UNICEF Annual Report 2016

Bangladesh

Executive Summary

In 2016, UNICEF Bangladesh worked with partners, provided technical assistance and advocated with Government for the realization of child rights, and in doing so, contributed to significant increases in service coverage and behaviour change. More than 45,000 newborns were successfully treated and discharged from 30 Special Care Newborn Units (SCANU) supported by UNICEF. UNICEF continued to support the scaling up SCANUs in 26 districts. Messages on essential life-saving and child-rearing practices reached 5.9 million people. Such messages contributed to an increase in the number of mothers of children under 6 months who attended four antenatal care (ANC) visits from 41 to 58 per cent, and an increase in the population practising hand-washing with soap from 45 to 78 per cent between 2014 and 2016.

By generating evidence that informed policy dialogue, UNICEF Bangladesh supported the development of key strategies and programmes. The Ministry of Primary and Mass Education (MoPME) approved an interim strategy, Mainstreaming Second Chance Education for Out of School Children (OOSC), under the Government-supported Primary Education Development Programme (PEDP3). Also within the PEDP3, and based on results of UNICEF’s pilot, the Ability Based Accelerated Learning (ABAL) model will be scaled-up, with an initial 100,000 OOSCs targeted for 2017. Similarly, evidence from UNICEF-supported interventions and technical support to the Ministry of Health and Family Welfare (MoH&FW) was crucial in formulating the fourth Health, Nutrition and Population (HNP) sector programme, 2017-2022. UNICEF’s collaboration with the World Health Organization (WHO) and the UNICEF Regional Office for South Asia (ROSA) for costing the Bangladesh Every Newborn Action Plan (BENAP) enabled MoH&FW to incorporate priority newborn interventions into the 4th HNP and cost the Essential Services Package (ESP). UNICEF technical assistance also contributed to the approval of a maternal health strategy, a costed action plan for a Gender Equity Strategy for the health sector and the development of the National Adolescent Health Strategy in 2016.

In 2016, UNICEF reached approximately 150,000 adolescent girls through interventions in target districts. The success of UNICEF’s adolescent empowerment strategy convinced the Government to roll out 5,000 new adolescent clubs throughout Bangladesh, utilizing its revenue budget.

In 2016, UNICEF strengthened its programming in urban areas. For the first time, an integrated work plan was signed with the Dhaka North City Corporation to deliver a package of social services to communities living in urban slums and to build capacity of local leaders, particularly women leaders, on decentralized planning, budgeting and monitoring for children. Considering the rapid growth of the garment sector, UNICEF Bangladesh entered a corporate partnership with garment companies to pilot factory engagement in improving the conditions of garment workers, the majority of whom are women, and their children, who are living in poor urban communities around the factories. UNICEF also supported the Bangladesh Bureau of Statistics’ (BBS) survey on indicators of child wellbeing in urban areas – the first survey to provide disaggregated data on slum and non-slum urban areas. Results show that children living in urban slums are significantly worse off than children in non-slum areas and, for some indicators, also more deprived than their rural counterparts.
Despite the achievements of 2016, some constraints remain. Inadequate skilled human resources at the facility level remain a critical bottleneck for the delivery and use of essential maternal, neonatal, child and adolescent health (MNC&AH) services, particularly in low-performing and hard-to-reach areas. Public financial allocations for MNC&AH services are far below required levels, and disparities in the allocations across divisions, districts and facilities persist.

The lack of progress on the adoption of the Rules of the Children Act 2013 by the Government proved to be a significant challenge for the implementation of the Act. Roles and responsibilities of the duty bearers, such as social welfare officers and child affairs police officers, are yet to be harmonized within this key piece of legislation. Following several years of stalled progress, there was some headway made in the second half of 2016 in approving the Education Act, now tabled for discussion by Parliament.

In terms of partnerships, UNICEF Bangladesh received recognition for its commitment to gender equality when development partners nominated it as Co-Chair of the Local Consultative Group on Women’s Advancement and Gender Equality, a government-donor platform that supports the Government in its national development plan. Women’s groups and civil society organizations (CSOs) also reached out to UNICEF for support on the Convention on the Elimination of Discrimination against Women reporting and consultation process.

Through July 2016, UNICEF served in a strategic role as the Chair of PEDP3 Development Partners Consortium, which supported the Government in assessing the current programme and planning for the next primary education sub-sector programme.

**Humanitarian Assistance**

In 2016, UNICEF Bangladesh consolidated its position as a partner of choice for humanitarian assistance in Bangladesh. As a key member of both the Disaster Emergency Response Group (a national forum comprised of the Government, UN agencies, non-governmental organizations (NGOs) and other development partners) and the Humanitarian Coordination Task Team (HCTT), UNICEF Bangladesh supported the Government of Bangladesh’s humanitarian response to several natural disasters in 2016. More than 5 million people, including approximately 1.8 million children, were affected in 2016 by flash flooding in the north of the country and by Cyclone Roanu in the south. Of the 563,127 people in need of humanitarian assistance from the natural disaster, UNICEF Bangladesh, directly and through partners, responded to 90,000 people, including children and their families. UNICEF also contributed to improving the situation of the Rohingya community in the District of Cox’s Bazar.

Following floods in the north-west region of the country in late 2015, in early 2016 UNICEF Bangladesh contributed to the recovery process to ensure short- and medium-term support to affected areas, including access to basic services. UNICEF provided recovery water, sanitation and hygiene (WASH) services to 30,000 people (15,030 males, 14,970 females). This included improved water sources, emergency latrines and hygiene kits, as well as the delivery of hygiene promotion sessions. In the affected areas, UNICEF also provided nutrition services to 21,129 under-five children screened for malnutrition and nutrition counselling to 8,900 pregnant and lactating women, as well as caregivers. During the screening, 417 (1.97 per cent) were identified with severe acute malnutrition (SAM), and 313 were treated in government facilities.

After Cyclone Roanu in May 2016, UNICEF Bangladesh provided support to rehabilitate basic facilities and address key vulnerabilities of children and their mothers in six districts in...
the south of the country. UNICEF contributed to the restoration of water points and construction of household emergency latrines, as well as to hygiene promotion sessions and the distribution of WASH Hygiene kits and water purification tablets to 60,000 people (30,060 males, 29,940 females) from the affected areas. UNICEF and its partners screened 10,000 children under-five for malnutrition, treated 196 children affected by severe acute malnutrition, and reached 3,000 pregnant and lactating women with infant and young child feeding (IYCF) practices. Thirty-one schools were renovated or constructed, restoring education to 8,000 school children, and ten child friendly spaces and 67 psychosocial and recreational kits from UNICEF provided another 2,000 children with access to child protection interventions. UNICEF also served as district coordination focal point of the HCTT for two affected districts, enhancing the synergy among humanitarian actors.

In 2016, UNICEF Bangladesh used funds from the Central Emergency Response Fund to contribute to providing basic services to both undocumented Myanmar nationals and host communities. Services included improved WASH facilities for 62,768 people (25,107 males, 37,661 females); SAM treatment for 39,414 children under the age of five (19,493 females, 19,921 males); promotion of infant and young child feeding practices for 30,772 caretakers and mothers (f 21,986 females, 8,786 males); and child protection services (for example, child friendly spaces, adolescent clubs, and social workers) for 28,194 children and adolescents (14,651 females, 13,543 males). With the influx of Rohingyas in October 2016, UNICEF strengthened WASH, nutrition, education and child protection clusters at sub-national levels with the aim of providing effective and efficient humanitarian assistance.

In each of these emergency responses, UNICEF disseminated messages to affected communities on key life-saving behaviours and practices. To enhance the communication for development (C4D) response, UNICEF also partnered with members of Shongjog, a multi-stakeholder platform, to strengthen communication with communities, joint needs assessments, and design, planning, implementation and assessment of interventions. More than 2 million people received life-saving messages through various channels, including national and community radio, as well as community sessions and household visits during emergencies.

Emerging Areas of Importance

Climate change and children. As part of strategic positioning efforts to influence policies and advocate for addressing the impact of climate change on children in the country, UNICEF Bangladesh established a partnership with the Bangladesh Centre for Advanced Studies. Through the partnership a policy review and institutional mapping were conducted to develop an action plan on child-centred disaster risk reduction and climate change adaptation. Initial findings show that social sector policies address climate change to varying degrees, with the National Disability, Education and Health sector policies scoring highest, while climate change/DRR-related policies do not always consider the child perspective.

To advocate for more political and financial contributions to address the impact of climate change on children, UNICEF supported a high-level orientation on child-centred disaster risk reduction and roundtable discussions on comprehensive school safety. Internally, a Climate Change Management Team was established to strengthen coordination and inter-sectoral collaboration and to promote convergence in the implementation of climate change and environmental sustainability-related interventions. UNICEF Bangladesh developed a Strategy Note on Climate Change and Environmental Sustainability to guide relevant interventions under the new Country Programme.

The second decade. Programming for adolescent girls and boys is a growing focus area for UNICEF Bangladesh. Some of the priority areas for adolescents in the country, which align well with UNICEF’s global gender-targeted priorities, include ending child marriage,
promoting adolescent-responsive health services, adopting innovative approaches to non-formal education and vocational training, adolescent empowerment and participation, and prevention of violence against adolescents. Programme efforts aimed at addressing social norms and behaviour change, two of the major bottlenecks hindering gender equality in the country. For example, UNICEF Bangladesh promoted adolescents’ empowerment and their participation in the community as social change agents through the establishment of adolescent clubs and the provision of tailored packages of services in all United Nations Development Assistance Framework (UNDAF) districts. The services package includes life skills based education (LSBE), civic engagement training, stipends for the most vulnerable adolescents, and orientation and sensitization of parents and communities to create the foundation for a supportive environment. In 2016, these interventions received recognition and were adopted by the Government of Bangladesh through the Ministry of Women and Children Affairs (MoWCA). Consequently, 1,500 new adolescent clubs were established in seven additional districts, which are contributing to preventing child marriage through life skills and livelihood options.

UNICEF provided technical support to the Government to establish 5,000 new adolescent clubs. In the new Country Programme Document 2017-2020, attention is paid to adolescents. One of the Outcomes is specifically designated for adolescent development to address the rights of adolescent girls and boys to quality services, and participation. Consequently, integrated programme interventions were identified, such as preventing child marriage in targeted geographical areas, and a National Strategy for adolescents was drafted.

Urbanization and children. Given rapid and unplanned urbanization rates in the country, UNICEF Bangladesh strengthened its support for the Government’s response to the effects of the urbanization through support to policy development, service provision, leveraging strategic partners and evidence generation. In 2016, UNICEF provided technical assistance to the development of a socially inclusive national urban development strategy. UNICEF also engaged in a partnership with the Dhaka North City Corporation to support the delivery of a package of basic social services to children and their families living in urban slums, many of whom are garment factory workers. The strategic shift towards urban programming was complemented by a partnership with international garment retailers that source from Bangladesh, as well as garment factory owners, to identify and capture opportunities for the garment sector to contribute to the realization of children’s rights.

In 2016 a pilot project was initiated on factory engagement to create child- and family-friendly workplaces in the garment sector. A 2016 UNICEF-supported BBS survey on indicators of child well-being in urban areas is the first to provide disaggregated data on populations living in slum and non-slum urban areas. This data, together with the Strategy Note for urban programming, contributed to the new CPD 2017-2020, which will guide UNICEF’s work in urban areas in the next cycle. Internally, this component of the Country Programme is led by a cross sectoral Urban Management Team.

Summary Notes and Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ABAL</td>
<td>Ability-Based Accelerated Learning</td>
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<td>AFHS</td>
<td>Adolescent-Friendly Health Services</td>
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<td>ANC</td>
<td>antenatal care</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>BENAP</td>
<td>Bangladesh Every Newborn Action Plan</td>
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<td>BBS</td>
<td>Bangladesh Bureau of Statistics</td>
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<td>BSC</td>
<td>Business Support Centre</td>
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<td>BSMMU</td>
<td>Banglabandhu Sheikh Mujib Medical University</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<td>CABA</td>
<td>Children Affected by AIDS</td>
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<td>CC-DRR</td>
<td>Child-Centred Disaster Risk Reduction</td>
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<td>CCEI</td>
<td>Cold Chain Equipment Inventory</td>
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<td>CHL</td>
<td>Child Help Line</td>
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<td>CHT</td>
<td>Chittagong Hill Tracts</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CRBS</td>
<td>Children's Rights and Business Principles</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DEPB</td>
<td>District Evidence-Based Planning and Budgeting</td>
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<td>DHIS2</td>
<td>District Health Information System 2</td>
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<td>DNSO</td>
<td>District Nutrition Supported Officer</td>
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<td>DPHE</td>
<td>Department of Public Health Engineering</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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<td>DSHE</td>
<td>Directorate of Secondary and Higher Education</td>
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<td>ECL</td>
<td>Each Child Learns</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>ESP</td>
<td>Essential Services Package</td>
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<td>EVMIP</td>
<td>Effective Vaccine Management Improvement Plan</td>
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<td>FACE</td>
<td>Funding Authorization and Certificate of Expenditure</td>
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<td>GSSC</td>
<td>Global Shared Service Centre</td>
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<td>HCTT</td>
<td>Humanitarian Coordination Task Team</td>
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<td>HMIS</td>
<td>Health Monitoring Information System</td>
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<td>HNP</td>
<td>Health, Nutrition and Population</td>
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<td>HTC</td>
<td>HIV testing and counselling</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>IMED</td>
<td>Implementation Monitoring &amp; Evaluation Division</td>
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<td>IMEP</td>
<td>Integrated Monitoring, Evaluation and Research Plan</td>
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<td>JMP</td>
<td>Joint Monitoring Programme</td>
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<td>JPGSPH</td>
<td>James P. Grant School of Public Health</td>
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<td>KMC</td>
<td>Kangaroo Mother Care</td>
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<td>KOICA</td>
<td>Korea International Cooperation Agency</td>
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<td>LSBE</td>
<td>Life Skills in Education</td>
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<td>LTA</td>
<td>Long-Term Agreement</td>
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<td>MARA</td>
<td>Most-At-Risk Adolescents</td>
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<td>MHM</td>
<td>Menstrual Hygiene Management</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MNC&amp;AH</td>
<td>Maternal, Neonatal, Child and Adolescent Health</td>
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<td>MOH&amp;FW</td>
<td>Ministry of Health and Family Welfare</td>
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<td>MOLGRD&amp;C</td>
<td>Ministry of Local Government, Rural Development &amp; Cooperatives</td>
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<td>MOPME</td>
<td>Ministry of Primary and Mass Education</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MOSS</td>
<td>Minimum Operating Security Standards</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MoWCA</td>
<td>Ministry of Women and Children Affairs</td>
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<td>MPDR</td>
<td>Maternal Perinatal Death Review</td>
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<tr>
<td>MRDI</td>
<td>Management and Resources Development Initiative</td>
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<tr>
<td>MSM</td>
<td>men who have sex with men</td>
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NGO  non-governmental organization
NILG National Institute of Local Government
NNP National Nutrition Policy
PCR Polymerase Chain Reaction
PEDP-3 Third Primary Education Development Programme
PLHIV people living with HIV
PMTCT prevention of mother-to-child transmission (of HIV)
PPE pre-primary education
PPTCT Prevention of parent-to-child transmission
RMG Ready Made Garments
ROSA Regional Office for South Asia (UNICEF)
SAM severe acute malnutrition
SCANU Special Care Newborn Units
SCE Second Chance Education
SDG Sustainable Development Goals
SOPs Standing Operating Procedures
SPPME Social Policy, Planning, Monitoring & Evaluation
UNDAF United Nations Development Assistance Framework
UNDSS United Nations Department of Safety and Security
UNICEF United Nations Children’s Fund
WASH water, sanitation and hygiene
WHO World Health Organization

**Capacity Development**

UNICEF Bangladesh supported 1,682 communities from 2012 to 2016 in the programme areas to adopt the use of latrines as a social norm through the implementation of community-led approaches to total sanitation. As a result, more than 1.145 million people have stopped open defecation.

The multi-year end-line survey of knowledge management and outreach sites highlighted the effectiveness of C4D to promote positive social norms. Knowledge and practice levels were reported improved among mothers, fathers and adolescents in relation to antenatal care/postnatal care visits, iron folic acid tablet consumption, handwashing with soap, birth registration in 45 days, and ending child marriage, child labour and corporal punishment.

UNICEF supported the deployment of 43 District Nutrition Support Officers, who provided on-site training to 25,000 (52 per cent) front-line health workers. Through Competency Based Training, 10,500 front line health workers were also trained on nutrition assessment, counselling and reporting. By the end of 2016, nearly 88 per cent of health facilities were delivering routine nutrition services to pregnant mothers, conducting counselling on IYCF, screening children for nutrition status, and had begun reporting on the nutrition indicator (compared to 25 per cent in 2014), helping programme managers review progress and improve service quality.

UNICEF addressed the absence of a harmonized system to collect and report water quality data by piloting a three-tier, community-based arsenic testing protocol by training 150 community members, mechanics and engineers. The information gathered from 21,408 water points in 15 of the most contaminated unions provided data that is being used in decision making around arsenic mitigation.
For implementing PEDP3, UNICEF provided technical assistance, including for the Diploma in Primary Education (12,000 teachers trained); Each Child Learns (9,568 trained); and Child Friendly School/School Effectiveness (3,967 trained cumulatively). The training of teachers and School Management Committees contributed to a foundation for quality basic education and to Primary School Quality Level.

**Evidence Generation, Policy Dialogue and Advocacy**

Evidence of SCANUs’ effectiveness for improving the management of sick newborns and correspondingly reducing case fatalities—more than 45,000 newborns were successfully treated in the 30 SCANUs supported by UNICEF Bangladesh— influenced policy makers to scale up the programme to cover all districts in the next health sector programme, 2017-2022.

While student enrolment progressed, quality aspects of primary education continued require attention. The National Student Assessment of 2013 reported only 25 per cent of 5th grade students achieved required competency levels both in Bangla and Math. UNICEF and the Directorate of Primary Education then initiated a 3-year longitudinal study to assess the Each Child Learns (ECL) pilot in 1,240 primary schools. The key findings of the first two years showed children in ECL schools perform slightly better than those in non-ECL schools. The findings revealed challenges to ECL implementation that require policy interventions. Based on this evidence, the Government implemented structural and systemic changes by introducing the ECL Strengthening Model in 50 primary schools and incorporating the initiative into its 7th Five Year Plan.

Through its longstanding partnership with BBS, in 2016 UNICEF supported the generation of nationally representative data on the coverage of basic social services and child wellbeing in urban areas, disaggregated by slum and non-slum areas. The evidence is expected to inform Government decisions on geographical targeting and planning at local and national levels.

UNICEF continued to provide technical support to the Finance Division to implement child-focused budgeting. For the first time, the Finance Division took the lead in preparing the report, a sign of the growing institutionalization of child-focused budgeting within the Government. The absolute budget benefiting children increased from US$4.9 billion in 2015-16 to US$6.4 billion in 2016-17. The published report, endorsed by the national parliament, was also launched in a child-friendly version.

**Partnerships**

As part of its urban programming efforts, UNICEF Bangladesh launched the ‘Children’s Rights and the Garment Industry in Bangladesh’ initiative to engage garment manufacturers in supporting child rights and family-friendly workplaces. UNICEF strengthened its partnerships with the private sector and civil society based on children’s rights and business principles (CRBP). For the first time, UNICEF signed memorandums of understanding (MoUs) with seven leading national ready-made garment manufacturers. In a related partnership, Dhaka North City Corporation and UNICEF signed an MoU and joint work plan to help increase basic services in poor urban communities and reduce service gaps between slum and non-slum areas.

