contributed to an increased transition rate from PPE to Grade 1 in the UNDAF districts and selected urban slums which reached 69 per cent in 2014 from 50 per cent in 2013.

With the mainstreaming of one year of PPE by the Government in all primary schools of the country, UNICEF supported the provision of quality PPE to 3,088,000 eligible children in all 37,672 Government Primary Schools and 26,000 Newly Nationalized Primary Schools. To this end, UNICEF supported the development of curricula and materials; the teacher training package; the training of trainers and teachers; and the orientation of field-level officials on PPE. A total of 105 national-level and 26,100 sub-national level teachers were trained on the new

PPE learning package to support and effectively teach PPE.

In 2015, additionally, there was an improvement in the implementation of PPE activities despite internal procedural delays experienced in 2014 affecting the PPE programme activities. The setting up of government organizations -NGO collaboration structures at decentralized levels in Barisal, Khulna and Sylhet, application of MoRES for tracking progress of out-of-school children in Second Chance Education (SCE) (and encouraging them to enrol in PPE or primary schools or SCE, as relevant) in Khulna, and multilingual education in CHT are part of the efforts that have contributed to the achievements of PPE provision to date.

OUTPUT 11: Disparity between 20 convergence districts, including selected urban slums, and national average for the net enrolment ratio at primary level and Grade 5 completion rate is reduced by 50 per cent.

Analytical statement of progress:

UNICEF continued to support the Government on the SCE that promotes mainstreaming of children from the non-formal learning centres into formal primary schools. This contributed in reducing disparity in primary net enrolment ratio and Grade 5 completion for out-of-school children between the national average and the 20 UNDAF districts and slums.

UNICEF support through the Ability-Based Accelerated Learning (ABAL) intervention under SCE, an upgraded version of the model used under the Basic Education for Hard-to-Reach Urban Working Children, enrolled a total of 15,037 out-of-school children aged 8–14 years old in remote rural areas and urban slums (up from 13,500 in 2014) in SCE learning centres. The ABAL comprises 40 months of learning, based on the national primary education curricular competencies, started in 2012 in selected rural areas covering competencies from Grades 1 to 5. A total of 3,902 children were mainstreamed into formal primary education and 3,000 children aged 14–18 years old (1,608 boys and 1,392 girls) acquired competency-based livelihood skills training in eight different marketable trades through informal apprenticeship in selected urban and semi-urban areas. To enhance the quality of the ABAL model – i.e., quality of teaching and learning materials – UNICEF provided technical assistance through resource persons from Rishi Valley, India, in 2015.

The MoPME has established a new Division of Second Chance Education within the Directorate of Primary Education, establishing clear targets for enrolment of out-of-school children in 2015 and 2016. The Government has fully staffed the SCE division. The SCE approach and modality has been explored with assistance from UNICEF and is awaiting approval from MoPME. It is anticipated that the implementation of SCE activities will be accelerated once the modality and models for SCE have been standardized and agreed by all stakeholders.

OUTPUT 12: Ministry of Education, MoPME and partners at national and local levels have capacities to implement inclusive education.

Analytical statement of progress:

UNICEF's support to the Life Skills in Education (LSBE) programme in 2015 included advocacy and technical assistance to the Ministry of Education and DSHE. The programme covers 10 core life skills of adolescents, especially girls. The integration of LSBE into the national curriculum by the National Curriculum and Textbook Board, as well as the training of teachers, is benefiting all 8 million secondary students (approximately 40 per cent girls). With UNICEF's support, in 2015 DSHE trained 240 teachers on basic LSBE and 630 teachers in a LSBE refresher course in 14 UNDAF districts. In addition, National Curriculum and Textbook Board

trained 120 curriculum specialists who trained 1,440 teachers on the LSBE curriculum dissemination package.

UNICEF continued to support the implementation of inclusive education and gender interventions under the PEDP-3. In 2015, this included support to the Directorate of Primary Education with the training of 50 trainers and 5,800 teachers on 'Better Health Better Education' and 4,000 teachers on the Gender Toolkit in 20 UNDAF districts, with the ultimate aim of strengthening children's life skills and understanding of gender issues.

In 2015, under the Young Champions' Initiative of United Nations Girls' Education Initiative, with UNICEF's support, DSHE trained 264 adolescents, 90 teacher trainers, 24 head teachers, 24 teachers/focal points and 24 School Management Committee members on adolescent and girls' education issues. The aim has been to train adolescents as peer educators on adolescents and girls education issues and to act as agents of change – i.e., mobilize others against child marriage.

UNICEF' technical assistance also contributed to the training of 40 journalists, radio and television personnel on child rights issues. This resulted in the development of media materials to promote child rights.

As part of the efforts to end child marriage, during the course of the year, UNICEF supported the training of 440 master trainers (200 primary and 240 secondary), who in turn trained 27,536 teachers (12,000 primary and 15,536 secondary) and 200 field-level officials to advocate and mobilize students to organize campaigns against child marriage.

OUTPUT 13: The National AIDS/sexually transmitted disease (STD) programme and partners have capacity to legislate, plan and budget for improved scaling up of evidence-based, high-impact HIV/AIDS interventions by the end of 2016.

Analytical statement of progress:

In 2015, UNICEF Bangladesh continued its support in capacity building of the National AIDS/STD Programme through improving existing policies, reducing bottlenecks to service access, and ensuring service quality through the development of standards, guidelines and studies. It assisted the Programme in improvement of coordination mechanisms with partners. UNICEF supported the Programme to conduct a Mid-Term Review of the 3rd National Strategic Plan for HIV/AIDS and the subsequent revision of the National Monitoring and Evaluation Plan for AIDS and successfully advocate for the inclusion of PMTCT and MARA as strategic priorities, as well as in ensuring the inclusion of specific indicators on PMTCT and MARA.

The Country Office also supported the development of the National People Living with HIV database, detailing information for adolescents as well as children infected and affected by AIDS. The database will enhance the Government's capacity to provide required services (including ART) based on the needs of each group of people living with HIV, especially children and adolescents. This will also benefit procurement of ART drugs and other pharmaceutical products. Additionally, UNICEF, along with partners, assisted in a size estimation of key HIV-affected population groups – i.e., female sex workers, people who inject drugs and MSM – to enhance planning and service delivery.

The national study, 'Case Review of HIV-Sensitive Protection Services for Children Infected and Affected by HIV in Bangladesh', undertaken with UNICEF support, was completed in 2015. Its findings are being analysed by stakeholders to help develop national health and protection-

specific strategies and services for children infected and affected by AIDS.

UNICEF Bangladesh, with support from ROSA, supported the Government and other stakeholders to design and plan the 12th International Conference of AIDS in Asia and Pacific in Dhaka in November 2015. This provided the office with the opportunity to advocate and promote initiatives aiming at accelerating adolescent's HIV prevention, care and treatment.

In early 2015, UNICEF stepped in to bridge a national gap in the provision of essential Treatment, Care and Support services for 1,200 people, including ART management, until the national Health, Nutrition and Population Sector Development Programme could start operations in June 2015, when the care and support packages were provided again by the Government.

OUTPUT 14: By the end of 2016, 90 per cent of HIV-positive pregnant women are identified at Prevention of parent-to-child transmission (PPTCT) implementation facilities in Syhlet, Chittagong, Dhaka and Syhlet, and their HIV-exposed infants receive quality comprehensive services for PMTCT.

Analytical statement of progress:

In 2015, UNICEF's support to PMTCT interventions in the three pilot medical university/college hospitals (Chittagong, Dhaka and Sylhet) focused on consolidating past achievements, while enhancing the quality of services delivered. A total of 20,000 pregnant women in ANC and delivery received HIV testing and results, against the 13,000 in 2014. At ANC, HTC among the pregnant women rose to 88 per cent, up from 54 per cent in 2014. At labour or delivery, HTC rose to 39 per cent from 20 per cent in 2014. This latter limited improvement in HIV testing was due to the lack of adequate manpower at the delivery sites. The focus on the three hospitals is meant to address this issue. Meanwhile, in 2015, the 18 HIV-positive pregnant women in the three pilot sites received ART and 13 babies received antiretroviral prophylaxis. Thanks to the strengthened early infant diagnosis, 12 out of 13 (one not yet eligible in 2015, as was born in November) exposed babies received PCR within two months of birth. At the second PCR testing, none of the 12 tested babies who had completed one year of breastfeeding and who were no longer breastfeeding resulted positive. The successful results recorded by the PMTCT interventions in the three pilot hospitals were used to advocate for the integration and scale-up of PMTCT services into MNCH facilities during the next UNICEF–Government Country Programme cycle.

Under the framework of a new partnership between UNICEF and Save the Children International, PMTCT services were provided to 1,340 women of special population groups (female sex workers, females who inject drugs, spouses of males who inject drugs) in Dhaka, Rajbari and Sylhet Districts. All 1,340 women received HTC and 11 were provided with safe delivery services. HTC was also provided to 129 of their partners. The partnership with Save the Children International offered some important lessons, such as that the integration of PMTCT with other ongoing HIV interventions for special population groups has enhanced the effectiveness of these other services, and that the involvement of partner, family members and community is essential.