UNICEF once again played a leading role in donor coordination in Bangladesh on strategic thematic areas. In education, UNICEF continued its strategic role as the Chair of PEDP3 Development Partners Consortium, consisting of 10 partners, which supported the Government to initiate the assessment of the current six-year, US$10 billion programme and start the planning process for the next primary education sub-sector programme. UNICEF
also chaired the local consultative group working groups for donor coordination on nutrition, water supply and sanitation, and gender.

UNICEF also established a formal partnership with the Governance and Innovations Unit, Prime Minister’s Office, to strengthen local government capacity to prevent child marriage and promote social mobilization at the community level. This included technical support to develop district-level child marriage prevention action plans and train government officers on child rights. UNICEF also supported the Canadian High Commission to identify field-based government officers committed to ending child marriage. Four officials received awards by the High Commission for their commitment, demonstrated through public oaths to declare their areas child-marriage free, work with imams to include child marriage prevention messages and facilitation of mobile-courts against those alleged to have organized child marriages.

**External Communication and Public Advocacy**

A new avenue for communication and advocacy opened in July 2016, when the first meeting between the Parliamentary Caucus on Children’s Rights and UNICEF Bangladesh was held. The Caucus acts as a bridge between Parliament and key external actors (i.e., children, adolescents and civil society), helps to ensure that Parliament responds effectively to the rights of children, and reviews all pertinent legislation and budgets. The first meeting between the Caucus and UNICEF offered the opportunity to discuss work modalities and highlight the support needed from members to move forward the delayed Education Act. UNICEF will continue to work with the Caucus to further act on ending child marriage, budgeting for children, implementation of the Children Act 2013, and children’s rights and business.

In October 2016, UNICEF and the Government’s information and communication technology (ICT) division signed an MoU on joint advocacy campaigns to generate mass awareness of ‘online safety’ for children, in line with the Digital Security Act 2016 and its Rules. UNICEF will provide technical support to develop child-sensitive content for Digital Labs in government schools and plans to maximize their use, allowing vulnerable children, especially adolescents, to have access to technical training on ICT.

To increase news literacy, UNICEF and the Management and Resources Development Initiative (MRDI), a national non-governmental media training organization, expanded work beyond building capacity in the media to report ethically on and for children to focus on media consumers: the readers. The National Human Rights Council and MRDI, with the support of UNICEF, launched the ‘Exploring Young Minds: News literacy and ethics in child reporting’ project. Through 12 debating events, the 10,000 participating adolescents (half girls and half boys) from 192 educational institutes from across Bangladesh were made aware of news literacy and ethical reporting on children’s issues.

**South-South Cooperation and Triangular Cooperation**

With UNICEF India’s support, UNICEF Bangladesh partnered with the Kerala Institute of Local Administration. There, 96 government officials (67 in 2015 and 29 in 2016) received training on decentralization and bottom-up planning for children. Implementing partners who participated in the training recommended replication of some of the successful elements of Kerala’s local governance system, including strong community engagement for children and investments in capacity development for local-level officials, for UNICEF-supported local governance programmes in Bangladesh.

UNICEF, in partnership with the Department of Public Health Engineering (DPHE), provided support to the Government to host the South Asian Conference on Sanitation (SACOSAN).
Prior to SACOSAN, UNICEF and other key stakeholders commissioned a study titled ‘Journey to Zero’ to identify the key drivers of Bangladesh’s success in reducing open defecation, as evidence for strategy and policy recommendations.

With UNICEF support, a Supreme Court representative attended a conference in Delhi on alternative care practices in South Asia, where the Supreme Court of India spoke on video conferencing as a mechanism to enhance access to justice and on having a Supreme Court Committee to monitor the implementation of the Juvenile Act. Back in Bangladesh, such a committee was formed and initiated the establishment of video call facilities at child development centres and District Social Service offices to help children under detention maintain links with their families.

A seven-member team led by the Director of the Institute of Public Health, which manages the National Nutrition Programme, and key national scientific advisors travelled to India to review pilot programmes the Government of India has implemented to identify and treat children with SAM through facility- and community-based management of acute malnutrition. The Government of Bangladesh will implement a similar pilot programme to assess feasibility and options for treatment.

**Identification Promotion of Innovation**

In 2016, UNICEF Bangladesh focused efforts on innovating national data generation systems through the introduction of real-time monitoring, thereby ensuring availability of frequent monitoring data on variables relevant to child rights and bridging the gap between input monitoring and high-level impact monitoring.

UNICEF supported the Health Management Information System (HMIS) of the Directorate General of Health Services (DGHS) by providing technical assistance to upgrade the District Health Information System 2 (DHIS2) software and providing training on the new version. A web-based tool for collecting, analysing, and presenting aggregate statistical data, DHIS2 allowed for District Evidence-based Planning and Budgeting (DEPB) of health interventions on a real-time basis in 13 low-performing districts, which in turn contributed to identifying timely corrective actions. With the training, the health managers had capability for improved data analysis and use of DHIS 2 for data-driven planning, monitoring and taking corrective actions.

A major bottleneck to scaling up WASH service delivery is poor accessibility to WASH information for planning and monitoring. In 2016, UNICEF provided technical assistance to DPHE to develop a web-based nationwide water-point data platform, providing stakeholders access to information from 300,000 DPHE and 150,000 privately constructed water points. The platform also allows for monitoring water quality and the functionality status in real-time; generating MIS/GIS reports of status of water-points; and uploading water-points information by other Government-approved stakeholders.

In partnership with BBS, UNICEF supported the establishment of a real-time monitoring system to measure the coverage of basic social services for 200,000 households. Annual data collection is linked to the country’s Sample Vital Registration System, and results are shown on an online dashboard, reducing the time between data collection and results reporting. This contributes to bridging the data-policy gap, enabling policy-makers to rapidly identify inconsistencies in service provision and develop targeted solutions for deprived populations.
Support to Integration and Cross-Sectoral Linkages

Between the early 2000s and 2013, child marriage rates fell from 68 to 52 per cent. In 2016, UNICEF Bangladesh strengthened its integrated programming approach on child marriage by supporting the delivery of a multi-sectoral package of interventions at the grassroots level combined with high-level advocacy at the national level. The service delivery package targeting urban areas combined interventions from several sectors, with a strong behaviour-change component to address harmful social norms. The cross-sectoral aspect is most visible in the success of the adolescent clubs supported by UNICEF. By the end of 2016, nearly 150,000 girls were reached through these clubs, including life-skills training, access to menstrual hygiene management and access to SRSH information, convincing the Government to invest further resources for new adolescent clubs.

According to the Multiple Indicator Cluster Survey 2012-2013 report, one in three children in Bangladesh is stunted. Based on a conceptual framework on how poor WASH conditions may impact children’s nutritional status, UNICEF initiated an action research in 2015 to generate evidence of the impact within the Bangladesh context. In 2016, the WASH and nutrition sections used the findings from the research to develop a ‘WASH and Nutrition for Babies approach’ and a proof-of-concept model. The model is presently being piloted in one upazila; lessons learned will inform fine-tuning the approach for scaling up.

In 2016, UNICEF Bangladesh developed the new 2017-2020 Country Programme (CP), with three outcomes centred on the stages of a child’s life. In preparing for the CP and cross-sectoral strategy notes, UNICEF Bangladesh conducted common analyses of bottlenecks and barriers, reviewed lessons learned across sectors, and defined a set of common implementing strategies. Coordination structures for the new CP mirror the life-cycle approach; outcome coordination groups will ensure sectors align with the cross-sectoral results, share knowledge across sectors and jointly monitor the implementation.

Service Delivery

The convergence coordination committees, established by UNICEF in the 20 UNDAF districts, actively facilitated inter-sectoral coordination and quality oversight to better coordinate programmes for children. A key result of the collective effort was the inclusion of children’s issues, with resource allocation, in local plans. From 2012 through 2016, 440 unions leveraged US$13.2 million and 60 upazilas (sub-districts) leveraged US$14.7 million to address issues affecting children in their respective communities.

A recent evaluation by the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) demonstrated that UNICEF-supported health facilities have improved supplies of equipment and therapeutic supplements for the treatment of children with malnutrition, compared to facilities without UNICEF support. UNICEF-funded district nutrition support officers (DNSOs) provide health workers on-the-job trainings, ensure the reporting and analysis of service coverage through monthly meetings, and support local government and non-government partners to increase access to nutrition services. Services pertaining to age-appropriate counselling, identification of nutritional status, and management of children with severe acute malnutrition are more prominent in the UNICEF-supported districts; the presence of DNSOs has begun to show results.

Since 2008, UNICEF, MoWCA and MoSW have piloted in the 20 UNDAF districts a minimum package of child protection services, including birth registration, Child Helpline, case management, community child protection committees, and adolescent clubs. Building on the pilot, the Government established the Registrar General office in 2016 to oversee the birth and death registration process. UNICEF worked with line ministries to strengthen the capacity of government services to assume several interventions, including the Child
Helpline. Department of Social Services will use the case management online platform as a protection toolkit and digital case database. The Government also accredited the basic and professional social services training module developed by UNICEF for building capacity of the social welfare officers and social workers for the protection of children.

**Human Rights-Based Approach to Cooperation**

To ensure implementation of the Convention on the Rights of the Child (CRC), from May to July 2016, UNICEF Bangladesh supported the MoWCA-led monitoring mechanism to disseminate the concluding observations of the Committee on the Rights of the Child with all relevant stakeholders at the national and subnational levels. Priority areas by Ministries and authorities were identified during the consultations and commitments were solicited to prepare an action plan to take measures to implement the prioritized recommendations. UNICEF approached MoWCA officially to form a coordination committee to monitor the progress on the implementation of the joint action plan by the relevant Ministries and sectoral authorities.

In 2016, the Supreme Court formed a high-level Advisory and Monitoring Committee on Child Rights. UNICEF committed to work with the committee to strengthen case monitoring within the juvenile justice system, as well as the establishment of video-conferencing in Child Development Centres and Children Courts. This will reduce processing times of cases in the juvenile justice system, improve the information management system for children in conflict or contact with the law, and enhance the monitoring system to enforce the Children Act 2013.

The development of the 2017-2020 Country Programme was guided by a rights and equity-based situation analysis, and the new Country Programme, based on a life-cycle approach, aims to address the structural causes of child deprivations in a holistic manner, drawing on synergies and enhanced convergence between sections. It includes a focus on marginalized children with disabilities or living in urban, remote, or disaster-prone areas, and is based on a rigorous geographical targeting strategy. The strategy was developed through analysis of disaggregated indicators of child health, development and wellbeing at district and upazila levels, to ensure that the Country Programme targets the most vulnerable children.

**Gender Equality**

The new 2017-2020 CPD includes gender-responsive outcomes and outputs addressing specific gender inequity issues.

Ending child marriage is UNICEF Bangladesh’s principal targeted gender priority, with expenditures at approximately US$4 million. The ending child marriage programme reached more than 150,000 girls in target districts through adolescent clubs, life-skills training, access to information, and providing stipends. UNICEF’s strategy on adolescent empowerment convinced MoWCA to invest government revenues for 5,000 new clubs in 2017. UNICEF established a partnership with the Prime Minister’s Office, Governance and Innovations Unit to support direct action of District Commissioners on child marriage prevention in 2017. The Child Helpline (CHL) 1098, a toll-free number to report on violence against children, including child marriage, was launched by the Prime Minister. As the Secretariat for MoWCA, UNICEF coordinated the process of drafting the National Action Plan on Ending Child Marriage, which will be endorsed by the Government in early 2017.

UNICEF provided technical assistance on development of the costed National Adolescent Health Strategy, 2016-2030. Previously, the Government had not focused on decentralized gender-responsive adolescent health services. This changed with UNICEF’s support to MoH&FW to establish adolescent friendly health services (AFHS) in pilot areas. The total
expenditure on adolescent health in 2016 was US$700,000. Adolescent friendly health services were provided to 36,975 adolescent girls and 11,690 adolescent boys.

Systems, infrastructure and service providers’ capacity for effective coverage was enhanced: A total of 59,479 facility deliveries were conducted and Met Need for Direct Obstetric complications increased to 67 per cent in 2016 from 60 per cent in 2015. A new public-private partnership programme was rolled out to strengthen workplace support for breastfeeding involving two RMG groups in Dhaka, aiming to benefit 35,000 children aged 0-23 months and 45,000 pregnant and lactating women. To build technical capacity, UNICEF supported the Government in expanding diploma in primary education (DPEd) to 60 primary teacher institutes (PTIs) from 50 in 2015, increasing the total number of teachers trained from 10,000 to 12,000 (65 per cent of them female).

In May 2016, UNICEF was elected the Co-Chair of the Local Consultative Group on Women and Gender Equality, a government-UN-donor consortium focusing on advocacy and technical assistance to the Government for gender programming.

**Environmental Sustainability**

A study commissioned by UNICEF on the impact of climate change on children in Bangladesh conducted in 2016 found that between 50,000 and 200,000 people are displaced due to coastal erosion and there are major country-wide droughts every year. The study noted that under-performance in education, nutritional status, health, access to safe water and sanitation, and safety and security exacerbate individuals’ and communities’ ability to cope and adapt.

In 2016, UNICEF Bangladesh developed a climate change adaptation and environmental sustainability strategy to guide its support to the Government between 2017 and 2020, to facilitate child-sensitive approaches to climate change adaptation by the social sectors. The strategy focuses on evidence generation, policy dialogue and advocacy, partnership and participation, equity responsiveness and resilient services delivery.

The strategy emphasizes an integrated and holistic approach to ensure that the health, WASH, education, protection, and participation needs of children are budgeted for and addressed in climate change adaptation interventions, including the provision of resilient services. Examples of interventions across sectors include the incorporation of climate change adaptation in existing WASH and health policies and response systems; mapping of climate change and food insecurity trends; and advocacy for inculcation of climate change and disaster risk reduction in school curriculum and learning packages.

In collaboration with other stakeholders, UNICEF supported the Carbon Offset Improved Cook Stove Project in 16 districts across the country. A total of 45,975 families now use the improved cook stoves, and 52,290 tons of CO2 emissions have been saved.

UNICEF, in collaboration with partners, continued to promote the Managed Aquifer Recharge (MAR) as a cost-effective and climate-resilient water supply technology. In 2016, site-specific management plans were developed for 60 MAR sites, and four ownership models were piloted. For drought-prone areas, research finds the MAR system is not feasible.

UNICEF Bangladesh also engaged in ‘green office’ activities, led by a corresponding committee. For example, in 2016, one additional UNICEF field office switched to solar energy, which brings the number of field offices operating on solar energy to four.
Effective Leadership

Following prolonged negotiations with the Government, UNICEF Bangladesh obtained, free of cost, an allocation of 0.85 acres of land, worth US$3.2 million, from the Government to construct a new Country Office building. This shows Government’s commitment to partnering with UNICEF. The relocation of the offices was necessary following recommendations by both UN Department of Safety and Security (UNDSS) and UNICEF security advisors.

UNICEF Bangladesh finalized 21 standard operating procedures (SOPs) that were simplified, risk informed, user-friendly and practical. UNICEF also conducted a comprehensive review of the risk profile and recommended an action plan for the mitigation of the identified risks, thereby showing evidence of risk-informed decision making on programming and efficient processing of transactions to the Global Shared Services Centre (GSSC).

In 2016, Bangladesh experienced terrorist attacks, including a major attack on 1 July, which affected staff safety and business continuity. The country management team (CMT) made significant efforts to mitigate the security risks for the staff. The regional stress counsellor visited twice and provided psychosocial support to the staff.

To ensure strong operations and programme management performance through the next programme cycle, UNICEF Bangladesh’s country management team meetings focused on discussions related to the finalization of the new Country Programme Document (CPD 2017-2020), which was then approved by the Executive Board in June. Subsequently, the country management team led the formulation of the country programme management plan (CPMP) 2017-2020. After the plan was approved by the regional programme and budget review (PBR) in May, UNICEF initiated a massive recruitment process for the newly approved posts. The country management team had held an all-staff retreat in February to ensure transparent, participatory and collaborative discussion on the new CPD and CPMP. The sustainability of compliance systems on previous audit recommendations was maintained through sample testing of transactions.

Financial Resources Management

In 2016, US$60.2 million (US$24.5 million non-grant, US$34.1 ORR, US$1.3 million ORE and US$0.3 million RRS) were allocated. Overall financial utilization was US$60.18 million, representing 99.7 per cent of funded resources (99.6 per cent for non-grant, 99.8 per cent for ORR, 99.9 per cent for ORE and 99.65 per cent for BMA) with US$46.4 million ORR and US$0.38 million ORE re-phased to 2017.

A total of US$21,870,197 of direct cash transfers (DCTs) was released to implementing partners (IPs). Outstanding DCTs of 6 to 9 months totalled US$668,339, representing 6 per cent of total. Outstanding DCTs over 9 months totalled US$60,836 (0.52 per cent of total).

Financial management was improved by developing checklists for each payment type, periodic quality screening of funding authorization and certificate of expenditure (FACE) forms, and raising stakeholders’ awareness of challenges, helping reduce processing time.

Outstanding DCTs were significantly reduced compared to 2015. Regional Office benchmark on bank optimization was fully met throughout 2016, and all general ledger open items were cleared on a quarterly basis. UNICEF Bangladesh began claiming Value Added Tax reimbursement in June.
The Government is processing a UNICEF Bangladesh request to allow tax-free private sector donations to UNICEF, to encourage local fund raising.

UNICEF Bangladesh continued to liaise with ERD, the Government Foreign Aided Project Audit Directorate and UNDG Agencies in promoting Harmonized Approach to Cash Transfers (HACT) implementation. A macro-assessment process for the coming UNDAF was initiated.

UNICEF Bangladesh conducted 100 per cent of the minimum required 186 programmatic visits, 77 spot checks, 90 per cent of 40 planned IPs scheduled audits, and 4 planned Micro-assessments. Ninety-eight per cent of staff completed the FACE E-course. HACT/FACE face-to-face training was provided to 322 IP staff in Dhaka and all Zonal Divisions. Under HACT Committee guidance, UNICEF Bangladesh established mechanisms for follow up and closure of IPs’ audit and spot check recommendations.

**Fundraising and Donor Relations**

Workflow processes for funding proposals, donor reporting, and grant extensions/change in the reporting schedule were revised and simplified. SOPs were drafted and finalized in consultation with programme and operation sections, as per the processes of UNICEF Bangladesh SOPs. In 2016, 46 reports covering 71 grants were prepared by Programme Sections with support from the Reports Officer for quality assurance prior to a final review by the Deputy Representative. All but five reports were submitted on time.

Brand engagement and partnership management for UNICEF’s National Committees were supported by UNICEF Bangladesh, particularly for H&M, Gina Tricot, and Marks and Spencer, with a proposal for US$2.94 million. A funding proposal for the global brand Cubus with the Norwegian National Committee created a funding opportunity for urban programming. A year-long engagement with the Korean National Committee resulted in concrete commitments of US$600,000 for education.

To advance children’s rights in Bangladesh, in 2016 UNICEF continued to strengthen its partnerships with the private sector through new collaborations. UNICEF launched the Children’s Rights in the Garment Industry initiative in Bangladesh in May 2016 with participation of 200 individuals from 100 stakeholder organizations, representing government, international apparel brands and retailers, national garment manufacturers, industry and workers’ associations, and civil society. Keynote speakers included representatives of the Ministry of Labour and Employment of the Government of Bangladesh, and the Bangladesh Garment Manufacturers and Exporters Association, as well as the women workers’ organization Karmojibi Nari. Owners and managers of national garment manufacturing companies participated in an industry panel discussion on children’s rights and business, sharing examples of their engagement with children’s rights within their Corporate Social Responsibility practices, thus contributing to ensuring that lessons learned are incorporated in to future programming.

**Evaluation and Research**

The UNICEF Bangladesh evaluation management team, chaired by the Representative, oversees the management of evaluation and research. As most evidence-generation activities take longer than a year to complete, the 2016 Integrated Monitoring, Evaluation and Research Plan (IMEP) was conceived as a rolling 2016/17 plan. All evaluations are accompanied by a Reference Group, chaired by the Chief of Social Policy, Planning, Monitoring & Evaluation (SPPME), which includes UNICEF specialists as well as key stakeholders from Government and civil society. Ongoing management responses are
reported twice a year in the CMT, to strengthen the accountability of programme managers to use and respond to evaluation findings. Based on lessons learned from the 2016 IMEP, the IMEP for the upcoming Country Programme will aim to fill strategic knowledge gaps, closely linked to the new results structure following the life-cycle approach.

In 2016, UNICEF Bangladesh completed an evaluation of the child protection programme. The findings of the programme evaluation significantly shaped the child protection section’s contribution to the 2017-2020 Country Programme. The evaluation found that while most planned results of the child protection programme had been achieved, more strategic investments are required to build capacity of the lead Government Ministries, including leveraging of adequate budget allocations, generation of evidence to inform planning and budgeting, and accountability for their mandated responsibilities under the 2013 Children’s Act. Findings and recommendations of the 2015 evaluation on the Strategic Positioning of UNICEF in Bangladesh were also used during the development of the new Country Programme, for example, to support the decision to strengthen the decentralized presence of the agency and to bolster disaster preparedness and response capability in Bangladesh. Evaluations of the C4D and the local capacity building and community empowerment (LCBCE) programmes were initiated in 2016 and will be conducted in 2017.

**Efficiency Gains and Cost Savings**

UNICEF Bangladesh introduced documentation of cost savings and efficiency gains in 2015, which resulted in increased awareness and a culture of savings and waste reduction. The specific areas identified for cost savings included the use of Long Term Agreements (LTAs) for procurement; optimization of space; use of virtual conferencing; travel management; foreign exchange transactions and use of ICT technology. In 2016, further savings and efficiencies were gained by digitally archiving files, reducing printing and file storage space. Major savings of US$72,382 were made by negotiating an improved foreign exchange rate with a local bank.

In 2016, UNICEF Bangladesh achieved a cost saving of US$972,420, as shown below:

**No Cost Savings Estimated cost (in US$)**

1 Supply: Cost saving through
11 LTAs– US$207,208
• 4 Negotiations with agencies– US$262,132
Subtotal 469,340

2 Finance: Foreign exchange transaction gains through 30 negotiations with Standard Chartered Bank
Cash replenishment of HQ account (US$40 million)
Subtotal 101,024

3 Administration: Negotiation with 1 outsourced drivers’ contract – US$100,224
Space savings from four floors to three floors at the country office (7,050 Sqft less) – US$96,369
3 LTA for vehicle management at field office level – US$8,960
3 Price negotiations and corporate discounts on international travel from travel agents having LTAs – US$7,781
Subtotal 213,334

4 ICT:
Use of conferencing tools (video-conferencing and Skype for Business) for 295 internal and external meetings(US$153,246)
Use of 2 outsourced ICT consultants (US$9,931)
Reduced number of printers/toners from 74 to 48 (US$25,000)
Solar system implementation (US$545)
Subtotal 188,722

Total 972,420

UNICEF Bangladesh also achieved efficiency gains through the Business Support Centre (BSC) by providing error-free and timely submission of transactions to GSSC, thereby reducing the processing time for BSC from 3 days to 2.5 days. Seven hundred transactions were processed within the Service Level Agreement benchmark.

Supply Management

The UNICEF Bangladesh Country Programme supply component recorded a throughput value of US$6.1 million in 2016, compared to US$8.03 million in 2015, a decrease of 24 per cent. Procurement services (PS) accounted for US$89.4 million, compared to US$89.2 million in 2015. Major supplies included walk-in cold room, cold chain and immunization supplies, school supplies, hygiene kits, emergency recreation kits, printed materials, medical equipment, ICT equipment and vehicles. Procurement services focused mainly on procurement of vaccines funded by the World Bank and GAVI. UNICEF, through close collaboration with partners, maintained a steady supply and timely delivery of vaccines, contributing to a successful nation-wide immunization programme.

Table 1: UNICEF Bangladesh – Procurement by Type

<table>
<thead>
<tr>
<th>Break Down of Procurement</th>
<th>2015 (US$)</th>
<th>2016 (US$)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Supplies</td>
<td>3,355,012</td>
<td>2,435,632</td>
<td>-27.40%</td>
</tr>
<tr>
<td>Institutional Contracts</td>
<td>3,246,381</td>
<td>3,719,945</td>
<td>14.58%</td>
</tr>
<tr>
<td>Operation Supplies</td>
<td>215,448</td>
<td>1,581,479</td>
<td>634.04%</td>
</tr>
<tr>
<td>Procurement Services (PS)</td>
<td>89,206,510</td>
<td>89,375,369</td>
<td>0%</td>
</tr>
</tbody>
</table>

Valid LTAs for frequently required goods and services stood at 80, including 35 new and 45 renewed, resulting in reduced transaction processing time and cost savings of US$11,044. Other UN Agencies considered UNICEF as a strong source for procurement and tapped into several LTAs established by UNICEF.

UNICEF continued to support Government in the delivery and installation of EPI Cold Storage Facilities at sub-national level, improving stock management of vaccines, thereby strengthening in-country logistics operations capacity of Government.

The value of emergency pre-positioned supplies was reduced to US$45,101.97 because of the distribution of emergency supplies to flood-affected areas. The replenishment of emergency supplies was initiated to maintain optimal stock level. A construction engineer engaged on a temporary appointment assisted programmes and operations related to construction activities, as shown in the table.
Table 2: Total value of construction projects

<table>
<thead>
<tr>
<th>Construction Project Areas</th>
<th>Total Value committed in 2016 (US$)</th>
<th>Modality (DCT/PCA/Contract )</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rehabilitated WASH facilities in 300 Schools in 13 districts under Accelerating Sanitation, Hygiene and Water for All in Off-Track Countries (ASWA)</td>
<td>300,000</td>
<td>Contract/SSA</td>
</tr>
<tr>
<td>- Constructed 7 new WASH blocks in 7 secondary schools in Khulna under Ending Child Marriage Project</td>
<td>35,897</td>
<td>Contract/SSA</td>
</tr>
<tr>
<td>CP – Renovated Safe Home and Adolescent Development Centre</td>
<td>79,950</td>
<td>Contract</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Constructed Transitional Schools/Renovated schools - Education in Emergencies response in Barisal</td>
<td>53,972</td>
<td>DCT</td>
</tr>
<tr>
<td>- Renovated of schools - Education in Emergencies response in Chittagong</td>
<td>12,759</td>
<td>DCT</td>
</tr>
<tr>
<td>Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Office Refurbishment/Renovation</td>
<td>57,893</td>
<td>Contract</td>
</tr>
<tr>
<td>- Office Safety and Security related</td>
<td>81,713</td>
<td>Contract</td>
</tr>
</tbody>
</table>

Security for Staff and Premises

In 2016, Bangladesh experienced an unprecedented rise of violent militancy and terrorism, which affected UNICEF Bangladesh’s staff safety, business continuity and programme delivery. UNDSS raised the terrorism threat level from ‘Moderate’ to ‘High’; consequently, the country’s overall security level was raised from Level-2 (Low) to Level-3 (Moderate). To address the evolving security situation, the in-country UN Security Management Team (SMT) endorsed mitigation measures regarding security of premises, field missions, international staff movements, dependent/family safety and residential security. These mitigation measures, coupled with UNICEF’s standing level of readiness in terms of emergency communication systems, national and international zone warden systems, and emergency evacuation and security incident management procedures, enabled UNICEF to continue operations and programme delivery while maintaining the safety of the office and staff.
While all UNICEF Bangladesh premises were already compliant with Minimum Operating Security Standards (MOSS) (97 per cent in aggregate) as per the December 2014 Compliance Evaluation Mission from UNDSS Headquarters, given the escalation of the security situation, significant improvements were made to premises security, vehicle and movement safety, and residential security of international staff. A total of US$404,804 in additional security funding was received from New York Headquarters, US$52,500 was received from the Regional Contingency Fund and US$357,246 was generated from local resources (US$814,550 in aggregate).

The business continuity plan was reviewed in view of the security incidents. Two business continuity drills were conducted in 2016, one on an earthquake scenario and another on a terrorist attack scenario, as part of preparedness for staff safety and continuity of operations under any emergency.

With the land allocated for a new country office by the Government, mentioned earlier in this report, UNICEF looks forward to an improved staff safety and security environment in the years to come.

**Human Resources**

In 2016, UNICEF Bangladesh ensured job descriptions and classifications were completed ahead of the CPMP 2017-2020. Staff were recruited with required skills in identified emerging programme areas, including in innovation, corporate social responsibility, urbanization, and disability. Transitions for staff on abolished posts were prioritized through consultative meetings, multiple competency-based interview trainings and coaching.

By year end, 90 per cent of vacant posts were filled; as a result, there was no human resources gaps or breaks in service for staff on abolished posts. Office-wide efforts were made to attract and retain qualified female candidates, resulting in an improved male to female ratio of 64:36 for national officers (68:32 in 2015), 48:52 for general service staff, and 42:58 for international professionals. Further efforts are required to improve the ratio, particularly for national officers.

A coaching and learning culture was championed through trainings on new systems – ACHIEVE, Talent Management System, MyCase and eTools – resulting in increased utilization. Group trainings focused on organizational priorities, including gender, public finance, hiv/aids in the workplace and disability. An online course was mainstreamed for newly recruited staff, and approximately 30 government officials and field-based staff were trained on emergency preparedness and response.

Management encouraged staff exposure to varied programming contexts by supporting missions and stretch assignments for 13 staff (2 general services, 4 national officers, and 7 international professionals). One national officer became an international professional, and five international professionals’ staff were absorbed by their Mission’s duty station. During the mass recruitment, four staff were brought to Dhaka to support surge requirements.

The roll-out of the Global Shared Services Centre reshaped responsibilities in Operations, and an internal Customer Satisfaction Survey was conducted to review and improve performance, with subsequent action plans to address bottlenecks agreed upon. UNICEF Bangladesh identified 26 action points, with specific outputs and deadlines; all have been completed.
Effective Use of Information and Communication Technology

Using the cloud-based office automation tools, UNICEF Bangladesh deployed LIGHT IT for all seven field offices. The staff benefited from Light implementation, as the system ensured easy access to office ICT resources when away from the office. This also strengthened the office Business Continuity Plan.

The adaptation of the Push-N-Track system improved efficiency in the management of financial document processing, ensuring efficient submission and tracking of documents.

UNICEF Bangladesh supported programme teams with ICT4D initiatives that enhance the effectiveness and efficiency of programme delivery. As a few examples, the ICT section created technical aspects of TOR/tasks, assessed submissions as part of the bidding and evaluation processes, and assisted in publishing apps in web and mobile webstores. ICT support also was provided for maintenance and upgrading on multi-year projects. The major projects supported in 2016 included the Meena mobile game, Meena apps for mobile devices, real time monitoring apps for the effective coverage of basic social services, water usage monitoring (Oxford University) project, Child Helpline project, and the adolescent monitoring and reporting system.

A solar system was installed in one field office, adding to the other three existing offices where solar systems were already implemented. Another office was identified for solar implementation and procurement was initiated. This helped to reduce carbon footprint and gasoline use (generator). UNICEF Bangladesh implemented a centralized printing system, reducing the number of printers from 74 to 48. The implementation of secure pull printing system was initiated to reduce the printing and wastage of papers. The replacement of all traditional light bulbs to LED based bulbs for seven zone offices is in progress, which will significantly reduce energy consumption.

Programme Components from RAM

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 2016, the support of partners such as UNICEF Bangladesh continued to strengthen Bangladesh’s social development sectors for the effective coverage of optimum quality services. Capacity was built for data-driven decision making and evidence-based planning. With district-level evidence-based planning and budgeting, healthcare providers can now identify bottlenecks in service delivery and define actions for ensuring effective maternal, neonatal and child health coverage. Similarly, health managers can more effectively monitor health service implementation, including budget utilization, through the DHIS2. Evidence from UNICEF-supported interventions and technical assistance to MoH&FW were crucial for the Government’s formulation of the 4th HNP Sector programme, 2017-2022, and in the development of a Gender Equity Strategy for the Health Sector.

Systems, infrastructure and service providers’ capacity for effective service coverage, particularly of the most vulnerable children and women, were also enhanced. The UNICEF-supported Special Care Newborn Units (SCANU) in 26 districts continued to be strengthened and scaled up. During 2016, more than 45,000 newborns were successfully
treated and discharged in 30 SCANUs. UNICEF also supported the MoH&FW in expanding cold rooms to nine districts. Results released in 2016 show that in 2015, 2.7 million children under one year of age received full vaccinations, and the coverage level reached 82.5 per cent. Met the need for treating direct obstetric complications (number of obstetric complications against expected number of obstetric complications among the population) increased from 60 to 67 per cent between 2015 and 2016. As part of its focus on equity, UNICEF supported four city corporations to help improve the coverage of nutrition services in urban areas. A project aimed at the modelling of breastfeeding support for working mothers in ready-made garment (RMG) factories was also initiated.

In the education sector, UNICEF continued to strengthen strategic and institutional support through two key interventions: Each Child Learns (ECL), which expanded to 260 additional schools, and the Diploma in Primary Education (DPEd), which expanded to additional Primary Teacher Institutes. These interventions were supported by two others: School and Classroom Based Assessment (SCBA) and Child Friendly School (CFS)/School Effectiveness (SE). CFS/SE was implemented in 1,050 primary schools in 7 divisions. It aims to demonstrate a holistic approach to an enabling school environment that strengthens children’s learning, addresses children’s rights, and promotes equity in education. All government and newly nationalized primary schools opened preschools to all eligible children, including disadvantaged children. The 2015 education rates as reported in 2016 indicated incremental improvements with UNICEF support. One statistic that improved dramatically was that of children with pre-primary exposure (PPE), which increased from 51 per cent in 2014 to 96 per cent in 2015, reflecting rapid expansion by the Government through all possible government and NGO platforms.

In the water and sanitation hygiene (WASH) sector, UNICEF’s interventions at the national and sub-national levels contributed towards positive indicators (Joint Monitoring Programme, 2012 and 2015): improved sanitation from 56 to 61 per cent; reduced open defecation (ODF) from 4 to 1 per cent; and increased access to improved water sources from 81 to 87 per cent. Since 2012, UNICEF contributions directly benefited more than 1.04 million people with increased access to improved sanitation; 645,085 more people are living in ODF communities; and 1.65 million people have increased access to improved water sources in 10 UNDAF and three arsenic-prone districts.

Public health facilities increased capacity for effective coverage and access to basic services, including in times of humanitarian emergencies. Full packages of Direct Nutrition Interventions (DNIs) were delivered in public health facilities and with support of District Nutrition Support Officers (DNSOs). By the end of 2016, 46 per cent of health facilities reported delivering services against all nutrition indicators. Following the training of 3,000 health workers, 205 government facilities began treating children with SAM, with 4,923 under-five children treated to date. Emergency nutrition interventions in the south and north of the country reached more than 60,000 beneficiaries, both children and women. To address human resource capacity gaps, the first 10,596 of a targeted 35,000 health workers received Competency Based Training (CBT) on nutrition and 25,000 health workers received on-the-job training.

During 2016, appropriate policies, strategies and guidelines promoting a multi-sectoral and multi-stakeholder approach were developed to ensure adequate and equitable services delivery for children, adolescents and women. UNICEF supported the Government for two population studies that for the first time offered sex- and age-disaggregated data for adolescents and youth. The national M&E Framework was revised to realign adolescent-
and women-focused indicators. The 12th International Conference of AIDS in Asia and Pacific (ICAAP12) in Dhaka provided an impetus to HIV programming focused on adolescents and youth. UNICEF provided technical support in designing a Stigma Index Study in analysis of data focusing on children, adolescents and women, and supported the development of the National people living with HIV (PLHIV) database, including adolescents and Children Affected by AIDS (CABA).

The National Nutrition Policy (NNP) 2015 was launched to guide nutrition programming over the next ten years. Based on the NNP guidelines, UNICEF participated in the preparation of a multi-sectoral costed national plan of action on nutrition (NPAN). Because of UNICEF’s advocacy efforts, the Bangladesh National Nutrition Council (BNNC) – the highest policy and coordinating body, chaired by the Prime Minister – was revitalized to strengthen effective multi-sectoral and multi-stakeholder coordination of nutrition policies and programmes and track nutritional outcomes.

**OUTPUT 1** Strategies and guidelines developed and incorporated in the Health Sector programme by 2014

**Analytical Statement of Progress:**
UNICEF Bangladesh facilitated the development of a costed Bangladesh Every Newborn Action Plan, which guided the MoH&FW to incorporate priority newborn interventions in the Essential Services Package (ESP), Strategic Investment Plan (SIP) and Programme Implementation Plan (PIP) of the 4th Health, Nutrition and Population (HNP) Sector programme, 2017-2022. The UNICEF-led National Immunization Policy was developed, with technical and financial support from UNICEF, and was submitted to MoH&FW for approval.

UNICEF supported the development of the National Maternal Health strategy and guidelines, which were approved by the MoH&FW in 2016. A costed action plan for the Gender Equity Strategy was also finalized and was reflected in the operational plans of the 4th HNP sector programme.

Programming for adolescent girls and boys was a growing area of work for UNICEF Bangladesh in 2016. UNICEF and Bangabandhu Sheikh Mujib Medical University (BSMMU) conducted the first ever Adolescent Health Facility Survey, which assessed the adolescent health service delivery for boys and girls in four districts and two city corporations. The infrastructure, human resources, accessibility, awareness of service providers, availability, quality and overall acceptance were assessed. The survey results were shared with government and development partners to inform the redesigning of gender-responsive adolescent-friendly health services (AFHS). The Draft National Adolescent Health Strategy, 2016-2030 was also developed with technical assistance from UNICEF as a member of the Drafting Committee.

UNICEF supported the Quality Improvement Secretariat (QIS) of MoH&FW to operationalize the National Strategic Plan on Quality of Care and to establish national Quality Improvement systems at all levels. Every Mother Every Newborn (EMEN) quality standards for maternal and newborn care were endorsed by the MoH&FW, and an integrated QI model was initiated in five facilities of Kurigram district by implementing the EMEN QI standards and criteria. National Maternal and Perinatal Death Surveillance and Response (MPDSR) Guidelines and tools were finalized by the MoH&FW with support from UNICEF.