UNICEF also initiated a partnership with the people living with HIV network, Ashar Alo Society, to strengthen services for 600 HIV-positive mothers/caregivers and 2,400 children affected and infected by AIDS. Over nine months in 2015, 340 mothers/caregivers received psychosocial counselling, while 445 (19 per cent) of children affected and infected by AIDS received birth registration, 168 (15 per cent) received HTC and 266 (24 per cent) received psychosocial

counselling. The approach of reaching the highly marginalized groups through their own networks resulted in better adoption and access of the services by the group.

OUTPUT 15: By the end of 2016, 70 per cent of HIV Most at Risk Adolescents accessing one or more service in specific intervention location and 40 per cent of adolescents in secondary schools who receive LSBE have comprehensive knowledge of HIV.

Analytical statement of progress:

Within the framework of the National HIV Risk Reduction Strategy for MARA, UNICEF initiated a new partnership with four community-based organizations to reach 450 MARA, including adolescent/child drug users who live on the street, adolescent and young MSM, transgender adolescents and young people, and adolescent girls previously involved in commercial sex. The interventions focused on individual empowerment; access to services such as life skills education, psychosocial counselling, basic literacy, HTC, screening for sexually transmitted diseases and tuberculosis, and birth registration; and the establishment of a support network for adolescent drug users. Through these interventions, 270 adolescents and youth (60 per cent) received HTC and subsequent referrals to ART if anyone identified positive; 419 adolescents and youth (93 per cent) received psychosocial counselling; 306 of them (68 per cent) received birth registration; 207 (46 per cent) received STI screening; and 234 (52 per cent) received tuberculosis screenings. Life skills training was provided to 250 adolescent drug users and girls involved in commercial sex (overall, 152 girls and 98 boys). Twenty adolescent girls were trained on leadership skills.

Increased and improved access to services for MARA depends on access to HIV testing, counselling, needle syringe exchange and condom promotion. The HIV testing policy required the consent of parents or guardians for recipients younger than 18 years old. Considering that most of the MARAs live independently and are outside of family and parental support, it's difficult for them to arrange for parental consent to receive such services. Therefore, currently needle syringe exchange and condom promotion activities are restricted for beneficiaries younger than 18 years old. UNICEF and the Joint United Nations Programme on HIV/AIDS co-led advocacy resulted in MoH&FW issuing an interim memo to facilitate HIV services for MARA in response to barriers posed by the issue of Age of Consent for medical services for adolescents. The interim memo instructed service providers to allow HIV testing, condom promotion and needle syringe exchange for MARA who live outside parental guidance until the policies on age of consent are fully reviewed and revised.

OUTPUT 16: By 2016, 9 million deprived populations in rural and urban communities in 23 districts practice positive hygiene behaviour facilitated by adequate water and sanitation promotion.

Analytical statement of progress:

In 2015 as part of UNICEF hygiene promotion programme, WASH messages reached a total of 500,000 people, resulting in a cumulative total of 6.85 million people reached since 2012. UNICEF continued its collaboration with the Ministry of Local Government, Rural Development and Cooperatives, Department of Public Health Engineering, academia and various NGOs to increase access to safe water through advocacy, policy dialogue and demonstration of scalable models. Thanks to UNICEF's direct contribution, 163,381 people in 2015 have gained access to arsenic safe water sources in rural and urban areas through construction and rehabilitation of a total of 1,353 water points. These included: i) in rural areas, the provision of 974 arsenic safe water sources integrated with water safety planning and community-based operation and maintenance; ii) in urban slums, in response to the needs of the poor, 304 legal water

connections were provided in Shattala slum in partnership with Dhaka Water and Sewerage Authority, benefiting 40,000 slum dwellers; and iii) in three salinity-prone coastal districts of Khulna Division, 75 additional Managed Aquifer Recharge sites were constructed, benefiting an additional 34,500 people. The latter built on the demonstration that the initial 20 MAR sites piloted in coastal, urban and arsenic-prone areas were an appropriate climate-resilient water supply option.

UNICEF continued supporting the Government of Bangladesh in its pursuit for achieving open defecation free environments through implementation and scaling up of appropriate community sanitation approaches. As a direct result of the UNICEF Community Approach to Total Sanitation programme, in 2015 an additional 250,000 people stopped open defecation and 250,856 people in urban and rural areas gained access to improved sanitation facilities.

In 2015, emphasis was on increasing the population moving up the sanitation ladder through the promotion of pro-poor market based systems that ensure equitable access to low cost latrine options resulting in additional 14,342 latrines sold in 2015. In addition, over 280 Local Sanitation Service Providers were empowered to sustain demand for improved toilets and are providing services to households in constructing toilets.

As WASH Cluster Lead, UNICEF facilitated the humanitarian response to Cyclone Komen in the north and flash floods in the south, by coordinating the development of a joint response plan for 3.7 million affected people. UNICEF contributed directly to the provision of WASH services for 165,000 affected people. In addition, resources have been mobilized for provision of safe drinking water, improved sanitation and hygiene promotion to 50,000 people in Southern Cox's Bazar District.

OUTPUT 17: Some 1 million schoolchildren in 23 districts have increased access to safe water and appropriate sanitation facilities through hygiene education by 2016.

Analytical statement of progress:

The UNICEF WASH in Schools programme – including provision of improved water sources, gender-segregated toilets, hygiene education and menstrual hygiene management – remained a major UNICEF Bangladesh contribution to the realization of children's rights to water and sanitation, as well as to support attendance, completion and learning achievements. By the end of 2015, UNICEF's technical and financial assistance contributed to a cumulative total of 70 per cent of the schools in 20 UNDAF and 3 arsenic-prone districts using improved drinking water sources and gender-segregated improved sanitation facilities.

In particular, through the direct support of UNICEF, an additional 45,000 students in 150 primary and secondary schools gained access to improved water, sanitation and hand-washing facilities. Since 2012, more than 2.91 million students in 3,511 primary and secondary schools gained access to improved WASH facilities. To date, this has included the construction and rehabilitation of total 2,277 water points and 5,874 latrine cubicles. A total of 5,620 water taps were also installed to facilitate the practice of hand washing among the students.

As part of the efforts of ensuring positive behavioural change, hygiene promotion sessions were incorporated in all schools activities conducted by teachers and members of the School Brigades, and this also supported reinforcement of hygiene practices within the communities. Towards supporting the hygiene promotion activities and effective operation and maintenance of school WASH facilities, 1,783 school teachers and 3,891 School Management Committee members had their capacity enhanced during the year. As a result of UNICEF WASH in Schools

programme, 519 schools recorded an increase in budget allocation for operation and maintenance of WASH facilities.

To ensure effective scaling up of School WASH delivery with focus on the software component including menstrual hygiene management, training on the Three Star Approach was provided to 40 key stakeholders comprising relevant government Ministries, Departments and Agencies as well as NGOs. The approach is to be incorporated in the National Standards for School Water Supply, Sanitation and Hygiene, starting in 2016.

In 2015, the provision of WASH facilities in an additional 100 secondary schools, benefiting 47,500 students, was a major component of the UNICEF-supported Ending Child Marriage project to increase adolescent girls' access to safe, appropriate and hygienic facilities and encourage their increased school attendance and participation. About 15,000 adolescent girls were engaged as peer volunteers to disseminate key WASH messages, including on menstrual hygiene management in eight project upazilas across the country.

OUTPUT 18: By 2016, 25 per cent of Local Government Institutions in the programme areas have the technical and managerial capacity to implement integrated WASH interventions and take appropriate measures to ensure safety and sustainability of drinking water.

Analytical statement of progress:

Capacity building of national and sub-national institutions in various thematic areas of WASH was a strategy used by UNICEF in 2015 to strengthen the accountable institutions' ability to deliver and scale up sustainable WASH services in Bangladesh. Through UNICEF's support, 480 staff from 40 Union Parishads in 12 programme districts acquired planning skills that empowered them to develop plans to implement and monitor integrated water, sanitation and hygiene services for a target population of 500,000 people; and already reaching a total of 300,000 people in 2015. Six of the Union Parishads used these plans to also leverage funds (US\$154,440) from the Local Government Support Programme.

In 2015, through UNICEF's support and in collaboration with relevant partners, 21 Local Government Institutions have completed WASH equity assessments using MoRES. The findings were useful in identifying bottlenecks and redefining approaches to better address the observed challenges. Banning the use of fresh surface water for shrimp cultivation in Khulna is one of the examples of government renewed approach to water supply. In addition, 21 Local Government Institution staff members had their capacity enhanced on L3 monitoring and are capable to plan and monitor equitable access to WASH facilities and services.

Furthermore, in 2015, UNICEF trained different levels of duty bearers and the private sector on MAR technology to ensure sustainability and facilitate scaling up. On-the-job practical training was organized for 11 groups of contractors and 26 Department of Public Health Engineering (DPHE) engineers; the acquired skills were used to construct 75 MAR schemes in Bagerhat, Khula and Satkhira Districts in Southern Bangladesh. Fifty-one Union Parishads were oriented on the benefits of MAR technology, and on the roles and responsibilities of duty bearers. The empowered Union Parishads have provided institutional support to the communities for operation and maintenance of the MAR sites, thus enhancing sustainability of the schemes. In 2015, 1,813 community members were trained in water safety planning empowering them to safeguard the microbiological quality of drinking water (MAR is an example, as elaborated in Output 4.1.18).