With the expectation of improving urban health service delivery and being a model for future urban programmes in the country, UNICEF signed an MoU with Dhaka North City Corporation to improve the basic services for children of the city corporation’s Zone 2.
OUTPUT 2 MNCH services strengthened at District and sub-districts level through developing and implementing appropriate plans by 2016

Analytical Statement of Progress:
District evidence-based plans were implemented in 13 low-performing districts, with technical support from UNICEF Bangladesh and in collaboration with the Directorate General of Health Services (DGHS). The District Evidence Based Planning and Budgeting (DEPB) process identified key bottlenecks and gaps and implemented required interventions for improving the access to and utilization of essential MNCH services. DEPB has been linked to the existing web-based HMIS through DHIS2 for the monitoring of resource allocations and fund utilization. UNICEF and the Institute of Health Economics of Dhaka University completed the end-line assessment of DEPB, and the findings were disseminated among the stakeholders. Capacity of the 65 sub-national level health managers was improved for planning, management and monitoring by organizing five rounds of leadership and management training, in collaboration with Johns Hopkins University.

In seven divisions, 144 district health managers have improved capacity for monitoring and supervision using real-time data from DHIS2. Following the introduction of the Dashboard concept, all divisional HMIS teams and 64 district health managers were trained on the real-time Health Information Dashboard and evidence-based decision making. In the fourth round, training focused on MPDSR, cold chain, evidence-based decision making and data validation. The integration of MPDSR into the DHIS2 system was completed in preparation for the national roll-out of MPDSR by 2017. DHIS2 was also upgraded with an immunization cold chain equipment inventory (CCEI) management information system.

District Evidence-based Plans for AFHS were implemented in four districts and two city corporations. In all, 24,234 adolescent girls and 12,321 boys received services from 100 UNICEF-supported gender-responsive adolescent friendly health facilities and outreach teams during 2016. Lessons from these facilities were shared with the partners as inputs to the country's Adolescent Health Strategy and for replication in other districts.

Support was provided to implement equity-focused EPI Reach Every Community (REC) micro-plans in seven targeted low-performing districts and three targeted city corporations, resulting in an additional 10,488 unreached children being vaccinated with all doses. The Fully Vaccinated Coverage (FVC) increased nationally to 82.5 per cent in 2015 (from 81.6 in 2014) as per the CES (Coverage Evaluation Survey 2015). A disparity still exists across socioeconomic groups and geographical locations. For instance, FVC in urban areas was 78.4 per cent and lagged rural areas, at 83.5 per cent. UNICEF also provided support to the Government to successfully implement the Switch from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV) and submitted the validation certificate to WHO SEARO.

Fifteen cold rooms were installed in nine districts, and procurement processes for 12 additional cold rooms for six new districts were initiated. UNICEF received a US$20,395,457 Gavi HSS2 grant for strengthening the cold chain and supply chain management. A technical committee under the Programme Implementation Committee of MoH&FW was formed to oversee the construction work of GAVI HSS2, and the construction strategy was finalized, in consultation with MoH&FW and DGHS. UNICEF also completed a video documentary on the cold chain system and its impact on immunization programmes.
OUTPUT 3
By 2016, 60% of families and communities in the 20 selected districts have awareness and skills to practice and use MNCH services

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh supported the DGHS and finalized Behaviour Change Communication (BCC) campaign materials for the implementation of the national newborn campaign in the 20 selected districts. UNICEF supplied BCC materials on adolescent health to four districts and two city corporations, for use by service providers to provide appropriate counselling to adolescent boys and girls attending 100 AFHS facilities supported by UNICEF. UNICEF also technically and financially assisted DGHS and DGFP to finalize a package of SBCC materials on adolescent health to be used nationwide to create demand for AFHS through service providers, community groups and frontline health and family planning workers. With the Dutch embassy, UNICEF launched a new adolescent health project: ADOHEARTS (Adolescent Health and Rights Enhancement through Innovation and System Strengthening), with an aim to gather evidence and deliver gender-responsive adolescent health services.

With Government, UNICEF supported community groups in the project areas to increase demand of MNCAH services and improve the quality of community clinics. UNICEF partnered with civil society organizations (CSOs) in 15 districts for community mobilization, participation and engagement through linkages with local government and other community networks. With technical support from UNICEF, the CSOs facilitated demand-creation activities through community groups and community support groups; they also strengthened the network of community health systems and referral linkages between tiers of health service delivery from community clinics to major upazila and district health facilities. With support from UNICEF, the Government’s Community Based Health Care (CBHC) programme signed an MoU with partner CSOs, CARE Bangladesh and PHD, to promote the community health development programmes, supported by KOICA in Tangail and Khulna districts and to demonstrate a sustainable and scalable community development model for the national scale.

A Defaulter tracking system was introduced to track pregnant mothers, newborns and children. A video documentary was developed and an e-Poster was published on Defaulter tracking. An e-poster was also accepted at the Health System Research conference in Vancouver, Canada.

As reported in 2016, 65 per cent of mothers/caregivers in 2015 knew about the number of visits required for complete vaccination (up from 60 per cent in 2014), and families' immunization card retention rate was 84 per cent (up from 81.6 per cent in 2011), and full vaccination coverage of under-one-year old children increased to 82.5 per cent in 2015 (from 81 per cent in 2014). With the technical support of UNICEF, the Expanded Programme on Immunization (EPI) introduced an HPV vaccination programme, integrated selected adolescent health messages into the HPV vaccination programme in Gazipur district, and facilitated the finalization of the Post Introduction Evaluation (PIE) of the programme.

UNICEF supported the Child Health programme of MoH&FW and developed pneumonia information packs (containing posters, brochure, and stickers) for advocacy and BCC on case management of pneumonia, as per the new WHO guidelines. Service providers in five priority districts were trained on the same.
OUTPUT 4 By 2014, health facilities in 20 targeted districts provide high quality MNCH services

Analytical Statement of Progress:
The capacity of the Quality Improvement Secretariat (QIS) of the MoH&FW was further strengthened to establish Quality Improvement management structures both at national and sub-national levels, and a national strategic plan for quality for care was implemented. UNICEF Bangladesh also supported QIS to implement an integrated QI model for MNH services in five facilities of Kurigram district for evidence generation and scale-up. EMEN quality standards and criteria were endorsed by MoH&FW for improving quality of MNH services at facilities.

As one of the lead technical agencies for QI in Bangladesh, UNICEF provided technical support for formation and capacity building of the national resource pool and divisional resource pools in seven divisions. Quality Improvement Teams and Work Improvement Teams were developed in two district/medical college hospitals and 20 Upazila health complexes, which implemented QI action plans for delivery of quality MNCH services.

The number of hospitals upgraded with Special Care Newborn Units (SCANU) increased to 30 in 2016, up from 16 in 2015. More than 45,000 newborns were treated in 30 SCANUs at the medical college hospitals and district hospitals supported by UNICEF, with an overall case fatality rate of 10.9 per cent in those facilities. As part of the scaling up of newborn training centres, a new 50-bed SCANU was established at the Institute of Child and Mother Health (ICMH) in the suburb of Dhaka. The number of newborns treated in SCANU in ICMH increased dramatically, by 150 per cent over the previous year (1,485 from March to September 2016; 594 over the same period 2015). Case fatality rates (deaths per 100 admissions) decreased from 14.7 per cent to 8.5 per cent during the same period (ICMH administration report). UNICEF collaborated with Health Economics Unit (HEU) to establish Newborn Stabilization Units (NSU) in three facilities under the Health Protection Scheme (SSK) of the MoH&FW. UNICEF provided technical support for the development of a national scale-up plan for Kangaroo Mother Care (KMC) for the management of pre-term and low-birth-weight newborns. UNICEF also provided support to the capacity building of the national trainers’ pool and service providers on KMC, which was introduced in 5 districts and tertiary-level hospitals. To ensure pneumonia case management as per new WHO guidelines, UNICEF procured dispersible Amoxicillin and distributed it to all facilities in 24 districts.

In 2016, there were 206,295 ANC contacts, 59,342 deliveries and 78,922 PNCs conducted in 11 UNICEF-supported MNCH/MNHI districts. Met need for direct obstetric complications increased from 60 per cent in 2015 to 67 per cent in 2016. UNICEF supported the establishment of 13 Women Friendly Hospital Initiative (WFHI) facilities, where women receive quality health services with dignity, privacy and confidentiality; and, if they are survivors of violence, where they receive psychosocial counselling and linkages with legal aid agencies. In 2016 two new facilities were accredited as Women Friendly, 11,866 violence against women survivors received psychosocial counselling and treatment, and 607 violence against women victims were linked to local legal aid agencies.

OUTPUT 5 Capacity of the service providers improved in selected hospitals to provide quality MNCH services (IMCI, EmOC, Sick newborn care, EPI)

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh, in partnership with Johns Hopkins University, contributed to capacity development in decentralized planning, budgeting and management by training 65 health managers in three selected districts on leadership and on management skills in
making informed decisions. Through the divisional HMIS workshops, the capacity of 150 district and divisional managers and 44 statisticians was improved in monitoring and supervision through the web-based system.

As part of the national scale-up plan of Kangaroo Mother Care (KMC), UNICEF provided support to DGHS to train 80 service providers on KMC, which enabled 10 hospitals to introduce KMC to manage pre-term and low-birth-weight newborns. UNICEF also supported DGHS to scale up new WHO protocols for the case management of pneumonia through the training of more than 2,700 service providers. Twenty-five doctors and 125 nurses received training on Emergency Triage Assessment and Treatment (ETAT) and sick newborn care training.

Under the South to South (S2S) initiatives of ROSA, UNICEF Bangladesh sent five neonatologists to receive the training of trainers (TOT) on Advanced Paediatric Life Support (APLS) in Sri Lanka, facilitated by the Sri Lankan Academy of Paediatrics and Australian Academy of Paediatrics. Following this training, a cascading training programme on APLS was planned for service providers of secondary and tertiary level hospitals.

Under the S2S, 20 programme personnel from the EPI programme received training on cold chain in Pune, India. Cold chain personnel were then trained on managing the Switch from trivalent Oral Polio Vaccine (tOPV) to bivalent Oral Polio Vaccine (bOPV), and all 64 districts’ EPI Supervisors and Cold Chain personnel were trained on the new immunization cold chain equipment inventory (CCEI) system. All health workers in targeted upazilas and the City Corporation of Gazipur district were trained on HPV vaccine introduction and adolescent health interventions. A total of 154 service providers received orientation in four districts and two city corporations to ensure Adolescent Friendly Health Services. To facilitate national scale-up of MPDSR, 65 MoH&FW officials from division, districts and medical college hospitals were oriented on new MPDSR guidelines.

UNICEF Bangladesh also collaborated with USAID Bangladesh and ACCESS programme in India to organize in-country TOT for 30 national QI facilitators and cascading training for 45 sub-national level service providers on Plan-Do-Check-Act (PDCA) approach for Quality Improvement of MNH services under the BMGF initiative. This initiative will strengthen the national efforts of gradual scale-up of PDCA across the country. Five doctors and two nurses received training on the 5S (Sort, Set, Shine, Standardize, Sustain) approach of quality improvement in Sri Lanka, in collaboration with JICA and MOH, Sri Lanka.

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:
The strengthening of UNICEF Bangladesh’s programming in urban areas included nutrition initiatives. A new public-private partnership programme was rolled out to strengthen workplace support for breastfeeding. The initiative, which involved two Ready Made Garments groups in and around Dhaka, aimed to benefit 35,000 infants and young children aged 0-23 months and 45,000 pregnant and lactating women (PLWs). It began in 2016 by reaching out to four factories with approximately 7,000 workers, a significant proportion of them PLWs. A formal partnership with Dhaka North City Corporation brings to four the number of city corporations supported in mainstreaming and improving delivery of Direct Nutrition Interventions. To replace the paper-based MIS being used in urban settings, a web-based nutrition information reporting system was piloted.

In response to emergencies, UNICEF Bangladesh Nutrition Cluster mobilized to address the humanitarian needs of more than 30,000 under-5 affected children. Community mobilization
and outreach efforts in Kurigram and Gaibandha resulted in 21,129 under-five children being screened for malnutrition during the floods. During the screening, 417 (1.97 per cent) were identified as SAM, and 313 were treated in government facilities. Nutritional counselling was provided to 8,900 PLWs. Following Cyclone Roanu, 12,183 under-five children were screened for malnutrition; 193 children were identified with SAM and 53 were treated. A total of 3,934 PLWs were reached with Infant and Young Child Feeding (IYCF) counselling.

A total of 35,850 adolescent girls were reached with a set of selected age-specific, direct nutrition interventions, implemented through UNICEF’s NGO partner BRAC. This contributed to breaking the inter-generational cycle of undernutrition among adolescent girls. Formative research to assess the dietary patterns and habits of adolescents was conducted in Dhaka, Jamalpur, Bhola and Khulna districts. A national consultation to define adolescent nutrition problems, strategy and actions was conducted jointly with MoHFW.

Orientation sessions on iodine nutrition and the benefits of iodized salt were attended by 1,880 primary school teachers and representatives from local government in hard-to-reach areas. UNICEF engaged the Iodine Global Network to conduct an in-depth review of the Universal Salt Iodization (USI) programme to develop future strategy and transition to a USI national programme.

A study entitled ‘Assessment of Anaemia and Iron Deficiency Among Pregnant Women Living in Areas of Low and High Iron in Ground Water’ concluded that routine supplementation with IRON FOLIC ACID during pregnancy should be continued, in order to prevent anaemia and iron deficiency. UNICEF supported the Institute of Public Health Nutrition to organize a National Anaemia Consultation, which generated recommendations for future programming.

Institutional capacity towards improved nutrition programming was also strengthened with training and supplies. Nearly 5,000 children (2,248 girls) with SAM received inpatient therapeutic nutritional care following the training of more than 1,200 health workers and the screening of more than 10,000 children. Supplies and equipment were procured and delivered to government health facilities in 39 districts and 5 city corporations. Ninety-nine per cent of children ages 6-59 months (20,726,623 children) 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 subnational 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 2016, UNICEF Bangladesh strengthened the Government’s capacity to delivery nutrition services at the subnational level by deploying 43 District Nutrition Support Officers (DNSOs). Through the DNSOs, 25,000 front-line health workers and first-line supervisors received on-the-job training on various technical skills. Monitoring and supportive supervision reached 7,202 health facilities. As a result, nearly 88 per cent of health facilities started reporting on at least one nutrition indicator, while 46 per cent reported on all standard nutrition indicators (compared to 25 per cent and 3 per cent, respectively, in 2014); nutrition supply gaps were reduced by 26 per cent; and 66 per cent of facilities now provide maternal and child nutrition counselling services.

Following the DNSOs’ deployment, 205 of 286 facilities targeted for management of SAM by the Government are functional (compared to 99 in 2015). UNICEF continued to support 39 districts’ and five city cooperation’s district coordination forums, which brought together multiple sectors to support nutrition programming. Nine nutrition review meetings brought
together stakeholders to discuss and strategize for nutrition programming at the sub-national level. Each division adopted a matrix of key actions towards improving nutrition coverage and access of services. Following the successful modelling of nutrition mainstreaming through the DNSO approach, the Government created 64 positions for District Nutrition Officers (DNO) to cover the entire country, but there are procedural delays in their recruitment.

To address human resource capacity gaps, in 2016 Competency Based Training (CBT) on nutrition reached the first 10,500 of 35,000 health workers to be trained by July 2017. UNICEF partnered with two national academic institutions, the Institute of Child and Mother Health (ICMH) and National Institute of Preventive and Social Medicine (NIPSOM), to roll out this initiative. The Institute of Public Health Nutrition (IPHN) and UNICEF provided technical and monitoring oversight.

UNICEF continued strengthening government’s and partners’ capacities in emergency preparedness through the IYCF-E guidelines, cluster performance monitoring and the information management system. The 4W matrix was modified and updated with participation from cluster partners. Nutrition supplies were procured to serve as buffer stocks and replenishment.

Because of UNICEF Bangladesh’s support to strengthen the national nutrition information systems, the Nutrition Information and Planning Unit (NIPU) released nine newsletters and prepared a database for training and another for supply management. The reporting format for SAM management and National Vitamin A Campaign were uploaded into the HMIS website to facilitate the collection of online information. UNICEF continued to support DGFP for the revision of nutrition indicators data bases for 91 selected upazilas of 11 districts implementing mainstreaming nutrition.

Despite improvements in coverage of nutrition services, demand and uptake remains constrained. Districts where DNSOs are not posted still lag, and the health worker-patient ratio is poor. Coordination among the two directorates, Health and Family Planning has not been strong, impeding the mainstreaming of nutrition services. Quality of information management and efforts to enhance demand for nutrition services and change diet practices remain challenges.

**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:**

UNICEF Bangladesh continued to support the Government on upstream policy and advocacy work. The National Nutrition Policy (NNP) 2015 was launched in early 2016 and is expected to guide nutrition programming in the country for the next ten years (2016-2025). UNICEF provided technical and financial support towards the formulation and launch of the NNP. Under the leadership of the Government, the preparation of the NNP was a robust consultative process that brought together all major stakeholders. To operationalize the NNP, a costing exercise supported by UNICEF and the World Bank is expected to yield the National Plan of Action for Nutrition (NPAN), a strategic document to be used as a reference document to guide the planning, resource mobilization, and financing of the NNP.

In September 2012, Bangladesh joined the SUN Movement with high level commitment from the Government. There is SUN focal point in the Government as well as a multi-stakeholder group on SUN and civil society. Bangladesh regularly participates in SUN assessment exercises and consultations organised by SUN-HQ secretariat.
A strategic framework was developed by UNICEF, in collaboration with several partners from Government, UN agencies and local NGOs, to address nutrition in urban areas, where the provision of nutrition services has remained low compared to rural areas. As the urban health care delivery system differs from that in rural areas, where MoHFW provides services, specific strategies and service delivery models are required. The vision of the urban nutrition strategy is to ensure that the nutritional wellbeing of children and women, especially in marginalized urban settings, is secured.

With UNICEF’s advocacy efforts, the Bangladesh National Nutrition Council (BNNC), chaired by the Prime Minister, was revitalized. The role of the BNNC is to strengthen effective multi-sectoral and multi-stakeholder coordination of nutrition policies and programmes and track nutritional outcomes. Structure and modalities of a strengthened BNNC is part of the NPAN 2016-25. The Food Planning and Monitoring Unit (FPMU) under the Ministry of Food is monitoring public expenditure in nutrition and reports are published annually.

UNICEF supported the Government on initiatives to strengthen the monitoring of the Breastmilk Substitute (BMS) Act 2013, including a legal analysis of the Act in terms of its scope, strength and weaknesses in the context of absence of a Rule thereunder. Discussions regarding the piloting of Net-Code, a WHO-UNICEF initiative for monitoring BMS code in Bangladesh, are at an advanced stage.

The first draft of the Salt Law Amendment was prepared and is under review by the technical advisory group. The new law addresses gaps in the existing law by covering issues such as legislation to regularize the supply and use of industrial and animal feed salt, harmonization of levels of iodization as prescribed by national standards, and providing details of how the law is to be implemented.

**OUTPUT 9** Directorate of Primary Education and its offices in the 20 convergence districts have capacities to increase students’ learning achievement and survival rate to grade five

**Analytical Statement of Progress:**
In 2016, UNICEF Bangladesh worked with the Government on a combination of strategies to support the implementation of the Third Primary Education Development Programme (PEDP3), which is the sub-sector plan that addresses bottlenecks affecting children’s participation in Primary Education, their learning achievements, and disparities in equitable access to quality education.

UNICEF supported the Government in expanding the Diploma in Primary Education (DPEd) to 60 Primary Teacher Institutes (PTIs) by January 2017, up from 50 in 2015, increasing the accumulated number of teachers trained from 10,000 to 12,000 (65 per cent females). The Institute of Education and Research of Dhaka University performed quality assurance activities to strengthen the DPEd programme.

The Each Child Learns (ECL) initiative, which aims to improve learner achievement, continued to grow rapidly. It included 1,240 primary schools in 2016 (up from 980 in 2015) and 9,568 teachers were trained (60 per cent of them females), to the benefit of 500,000 children (50.8 per cent of them girls), up from 400,000 in 2015. UNICEF’s support towards two study visits to India, one of education experts to participate in a workshop on Activity Based Learning (ABL) methodology and another for education personnel on management of ECL, contributed to the development of teaching/learning materials under the ECL Strengthening Model approved by the Government, which is to improve the implementation of ECL based on the ABL model.
Released in 2016, the Phase 2 report of the longitudinal study initiated in 2014 to assess the efficiency and effectiveness of ECL showed similar results to Phase 1. Namely, after grade 2, children in ECL schools performed slightly better than those in the 20 non-ECL schools. The results also revealed challenges to ECL implementation that require policy interventions. The recommendations and findings will inform changes to Phase 3 of the study and the ECL initiative.

UNICEF continued to promote the Child Friendly School/School Effectiveness (CFS/SE) framework as a holistic approach to decentralized planning and school management. The framework was expanded to 1,210 primary schools, benefiting approximately 250,000 children in 20 UNDAF districts. A total of 2,832 teachers were trained on CFS/SE. The training of 3,884 School Management Committee (SMC) members contributed to the development of annual school development plans. UNICEF’s support contributed to the revised Upazila Primary Education Plan (UPEP), School Level Improvement Plan (SLIP) and SMC guidelines, which informed the Government’s decision to provide SLIP grants to 100 per cent of schools (up from 75 per cent) in 2015, benefiting approximately 20 million primary school children (from 14.7 million). The Government also provided 50 per cent of upazilas with funds to prepare UPEPs.

UNICEF supported SCBA in the development of assessment methods and tools on 12 subjects that were piloted, fined-tuned and incorporated in the curriculum dissemination package. In 2016, UNICEF provided technical support to develop and receive approval from the Ministry of Primary and Mass Education (MoPME) on the Conceptual Framework and revise the Inclusive Education and Gender Strategy document under PEDP3.

OUTPUT 10 Disparity between 20 convergence districts including selected urban slums and national average for NER and transition from PPE to grade one is reduced by 50 percent.

Analytical Statement of Progress:
With UNICEF Bangladesh’s technical support, the Government prepared and approved the Early Childhood Development (ECD) operational and implementation guidelines, and validated Early Learning and Development standards and content for children of 0-8 years. The institutional capacity and strength of relevant service providers was consolidated by updated GO-NGO collaboration guidelines and the pre-primary education (PPE) expansion plan, as well as by modification of PPE service standards. This consolidation contributed to an increased transition rate from PPE to Grade 1 to 96 per cent in 2015, up from 51 per cent in 2014.

The mainstreaming of PPE in all 37,672 Government primary schools and 26,153 newly nationalized primary schools contributed to the country’s ability to offer early learning and school preparedness to all eligible children. UNICEF supported the refinement of the developed curriculum, materials and the teacher training package, with which 3,100 sub-national level teachers were trained on the new PPE learning package under PEDP3. UNICEF’s direct intervention with service delivery in UNDAF districts, tea garden, ethnic communities and urban slums contributed towards an increased transition rate of almost 100 per cent from PPE to Grade 1, with 57,390 children who completed preschool in 2015 enrolled in Grade 1 at the beginning of 2016. Overall, 115,000 new children (49 per cent of them boys and 51 per cent girls) were supported with preschool and early learning opportunities in approximately 6,000 learning centres.

An additional 15 PPE centres were established in the border area of Kurigram. Communities received orientation, and community teachers and supervisors participated in thorough capacity building interventions.
UNICEF continued to support innovative approaches to PPE for the children in enclaves, urban slums, tea gardens, the extreme coastal areas of Barisal division, and ethnic communities that demonstrate to and encourage the Government to expand its coverage.

The education programme for the refugee Undocumented Myanmar Children in Cox’s Bazar district who had been deprived of any type of education was initiated. This collaborative programme between the International Organization for Migration (IOM), UNICEF and the Government enabled 1,500 young children to enter the world of early literacy and another 1,500 to begin basic education. According to preliminary estimates the intervention covers only one-tenth of the needs of undocumented Myanmar children when new influx of refugees is taken into account.

UNICEF, in partnership with IOM, is developing medium-term strategic targets, including fundraising efforts, to extend the access to early learning and basic non-formal education. A collaborative partnership with National Academy for Primary Education, National Curriculum and Textbook Board, DPE and CSOs was instrumental in incorporating ECD, in general, and school preparedness, in particular, in the DPEd curriculum, which will provide newly recruited primary school teachers a foundation on child development, child psychology and early learning.

A thorough quality assessment study on PPE was completed. The findings and recommendations of the study are being used to design the post-PEDP3 programme on PPE. The Government has used the study and undertaken steps to improve the intervention.

**OUTPUT 11** Disparity between 20 convergence districts including selected urban slums and national average for NER at primary level and grade-5 completion rate is reduced by 50 per cent.

**Analytical Statement of Progress:**
In 2016, UNICEF Bangladesh’s focus in education was to support the Government in mainstreaming the Out-of-School Children Initiative within the Sector-Wide Approach (SWAp), by developing strategies and an action plan and building the capacity of relevant professionals. With UNICEF’s technical support, an interim strategy for piloting Second Chance Education (SCE) was endorsed and approved by Government. Further technical support also enabled the newly established Second Chance and Alternative Education Division of DPE to play a role in developing the short- and medium-term action plan. As a result, SCE was implemented to reach 100,000 out-of-school children, using four identified models. Efforts also continued to develop a long-term strategy to reduce the number of out-of-school children. With UNICEF technical and financial support, a study to review models and modalities of SCE was completed. UNICEF also worked as the focal agency to design the out-of-school children intervention for the next SWAp programme, in consultation with all relevant stakeholders.

UNICEF continued to support the Ability-Based Accelerated Learning (ABAL) intervention under SCE that is comprised of 40 months of learning based on the national primary education curricular competencies. The intervention began in 2012 in selected rural areas covering competencies from grades 1-5. In Satkhira, a rural and cyclone-prone area, and urban slums, in 2016, 20,187 out-of-school children ages 8-14 years were enrolled (up from 15,037 in 2015), and of those, 10,500 children were mainstreamed into formal primary education (up from 3,902 children in 2015).

UNICEF also continued to implement life skills training and livelihood projects, followed by job placement for out-of-school disadvantaged adolescents for about 2,000 out-of-school
adolescents (1,200 female and 800 male) identified in Satkhira and Khulna. Ten per cent of
those adolescents are children with disabilities.

OUTPUT 12 Ministry of Education, Ministry of Primary and Mass Education and partners at
national and local levels have capacities to implement inclusive Education.

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh supported the Inclusive Education Cell at the Directorate of
Primary Education under MoPME to develop the Inclusive Education and Gender Five-Year
Strategy Document, along with a Conceptual Framework. The document specifies strategic
goals to promote and ensure inclusive education in the primary sub-sector, as well as a time-
bound action plan that includes capacity building efforts. The plans include having UNICEF
support the training of 100 trainers in 2017 to further train more than 2,500 teachers from
seven divisions. UNICEF is negotiating with the Government to include this component into
the next primary education development programme.

UNICEF also supported the Communication Strategy for PEDP3 that focused on the
capacity development of divisional-level officials to implement initiatives that promote
behavioural change and best practices for enhanced children’s participation in education.
UNICEF supported the Government to initiate communication and social mobilization
activities for those purposes and also supported a national annual event in September to
celebrate a ‘Meena Day’ that focused on ensuring that quality education was provided to
children in emergencies.

UNICEF was designated as the lead agency for designing the Education in Emergencies
and Disaster Risk Reduction in Education sub-component within the planning of the next
primary education sub-sector programme (SWAp). Under the leadership of DPE and with
financial and technical contributions from UNICEF, several consultation events involving a
wide range of stakeholders were undertaken and the priority areas for EiE and DRR in
Education were identified.

UNICEF supported Life Skills Based Education (LSBE) with strong advocacy and technical
assistance to the Ministry of Education, Directorate of Secondary and Higher Education
(DSHE), and the National Curriculum and Textbook Board to address the psycho-social
needs of adolescents, especially girls. The integration of Life Skills Based Education (LSBE)
into the national curriculum and teacher training benefited 8 million secondary students in
the country.

As part of the Ending Child Marriage Initiative, UNICEF supported both the Primary and
Secondary Education sectors in training 330 Master Trainers from Primary Teacher
Institutes and Teachers’ Training College and 18,490 teachers (Primary: 10,020 and
Secondary: 8470). UNICEF also supported the organization of 22 Meena events in 10
upazilas in districts that are a focus of the Ending Child Marriage initiative and one national
level event on Ending Child Marriage in Dhaka. A total of 1.05 million students from 2,640
schools (1,530 primary and 1,110 secondary) benefited through this programme in selected
Ending Child Marriage districts.

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

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh continued to support the capacity building of the National
AIDS/STD Programme (NASP) by improving existing policies, reducing bottlenecks to
service access, and ensuring service quality through the development of standards, guidelines, and studies. UNICEF Bangladesh also assisted NASP in improving coordination mechanisms with partners. UNICEF supported NASP to conduct a ‘Size Estimation of Key Populations in Bangladesh 2016’ and ‘Sero-Behavioral Surveillance Among Key Affected Population,’ which resulted for the first time in the generation of disaggregated data for adolescents and youth, thereby improving the scope for more effective programming for adolescents and youth.

UNICEF’s technical inputs into the development of the 4th Health Population and Nutrition Sector Programme resulted in the inclusion of prevention of mother-to-child transmission (PMTCT) of HIV in the next sectoral programme.

UNICEF also supported the Government of Bangladesh in organizing the 12th International Conference of AIDS in Asia and Pacific (ICAAP12) in Dhaka, with a focus on adolescents and youth. Technical sessions focused on HIV programming for adolescents and youth and resulted in better advocacy and understanding of adolescent and youth issues, particularly around gender-based discrimination, stigma and challenges to accessing quality services. UNICEF contributed technical and financial support to the design and planning of a Stigma Index Study, in collaboration with the Government, UNAIDS, and the People Living with HIV (PLHIV) Network. UNICEF facilitated the analysis of data, focusing on children, adolescents and women, and continued to support the development of the National PLHIV database, detailing information for adolescents as well as Children Affected by AIDS (CABA). Once in place, the database will enhance the Government’s capacity to provide required services, including antiretroviral therapy, based on the needs of each PLHIV group, especially children and adolescents.

To significantly improve the capacity of service providers in treating HIV-infected infants and children, UNICEF supported the development of the National Paediatric HIV and AIDS Management Guidelines. UNICEF also initiated the facilitation of the development of the 4th National Strategic Plan for HIV and AIDS, reinforcing its advocacy to strengthen focus on the inclusion of women, children and adolescent issues involving HIV and AIDS into the strategy document.

OUTPUT 14 By end 2016, 90% HIV positive pregnant women identified at PPTCT implementation facilities in Syhet, Chittagong and Dhaka and their HIV exposed infants receive quality comprehensive services for Prevention of Mother to Child Transmission of HIV

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh continued to support PMTCT interventions in the three medical university/college hospitals in Dhaka, Syhet and Chittagong, focusing on sustainability and enhancing the quality of services. During 2106, 10,435 pregnant women received HIV testing and results during antenatal care visits and delivery (a 3 per cent increase over 2015). HIV Testing and Counselling (HTC) among pregnant women during antenatal care was sustained at more than 95 per cent of the attendees. At labour or delivery, HTC rose to 52 per cent, a considerable increase over the 13 per cent in 2015. These improvements in HIV testing rates were possible due to better planning and task shifting of human resource at the delivery sites.

In 2016, 21 HIV-positive pregnant women at the three sites received antiretroviral therapy, among them eight who were newly initiated for PMTCT. After birth, 14 babies received ARV prophylaxis, amd100 per cent of identified HIV positive women and 93 per cent of their HIV-
exposed infants in selected sites received ARV for prevention of mother-to-child transmission of HIV. Fifteen eligible babies received Early Infant Diagnosis within 2 months of birth, of whom 14 were found to be HIV negative, while one identified as positive. To enhance the capacity of service delivery, 418 service providers (350 female; 68 male) were trained on areas of PMTCT. Three sites where evidence demonstrated that PMTCT services reduced the risk of HIV transmission of HIV-exposed-breast-feeding infants to 3.77 per cent, consistent with global evidence of less than 5 per cent, were identified as models for replication and scaling up. The 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 (2017-20).

The challenge is to mobilize the Government’s own resources for scaling up and integration into the broader MNCH service system. Within the framework of a recently concluded partnership between UNICEF and Save the Children International (SCI) on PMTCT services for special population groups, such services were provided to 2,024 women (female sex workers, female PWID, spouses of PWID males) in Dhaka, Rajbari, and Sylhet districts. HTC was also provided to 331 of their partners. The partnership with SCI demonstrated that the integration of PMTCT with other ongoing HIV interventions for special population groups enhanced the effectiveness of those other services. Discussion is underway to expand the model into the next country programme. Under a partnership between UNICEF and the PLHIV network Ashar Alo Society, 600 HIV-positive mothers/caregivers were trained on psychosocial counselling. 1,558 (65 per cent) CABA received birth registration, 879 (76 per cent) received HTC, 1,008 (92 per cent) received psychosocial counselling and 1058 (44 percent) were screened for TB and introduced to DOTS. To strengthen advocacy, five case studies were developed on the intervention.

OUTPUT 15 By end 2016, 70% of HIV Most at Risk Adolescents accessing one or more service in specific intervention location and 40% of adolescents in secondary schools who receive LSBE Life Skills Based Education have comprehensive knowledge of HIV.

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh initiated new partnerships with CSOs to increase coverage of services for adolescent and child drug users who live on the street and for adolescent girls involved in commercial sex work. A total of 1,000 adolescent girls and 500 adolescent boys have been brought under service coverage. Based on the National HIV Risk Reduction Strategy for Most-At-Risk Adolescents, the interventions focused on individual empowerment; access to services such as life skill education, psychosocial counselling, basic literacy, HTC, STI and TB screening, birth registration; and the establishment of a support network for adolescent drug users. Through these interventions, 269 of the adolescent boys (77 per cent) and 838 adolescent girls (83 percent) received HTC and subsequent referral to antiretroviral therapy for those who identified positive; 245 girls and 113 boys received STI treatments; 298 adolescent boys and girls received three days of psychosocial counselling training; 249 received birth registration; and 231 were screened for TB. Life skill training was provided to 628 adolescent drug users and girls involved in commercial sex (468 girls; 160 boys).

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

Analytical Statement of Progress:
In 2016, through UNICEF Bangladesh’s hygiene promotion programme, WASH messages reached 589,184 people, for a cumulative total of 7.44 million people since 2012. In 2016,
the UNICEF-supported Community Approaches to Sanitation (CATS) programme resulted in an additional 645,085 people stopping open defecation and 454,450 people in urban and rural areas gaining access to improved sanitation facilities. The successful demonstration of the Sanitation Marketing model contributed to the development of an improved market system for improved latrines. Approximately 170 local sanitation entrepreneurs were linked to the wider market and six district-wide Sanitation Business Associations (SBA) were formed. More than 8,000 improved latrines were sold between May and October 2016.

The successful demonstration of scalable safe water delivery models in rural and urban areas resulted in 111,861 people gaining access to improved water sources in 2016 through the construction and rehabilitation of 1,130 water points. The models included the provision in rural areas of 350 arsenic safe water sources; the provision of 250 legal water connections in urban slums of Jheel Par, Balurmat and Banani T&T, in partnership with the Dhaka Water and Sewerage Authority, to the benefit of 45,000 slum dwellers; and 530 water points benefitting 31,861 people as humanitarian response.

The Government used a Vulnerability Risk Assessment for the first time to target the 15 most arsenic prone unions. With 21,408 arsenic tests conducted with SMS-based reporting of results to the national server, 561 baseline studies and community maps were completed, thereby strengthening citizens’ ability to demand safe water.

Inception activities began on the design and community trials of the first manganese removal technology unit in Bangladesh, with the aim of reducing the risk of neurological damage to children from exposure to high levels of manganese through drinking water. Three observatories have been established for a study conducted by Oxford University in Dhaka, Khulna and Comilla Districts to assess water security in relation to the effects of urbanization and salinity.

UNICEF Bangladesh facilitated humanitarian responses to three major natural disasters during 2016: North West Floods, Cyclone Roanu in 6 affected districts of Cox’s Bazar, Chittagong, Noakhabi, Bhola, Barguna and Potuakhali, and the displacement of Rohingyas and subsequent settlement in Cox’s Bazar. In response to these emergencies, UNICEF supported 140,000 affected people (69,835 females and 70,165 males) with 530 improved water sources, 2,622 emergency sanitation facilities, 6,597 WASH hygiene kits and 150,000 WASH purification tablets, integrated with hygiene promotion sessions.

OUTPUT 17 One million school children in 23 districts have increased access to safe water and appropriate sanitation facilities through hygiene education by 2016

Analytical Statement of Progress:
The WASH in Schools programme remained a major part of UNICEF Bangladesh’s contribution to the realization of children’s right to water and sanitation, as well as to strengthening school attendance figures, completion ratios and learning achievements. By the end of 2016, UNICEF’s technical and financial assistance contributed to the use of improved drinking water sources and gender-segregated improved sanitation facilities by 81 per cent of the schools in 20 UNDAF and 3 arsenic prone districts.

Through the direct support of UNICEF, an additional 105,500 students in 280 primary and secondary schools gained access to improved WASH facilities. Since 2012, more than 3.06 million students in 3,941 primary and secondary schools have gained access to improved WASH facilities. This included the construction and rehabilitation of 2,449 water points and
6,304 latrine cubicles and the installation of 7,340 water taps to facilitate the practice of handwashing by students.

Hygiene promotion sessions were conducted by teachers and members of the School Brigades in 580 schools in 13 districts. In 2016, 1,290 school teachers and 1,720 School Management Committee members were trained in the effective operation and maintenance of WASH facilities. Advocacy at national and sub-national levels resulted in an increased budget allocation to 240 schools for operation and maintenance. UNICEF is designing the WASH component for the fourth Primary Education Development Programme. In response to findings that 20 per cent of improved water sources in schools are arsenic contaminated, the Department of Secondary and Higher Education (DPHE) and UNICEF piloted the School-Led Water Quality Testing concept in four secondary schools in Sherpur, a severely arsenic-contaminated district. Eight teachers and 24 students (15 females) were trained and 600 tube wells were tested. Lessons learned from this pilot will be used to inform the design of the accountability framework for water quality testing and responding, as well as advocacy for inclusion in Education Sector Plans.