Finally, in collaboration with the health sector, the Country Office facilitated a two-tier capacity

building programme: the first level for 1,000 staff of the Directorate of General Health Services, and the second level for 2,300 community natural leaders. The acquired skills enabled the health workers to provide mentoring support to the natural leaders, and enabled the leaders to develop, implement and monitor Community Action plans in 1,500 communities. One million people benefited from hygiene promotion messages in 2015.

OUTPUT 19: By 2016, authorities of 30 per cent WASH-related institutions at all levels observe policies and guidelines related to decentralized sector planning and financial management, including planning, monitoring and evaluation systems to facilitate sustainable, efficient and climate-resilient WASH service delivery.

Analytical statement of progress:

In 2015, UNICEF supported the development of key policy instruments, such as the IPAM for drinking water supply, which provides a sector-wide framework for arsenic safe water delivery in Bangladesh. UNICEF also supported the implementation of the national Standards of Water, Sanitation and Hygiene in Schools through sensitization and continuous engagements with relevant stakeholders. This resulted in the issuance of the Government's directives to all secondary and higher schools to provide gender-segregated toilets and menstrual hygiene management awareness sessions for girls.

UNICEF advocacy in 2015 contributed to issuance of the Government's administrative circular banning the leasing of government ponds for shrimp cultivation in Khulna division, thereby increasing the amount of available freshwater for drinking and domestic purposes in a coastal areas where 60 per cent of the population lacks access to potable water. The inclusion in the IPAM of the arsenic safe village concept and the DPHE-UNICEF revised protocol on provision of arsenic-safe water supplies is another achievement of UNICEF's advocacy in 2015.

In collaboration with DPHE, UNICEF continued to support the operationalization of the National Water Point Mapping database. Data of additional 30,000 water points were uploaded in 2015, resulting in a cumulative total of 443,904 records since 2012. In response to the bottleneck of poor monitoring information systems in the sector, UNICEF provided technical support and quality assurance during the arsenic screening of an estimated 700,000 wells as part of the World Bank-funded Bangladesh Rural Water Supply and Sanitation Project (2012–2017). By 2015, data of 110,000 public and private water points in 32 unions were collected and uploaded into the database. The information on arsenic concentrations at various depths provides context-specific information for planning for provision of arsenic safe water sources.

Building on the recorded success towards an open defecation free environment in Bangladesh, UNICEF supported the documentation of sanitation experiences in the country to learn from the past and ensure universal sanitation coverage in the future. The recorded experiences were shared during an international sanitation conference 'Journey to Zero' organized by DPHE, UNICEF and other stakeholders in October 2015 in Dhaka. The conference built global consensus on lessons learned, challenges in implementing sanitation delivery, and ways forward in ensuring sustainable sanitation in Bangladesh and elsewhere. As a result, the Government of Bangladesh has confidence and enhanced capacity for the effective organization of the forthcoming 6th South Asia Conference on Sanitation in January 2016.

OUTCOME 2: By the end of 2016, children, women and youth, especially those from the 20 selected districts, demand and benefit from effective social protection policies and improved services aimed at eliminating abuse, neglect, exploitation and trafficking.

Analytical statement of progress:

UNICEF supported MoWCA to lead and coordinate the preparation of the Bangladesh Periodic Report on the implementation of the Convention of the Rights of the Child reviewed by the United Nations Committee on the Rights of the Child in September. The Country Office also provided technical support to the Government in preparation of the written reply to the list of issues that had been received from the Committee and supported the Government delegation led by the State Minister of MoWCA to attend the meeting with the Committee in Geneva. Through the preparation process, MoWCA and other line ministries were engaged in joint review of key shortfalls in the realization of the rights of the child and their priorities in the next years.

The implementation of the 2013 Children Act has been slow with pending adoption of the draft Children Rule. In addition to accelerating adoption of rules to operationalize the Act, UNICEF supported the Ministry of Law Justice and Parliament Affairs to explore multidisciplinary actors' knowledge and familiarity with the Act and to plan for further strengthening of the capacity of key officials through decentralized multi-disciplinary professional training in 2016 in 20 UNDAF districts. Therefore, despite delays, 2015 recorded important results towards the establishment of a comprehensive child protection system in Bangladesh as detailed in the Children Act 2013 – in terms of strengthening protection mechanisms through the Ministry of Social Welfare (MoSW), and the commitment by MoWCA on children and adolescent's empowerment nationwide. While the 2013 Children Act rules are still with the Ministry of Law Justice and Parliamentary Affairs for vetting, the process of scaling up the Child Protection Mechanism started in 2015 with the establishment of the district-level CWB in all 20 UNDAF districts (100 per cent), and 53 per cent of the upazilas in the 20 UNDAF districts established a CWB. The CWB is a multidisciplinary statutory authority consisting of officials from relevant departments and ministries for coordination and monitoring of child rights to protection.

A Centralized Call Centre to operate the 24/7 CHL for children in need of assistance was established in 2015 within the Department of Social Services under the MoSW. This 1098 CHL has expanded from the piloted locations in Dhaka to reach countrywide coverage. The CHL can receive calls from all parts of the country, through landline or mobile phones. To ensure the appropriate and timely response to callers, the Centralized Call Centre/CHL is closely linked to the nationwide referral network of social service officers in more than 540 upazilas. This initial scaling-up phase saw extensive grass-roots-level mobilization in 17 upazilas and 2 city corporations, Dhaka and Khulna, to inform children about the CHL.

Building on the positive results of the Government implementation in seven districts of adolescent's empowerment interventions piloted with UNICEF support during previous Country Programme, MoWCA prioritized Adolescents Empowerment intervention in the 2015–2016 budget. However, funds to cover adolescents' clubs in all 64 districts were not allocated by the Ministry of Finance, and this will hamper the extent of community work for social norm change.

Meanwhile, with UNICEF's technical assistance, MoWCA is progressing with the development of a costed National Plan of Action to End Child Marriage, as per the Prime Minister's commitment at the Girl Summit in London in July 2014. Adolescents' empowerment and community mobilization being key strategies for ending child marriage, funding for related interventions may be increased at the level of MoWCA expectation.

Finally, the new Child Marriage Restraint Act vetting process was completed and MoWCA will be able to take necessary steps to present it to the Cabinet before its submission to the

Parliament for adoption. However, despite continuous high-level advocacy led by UNICEF, it encloses a 'Special Provision' for any special cause or if there is any special reason, with the consent from the parents/guardians and by taking permission from the Court, not to declare the marriage between a girl who completed the age of 16 and a man over 21 as early marriage. This is not only contradicting international human rights obligations, but this setback reinforces, if not legitimizes, a social norm harmful to girls. Therefore, high-level advocacy should continue through the dissemination of the 2015 Concluding Observations of the Committee on the Rights of the Child that raised this concern.

OUTPUT 1: By 2016, capacity of relevant government bodies, enhanced in the area of child protection information management system, monitoring of social services, monitoring and reporting on CRC, rules/regulations/policies, human resources development related to child protection

Analytical statement of progress:

To date, 65.4 per cent of unions in the 20 UNDAF districts have social workers. Nearly 85 per cent of these social workers were trained on case management (55.5 per cent in the coverage of unions with social workers trained in UNDAF districts). In 2015, the capacity of 258 social workers was further enhanced through on-the-job case conferencing and monitoring to ensure that they practice quality case management. In addition, a cohort of 30 social service and women and children affairs managers was provided with Management of Social Service Training to empower them to effectively monitor and supervise the provision of services by social workers and probation officers. Similar to the Basic and Professional Social Services Trainings, the Management of Social Service Training module is to be incorporated in the training curriculum of the National Social Service Academy by 2017.

With UNICEF technical support the Birth Registration Information System moved to a more advanced infrastructure fully owned by the Government. More than 139 million births have been registered in the system, increasing from 123 million in December 2014. The main challenge remains the timely registration of births, as only 3 per cent of birth are registered within 45 days in all UNDAF districts (1.9 per cent in 2014).

The Ministry of Home Affairs (MoHA), in its bid to combat child trafficking, signed a Memorandum of Understanding with the Government of India to have an easier, faster and smoother identification, rescue and repatriation and reintegration of child victims of trafficking. To provide better child-friendly services, 342 Child Affairs Police Officers in 20 UNDAF districts were trained on basic provisions of the Children Act and child-friendly policing.

On Juvenile Justice, UNICEF continued to support a pilot diversion project in the two districts, Jessore and Khulna. A total of 178 young offenders and alleged offenders, whose case was diverted from criminal justice proceedings, were referred to services in support of their rehabilitation, including counselling, supervision, education or vocational training. However, there was no systematic expansion of diversion mechanisms to other districts due to the slow implementation of the Children Act, especially in the absence of a costed implementation plan with clear line coordination among agencies.

The Country Office also supported a Bangladesh inter-ministerial visit to Indonesia to study its approach to and implementation of juvenile justice in line with their recent reform strengthening the link between the justice and social welfare sectors. Following UNICEF advocacy, MoHA accelerated the appointment of a child affairs police officer in 42 police stations, and these officers were additionally oriented on the provisions of the 2013 Children Act. A multidisciplinary

training on the Children Act is planned for 2016 in 20 UNDAF districts.

The International Organization for Migration, International Committee of the Red Cross, Bangladesh Red Crescent Society and UNICEF coordinated support in receiving and following up on over 100 unaccompanied children who returned from Indonesia, Malaysia, Myanmar and Thailand following the boat crisis in the Bay of Bengal.

OUTPUT 2: By 2016, children and youth from vulnerable families, including those affected by disaster and climate change, have access to a minimum package of child-sensitive social protection services to ensure continuum of care for prevention and response to abuse, exploitation and violence.

Analytical statement of progress:

In 2015, UNICEF continued to support the model of the minimum package of child-sensitive social protection services that influenced content of the 2013 Children Act and has reached 41,624 children from targeted areas (slums, tea gardens, haors – water surrounded areas – and disaster-prone areas). The MoRES approach, which was piloted in 2013 in six key intervention areas, has been put in place to track progress and coverage of key child protection interventions such as conditional cash transfers, life skills based education, birth registration and case management. Government and NGO partners are part of the implementation of MoRES, especially on data collection and entry. This resulted in a sharpening of the programme implementation focus, e.g. more effort needed to ensure that social workers are using acquired skills and knowledge to practice case management. The MoRES approach is helping UNICEF to do evidence-based advocacy with the Government and leverage national revenue in scaling up services like the modelled Conditional Cash Transfers as an integral part of the implementation of the Children Act. In 2015, the MoSW service delivery for children was hampered by unfilled vacant key positions, including probation officers and social service officers who manage and supervise case management.

UNICEF's partnership with Telenor (local subsidiary Grameen Phone) was strengthened through gaining its expertise in mobile phone-based technology in providing services to children – including the provision of conditional cash transfer directly to 500 children (as a pilot in 2015) through their mobile phones, and the implementation of CHL 1098. A centralized call centre was established within the MoSW, with further partnerships in rescue and referral of children to services through coordination and collaboration with civil society and communities.

OUTPUT 3: By 2016, adolescents and youth from selected communities act as agents of social change to enhance and facilitate collective action within communities to reduce child labour, early marriage and violence, while addressing gender equity.

Analytical statement of progress:

Community-Based Child Protection Committees are an integral part of the child protection system and a key for changing harmful social norms such as child marriage. With UNICEF support, in the 20 UNDAF districts, 764 (94.7 per cent) of the targeted communities have formed such committees, and 62.2 per cent of them have received a basic training on child development: 'A Child Rights Perspective' to be active in child protection. Thereafter, 62 per cent of such committees were able to complete an action plan to eliminate harmful practices including child marriage, child labour and corporal punishment in their communities.

With UNICEF support, the central Adolescent Cluster and zone-based sub-clusters continue to coordinate activities by NGO, Government and civil society actors in the area of adolescent

programming. Through the Adolescent Cluster, an Endline Assessment and Comparative Analysis on Adolescent Clubs was conducted to measure the changes during programme implementation, as well as generate evidence on the effectiveness of the Adolescent Club approach to change knowledge, attitudes and practices covering interventions by the Government and NGOs. The assessment noted that a collaborative relationship among different organisations is key and promoting the Adolescent Cluster and sub-cluster approach is a good starting point. One of the recommendations is that the working relationship between government officials and NGOs working with adolescents should be strengthened.

Furthermore, in 2015 the central-level Adolescent Cluster has initiated a costed cross-sectoral Adolescent Strategy to be finalized in 2016.

For acceleration of Ending Child Marriage, with UNICEF's support, Local Governments were mobilized to achieve full coverage of provision of LSBE – with a priority focus given to out-of-school adolescent girls – through clubs at ward level. In 2015, 35,419 additional adolescent girls and boys aged 15–19 years old in UNDAF districts completed the LSBE course, ready to be engaged in civic actions. Since the commencement of the Country Programme, 134,390 adolescents were empowered through LSBE courses.

OUTCOME 3: By the end of 2016, deprived community members in 20 selected districts practice key life-saving, care and protective behaviours, raised their demand for quality social services and promote social change with equity.

Analytical statement of progress:

In 2015, the Country Office continued to provide technical support and build the capacity of governmental and civil society partners, at central and decentralized levels, to implement interventions for desired behaviour and social norm change necessary to achieve and sustain programming results.

In particular, UNICEF Bangladesh, in collaboration with headquarters, organized in May a four-day global workshop in Dhaka on global good practices and strategic directions for strengthening C4D principles and practice to achieve educational goals. The workshop was attended by the Government and UNICEF senior officials from 14 countries across the globe and provided UNICEF Bangladesh a unique opportunity to position itself as a pivot and forerunner in applying C4D in the education sector. Through the meeting, the Country Office was able to highlight nation education sector issues, present the variety of community engagement strategies being implemented to keep adolescent girls in schools and out of marriage, and showcase advances in the same. A communique was signed by all government participants, including Bangladesh, with the commitment to promote C4D work through regional and country coordination structures. This has laid the foundations for work in 2016. Ideas, examples and good practices shared at the meeting are helping inform national and sub-national networking and partnerships for social norm change and adolescent empowerment.

Similarly, an international conference on gender and diversity was organized by UNICEF Bangladesh in partnership with the Department of Women and Gender Studies, Dhaka University on strategies to address gender-based challenges faced by adolescents. Five hundred scholars, researchers, teachers, students, activists and administrators representing different countries and areas of professional service participated in the meeting. The meeting has provided UNICEF Bangladesh and its partners with the opportunity to share their own experiences and learn from global best practices to strengthen their strategies. The conference functioned also as a platform to initiate partnerships with academia in this area. Lessons

gathered from the conference will inform UNICEF Bangladesh partnerships and strategies to address gender-based bottlenecks and barriers to changing harmful behaviours and social norms.

In partnership with MoWCA, UNICEF supported the development of the National Plan of Action on Ending Child Marriage of girls younger than 15 years old by 2021 and girls younger than 18 years old by 2041. In 2015, implementation started in five districts (Jamalpur, Khulna, Bhola, Nulphamari and selected urban slums in Dhaka) where the rate of child marriage is very high.

With UNICEF Bangladesh's support, a national campaign on EPI was launched in March by MoHFW to create demand for vaccines including inactivated polio vaccine, measles second dose and pneumococcal conjugate vaccine. Focus was on vaccinating children at the right age and at the right time. Primary audience of the campaign were parents of children 0–15 months old. The campaign also focused on grandparents, front-line workers of departments of health and family planning as secondary audience; and opinion leaders, religious leaders and elected representatives of local government institutions as tertiary audience. The campaign is still ongoing. A nationwide art competition for children was conducted in March by the Directorate General of Health Services and a photo exhibition was organized to support the campaign. A total of 9,000 children aged 5–18 years old participated in the competition and reflected the consequences of vaccination in their artwork.

Some 5,400 members of 360 Adolescent Radio Listeners Groups (ARLGs) registered with the Bangladesh Betar radio station were mobilized through training and met weekly to listen to an adolescent radio drama, engaging in and discussing issues among themselves and with family members. The impact will be evaluated in 2016.

Approximately 4 million people (1 million households) of 21 upazilas of 7 UNDAF districts received information through C4D interventions. In addition, 140,000 people were reached with specific WASH messages under a partnership with the Global Interfaith Alliance of WASH and the Islamic Foundation in Patuakhali Districts of Barisal Division to increase knowledge as well as to bring changes into practice.

In addition, with the support of UNICEF, a sentinel survey conducted since the end of 2014 by JPGSPH demonstrated results on the impact of C4D interventions. It showed, for example, that in seven upazilas of 7 selected districts with C4D intervention, 48 per cent pregnant women made at least 4 ANC visits compared to 38 per cent in non-intervention upazila. Consumption of at least 100 IFA tablets by pregnant women is also 16 percentage points higher in intervention sites as compared with non-intervention sites. An estimated 792 child marriages have been stopped in the selected upazilas by Ward Development Committees and Para Centre Management Committees. The midline survey is currently under way, with results due in January. This partnership is instrumental to build monitoring and data analysis capacity of on-ground NGO partners and has already started yielding results in terms of better planning and revision of interventions. Over the long term, the study is expected to measure progress against targets and generate attribution-level data.

OUTPUT 1: By 2016, key Government and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to seven key household practices among 60 per cent of community members in three upazilas of each of the 20 UNDAF districts.

Analytical statement of progress:

In 2015, UNICEF Bangladesh supported the Ministry of Information (MoI), MoH&FW and Ministry of Religious Affairs to enhance the knowledge and capacity of their staff to promote social and behaviour change through communication. A total of 120 professionals of Bangladesh Betar national radio, Bangladesh Television, Department of Mass Communication, community radio as well as private television and radio channels received training on script writing and production on child rights issues – particularly on child marriage and autism. A total of 900 family welfare visitors and family welfare assistants received training on inter-personal communication skills. In addition, 2,077 people – including 941 religious leaders, were trained on child rights and WASH issues.

In particular, UNICEF's three-year partnership with MoI in the area of C4D was strengthened during the course of 2015. Through the Country Office's support, MoI has introduced significant improvements in its implementation, monitoring and accounting systems, enabling it to monitor national and sub-national activities of different partner organizations and report their progress to the Economic Resource Division. Consequently, quality of interventions by on-ground partners has improved.