In 2016, the Ending Child Marriage Project activities continued in 100 secondary schools to the benefit of 47,500 students. As part of these activities, 15,000 adolescent girls engaged as peer volunteers disseminating key hygiene messages, including menstrual hygiene management, in eight project upazilas across the country. Eight Sanitary Marts were established and are being operated by girls for the production and sale of low-cost sanitary napkins to increase access and hygienic menstrual management in project areas.

OUTPUT 18 By 2016, 25% LGIs 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:
To strengthen the ability of national and sub-national institutions responsible for WASH services to deliver and scale up those services, UNICEF Bangladesh built capacity in various thematic areas of WASH through 2016. With UNICEF’s support, the planning skills of 240 staff from 20 Union Parishads in three programme districts were improved, enabling them to develop plans to implement and monitor integrated WASH services for a target population of 250,000 people. Twelve of the Union Parishads used the plans to leverage funds (US$306,000) from the Local Government Support Programme. From 2012 to 2016, approximately 15 per cent of the Local Government Institutions (LGIs) in programme areas had their capacity enhanced for integrated WASH delivery.

Through UNICEF’s support, 28 districts completed WASH equity assessments using the Monitoring Results for Equity System (MoRES) approach. The major findings were on issues around water quality (bacteriological and arsenic), year-round access to safe water supply, availability of soap near toilets, and year-round access to sanitation facilities in disaster-prone areas. These findings are being used to review approaches and strategies for effective WASH programme delivery.

As part of the efforts to strengthen capacity for effective delivery of urban WASH, 60 Sector professionals attended a learning and experience sharing workshop on WASH interventions in urban slums organized by UNICEF, in collaboration with other stakeholders. In alignment with UNICEF’s risk-informed programming, officials from national and sub-national government offices and NGOs were oriented on the use of Vulnerability Risk Assessment to map and target 15 of the most arsenic-prone unions in three selected
districts and upazilas in Bangladesh. One hundred fifty participants (56 females and 94 males) were trained on arsenic testing, SMS-based reporting and the use of GPS as part of facilitating community involvement in the provision of arsenic-safe water sources.

The partnership with Directorate General of Health Services (DGHS) and engagement of Front Line Health Facility Workers (FLHWs) contributed significantly to effective hygiene promotion and the sustainability of improved hygiene practices in project communities. For example, FLHWs incorporated regular hygiene promotion sessions into their routine activities. In 2016, the capacity of 988 Health Workers (515 female and 473 male) to deliver on hygiene promotion was enhanced, and they are now supporting hygiene education activities in project communities.

UNICEF Bangladesh supported two senior government officials to attend an International Learning Exchange on WASH in Schools in Indonesia, to enhance the Government’s capacities for effective scaling up of successful models of WASH in schools and to exchange best practices in Asia.

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

Analytical Statement of Progress:
To develop and implement decentralized integrated WASH plans from 2012 to 2016, UNICEF Bangladesh supported 64 LGIs, representing approximately 16 per cent of WASH institutions in programme areas.

The absence of a harmonized system to collect, collate and report water quality data between government levels is a major constraint to arsenic mitigation. In efforts to address the constraint, UNICEF developed sectoral capacity to implement a three-tier community-based arsenic testing protocol and SMS-based reporting of collected data in 15 highly arsenic prone unions. The data provided was used by community, local and national governments for decision-making about the selection of beneficiaries, location and types of arsenic mitigation options.

Understanding that Government access to WASH information is critical for informed decision making, in 2016 UNICEF provided technical assistance to the DPHE to develop a web-based nationwide water point’s data accessibility platform to facilitate stored information of 300,000 DPHE-constructed and 150,000 privately-constructed water points. The information included technology type, location, water quality and functionality.

In addition to allowing stakeholders to access this information for planning and decision making, other outputs of the project included mechanisms to monitor water quality and functionality status in real-time through SMS-based reporting; generate MIS/GIS reports of the status of the water points; and upload water points by other stakeholders that use the unique 20-digit coding system approved by the government.

This platform will also be used to share the World Bank-supported Bangladesh Rural Water and Sanitation Supply project (BRWSSP) and future government projects. As part of this process, UNICEF provided quality assurance support to ensure the accuracy of the uploaded data. By November 2016, 50 per cent of the 250,000 water points in 64 Unions
had been validated. UNICEF support has reduced data error in the MIS/GIS system from 56 per cent to 6 per cent.

UNICEF conducted a bottleneck analysis and study of community participation in WASH budget tracking from the national to the Union Parishad level. The study noted that the WASH allocation at Union Parishad level is about 10 per cent of total allocation. A key recommendation is to allocate a separate WASH budget for Union Parishads.

The Minister of Local Government, Rural Development & Cooperatives for Bangladesh participated in the Global Partnership for Sanitation and Water for All Meeting of Ministers held in Addis Ababa, Ethiopia, March 15 -16, 2016. The meeting aimed to sensitize political leaders on the implications of the SDGs and plans to achieve the SDG WASH targets.

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

Analytical Statement of Progress:

Structures and systems are in place to enhance the Ministry of Women and Children Affairs (MoWCA) and other line Ministries’ capacity and political will to effectively monitor the implementation of the Convention of the Rights of the Child (CRC) and the Children Act 2013. With technical input from UNICEF Bangladesh, the Ministry agreed to develop a monitoring frame of Child Rights and Plan of Action to implement the Children Act. The establishment of a Child Rights Commission in 2016 was initiated by MoWCA with advocacy efforts by UNICEF, in consultation with the Human Rights Commission and other stakeholders.

The report with the Concluding Observations from the UN CRC Committee was disseminated at the national and divisional levels by MoWCA, with technical support from UNICEF. The report highlights recommendations by the Ministry to facilitate the preparation action plans that are to overcome identified shortfalls and prioritize issues and actions to implement the recommendations. Through this process, MoWCA and other line Ministries were engaged in a joint review of key shortfalls in the realization of the rights of the child and their priorities. A high-profile Advisory Committee was formed by the Supreme Court in August 2016 to supervise, suggest and monitor the implementation of child rights by authorities, such as the judicial administration, social welfare and police. UNICEF also worked with UN Women and other UN agencies to support the Government in its CEDAW reporting process.

The draft Children’s Rules is still pending adoption and requires follow-up actions before adoption. In 2016, UNICEF provided technical support to the Law Ministry and to the Vetting Committee to finalize the Rules, which is now under the review of the Minister of Law. The Child Helpline (CHL) 1098, which allows girls and boys under 18 and community members to report cases of violence against children, including child marriage, was launched by the Prime Minister in October 2016, indicating the Government’s official endorsement of an initiative that was piloted by UNICEF in partnership with Ministry of social welfare. The Child Helpline is widely known and utilized throughout the country and serves as an effective prevention mechanism, allowing local government officials to respond and mitigate violence against children, especially girls. Approximately 134,000 adolescent boys and girls became members of adolescent clubs, received trainings on life-skills, child development, and working as agents of change in their community to eliminate harmful social norms, such as child marriage, corporal punishment, and violence against children.
Adolescent empowerment has been shown to be an effective strategy in combating child marriage. MoWCA plans for a nationwide rollout of the Empowerment of Adolescents Package by establishing 5,000 new adolescent clubs across Bangladesh, which is estimated will benefit an additional 100,000 girls and boys.

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

**Analytical Statement of Progress:**

UNICEF Bangladesh, in collaboration with the Ministry of Law, Justice and Parliamentary Affairs (MoLJPA), developed five sectoral modules for the Children Act 2013 to be incorporated into the training curriculum of the National Social Service Academy, Public Administration and Service Academy, Police Training Academy, Judicial Administration Training Institute, and Legal Education Training Institute. Sixty-seven sectoral professionals were trained to be master trainers on the modules. To date, 65 per cent of unions in the 20 UNDAF districts have social workers. Nearly 85 per cent of social workers from all 64 Bangladesh districts were trained on case management. By November 2016, all social workers and social services officers in UNDAF districts were organizing monthly case conferences and monitoring the cases to ensure referral and need-based services to children in need of protection.

The Government approved, under the revenue budget, the Registrar General’s office and staffing structure to manage activities related to birth registration. With UNICEF technical support, the Birth Registration Information System moved to a more advanced infrastructure fully owned by Government. By November 2016, more than 150 million births were registered (up from 123 million in December 2014). The timely registration of births remains a challenge, as less than 3 per cent of births were registered within 45 days in UNDAF districts during 2016.

Through the anti-trafficking cell established in the Ministry of Home Affairs (MoHA) and the Rescue Recovery Repatriation Task Force (RRRI) supported by UNICEF, 1,635 children (1,356 girls and 279 boys) were identified as victims of trafficking in 2016. Of these, final nationality verification of 599 was made by the police’s Special Branch. MoHA signed an MoU with the Government of India in 2015 in an effort to combat child trafficking. In 2016, 35 children were repatriated from India in compliance with the SoP that was developed with UNICEF’s technical support. In December 2016, the fifth bilateral meeting with India identified process challenges and agreed on solutions.

To provide better child friendly services, 42 Child Affairs Police Officers in 20 UNDAF districts were equipped with child friendly materials for children who are in contact or conflict with law. A total of 147 children in conflict with law were diverted from police stations, and 46 children were diverted by court order.

In 2016, with support from UNICEF, the online case management system piloted in seven residential care institutions for children by the Department of Social Services (DSS) was updated with changes in the case management forms finalized for the Children Act 2013. With the rollout of the updated system, 330 (116 female, 214 male) social workers and Upazilla Social Service Officers (USSO) received online case management system training and tablet PCs and laptops to enable easier recording and assessment of the children’s vulnerabilities and planning for intervention on a case-by-case basis. The recorded data enabled DSS to generate reports about the status of the services received by the children and their situational status. Access to the database is very limited and confidential.
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:
UNICEF continued to support the model of the minimum package of child-sensitive social protection services (Child Friendly Spaces, Drop-in centres, Emergency Night Shelters, Child Helpline, Case management, referral, provision of Conditional Cash Transfers) that influenced the Children Act 2013 that has reached approximately 7,000 children (66 per cent girls, 44 per cent boys) from targeted areas (slums, tea garden, haors (water surrounded areas) and disaster prone areas). The Monitoring Results for Equity System (MoRES) approach resulted in sharpening the focus of the programme on the quality of services being provided by focusing efforts on ensuring that social workers are using acquired skills and knowledge to practice case management, and by entering online data, enabling real-time monitoring of the children. Through the adoption of the Rules of the Children Act, the case management system will be mandatory for all service providers.

The Child Protection emergency cluster, of which UNICEF was a co-lead, provided 2,326 children (1,530 girls and 796 boys) affected by Cyclone Roanu with protection, psychosocial and recreational support through the establishment of 22 temporary child-friendly spaces (CFS). Seventy prepositioned recreational kits enabled children to engage in recreational, psycho-social and group educational activities to bring a sense of normalcy in their lives.

The Child Helpline 1098 (CHL 1098), a toll-free and 24-hour service, became fully functional all over the country. UNICEF supported DSS to establish a model of effective emergency response mechanism linked with CHL 1098 in 10 upazillas and two city corporations, where concerned Child Welfare Boards, formed in accordance with Children Act 2013, nominated four to six members to form CHL mobile teams. Led by USSOs or Probation Officers, the mobile team members are mobilized when a call is forwarded from the CHL centralized call centre to take action.

To support decentralized-level operations of CHL in other locations, UNICEF facilitated strategic partnerships with international NGOs, including Terre-das-Hommes, Plan International, and World Vision. UNICEF also provided orientation to 78 per cent (494 of 637) of relevant DSS officials at the subnational level across the country to extend the decentralized operation of CHL in terms of emergency response, rescue or referral to services as appropriate to a situation of a child in need of care and protection. Since the extension of the CHL project, 439 child marriages have been stopped across the country through these decentralized-level officials. By October, 134 CHL mobile team members had been trained on Child Friendly interviews, counselling and the Standard Operating Procedures of CHL.

Between January and October 2016 conditional cash transfers were provided to 6,277 vulnerable children by MoWCA and MoSW. Case management and follow-up by social workers revealed that 98 per cent of these children are continuing their education in formal or non-formal schools. The incomes of their households were increased on average by 5 per cent and living standards were improved.

OUTPUT 3 By 2016, Adolescents & 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 (CBCPCs) 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, 280 CBCPCs were formed in the targeted communities in 2016, and 48 per cent of them received basic training on child development, ‘A Child Rights Perspective’, to be active in child protection and completed a road map to eliminate harmful practices including child marriage, child labour and corporal punishment in their community. The other 52 per cent are to be trained in 2017. In those working areas, CBCPCs developed their action plans for ending child marriage, identifying children at risk in their communities and referring them to social workers for services.

With UNICEF support, the National Adolescent Cluster members (a coalition body led by MoWCA, with membership from national NGOs working with adolescents) and zone-based sub-cluster members continued to coordinate activities through government, NGO and CSO actors in adolescent programming. To encourage approximately 300,000 adolescents to endorse change within their communities, UNICEF Bangladesh piloted an online child rights monitoring and reporting system called U-Report, as part of the UNICEF Global initiative, A Billion Brains. Young people interacted with this web-based reporting software used by UNICEF globally and responded to questions regarding the issue of social protection, health and child protection issues within their community. Responses were analysed and results were shared during the High-Level Meeting on Child Rights in South Asia and Asia Pacific held in November 2016. The meeting was attended by Government counterparts from these countries to share and exchange good practices and reinforce renewed commitment to work together to uphold child rights through strengthened collaborations.

In 2016, the National Adolescent Cluster, led by MoWCA, initiated the development of the National Adolescent Strategy and Costing Framework. To understand the needs of adolescents, under the leadership of the MoWCA, divisional consultations with adolescent girls and boys, parents, and stakeholders were conducted. Their suggestions and feedback were incorporated in the strategy. In addition to the child development and Life Skills Based Education (LSBE) modules, ‘creating connections’ modules were produced on reproductive health, sex and sexuality and gender rights, to promote inter-generational dialogue on the issue among girls, mothers, boys and fathers in the UNDAF districts.

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:
With UNICEF Bangladesh’s support, Government officials improved knowledge and capacity to develop policies and guidance on Social and Behaviour Change Communication (SBCC) in various sectors. The Ministry of Health and Family Welfare (MoHFW) and partners of the Behaviour Change Communication (BCC) Working Group developed a Social and Behaviour Change Communication (SBCC) Strategy on Health, Nutrition and Population. A national level Action Plan on C4D Strategy of PEDP3 was finalized after a series of consultations at national and sub-national levels were held in collaboration with the Directorate of Primary Education (DPE) under the Ministry of Primary and Mass Education (MoPME). A national Mass Media Strategy on Ending Child Marriage was finalized with the Ministry of Women and Children’s Affairs (MoWCA) and NGO partners and donors. As part of the Ending Child Marriage strategy, a series of campaign materials, including television and radio public service announcements as well as print materials, was produced in 2016 and will be disseminated in 2017.
National capacity and structures are in place to effectively engage with people and communities and create demand for services. New and refresher training was provided to an estimated 500 governmental and non-governmental partners, ground level functionaries and frontline workers on a range of topics that included interpersonal communication, counselling, C4D/ SBCC planning, community radio, programme development, and monitoring. Information and training was also provided to more than 1,275 adolescents (765 girls and 510 boys) through the Adolescent Radio Listener’s Groups run by the Ministry of Information (MOI). Systems and structures established by UNICEF continued to support the delivery of the programme, specifically through message delivery, dialogue and demand creation. These included 1,512 Ward Development Committees (WDCs), 335 Para Management Committees, one national level Social Norm Change Partners Forum, as well as seven sub-national level Social norm Change chapters.

UNICEF also provided technical and convening support to coordinate and advance the work of Shongjog, a multi-stakeholder partnership platform to communicate with communities during emergencies. UNICEF directly supported rapid assessment and message dissemination efforts through partnerships with community radios and NGOs during Cyclone Roanu and North West Floods in Chittagong, Khulna, Barisal, and Bogra Divisions. In response to the threat of Zika Virus Outbreaks, UNICEF worked with the Institute of Epidemiology, Disease Control and Research (IEDCR) to establish a working group and preparedness plan.

Approximately 5.9 million people within an estimated 1.5 million households were reached with key messages, information and dialogue on a package of eight essential life-saving and child-rearing practices, as well as emergency preparedness and response, in 21 upazilas of seven select UNDAF districts. A combination of multi-level approaches that included social mobilization, local capacity development, community dialogue, and local community and folk media initiatives, especially in media-dark areas, was used to optimize reach and engage programme participants, local leaders and other key stakeholders.

The Knowledge Management and Outreach Sites (KMOS) research study implemented by the JPG School of Public Health, BRAC University, continued its mid- and end-line data collection in 2016 to monitor progress and assess results of the C4D programme. The study collected knowledge and behavioural data from seven intervention and seven non-intervention upazilas within seven C4D programme districts.

In preparation for the new Country Programme 2017-2020, advocacy efforts were initiated with the National Institute of Local Government (NILG) and the Bangladesh Public Administration Training Centre for the inclusion of C4D components in overall child rights related training. Two new studies were finalized – Evaluation of the C4D programme 2012-2016 and an Institutional Capacity Assessment of Bangladeshi Universities and Academic Centres – in relation to C4D curriculum and capacity development. For the latter, contact and advocacy with several key regional universities, including Dhaka, Chittagong, Shah Jalal, and Jahangir, was initiated in 2016.

OUTPUT 1 By 2016, key GoB and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to 7 KHHP among 60% of community members in 3 upazilas of each of the 20 UNDAF districts

Analytical Statement of Progress:
In 2016, the C4D programme utilized a mix of communication channels and techniques to convey and discuss essential information. These included one million households visited four times a year; 5,309 community dialogue sessions and approximately 13,000 courtyard meetings held; close to 3,000 school sessions and 4,000 interactive meetings, including
through adolescent radio listeners’ groups, interactive popular theatre and film shows as well as folk songs.

The results of these efforts were identified in the findings of the KMOS end-line survey around the eight key behaviours, where significant positive changes were reported in knowledge and practice levels among mothers, fathers and adolescents in relation to ANC/PNC visits, iron folic acid tablet consumption, handwashing with soap, birth registration in 45 days, and ending child marriage, child labour and corporal punishment. For example, the proportion of mothers of children under 6 months old who attended four antenatal care (ANC) visits increased from 41 per cent at the baseline in March 2015 to 51 percent; and from 48 per cent to 52 per cent for mothers of children under 5 years of age. Compared to control sites, the practice of attending four ANC visits during pregnancy is 14-percentage points higher for mothers of children under 6 months of age, and seven percentage points higher among mothers of children under 5 years of age. The consumption of 100 iron folic acid tablets during pregnancy increased from 41 per cent to 52 per cent, which is also 10-percentage points higher than at the control sites.

Among mothers of children under 6 months old, 78 per cent reported washing hands with soap at critical times as compared to 45 per cent reported in the baseline. Similarly, there was an approximately 30-percentage-point improvement in handwashing practices reported among mothers of children under 5, adult males and adolescents.

UNICEF partnered with the Ministry of Information to enhance the capacity of 152 professionals of Community Radio on programme format and production. Overall, 373 frontline workers of Ministry of Health and Family Welfare received training on inter-personal communication skills to conduct efficient counselling at facility level. A total of 236 NGO staff received training on C4D. Of those, 103 frontline workers working with WASH received training on community mobilization, 24 mid-level staff on Most Significant Change (MSC) study and 109 staff of local NGOs received refresher training. These trainings built and enhanced capacity on Inter Personal Communication (IPC) and counselling skills, documentation and project implementation. A community engagement module for MAR and Arsenic Mitigation project was prepared by the UNICEF WASH and C4D Sections in this regard as a collaborative effort.