In addition, the Country Office has provided financial and technical support to Bangladesh Betar's ARLG through the provision of solar radios and on the creation of a 50 episode interactive radio drama series produced by Betar. These series focused on adolescent issues – i.e., sanitation, hygiene (particularly menstrual hygiene), health (particularly reproductive health), nutrition (i.e., prevention of anaemia, low birthweight children, inclusive breastfeeding, complementary feeding), child marriage and other puberty issues. The themes were selected considering that 18 per cent of adolescent girls are getting married before 15 years of age, and getting pregnant before reaching 18 years. Adolescents listened to these dramas together at their club and discussed among themselves, and thereafter also talked to their families and with peer groups. The popularity of this drama series has been such that Bangladesh Betar continued receiving about 100 letters per week as feedback to the show or with queries on the show. Betar reviewed the letters through a committee and selected which ones to reply to once a month.

As highlighted before, an estimated 5,400 members of 360 ARLG registered with Bangladesh Betar, and were trained on formation and operationalization of ARLGs, roles and responsibilities of members and on child rights and adolescent issues. A guideline on ARLG was prepared jointly by Betar and UNICEF. Members were briefed thoroughly on the guideline. After training, ARLG members operationalized the guideline. They met weekly to listen to an adolescent drama on radio, asked questions through mobile phones and discussed issues among themselves and with family members. A quiz competition for ARLG listeners and subsequent prize-giving ceremony was organized by Bangladesh Betar.

Lastly, advocacy and collaborations with governmental and non-governmental partners have enabled the successful launch and implementation of messaging and campaigns on EPI and WASH, reaching close to 4 million individuals (1 million households) including children, parents, caregivers, and other important stakeholders in children's and women's health issues.

OUTPUT 2: By 2016, at least six key national institutions and select community-based social networks facilitate discourse and promote changes in key social norms and issues related to violence against children and women (child marriage, corporal punishment and child labour).

Analytical statement of progress:

The C4D in Education Conference in May facilitated exchange of ideas on C4D approaches in the sector, highlighting the need for working with other sectors (e.g., Child Protection) to increase quality education, ensure access of adolescent girls to secondary education, and end child marriage. Through the communique, there is national-level commitment to strengthening the use of C4D to achieve education outcomes. As a result, a national C4D in Education Strategy has been endorsed under the PEDP-3. Roll-out is planned for 2016.

The international conference on gender and diversity organized in partnership with the Department of Women and Gender Studies, Dhaka University, has offered a platform for academics, researchers and development agencies to dialogue on addressing gender-based bottlenecks and barriers to behaviour development and social norm change for adolescents. Lessons from this will inform efforts in 2016.

Through UNICEF's advocacy efforts the National Social Norm Change Forum and sub-national Social Norm Change Chapters (SNCC) established between 2013 and 2014 were mobilized to provide input for the development of the National Plan of Action on Child Marriage in collaboration with MoWCA. The Plan provides a basis to partner with United Nations organizations, NGOs and the Government to plan and develop evidence-based, harmonized C4D strategies to engage local communities and community leaders. Development of a multi-level media campaign has been initiated to create a conducive media environment and fuel social debate. The Government initiated implementation in five districts (Jamalpur, Khulna, Bhola, Nulphamari and select slums in Dhaka) where child marriage is highly prevalent.

Building on the orientation received in 2014, the Social Norm Change Chapters (SNCCs) in the 7 select districts developed action plans around the three Cs - Child marriage, Child labour and Corporal punishment. Some 1,512 Ward Development Committees and 90 Para Centre Management Committees facilitated 2,569 community dialogue sessions. 812 interactive popular theatre sessions were conducted on child marriage – 314 by adolescent groups and 498 by implementing partners – engaging 258,288 people, including adolescents. As a result, an estimated 792 child marriages were prevented in 21 upazilas of seven UNDAF districts.

Through UNICEF's support, 219 staff of partner NGOs in Bhola and Cox's Bazar Districts received training on the 'Community Engagement Module', with focus on three Cs. 3,690 members of 369 Ward Development Committees in three upazilas of the two districts received orientation on child rights and ending child marriage. This will benefit at least 30 per cent of the children in these districts.

OUTPUT 3: By 2016, at least two national institutions, the Government of Bangladesh and C4D partners use data from sentinel sites in three upazilas in each of the 20 districts to support the planning and implementation of C4D interventions.

Analytical statement of progress:

UNICEF Bangladesh has developed a partnership with JPGSPH for monitoring of C4D interventions through a Knowledge Management Outreach Sites framework that entails process and results monitoring through knowledge and behavioural data collected from seven intervention and seven non-intervention upazilas within seven C4D programme districts. In March 2015, JPGSPH completed the baseline survey. The mid-line survey started in November and will continue until the end of 2015. Fourteen staff members of NGO partners received training on the use of an online mechanism to collate data, monitor implementation and analyse progress against joint work plans. As a result, partners are now revising and/or developing stronger work plans that are more responsive to community needs. The Knowledge

Management Outreach Site initiative provides a basis to strengthen routine data collection on C4D interventions through its framework of results and indicators – ultimately these will need to be integrated with sub-national governmental monitoring systems for continuity and sustainability of results, Information around costing of interventions will also need to be integrated within the system so as to generate managerial data for policymakers and programmers.

At the sub-national level, 1,902 communities in 21 upazilas of seven focus districts have been monitoring progress using social maps and micro-plans developed in 2012. In 2015, these were reviewed by the respective community and revised accordingly at ward level (at Para Centres in CHT districts) Maps were developed using selected participatory rural appraisal tools to assess health, nutrition, hygiene and child rights situations. Micro-plans were developed to address gaps through C4D interventions for example monitoring, tracking and sending pregnant women to facilities for ANC visits. In seven selected districts where local level planning has been done by Union Parishads, union plans were informed by ward-level micro-plans.

OUTCOME 4: Capacity Building and Com Empowerment – Civil society organizations, in particular those in 20 selected districts, are more effective in ensuring the realization of the rights of children and women with equity.

Analytical statement of progress:

In 2015, Bangladesh's decentralized governance structure (at the division, district, upazila and union levels) was more effective and engaged in delivering results for children – i.e., proactive monitoring of the situation of children, developing plans and better leveraging of resources. At each decentralized level, a Convergence Coordination Committee was established, including officials from the health, education and other social sector ministries, as well as elected representatives from the local governments and the engaged civil society.

Over the past three years, there has been an increased progress on resources leveraged for children at the local level – for example, in Sirajgonj District the funding has increased from US\$75,000 in 2013–2014 to US\$325,600 in 2014–2015, to more than US\$1 million in 2015–2016. Local initiatives to donate rural ambulance services, land and build additional infrastructure for schools and health facilities, or deploy staff to fill in vacancies and supply of teaching learning materials are some of the good practices observed in the districts.

In 2015, in the remote CHT of Bangladesh, social services were made accessible to an additional 9,600 people from marginalized communities through 200 Para Centres (i.e., one-stop service centre for children at the village level). By end of this year, the Para Centre network consisted of 4,000 centres benefiting 98,270 children (early childhood development covering 58,237 children and nutrition supplementation covering 40,033 adolescents). The community groups involved in the management of these Para Centres were also engaged in the development of para action plans which form the basis of bottom-up planning in the CHT.

With increasing evidence of the vulnerabilities faced by the slum populations in urban areas in Bangladesh, in 2015 UNICEF finalized an Urban Programme Strategy in consultation with decentralized stakeholders. New partnerships with the Local Government ministry dealing with urban issues and selected city municipal corporations were developed to implement full-fledged programme in urban settings from 2016 onward.

By end 2015, all 20 UNDAF districts, 45 upazilas (sub-district) and more than 300 unions (the lowest tier of local government structures) had prepared integrated development plans, based

on local consultations, and had addressed children's and women's issues pertaining to the respective local context. Regular assessment of the situation of children and analysis of bottlenecks in service delivery, development of corrective actions to address the identified gaps and advocacy at local levels to allocate resources for children were all hard tests, but also the proof of a strengthened decentralized-level planning for children.

To enhance integrated local plans, UNICEF supported the development of Children Equity Profiles, which have become the baseline for decentralized planning. In addition, in 2016, the CCCs will have access to a regular update on children key indicators every six months. This will be done through the Sample Vital Registration System, a project of the Bangladesh Bureau of Statistics, which will collect data via tablets providing real-time data to monitor the situation and take corrective action.

In terms of capacity development, a critical mass of population in villages have become more skilled and engaged in the analysis of the situation of children and women. This could be observed in the Ward Shovas held through the year – i.e., the village assemblies that are the legitimate community forum on development consultations. In some districts, Ward Shovas were exclusively held to discuss children's issues; and in some other districts, Ward Shovas of only women and children were held to add to the discussions in the general Ward Shova. Many of the districts and sub-districts have also created Facebook accounts to take the discussion on children online.

In addition, 67 key government officials from local administrations and from the ministries were trained on decentralized planning for children at the Kerala Institute of Local Administration in India. Thirty-five more officers will undergo this training in the first quarter of 2016. A good number of recommendations and good practices from the Kerala experience are being considered for implementation in Bangladesh. Furthermore, under the partnership between UNICEF and the Bangladesh National Institute of Local Government, close to 2,000 elected women public representatives from the 20 districts underwent leadership and presentation skills training, empowering them to be better advocates for children.

In terms of emergency, a total of 52 field-based government officials and 33 UNICEF officials have become better-positioned emergency managers with increased analysis capacity of children's situation during emergency, sensitization on coordinated responses and better planning skills by attending Emergency Preparedness and Response Training in two batches. In addition, UNICEF pre-positioned Family Kits, Plastic Sheets and Water Purification Tablets supported around 8,000 flood-affected households in Gaibandha and Bogra Districts, in the northern region of the country.

OUTPUT 1: Local Government/civil society partners in 60 upazilas have improved coordination mechanisms and resources to ensure synergy and complementarity in programme delivery to children and their families, with a focus on equity.

Analytical statement of progress:

In 2015, through UNICEF support, 60 upazilas (sub-district) level administration improved coordination mechanisms and programme efficiency. UNICEF also supported improved coordination within and among division, district and union levels, as well as the upholding of regular programme reviews. As a result:

- In all UNDAF 20 districts, the CCCs at all administrative levels played a stronger role as children's advocate and conveners of regular inter-sectoral meetings on children issues;

- Each Division administration conducted two programme reviews that included detail review of programme achievements;
- A total of 55 meetings were held to review the implementation of district plans for children. This included identification of major achievements, key bottlenecks and agreements on action/ practical solutions to overcome the latter, with clear agreed roles and responsibilities. For increased accountability, all meetings were recorded and implementation of agreed actions systematically monitored by the programme custodians.
- A total of 24 joint monitoring visits were undertaken by the CCC at all administrative levels. The findings were circulated to generated new ideas and trigger solutions for some of the most critical problems. An increased interaction among sectoral officials and departments as well as a growing interest in inter-sectoral collaboration, including funds pooling, was reported in 2015 from all the programme districts. With regard to fund pooling in Sirajgonj District: 19 unions of two upazilas leveraged US\$325,600 in the 2014–2015 fiscal year, and US\$1.04 million in 2015–2016 for children’s issues; and in Khulna District 13 unions leveraged US\$216,476 in 2015–2016.

In addition, joint monitoring visits by senior government officials from national coordination agencies – i.e., Economic Relations Division, Cabinet Division and MoWCA – were successful in strengthening dialogue between national and sub-national institutions and contributed to the advancement of the children’s agenda in Bangladesh. For example, these visits provided strategic direction for better efficiency, highlighted the need of accurate and regular documentation and quality reporting to ensure an effective dissemination of programme achievements and lessons learned among the field-level implementing departments and the national-level coordinating bodies and departments.

Remarkably all district and sub-district based line ministries’ staff – i.e., health, education, social welfare – proved more alert in monitoring the situation of children and ensured timely inclusion of some children issues in the sectoral plans. This was corroborated by the regularity of meetings by the CCCs and by the joint monitoring field visits that alerted the officials/staff on the existing service gaps and the necessary required corrective actions that were promptly taken by the respective sectors/departments.

OUTPUT 2 By 2016, Local Government and CSO Partners in 60 Upazilas use improved capacity for bottom-up planning, disaster risk management, advocacy and resource mobilization

Analytical statement of progress:

In 2015, local government and civil society partners improved their bottom-up planning and resource mobilization capacity on children’s issues. A total of 20 districts, 45 upazilas and more than 300 unions prepared bottom–up integrated plans for children based on equity profiles used by the CCCs as a planning tools for relevant sectors of government. The equity profiles are based on locally available administrative and community data and provide a baseline status of children in each upazila (sub-district).

This year, more than 1,500 service providers (e.g., education, health, social services), including front-line workers, received training on bottom-up planning in all 20 UNDAF districts – this has empowered the service providers to better analyse the local situation of children and better engage the community in identifying priority children issues to be addressed. In particular, in the remote hilly areas of CHT, bottom-up planning training was received by a total of 75 service providers and approximately 7,000 community members, further increasing their capacity to

identify service gaps and enhance their confidence and skills in negotiating on children's behalf in a context of local planning, thereby making them stronger community-level practitioners. As a result, all the 118 unions prepared Integrated Development Plans (2015–2016) based on mapping of available services and resources. The implementation of the plans is being funded by the Union Parishad budget. As well, 800 para-workers (community volunteers running the one-stop service centres in CHT) were trained in supportive monitoring and supervision quality.

As a key result, 45 upazilas (sub-districts) mobilized funds from various sources, including their own revenue budgets, to invest in specific interventions for children based on community consultation and to address identified service gaps and needs. Concrete examples are the creation of better educational facilities, the increase availability of children's recreational items, and the construction of child-friendly spaces (i.e., additional classrooms, children's parks).

Sirajgonj District leveraged US\$1.04 million to respond to the identified needs of children, which were effectively reflected in the local development plans, and budgeted for. During the year, Sirajgong accomplished to implement the renovation of classrooms, arrangement of boats and local vans for children's transportation to schools, procurement of school bags and furniture for community clinics.

OUTPUT 3: By 2016, communities in 60 upazilas use improved capacity to identify their needs and participate effectively in micro-planning for development initiatives and disaster risk management.

Analytical statement of progress:

In 2015, communities in 60 upazilas (sub-districts) improved the quality of their local plans, including a better understanding on disaster risk management.

With UNICEF's support, more than 300 unions developed union-level Child Equity Profiles. Communities' knowledge on children's situation and related services are steadily increasing through the union- and ward-level Information Boards. Some of the profiles are available on the web portal of local government institutions. All of the 300-plus programme unions are effectively exercising evidence-based decentralized planning for children.

Discussion of the Ward Shovas, officially approved platform at ward level, has become regular. This platforms consists of two to three villages where the voters of the areas discuss development issues based on the analysis of local situations and suggest programmes. UNICEF's support to the Ward Shova improved the quality of the discussions, now based on better knowledge on the local situation. The increased inclusion of children issues in the local development plans has meant a big shift in local authorities' focus from infrastructure development to social development. The quality of the discussions is continuously improving with increased focus on the issues of children. The unions have developed their Integrated Development Plans with new items/areas for children, with budget allocations for the targeted interventions and increased commitments for inclusion of children-focused programmes by the departmental staff/officials and the elected public representatives.

UNICEF supported the local governments in observance of the National Disaster Preparedness Day in all programme unions. As a result, local communities including children have more knowledge on the importance of disaster preparedness and of the appropriate measures to be taken at both household and community levels in case of an emergency.

OUTCOME 5: Knowledge on the situation and rights of children among stakeholders and duty bearers generated to guide implementation of CRC, policy formulation, social sectors' strategies and budget allocations for increased social spending on national programmes that improve realization of the rights of children within the lowest wealth quintile.

Analytical statement of progress:

In the course of 2015, several research products outlining the situation of children were finalized by or with support of UNICEF Bangladesh. The report for the Bangladesh MICS (2012–2013) was launched in July by BBS at a high-level event attended by the Minister of Planning. The launch provided a platform to highlight the large disparities that remain in child outcomes between households from different geographical regions; rural and urban areas; and households with different wealth and education levels of mothers.

Furthermore, issue-based policy briefs on child marriage, out-of-school children and child labour were finalized and disseminated, and a joint report on Child-Sensitive Social Protection has been prepared jointly with the Government of Bangladesh, which will serve as an instrument to guide UNICEF's role in supporting the recently approved National Social Security Strategy for 2016.

From a public finance perspective, UNICEF has formalized an agreement with the Government to establish a technical unit within the Ministry of Finance to track, analyse and influence public investments on children, especially the most deprived ones. Additionally, to contribute to enhancing the quality of expenditure, an analysis of the efficiency of expenditure in primary education was completed, in partnership with the Ministry of Finance and the MoPME, and with the technical support of 'Unnayan Shamannay' specialized national think-tank.

The foundations for the next Government–UNICEF Country Programme (2017–2020) were also set during 2015. This included the development of an updated analysis of the Situation of Children and Women, an Evaluation on the Strategic Positioning of UNICEF in Bangladesh, a study on the impact of climate change on children and a thematic paper on gender.

OUTPUT 1: By 2016, high-quality quantitative and qualitative evidence generated for advocacy for child rights.

Analytical statement of progress:

The final report of the Bangladesh MICS 2012–2013 – conducted by the BBS across 64 districts with UNICEF support – was finalized, endorsed and launched by the Government in July 2015. It provides important updates on key child survival and development indicators both at national and sub-national levels, supporting progress monitoring in the 20 most socially deprived UNDAF districts. The report, in addition to providing detailed analysis of indicators in health, nutrition, education, child protection and water and sanitation sectors, includes, for the first time in a household survey, results on the quality of drinking water in terms of its arsenic and microbial content.

A series of data profiles on key indicators of child survival, health and development were prepared for the national, divisional and district levels to bring evidence to planners and policy makers through user-friendly advocacy tools, thematic issues. The profiles provide the most recent estimates available for the Millennium Development Goals and other key indicators, compiling information from reliable data sources, including MICS, DHS (2014) and the Sample Vital Registration System from BBS. The profiles have been shared systematically with partners in bilateral meetings and UNICEF events, and will continue to be widely disseminated in 2016,

including with the development of a smart-phone application for easy access to the information.

In 2015 progress was made in preparing the scale up to 64 districts of the data collection on the effective coverage of social services on a close to real time basis, in partnership with the BBS and the IMED in the Ministry of Planning. This included the approval of the questionnaire by a Technical Committee of the BBS to qualify as a national recognized survey, a software application for data collection on 13 modules, the Training of Trainers of data enumerators, field testing of the updated dashboard and the online dashboard for data visualization. Following agreement on the subjects to be covered and tools to be used, data will be collected in early 2016 using tablet PCs.