More than 1,275 members (510 boys and 765 girls) of 120 Adolescent Radio Listeners Groups (ARLG) received training on operationalizing ARLGs and on child rights and adolescent issues. Of the 1,275 members, 480 members are from 32 ARLGs within Dhaka urban slums. All the clubs were given a radio, guidelines of ARLGs and a set of publications related to adolescent issues.

OUTPUT 2 By 2016 at least 6 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:**
Through UNICEF Bangladesh-supported active community engagement and information dissemination, the knowledge of mothers about the unacceptability of child marriage increased from 13 per cent at baseline in 2014 to 31 per cent at midline in 2016, while that of fathers increased from 8 per cent to 32 per cent. Adolescents’ knowledge with regard to child marriage increased from 9 per cent to 42 per cent. At sentinel sites, 72 per cent of mothers, 69 per cent of fathers and 83 per cent of adolescents can state the three benefits of stopping
corporal punishment, reflecting a 21-percentage point increase among mothers from baseline, a 2-percentage point increase among fathers and a 12-percentage point increase among adolescents.

More than 1,500 Ward Development Committees (WDCs) in the selected districts and 335 Para Centre Management Committees (PCMCs) in Bandarban district were strengthened and contributed to the local level community development planning process that emphasized demand generation for services and behaviour change, especially on social norm change issues.

Approximately 3,500 community leaders, including elected female Union Parishad members from seven District Social Norm Change Chapters (SNCC) and 21 Upazila level Social Norms Change Chapters (UzSNCC), were trained in C4D and Social Norm Change in partnership with District and Upazila Women Affairs Officers.

**OUTPUT 3** By 2016, at least 2 national institutions, GoB and C4D partners use data from sentinel sites in 3 upazilas in each of the 20 districts to support the planning and implementation of C4D interventions

**Analytical Statement of Progress:**
JPGSPH, a Programme Cooperation Agreement (PCA) partner of UNICEF since 2014, completed a midline report in March 2016 and conducted an endline report in December 2016. MOI and MoWCA analysed and used the data in preparing Technical Assistance Project Proposals (TPP) and Development Project Proforma (DPP) for the Country Programme 2017-2020.

For the results monitoring, data was collected at eight month intervals from seven sentinel and seven control upazilas in the seven selected districts. Both qualitative and quantitative methods were used to collect data. The objective of the KMOS is to track the intended and unintended effects of C4D interventions on a behaviour-specific knowledge and practices at individual and community level.

JPGSPH developed software to capture the progress of overall programme activities, assess the implementation processes, and explain the reasons for any deviations. Seven NGO partners that had been trained in research, monitoring and evaluation in 2015 continued to convert the knowledge into practice in 2016. All seven NGOs collected monthly data on progress made and documented it in quarterly monitoring reports.

At the sub-national level, communities monitored progress using social maps. A total of 1,512 social maps and micro-plans were reviewed by communities and revised accordingly at the ward level. In seven selected districts where local level planning was done by Union Parishads, Union Plans benefited from ideas and recommendations included in the ward level micro-plans.

**OUTCOME 4** PCR 4. Capacity Building & 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 2016, the Local Capacity Building and Community Empowerment (LCBCE) programme completed 11 of 12 planned activities included in its annual workplan. The programme exceeded its geographic targeting when the Government, having acknowledged the programme’s benefits for children, expanded it into two new upazilas and 39 unions within their regular programme initiatives.

The UNICEF-supported Convergence Coordination Committees (CCCs), established in 440 unions in 62 upazilas, enable sector and department officials at the sub-national level to better coordinate programmes for children, actively facilitating inter-sectoral coordination and quality oversight. As a result, discussion of children’s issues has become a standing agenda item in development discussions. Another key result of the collective effort has been the inclusion of children’s issues, with resource allocation, in local plans.

Local level planning was also assisted by the availability of Children’s Equity Profiles, which display the situation of children in their respective contexts. The printed profiles were used for local Situation Analyses, from which development sectors used children’s data for planning, with the allocation of a substantial increase in resources for children, from 10 per cent to 12-15 per cent of the budget. Within the 20 selected districts, integrated development plans applied bottom-up planning processes and brought critical issues to the attention of officials responsible as ‘Duty-bearers’. The mapping of current services and responsible officials significantly helped increase service-seeking behaviour and demand creation and put pressure on service providers. Local community members increasingly approached Community Clinics for mother and child health care services; and clinic managers became more available at the clinics, because local people had the contact numbers of higher-level managers to whom they could submit complaints.

In 2016, UNICEF entered a partnership with the Bangladesh Public Administration Training Centre, the apex institution for capacity building of the Bangladesh Civil Services, to mainstream ‘child rights and governance issues into the core curriculum and training programmes of the national institute. The aim of this initiative is to support the sustainable realization of children’s rights at both national and localized levels. It began in 2016 with children’s issues incorporated into the foundation training course and an 11-member Thematic Group on Children established at the Public Administration Training Centre.

A new partnership with the Ministry of Disaster Management and Relief (MoDMR) introduced Child-Centred Disaster Risk Reduction (CC-DRR) programming into the Government’s agenda. Approximately 100 key officials participated in a four-day training programme on implementing the Government’s commitment and plans for the CC-DRR framework adopted by the South Asian Association for Regional Cooperation. A roundtable discussion on Comprehensive School Safety brought a new sensitivity to policy makers, including the Minister of Disaster Management.

Under the Local Capacity Building and Community Empowerment (LCBCE) programme, 96 government officials received training on decentralization and bottom-up planning for children at the Kerala Institute of Local Administration, India. Upon return, the participating officials applied acquired skills and knowledge in planning exercises in their respective departments.

UNICEF Bangladesh developed a programme strategy for urban areas and entered a partnership with the Dhaka North City Corporation for a pilot effort to strengthen local government’s delivery of basic social service delivery for an estimated 150,000 marginalized women and children. Considering the large-scale presence of the garment industry in the country, and the fact that most of their workforce is made up of women living in slums near the factories, this community investment is accompanied by the piloting of factory-based
interventions for the wellbeing of garment workers and their children. This initiative is part of UNICEF’s larger engagement with the garment sector on Child Rights and Business Principles.

In 2016, for the first time, UNICEF, in conjunction with its UN partners, applied the concept of ‘Delivering as One’ to humanitarian action in Bangladesh. From January to June, UNICEF led a UN joint programme on flood response in North West region, which benefited 19,801 households with an integrated package. The programme was funded by UKAid and jointly supported by UNDP, FAO, WFP and UNICEF. In September, UKAid approved a second UNICEF-led UN joint programme for another flood response in the Northern region, targeting 30,000 affected households. UNICEF led the development of a UN joint preparedness programme with the Resident Coordinator’s Office, FAO and WFP for UKAid’s next humanitarian programme. UNICEF has become a partner of choice for humanitarian assistance and strengthened the joint working mechanism of UN agencies. In March, a group of 23 sub-national government officers (Disaster Managers) and UNICEF field staffs were trained on emergency preparedness and response in Sylhet division.

Progress on implementation of planned activities was reviewed through periodic reviews (mid- and end-year) and joint visits. The results achieved and the lessons learned were documented in periodic programme reports.

**OUTPUT 1** By 2014, Local Government/CSOs partners in 60 Upazilas have improved coordination mechanisms & resources to ensure synergy and complementarity in programme delivery to children and their families with focus on equity.

**Analytical Statement of Progress:**

In 2016, local governments and CSO partners received UNICEF Bangladesh support to improve the coordination mechanisms that complement programme delivery to children, especially through the Convergence Coordination Committees.

The UNICEF-supported Convergence Coordination Committees in 7 divisions, 20 districts, 60 upazilas and 440 unions performed active roles as ‘Children’s Platforms’, where issues of children and women were discussed and the implementation of planned activities was monitored. The discussion of children’s issues was an agreed standing agenda item at development meetings, by which responsible officials, the ‘Duty-Bearers’, developed more awareness of the situation of children.

All planned progress review meetings were held at their respective levels during the year. Through these meetings, the implementing partners identified the key results achieved and shared lessons learned, while also highlighting challenges and identifying recommendations to tackle the challenges with necessary strategic revisions.

The Convergence Coordination Committees, consisting of sub-national level sectoral and departmental officers, paid joint monitoring visits to the field to review programme implementation progress. These monitoring visits identified good practices under the programme and provided strategic guidance to the implementing officials and agencies in the field. Quarterly review meetings at division, district, upazila and union levels monitored progress of planned interventions and reported on the results achieved. Two inter-ministerial meetings were held at the national level. The meetings reviewed the progress of the work plan and participants brainstormed on the future strategy of the programme.

At a national workshop in October, key lessons learned from the training at Kerala Institute of Local Administration (KILA) in India were shared and a set of recommendations for future programme design were made.
OUTPUT 2 IR 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:
All 62 programme upazilas updated the Children’s Profiles with both quantitative and qualitative data collected from administrative offices, bottleneck analyses and community engagement in various consultations. The Convergence Coordination Committees led the process of developing the profiles. Approximately 800 Duty-Bearers (Sectoral Officers) utilized the profiles as an evidence base for development planning at the upazila level. The profiles are being increasingly acknowledged as credible sources of data for local planning.

Over 100% of the programme upazilas (62 out of 60) developed integrated plans using the profiles. The overachievement was due to the programme expanding into two new upazilas without additional costs.

A total of 2,780 local people (1,400 local project volunteers and 1,380 public representatives of Local Government Institutions) in Chittagong Hill Tracts were trained on bottom-up planning and became sensitized to identifying needs and problems of children in local planning.

Thirty-five upazilas mobilized funds/resources from their own and other sources for implementation of the planned activities of their local plans. For example, in addition to their own funds, the Convergence Coordination Committee of one programme upazila mobilized US$15,286 from the local business community for children through local level advocacy.

OUTPUT 3 IR 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:
A total of 374 programme unions developed Integrated Development Plans that respond to children’s needs and allocated budgets with increased commitments for adopting child-focused programmes by departmental staff and officials and the elected public representatives. One Union Parishad took on the construction of an additional classroom for pre-primary education when the education department did not have funds to do so. Some unions have allocated up to 20 per cent of their development budget to children’s issues identified within their unions. One Union Parishad developed a playground to create an attractive learning environment. All the programme unions effectively pursued an evidence-based decentralized planning approach. Communities under the programme areas were found to be well motivated and are confident to conduct their own local monitoring on the situation of women and children without external assistance.

In three Chittagong Hill Tracts districts, 1,833 Para (Village) Action Plans were developed with community participation based on the assessed situation of children.

Community Information Boards and flyers with information on social services and providers were used to mobilize communities around their rights and entitlements and to demand better services. While children were not able to participate directly in the planning process, as they are not voters, they were active in raising their concerns and needs at the Ward Shovas during the phase of identifying local needs and priorities for planning. The Local Capacity Building and Community Empowerment (LCBCE) programme achieved local
consensus on the participation of children with parents in the meetings, where they contributed by sharing their issues, ideas and proposed solutions.

Several examples of local community initiatives to tackle key bottlenecks in basic social services were reported in 2016. Examples include low-cost alternative transport arrangements to take women to hospitals to give birth, allocation of rooms for children in Union Parishad Offices and renovation of classrooms in schools. In addition to local government resources available, funds were leveraged from individuals in the communities. For instance, through local motivation in one union, an individual donated land worth US$26,000 to set up a Community Clinic in response to the needs of women and children that were identified through the community mechanisms.

Of the 440 unions in the programme area, 374 (85 per cent) conducted children’s vulnerability assessments and incorporated the related findings into development plans, including, optimally, their disaster contingency plans.

**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:**
During 2016, a series of research initiatives were completed with support from UNICEF Bangladesh. UNICEF supported the Bangladesh Bureau of Statistics (BBS) to conduct a survey on coverage of basic social services using a newly established real-time monitoring system. The first round of data collection was concluded in May-June 2016, with data collection through tablets and visualization of results through online dashboards. This data will provide district- and national-level estimates for service coverage in order to promote evidence-based decision making by the Government on budget allocations to address service gaps. UNICEF also supported a household survey on indicators of child wellbeing in urban areas, which for the first time provided disaggregated data for urban slums as well as non-slum areas.

In public finance for children, UNICEF supported development of the first report on child-focused budgeting. The report analyses expenditure trends for seven social-sector ministries. Overall, the report showed increases in budget allocations likely to benefit children. The report also analysed challenges and identified the way forward for child-focused budgeting in Bangladesh. A child-friendly version of the report was also generated for dissemination.

In 2016 the Country Programme Document was finalized and approved by the Executive Board and the accompanying Strategy Notes for each outcome were developed following new UNICEF guidance. All the documents were prepared in a consultative process with the Government, and the Strategy Notes were endorsed by the Economic Relations Division. A new area of work was initiated to generate knowledge around scaling up interventions. Through a partnership with the James P. Grant School of Public Health, a Centre of Excellence on the Science of Implementation and Scaling up Interventions will be established. A series of briefing papers showcasing scalable interventions was initiated and will be used in advocacy with the Government. A research partnership established on climate change leads UNICEF Bangladesh’s renewed focus on climate change adaptation and child-centred Disaster Risk Reduction.
OUTPUT 1 By 2016, high quality quantitative and qualitative evidence generated for advocacy for child rights.

Analytical Statement of Progress:
To measure the effectiveness of coverage of basic social services to the children and women of Bangladesh for health, nutrition, education, child protection and water and sanitation, the Bangladesh Bureau of Statistics (BBS), with UNICEF support, conducted a survey of more than 200,000 households across 64 districts, using a newly established real-time monitoring system. The 2,012 registrars (all females) of the Sample Vital Registration System of the Bangladesh Bureau of Statistics (BBS) for the first time used tablet PCs for data collection and the results were subsequently visualized on close-to-real-time online dashboards, using web-based technology for data management. The dashboards will help planners and policy makers identify pockets of vulnerable populations that lack access to services and ascertain reasons for deprivation. This in turn will facilitate better geographical targeting of programmatic interventions.

A series of thematic data profiles were developed to bring evidence to the planners and policy makers and supplement information on the achievements made by Bangladesh to meet Millennium Development Goal targets. The profiles highlighting the quality of education and state of safe drinking water are in line with the Sustainable Development Goals motto of improving the quality of life and leaving no one behind. A data profile was prepared to portray the situation of the 20 UNDAF priority districts at the end of the UNDAF cycle. In 2016, data collection for the survey on the well-being of children in urban areas of Bangladesh was completed through a partnership with the BBS. Data tables are being generated to provide estimates of important top-line indicators for children for different geographical and social groups within urban areas. These baseline estimates will facilitate better urban programme planning and implementation.

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:
To enhance the quality and size of public investments in children in Bangladesh, UNICEF continued to provide technical support to the Finance Division to implement child-focused budgeting. In 2016, the Ministry of Finance, with UNICEF support, developed and published an operational framework to conduct child-focused budgeting. UNICEF also supported the Finance Division in developing a child-focused budget module in an Integrated Budgeting and Accounting System, which was used as a basis to prepare a child-focused budget report. The report analysed the allocation trends of seven social-sector Ministries that are likely to benefit children. Although the percentage of the budget that benefits children has not increased substantially over the past two financial years, there have been increases in the absolute budget volume, from US$4.9 billion in 2015-16 to US$6.4 million in 2016-17 (Ministry of Finance, 2016). The report also analysed challenges and identified the way forward for child-focused budgeting in Bangladesh. It was published and endorsed by the national parliament. A child-friendly version of the report was disseminated in November 2016 through a national level launch, with the active participation of children. Ten senior government officials from the Finance Division participated in an exchange visit to Kenya on social intelligence reporting, with the aim of replicating a similar model in Bangladesh to enhance accountability between the Government and service providers for improved basic social services for children.
UNICEF collaborated with the Implementation, Monitoring and Evaluation Division (IMED) to support participation by 39 relevant Government officials in a Training of Trainers session on equity-focused monitoring and reporting to increase effective coverage of basic social services. These trainers then trained 631 officials of subnational level social sector Ministries on equity-focused monitoring to achieve results for 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 in institutionalized in UNICEF

**Analytical Statement of Progress:**
The Country Programme Document for the new Country Programme (CP – 2017-20) was finalized and approved by the UNICEF Executive Board in June. In accordance with new UNICEF guidelines, UNICEF Bangladesh also developed Strategy Notes for each of the four programmatic Country Programme outcomes. The new Country Programme follows a life-cycle approach, with one outcome each dedicated to children aged 0-5 years, 6-10 years and adolescents, in addition to a cross-cutting outcome on social inclusion. UNICEF Bangladesh used the development of the new Country Programme to strengthen staff members’ and government partners’ understanding of results-based management (RBM) principles.

In 2016, an evaluation of UNICEF Bangladesh’s child protection programme was conducted through a consultative process, with a reference group consisting of children and government, NGO and civil society stakeholders, as well as UNICEF staff members. A programme evaluation is planned on the Communication for Development programme. UNICEF commissioned a series of papers to document scalable interventions for children. When these papers are published in 2017, they will be used in advocacy with the Government to recommend the scaling up of interventions, including conditional cash transfers, real-time monitoring and the system of District Nutrition Support Officers. In collaboration with the James P. Grant School of Public Health in BRAC University, UNICEF Bangladesh laid the groundwork for the establishment of a Centre of Excellence on the Science of Implementation and Scaling up Interventions. UNICEF Bangladesh also continued its work on climate change through a partnership with the Bangladesh Centre for Advanced Studies (BCAS), which includes a review of the policy and institutional landscape for climate change in Bangladesh, as well as the development of an Action Plan on child-centred DRR and climate change adaptation. The Action Plan will be developed through a consultative process, facilitated by BCAS, with key stakeholders representing Government and civil society at central and decentralized levels.

UNICEF Bangladesh continued to organize knowledge-sharing events around topical issues of interest to staff members. External speakers from academia and think tanks, Government and civil society partners were brought in to quarterly CMTs to present on topics such as climate change, disability-sensitive programming and the use of Entertainment-Education in social and behaviour change communication.

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

**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:
During 2016, UNICEF Bangladesh promoted and protected child rights by aiming to ensure that children and women are increasingly featured at the centre of national policies and plans. Parliamentarians and the private sector, particularly the ready-made garments industry, civil society organizations and think tanks, were engaged. Efforts were made to develop the capacity and awareness level of media professionals and to increase the understanding on child rights and business principles (CRBP) among the private sector and involve them in UNICEF-supported programmes and initiatives to promote public discourse on the issues directly relating to children and women rights.

A total of 105 child journalists trained in 2016 on video news production have become spokespersons for their peers to transmit important issues that affect their lives. The training is helping to create a generation who are well-versed on children’s issues and can mobilize themselves and take action. The ‘Children’s Network for Video Content’, which provides daily news updates, has produced 282 news reports by children since it began in March 2016. This work compliments UNICEF’s global agenda to engage 50 million people to take action for children and reach one billion people around the world.