Finally, the Country Office is providing technical and financial support to BBD for a survey on the well-being of children in urban areas of Bangladesh, aiming to provide estimates on important indicators for children for different geographical and social groups within urban areas (e.g., urban slums) to facilitate better urban programme planning and implementation. Data collection will start in January 2016.

OUTPUT 2: By 2016, national capacity is increased to plan, budget and track evidence-informed and equity-based social policies and budget allocations for the most deprived children.

Analytical statement of progress:

A dedicated unit was established within the Finance Division to implement child-focused budgeting in Bangladesh. As an initial activity, a technical consultation was carried-out with representatives from (i) MoPME, (ii) MoE, (iii) MoHFW, (iv) MoWCA, (v) MoSW, (iv) Ministry of Disaster Management & Relief and (vii) Local Government Division, under the MoLGRD&C. As a result, an operational guideline document that includes the criteria for attribution of budget for investments in children was agreed, as well as an overall roadmap of the process, which runs through 2016. This roadmap includes activities to enhance transparency and participation, as well the development of technical reports on quality of expenditure.

In parallel, an analytical report on the Quality of Spending in Primary Education Sub-Sector Budget has been prepared, in coordination with the Ministry of Finance and the MoPME. The report, which will be presented in early 2016, identifies important opportunities to improve the quality of expenditure by reducing delays in the flow of funds and improving the quality of services. The publication will serve as a platform to discuss improvements in the quality of educational outcomes and the overall discussion on enhancing public investments.

Three issue-based policy briefs on ending child marriage, ending child labour and out-of-school children were published. A high-level presentation brought together more than 60 representatives from the Government and other development partners. Commitments were expressed to support the enhancement of effective interventions and a call to further south-south collaboration. Moreover, the platform further facilitated UNICEF's positioning towards a new partnership with the Office of the Prime Minister to address issues related to child marriage.

On social inclusion, UNICEF, in coordination with the MoWCA, carried-out an analysis to better understand the level of child-responsiveness of the national social protection system, with input from relevant line ministries, including the MoSW. The report, which highlights important gaps for addressing out-of-school children and child marriage, will be presented in 2016, and will serve as a platform to present the results of UNICEF's Conditional Cash Transfers programmes that have proven successful as case-management mechanisms, to address childhood deprivations.

As part of the work of monitoring the quality of basic social services for children, UNICEF Bangladesh supported the development of an orientation manual on equity-focused monitoring and reporting for results. A 20-member resource team was formed at the national level to facilitate and roll out the orientation at the sub-national level. A total of 60 government officials from different line ministries at the national level and 400 officials at the sub-national level were trained in 2015. The information, collected on a real-time basis by BBS, which will provide data on effective coverage of basic social services at district level, will serve as an important basis for ensuring that these incremental capacities are practices in identifying bottlenecks for interventions targeting children.

OUTPUT 3: By 2016, results-based management for learning and accountability, knowledge management and sharing and use of good practices, lessons learned and innovations are institutionalized in UNICEF.

Analytical statement of progress:

In 2015, UNICEF Bangladesh initiated two evaluations. The Evaluation on the Strategic Positioning of UNICEF is currently being finalized. The Evaluation assessed the effectiveness of key implementation strategies in positioning UNICEF in the national development landscape of Bangladesh, drawing on good practices. The draft report has provided recommendations on how UNICEF should position itself in the rapidly changing country context. The implementation of the second evaluation, which focuses on UNICEF's Child Protection Programme, was deferred to 2016.

These evaluations are part of a series of knowledge products that are informing the ongoing preparation of the Country Programme 2017–2020. The Country Office commissioned an updated Analysis of the Situation of Women and Children in Bangladesh, which provided an overview of the deprivations faced by children in the country as well as a snapshot of the changing country context. The Country Office also commissioned a study to compile evidence on the impact of climate change on children and provided recommendations on climate-sensitive programming.

In Knowledge Management, the Country Office continued to support the dissemination of good practices and lessons learned through knowledge-sharing sessions. Accordingly, it held a series of internal discussions on a range of topics, including child marriage, the global nutrition report, a WASH research project with Oxford University and the study on the child sensitivity of the national social protection system. Additionally, an office-wide discussion was organized to review the recommendations of the report on the CRC that was presented in November 2015 with the support of UNICEF.

As part of the UNICEF Bangladesh review processes, mid- and end-year reviews were conducted with implementing partners led by the Government and with the active participation of civil society. Both reviews were preceded by field visits by Government–UNICEF teams to oversee the quality of programme implementation.

In the second half of 2015, the Country Office initiated the process of consultatively developing the upcoming Country Programme Document with the Government and civil society partners. The process started with the validation of the updated Situation Analysis, which was followed by a programmatic review meeting where programme sections presented the emerging evidence on key child deprivations and strategic shifts required for the next Country Programme. Subsequently, a three-day workshop was held with an external facilitator to analyse priorities,

bottlenecks and capacities, to make the strategic choices for UNICEF contributions through the future Country Programme. From this meeting, a first draft of a results matrix emerged, constructed around a life-cycle approach to results, and joint inter-sectional outputs to improve the delivery of results.

OUTCOME 6: Increased capacity of the media and partners to advocate for realization of child rights, and the enhancement of investment in children, with special focus on equity.

Analytical statement of progress:

In 2015, UNICEF continued work it started in 2012 to strengthen the capacity of national and local media to report on children's and women's issues in different formats to attract a wide audience. This has resulted in a significant increase in media coverage on key issues affecting children and women, with a record-like achievement this past year.

From January 2015 to December 2015, around 32,000 articles and features on issues affecting children and women were published in national dailies as well as featured on primetime news and international media – with a focus on education, child marriage, violence against children, birth registration, nutrition and health – this represents an increase of more than 7,000 from 20,121 reports during the same period in 2014.

UNICEF issued a total of 15 press releases which generated 133 stories reaching more than 8 million readers per release. For example, in August, UNICEF issued a statement to the national media highlighting its alarm at the incidents of children being subjected to violence and publicly beaten to death in some parts of the country. UNICEF urged the Government of Bangladesh to do everything within its power to bring the perpetrators to justice and help end such violence against children.

UNICEF facilitated a feature on Child Marriage for BBC World TV's special report series on the Millennium Development Goals, thus reaching a global audience.

Throughout the year, a total of 67 news reports were broadcast on issues directly affecting children and women on Bangladesh Television primetime potentially reaching 85 per cent of the population. Bangladesh Television also broadcast 28 programmes (e.g., children's talk show, drama, school debate, game show and various programmes produced by children), with the direct participation of as many as 268 children on children's and women's issues, reaching 85 per cent of the population and increased direct child participation through interactive programmes including, 'Our Voice', which enabled children to quiz ministers, policymakers and celebrities on issues affecting their lives.

Between January and December, Bangladesh Betar (national radio) produced 396 programmes to generate public awareness, trigger policy dialogue and increase child participation – thus reaching 85 per cent of the population through drama, monthly field-based reports, quizzes and programme directly produced by children. Almost 200 children participated in the programmes or were involved in their production. In addition, 42 'Meena Live' talk shows were broadcast on national radio, each one receiving at least 1,000 calls from children, thus directly enhancing child participation in broadcast media.

Bangladesh Television and Bangladesh Betar organized six live broadcast programmes at sub-national levels to observe special days such as safe motherhood, birth registration and exclusive breastfeeding, each programme attracting a live audience of more than 10,000 people.

The total number of hits on UNICEF Bangladesh's website were 3.5 million (a 130,000 increase from same period in 2014). YouTube views increased by 0.5 million in comparison to 2014, to a total of 9.2 million views, with more than 8,100 subscribers currently.

To advance the children's rights agenda in Bangladesh, in 2015 UNICEF continued to strengthen its partnerships with the private sector, civil society partners and young entrepreneurs on Children's Rights and Business Principles, to empower them to incorporate elements of these principles in their work.

OUTPUT 1: By 2016, media professionals and civil society members have enhanced capacity to generate information and knowledge on child rights.

Analytical statement of progress:

Around 27,697 stories related to children's issues were published in national Bangla and English dailies from January to November 2015 – a sizeable increase from the 20,121 reports during the same period in 2014, resulting in more than 65,600 features since January 2012.

Through UNICEF's continued advocacy, issues affecting children in Bangladesh were featured on both national primetime news and international media. From January to October 2015, there were 67 news reports broadcast on issues directly affecting children and women on Bangladesh Television primetime news, potentially reaching 85 per cent of the population. In June, UNICEF also facilitated BBC World TV news to produce a feature on child marriage for its special live report series on the Millennium Development Goals, reaching a global audience.

With regard to Ethical Reporting for Children, seven consultations (divisional and Dhaka) were arranged with the National Human Rights Commission Chair, and draft guidelines were shared with concerned media. The final Ethical Reporting Guideline was issued in October 2015. This evolving partnership with the Commission will help to strengthen the media's capacity to report ethically on children's issues and ensure the drafting and future implementation of national guidelines on reporting on children.

The Planning Branch of the MoI conducted 16 field monitoring visits of joint UNICEF programmes to improve results and help improve the capacity of implementing partners to deliver better programmes on child participation. In addition, the MoI organized three national public events to generate and boost awareness on safe motherhood, birth registration and exclusive breastfeeding, attracting a crowd of 10,000 each time.

Progress has been made in enhancing media professionals' capacity on reporting on children's issues; however, related newspaper coverage is still low and of limited quality – i.e., frequently event-based; often cursory; mostly reactive; and in-depth coverage can still be considered inadequate.