In October 2016, UNICEF Bangladesh and the Information and Communication Technology (ICT) Division signed a Memorandum of Understanding to work jointly on the Digital Security Act 2016 to help ensure ‘Online Safety’ for children. Going forward, there will be joint advocacy campaigns to generate mass awareness on ‘Online Safety’ for children in line with the Digital Security Act 2016 and its Rules. UNICEF will also provide technical support to develop child-sensitive content for the Digital Labs in government schools and work on plans to maximize the use of Digital Labs to enable vulnerable children, especially adolescents, to have access to information technology and provide technical training on ICT with a vision to support the Government’s “Digital Bangladesh” initiative.

The Parliamentary Caucus on Children’s Rights and UNICEF met for the first time in July 2016 to discuss work modalities and the way forward. The meeting highlighted the support needed from Caucus members to advocate for the Education Act through Parliament. The Caucus helps ensure that Parliament responds effectively to the rights of children, serves as the central resource/mechanism for children’s issues within Parliament, and connects various parliamentary committees and individual parliamentarians focusing on children’s issues. It also acts as a bridge between Parliament and key external actors (for example, children, adolescents and civil society) and reviews all pertinent legislation and budgets. UNICEF will provide the necessary support to build capacity of the members of the Caucus, including by having quarterly meetings coincide with the Parliament sessions to ensure maximum participation and by having UNICEF and the Caucus to ensure transparency in allocating more funds for children in the budget. UNICEF will organize experience sharing visits with other countries having similar challenges and issues.

To develop news literacy among young people in Bangladesh, with UNICEF support, the partnership of National Human Rights Commission and the national NGO Management Resources and Development Initiative (MRDI) launched the ‘Exploring young minds: news literacy and ethics in child reporting’ project in 2016. UNICEF and MRDI considered that in addition to building capacity within the media itself to report ethically on children, focus should also be on the media consumers: the readers. The ‘Exploring young minds’ project aims to create a positive mindset among young learners on news literacy and ethical standards of reporting on and for children. As one of the first steps of the project, a study entitled ‘News literacy: people’s perception’ was published. Through 12 debating events, in which girls and boys from 192 educational institutes from all over Bangladesh participated, 10,000 adolescents (half of them girls, half boys) were made aware of news literacy and ethical reporting on children’s issues.
To advance the children’s rights agenda in Bangladesh in 2016, UNICEF continued to strengthen its partnerships with the private sector, civil society partners, and young entrepreneurs on Child Rights and Business Principles. UNICEF signed eight MoUs with ready-made garment manufacturers, which will give the Country Office access to at least 10 factories and 30,000 workers, most of whom are women. A partnership with a civil society organization was made to implement the factory programme, which will address women’s and children’s rights issues at the identified factories and generate evidence and lessons for both national and global programmes.

**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:**
Approximately 20,000 stories related to children’s issues were published in national Bangla and English dailies from January to October 2016, bringing the total number of features to more than 85,641 since January 2012.

The UNICEF Bangladesh website, a portal to information and knowledge generation, received 654,942 page views. The numbers of new visitors (35 per cent) and returning visitors (64 per cent) from January to November 2016 was similar to the same period in 2015. UNICEF’s engagement on social media expanded in 2016, with 23,233 ‘likes’ on Facebook (up from around 15,000 at the end of 2015) and 23,783 followers on Twitter (up from approximately 17,000 in 2015). On Facebook, engagement increased significantly, to 3,020 per day in 2016 from 420 per day in 2015, while the number people reached through Facebook from September to November 2016 was 1,310,358. One Facebook post alone reached 1.1 million people when a U-report message (UNICEF’s text-message based innovation) was posted as a UNICEF message on the Facebook page of the UNICEF National Goodwill Ambassador. YouTube views reached 15,649,424, with 18,150 subscribers.

Through UNICEF’s continued advocacy, issues affecting children in Bangladesh were featured both on national primetime news and in international media. From January to November 2016, there were 70 news reports broadcast on issues directly affecting children and women on Bangladesh Television’s primetime news, potentially reaching 85 per cent of the population. In February, UNICEF facilitated BBC World TV news to produce a 30-minute documentary on Child Marriage. In May, supported by UNICEF Bangladesh, The Guardian online (a UK newspaper) published a story on child participation as video journalists that reached a global audience of millions.

In support of Ethical Reporting for Children, a situation assessment of news literacy standards was completed in Dhaka and six divisions of the country. The final report was published in October 2016. A National Debate Competition on News Literacy was arranged in 12 zones, covering all 64 districts of Bangladesh. National Ethical Reporting Guidelines were shared through meetings in those locations.

The Planning Branch of the Ministry of Information conducted 29 field monitoring visits to assess whether the planned activities were being implemented per the annual work plan and help improve the capacity of implementing partners to deliver better programmes on children and ensure greater child participation. To generate awareness in communities, the Planning Branch also organized special events on Safe Motherhood Day and Convention of the Rights of the Child Week in Savar (north-west of Dhaka) and Feni (south east Bangladesh) and World Breastfeeding Day in Tangail district (north of Dhaka).
By 2016, vulnerable and marginalised children have increased capacity to participate in decision-making processes affecting them (media, parliament).

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh continued to support programming to strengthen children’s participation in media and enable child journalists to influence and produce media programmes. With UNICEF’s support, the National Institute of Mass Communication (NIMC) trained 22 broadcast media journalists on child marriage in Faridpur (central Bangladesh). NIMC also trained more than 87 children ages 10 to 17 years old from around the country on techniques of child participation in broadcast media to increase their direct participation in media. During this training, children from mixed socio-economic and cultural backgrounds learned the art of interviewing and anchoring on talk shows on national television, where they quizzed politicians, academics and other celebrities on issues affecting children’s lives.

Bangladesh Television broadcast 42 programmes on children and women’s issues from January to mid-November 2016, reaching 85 per cent of the population. Bangladesh Television also increased direct child participation in broadcast media through interactive programmes, including ‘Our Voice’, school debates, a children’s game show and programmes produced by children. More than 210 children directly participated in the programmes. They empowered children, especially those from disadvantaged and marginalized backgrounds, to voice their concerns and demands before policy makers, academics, and celebrities who are well placed in the society to advocate for children’s rights. Children were equipped with the knowledge to participate in broadcast media.

Bangladesh Betar (national radio), which reaches 85 per cent of the population, broadcast 415 programmes on children’s issues, including radio dramas, monthly field-based reports, quiz programmes, and shows produced by children. This included 46 ‘Meena Live’ talk shows on national radio, with each episode receiving more than 1,000 calls on six dedicated phone lines and more than 1,000 Facebook comments and likes from children on issues affecting their lives, directly impacting child participation in broadcast media. The state-owned radio created the opportunity for greater child participation through the inclusion of social media, as an increasing number children could post their questions, remarks and observations during live talk shows.

By 2016, partnerships established and advocacy conducted to increase the allocation of resources to address child deprivations.

Analytical Statement of Progress:
To advance the children’s rights agenda in Bangladesh, in 2016, UNICEF Bangladesh continued to strengthen its partnerships with the private sector through several new collaborations.

In May, UNICEF launched its Children’s Rights and the Garment Industry initiative in Bangladesh, with 100 stakeholder organizations representing government, international apparel brands and retailers, national garment manufacturers, industry associations, civil society and worker’s organizations. Keynote speakers included representatives of the federal Ministry of Labour and Employment and the apex industry body, the Bangladesh Garment Manufacturers and Exporters Association, as well as the worker’s organization Karmojibi Nari. UNICEF also released its report on ‘The Ready-Made Garment Sector and Children in Bangladesh’, which identifies eight areas in which the garment sector impacts on children’s rights in Bangladesh.
Owners and managers of national garment manufacturing companies participated in an industry panel discussion on children’s rights and business, sharing examples of how they are focusing on children’s rights within their Corporate Social Responsibility practices. Multi-stakeholder thematic workshops held during the event produced stakeholder recommendations for how UNICEF, together with its partners, may address the underlying and root causes of the challenges identified in relation to the following four critical children’s rights and business issues in the context of the garment sector in Bangladesh: breastfeeding, childcare, water, sanitation and hygiene (WASH), and urbanization. Plans are to review legal issues for each respective sector, then to develop briefs that will be used to influence policy.

Individual Memorandums of Understanding were signed with eight ready-made garment manufacturers, which enabled UNICEF to start factory programmes in at least 10 factories and to have access to 30,000 workers, most of whom are women. A partnership with the civil society organisation ‘Phulki’ was developed and an agreement was signed to implement a factory programme that will address women’s and children’s rights issues in the identified factories and generate evidence and lessons for both national and global programmes.

UNICEF Bangladesh also supported brand engagement and partnership management for UNICEF’s National Committees, particularly with H&M, Gina Tricot, and Marks and Spencer. Cultivation processes were supported for Big-W (Australian brand) and G-Star (Dutch brand). A funding proposal for global brand Cubus by the Norwegian National Committee created a new funding opportunity for urban programming, and a year-long engagement with the Korean National Committee also resulted in concrete commitments for education. A fundraising strategy was developed and endorsed to support resource mobilization during the next country programme cycle.

At the first meeting between the Parliamentary Caucus on Child Rights and UNICEF Bangladesh in July 2016, UNICEF highlighted that the members’ support was needed for the Education Act. After this first meeting, the Caucus’s quarterly meetings are to coincide with Parliamentary sessions to ensure maximum participation of members.

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

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh had several systems and procedures in place to promote efficiency and effectiveness. The office governance systems, including the CMT, Contracts Review Committee and budget management practices, functioned as per UNICEF guidelines and procedures. To ensure transparency and share information, UNICEF Bangladesh held weekly standing meetings for key operations and programme staff. To simplify processes, UNICEF Bangladesh established 21 Standard Operating Procedures, covering subjects such as the Programme Cooperation Agreement, the hiring of individual and institutional consultants, procurement of supplies, DCT payments, and liquidations and payments through the Global Shared Services Centre (GSSC). The Standard Operating Procedures included clear responsibilities and specific timelines and resulted in the efficient processing of transactions.

UNICEF Bangladesh maintained the required levels of preparedness for emergency communication systems, radio communication, security information and structure, zone warden system, SMT meetings and security clearance procedures, and security incident reporting. In case there was a need for an emergency response, UNICEF Bangladesh maintained a minimum readiness stock level for 20,000 families and initiated the replenishment of items at low stock levels.
To maintain and strengthen its operational response capacity during crisis situations, UNICEF Bangladesh conducted two business continuity drills, one on an earthquake scenario and another on a terrorist attack scenario. The business continuity plan was reviewed and updated to reflect the evolving security situation and clarify the roles of critical staff in the office. The plan will be validated through further testing in 2017. In response to the deteriorating security situation in the country, UNICEF Bangladesh introduced stringent security measures for office and staff safety, including restrictions on movements and additional security measures at the office premises and staff residences.

UNICEF Bangladesh continued to liaise with the Government’s Economic Relations Division and Foreign Assistance Project Audit Division (FAPAD) and UNDG Agencies in promoting the implementation of the Harmonized Approach to Cash Transfers (HACT) in Bangladesh. In November 2016, the macro-assessment process for the coming UN Development Assistance Framework (UNDAF) was initiated by UNICEF Bangladesh, as other agencies could not use the newly concluded World Bank-led Public Expenditure and Financial Accountability Assessment (PEFA).

The implementation of the comprehensive HACT assurance and assessment plan continued to be closely monitored by both CMT and the Programme Management Team. UNICEF Bangladesh conducted 215 programmatic visits (102 per cent of the 211 required) and 100 per cent of 72 planned spot checks. Thirty six of the 40 (90 per cent) planned Implementing Partner (IP) scheduled audits were conducted (19 Civil Society Organization IPs were completed by local audit firms on Long Term Agreements and 17 Government IPs were completed by FAPAD). One hundred per cent of the 5 planned micro-assessments were conducted. Ninety-eight per cent of the UNICEF Bangladesh staff completed the UNICEF Funding Authorization and Certificate of Expenditure (FACE) E-course. Face-to-face training in HACT/FACE was also provided to 322 IP staff in Dhaka and all the Zonal Divisions.

OUTPUT 1 Effective and Efficient Governance and Systems

Analytical Statement of Progress:
In 2016, UNICEF Bangladesh had several systems and procedures in place to promote efficiency and effectiveness. The office governance systems, including the CMT, Contracts Review Committee and budget management practices, functioned as per UNICEF guidelines and procedures. To ensure transparency and share information, UNICEF Bangladesh held weekly standing meetings for key operations and programme staff. To simplify processes, 21 Standard Operating Procedures were established, covering subjects such as the Programme Cooperation Agreement, the hiring of individual and institutional consultants, procurement of supplies, DCT payments, and liquidations and payments through the Global Shared Services Centre (GSSC). Clear responsibilities and specific timelines were identified, resulting in the efficient processing of transactions.

UNICEF Bangladesh maintained the required levels of preparedness for emergency communication systems, radio communication, security information and structure, zone warden system, SMT meetings and security clearance procedures, and security incident reporting. In case there was a need for an emergency response, UNICEF Bangladesh maintained a minimum readiness stock level for 20,000 families and initiated the replenishment of items at low stock levels.

To maintain and strengthen its operational response capacity during crisis situations, UNICEF Bangladesh conducted two Business Continuity drills, one on an earthquake scenario and another on a terrorist attack scenario. UNICEF Bangladesh also reviewed and updated the Business Continuity Plan to reflect the evolving security situation and clarify the
roles of critical staff in the office. The plan will be validated through further testing in 2017. In response to the deteriorating security situation in the country, UNICEF Bangladesh introduced stringent security measures for office and staff safety, including restrictions on movements and additional security measures at the office premises and staff residences.

UNICEF Bangladesh continued to liaise with the Government’s Economic Relations Division and Foreign Assistance Project Audit Division (FAPAD) and UNDG Agencies in promoting the implementation of the Harmonized Approach to Cash Transfers (HA CT) in Bangladesh. In November 2016, the macro-assessment process for the coming UN Development Assistance Framework (UNDAF) was initiated by UNICEF Bangladesh, as other agencies could not use the newly concluded World Bank-led Public Expenditure and Financial Accountability Assessment (PEFA).

The implementation of the comprehensive HACT assurance and assessment plan continued to be closely monitored by both CMT and the Programme Management Team. UNICEF Bangladesh conducted 215 programmatic visits (102 per cent of the minimum required 211) and 100 per cent of 72 planned spot checks. UNICEF Bangladesh also conducted 36 of the 40 (90 per cent) planned Implementing Partner (IP) scheduled audits (19 Civil Society Organization IPs were completed by local audit firms on Long Term Agreements and 17 Government IPs were completed by FAPAD). One hundred per cent of the 5 planned micro-assessments were conducted. Ninety-eight per cent of the UNICEF Bangladesh staff completed the UNICEF Funding Authorization and Certificate of Expenditure (FACE) E-course. Face-to-face training in HACT/FACE was also provided to 322 IP staff in Dhaka and all the Zonal Divisions.

OUTPUT 2 Effective and efficient Management and Stewardship of Financial Resources.

Analytical Statement of Progress:

UNICEF Bangladesh transitioned to GSSC in January 2016, at which time it sent two staff members to GSSC on stretch assignments, which had the added benefit of improving collaboration between GSSC and UNICEF Bangladesh. UNICEF Bangladesh provided timely feedback to GSSC on the effectiveness of processes, as well as on other areas for consideration, such as addressing different work weeks (e.g., Sunday to Thursday as compared to Monday to Friday) and time zones; timeliness of the transactions processed by GSSC; and bank reconciliation processes. UNICEF Bangladesh also refined procedures to improve the quality of work, such as by providing checklists for each payment type, conducting periodical quality screening of FACE forms and raising stakeholders’ awareness of challenges, which helped reduce processing time.

UNICEF Bangladesh gained some efficiencies in 2016 in its stewardship of financial resources. A total of US$101,024 was saved by negotiating with the local bank on the exchange rate for replenishing funds from Headquarters. Further savings were achieved when UNICEF Bangladesh started to claim reimbursement of Value Added Tax (VAT) in June 2016. With constant monitoring and follow up, the number of over-6-month outstanding Direct Cash Transfers (DCTs) was significantly reduced. The percentage of over-9-month outstanding DCTs was 0.04 per cent, (US$59,948), for which UNICEF Bangladesh obtained the Comptroller’s approval for an impairment. An effective resource mobilization strategy was in place, and donor contributions were well managed. All donor reports were submitted on time.

In 2016, UNICEF Bangladesh’s supplies and services amounted to US$7.74 million and Procurement Services amounted to US$89.4 million. Of the supplies orders, 87 per cent were delivered to government counterparts at or within the agreed arrival date. UNICEF ensured that vaccines were procured and delivered in an efficient manner, to maintain a steady supply for the smooth implementation of the national immunization programme.
UNICEF Bangladesh also continued to support the Government in the procurement, delivery and installation of Walk-In Cold rooms at the sub-national level, which contributed to improved cold storage facilities, thereby strengthening the Government' capacity to manage the vaccine stocks.

UNICEF Bangladesh implemented Green Office projects, such as installing a solar power system in a fourth field office, replacing old lights with new LED lights in all field offices (supported by the HQ Greening and Accessibility Fund), disposing of eight old vehicles, reducing the number of printers and toner usage, and enhancing the printing system. To reduce the use of paper, the electronic archiving of finance- and supply-related documents was begun.

Efficiencies to the office transport and shuttle service management system were enhanced by outsourcing some of the transport services through three LTAs with private transport service providers.

**OUTPUT 3 Effective and efficient management of Human Capacity**

**Analytical Statement of Progress:**

In preparing the 2017-2020 Country Programme Management Plan (CPMP), a Management Advisory Group was convened to facilitate a participatory process across all sections and to advise the Representative. The Management Advisory Group meetings were chaired by the Chief of Operations. The Human Resources Department guided the allocation of human resources to efficiently and effectively support the new Country Programme. In the interest of efficiency and transparency, an all staff retreat was convened to review the proposed CPMP, recruitment timelines, the closing requirements of the current Country Programme, and the transition plan into the new Country Programme.

Within the new CPMP, current roles are to be retooled and new roles adopted, for which corresponding job classifications were developed. In the streamlining of the new CPMP, some encumbered and vacant positions were abolished. A sensitive process was undertaken to support staff. The process was championed by senior management to ensure fairness, openness, access and a smooth transition into the new 2017 Programme year. To support staff on abolished posts, trainings were held in competency-based interviews for both interview panels and interviewees and field visits, one-on-one coaching and joint discussions were conducted. A mass recruitment was initiated in July 2016 for 48 vacant positions, all of which were filled by the end of 2016.

UNICEF Bangladesh had nine international professional staff who had exceeded the period of their tour of duty, some more than two tours. Priority was given to supporting those staff in their transitions. As a result, six have been successfully relocated or separated and three are in progress of transition.

Hiring units, staff members and human resources practitioners were trained on the recently adopted the Talent Management System (TMS), which is to improve access, visibility, transparency and time in filling posts. All staff also were trained on the new performance management system, ACHIEVE, with a completion rate of 100 per cent at the 2015 year end and also 100 per cent for the 2016 planning phase and the 2016 mid-year review. Human Resources monitored the quality of the ratings and corresponding comments on the PAS.

The monitoring of diversity and gender parity was a priority. The male/female ratio remained at 57 to 43 office-wide. At the national officer level, attracting qualified female candidates resulted in an improved male/female ratio of 65 to 35.

With the GSSC fully functioning, the new system of MyCase was adopted, which changed
the way benefits and entitlements were communicated for approval and provided staff direct access, on-time response and increased transparency.

**Evaluation Centre**

**Evaluation and research**

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**Other publications**

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Lessons learned

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Programme documents

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