OUTPUT 2: By 2016, vulnerable and marginalized children have increased capacity to participate in decision-making processes affecting them (media, Parliament).

Analytical statement of progress:

During the reporting period, UNICEF continued supporting various programming to strengthen children's participation and eventually enable them to influence and produce media programmes. With UNICEF's support, the National Institute of Mass Communication trained 91 broadcast media journalists on child marriage, disability, and birth registration issues. The

Institute also trained more than 60 children 10–17 years old from around the country on techniques of child participation in broadcast media to increase their direct participation in the media.

Bangladesh Television broadcast 28 programmes on children's and women's issues, reaching 85 per cent of the population and increased direct child participation in broadcast media through interactive programmes including 'Our Voice', school debates, children's game shows and programmes produced by children. This enabled children to quiz ministers, policymakers and celebrities on issues affecting their lives.

Bangladesh Betar broadcast 396 radio programmes, reaching 85 per cent of the population through drama, monthly field-based reports, quiz programmes, and programmes produced by children. This included 42 'Meena Live' talk shows on national radio, each one receiving at least 1,000 calls from children on issues affecting their lives – hence directly impacting child participation in broadcast media.

Moving forward, there still needs to be more innovation and interactive programming involving direct child participation, which can be improved by introducing additional training of partners in 2016. This was reflected in a study on child participation in broadcast media conducted by UNICEF in 2013, which has informed UNICEF relevant assistance to date.

OUTCOME 7: Effective and efficient programme management and operational support to achieve an optimum level of programme delivery.

Analytical statement of progress:

The CMT continued to exercise its role as central management body, advising the Representative on policies, strategies, programme implementation, and how to keep human and financial resources focused on the planned results. The three management teams – i.e., Programme Management Team, Operations Management Team and Field Management Team – held regular monthly meetings where performance at the technical level was closely monitored and reviewed. Corrective measures were taken to address identified weaknesses and underperforming areas. The regularity of these meetings further strengthened the management oversight functions, and also the processes and procedures for the overall management of the office.

The rolling Annual Management Plan was reviewed and updated by the CMT in 2015, clearly defining and providing guidance on office priorities. The revised Plan also established the separation of accountability and oversight office mechanisms to manage risks. The search and relocation of the Dhaka Office in a location that meets United Nations Security Standards continued to remain a top priority for management. To ensure business continuity, an interim emergency office located in the diplomatic enclave area continued to serve as a back-up site during restricted movement periods, such as countrywide strikes and blockades due to political unrest. The Country Office also adopted other mitigation measures as advised by UNDSS.

Following a UNDSS Compliance Evaluation mission, at January 2015 all UNICEF office premises, including those in the field, were MOSS-compliant (97 per cent in aggregate).

Implementation of BCM was initiated in early 2015; by year end, 94 per cent of payments were effected through BCM. As of December 2015, 98 per cent of US\$25.2 million RR, and 65 per cent of US\$31.7 million OR were utilized. The utilization of the institutional budget was 100 per cent at US\$1.1 million. The Country Office fully leveraged the deployment and implementation

of all cloud-based office automation tools, which is set to facilitate the management of knowledge and information, internally and for transmission to partners. Unified communication services were secure between the Dhaka-based main office and the six Zone Offices, increasing effectiveness of communication and benefiting programme implementation. A 96 per cent response time of Service-Level Agreements was met or exceeded.

In 2015, UNICEF Bangladesh supplies and services amounted to US\$8.03 million, and procurement services accounted for US\$93.7 million. A total of 65 per cent of supplies orders were delivered to government counterparts at or within the agreed arrival date. Additionally, the Country Office was successful in procuring immunization vaccines that were in shortage globally; thus providing key support in ensuring continuity in the delivery of the national immunization programme.

In the course of 2015, 13 trainings were conducted for 474 participants (257 males, 217 females; 100 international professional staff, 249 national officers , 125 general service staff). For the Country Office, this represented a US\$143,500 investment on learning and staff development. This stood at 1.37 per cent of total staff costs

OUTPUT 1: Effective and efficient governance and systems.

Analytical statement of progress:

UNICEF Bangladesh has completed the process of updating its BCP in 2015 with a view to maintain and/or strengthen its operational response capacity during a crisis situation.

The Country Office is maintaining a standing level of readiness for emergency and emergency communication systems, radio communication, security information and structures, zone warden systems, senior management team meetings, security clearance procedures, and security incident reporting. The Country Office also maintained a minimum readiness level stock for 20,000 families for emergency response.

In preparation of the transition to the GSSC in January 2016, the Country Office undertook a comprehensive review exercise of VISION transactions and roles that led to revised work processes and greater efficiency of an in-house business support centre where transaction including payments are centralized with fewer but skilled staff. This set-up has prepared UNICEF Bangladesh to a smooth transfer to the GSSC.

UNICEF Bangladesh operated with a HACT Assurance Plan for 2015 as approved by the CMT, which includes programme monitoring and financial spot-checks to ensure that UNICEF funds were utilized for the intended purpose and in accordance with the activities outlined under respective partnership agreements. In 2015, the Country Office carried out 8 micro-assessments of NGO implementing partners (100 per cent) and initiated the assessment of 5,146 (90 per cent) implementing partners that had received or had the potential to receive more than US\$100,000 in one year from UNICEF through partnership cooperation agreements. The micro-assessments of government counterparts were initiated for the first time with support from ERD.

The Country Office extended LTAs with three audit companies for carrying out micro-assessment exercises, and established an additional four LTAs for auditing of implementing partners. The Country Office planned for about 88 spot checks of implementing partners, of which 58 (66 per cent) were completed, with an additional focus on addressing capacity gaps. The Country Office also conducted 217 programmatic visits (111 per cent of 195 planned), and

conducted 11 (100 per cent) of the planned NGO audits, while the Government's Foreign Aided Project Audit Department completed 5 (31 per cent) of the planned 16 audits of government implementing partners. A total of 34 new staff members were trained on HACT and 98 per cent staff completed the UNICEF HACT e-course. HACT training was also provided to the staff of 32 implementing partners.

The Country Office also implemented the action points identified at the latest Enterprise Risk Management exercise in late 2014 and addressed the needs/risks thereby identified – i.e., greater integration of HACT assurance in programme implementation, systematic follow-up of audit/spot-check recommendations, decentralization, suspected cases escalated to the UNICEF Office of Internal Audit and Investigation – and provided ethics training.

OUTPUT 2: Effective and efficient management and stewardship of financial resources.

Analytical Statement of Progress:

Renovation of the office space was started in early 2015 to provide better work environment, effective use of natural light for staff and optimal utilization of available space. The 'Quick Wins' initiative is expected to generate savings of US\$120,877 per year.

The platform for the implementation of the electronic banking services has been upgraded to host BCM. And the office gained efficiency, as 86 per cent of payments were done through BCM by June and 94 per cent by December 2015.

UNICEF Bangladesh made huge strides in liquidation of outstanding DCT to partners. There was one DCT of US\$59,948 that was more than nine months due to challenges encountered by the implementing partner; however, the case was under legal proceedings awaiting the court's decision.

OUTPUT 3: Effective and efficient management of human capacity.

Analytical statement of progress:

Across contractual categories, the gender statistics remained at 55 per cent males and 45 per cent females office-wide; and improved to 68 per cent male versus 32 per cent female among national officers. Three female national officers moved to international professional positions and the office retained four females in leadership roles for Supply, Administration, Human Resources and BSC.

The performance management system was used as a tool to ensure that all staff were evaluated on their performance in 2015. Staff performance evaluation was closely monitored and reached 100 per cent completion rate for 2014. In 2015, 100 per cent mid-year evaluations were implemented. A total of 40 staff were trained on PAS. Human Resources monitored the quality of the PAS and provided feedback to supervisors on difference between rating and comments in the PAS for 2014.

A task force was formed to review the findings of the Global Staff Survey 2014. In 2015 the task force presented their findings at the first Joint Consultative Committee meeting. Seventeen recommendations were made by the task force and the progress is being monitored and noted by the Regional Office as well in 2015.

To further develop the required competencies and skills of staff members, 12 trainings in 22 batches were planned. A total of 433 participants were expected to be trained in: Corporate

Social Responsibility, PAS, Results-Based Management Training, Accountability Workshop, Child-Centred Teaching Learning Methodologies, Residential Security and Minimum Operating Residential Security Standards , Earthquake Preparation, Gender Action Plan, Microsoft SharePoint, MS Office and Windows 8.1, and Orientation for Newly Recruited Staff

Mandatory ethics and HACT training was completed by 98 per cent and 97 per cent of staff, respectively.

Document Centre

Evaluation and Research

Title	Sequence number	Type of report
Multiple Indicator Cluster Survey (MICS) 2012–2013	2015/021	Survey
Violence against Children Evaluation: Bangladesh Case Study	2015/001	Evaluation

Other Publications

Title
Study on Suicide Ideation and Attempts amongst Bangladeshi Adolescents
Out-of-school children in Bangladesh
Towards ending child marriage in Bangladesh
Ending child labour in Bangladesh
2012–13 Multiple Indicator Cluster Survey (MICS), 'Progotir Pathey'

Lessons Learned

Document type/category	Title
Lesson Learned	Leveraging the role of women's rights NGOs to combat child marriages