UNICEF Annual Report 2014

Bangladesh

Executive Summary

Bangladesh has maintained an impressive track record on growth (estimated gross domestic product [GDP] growth at 6.1 per cent, compared with six per cent in 2013) and development in 2014 with major achievements in poverty reduction.

Although economic activities suffered a setback due to political tension at the end of 2013 prior to the general elections held on January 5 2014, growth recovery has begun after the return of political stability. According to the United Nations Human Development Report 2014, Bangladesh has graduated from the Low Human Development category to the Medium Human Development category. The challenge now is to consolidate this position by accelerating economic growth in an inclusive and sustainable manner.

Bangladesh is on track to achieve Millennium Development Goals (MDGs) 1, 2, 3, 4 and 6 by 2015. Bangladesh is partially on track to achieve MDG 7, while more needs to be done to meet MDGs 5 and 8. The country made progress in primary school enrolment with no gender disparity, lowering the infant and under-five mortality rates, increasing immunisation coverage and reducing the prevalence of communicable diseases.

UNICEF capitalised on its decentralised business model to strengthen the Government’s management and governance capacity and improve the quality of basic services delivery. UNICEF Bangladesh seized the opportunity of the Country Programme mid-term review (MTR) to conduct an analysis of bottlenecks towards effective coverage of interventions for children as well as a review of programme strategies, emerging issues, programme results and areas of improvement for operational efficiency.

The MTR resulted in the development of a revised Integrated Results and Resources Framework aligned to the UNICEF Strategic Plan 2014-2017 and to national priorities.

The Government endorsed the UNICEF-mooted Special Care Newborn Units (SCANUs) for nationwide scaling up by 2016, following the improvement of supportive care for sick newborns and concomitant reduction of the neonatal case fatality rate by 21 per cent at the tertiary-level (Medical College) hospitals and 14 per cent at the secondary-level (district) hospitals. The endorsement of the UNICEF-supported Immunisation Policy led to the largest nationwide measles-rubella campaign, vaccinating 53 million children (91 per cent coverage). This will support Bangladesh to reach its measles elimination and rubella control goal by 2016.

The introduction of the Diploma in Primary Education (DPEd) and its expansion to 36 of the 57 existing Primary Teacher Training Institutions (7,200 teachers trained to date) will significantly contribute to upgrading the quality of pre-service teacher training and improve teacher quality in primary education.

UNICEF supported the Government’s efforts to reduce bottlenecks and increase coverage of critical nutrition interventions through a network of District Nutrition Support Officers (DNSOs) in
collaboration with BRAC to build local-level government capacity in coordination, planning, delivery and monitoring for nutrition. Covering a total of 25 of 64 districts, this approach demonstrated a 17 per cent reduction in stock outs of essential supplies and a 27 per cent increase in trained health service providers in nutrition.

The support of UNICEF and its partners for programmes aiming at harnessing adolescents’ energy and skills to improve their lives while supporting the country’s development objectives resulted in the Prime Minister’s commitment to accelerate the eradication of child marriage in Bangladesh by 2035.

UNICEF worked with the Islamic Foundation to revisit the curriculum to train Imams on basic hygiene practices and the Communicating with Communities in Emergencies Working Group to enhance sensitisation for emergency preparedness and response.

With UNICEF’s support, the Government enhanced communication for nutrition, reaching 70 per cent of the population with mass media on the benefits of iodised salt and Vitamin A-fortified edible oil. Another five million people were reached with targeted nutrition messages through inter-personal counselling and folk media country-wide. Mother support groups were established in targeted districts as sustainable models of community mobilisation with more than 13,500 mothers currently benefitting from this approach.

Nutrition support was provided to female employees. As a result, exclusive breastfeeding practices among working mothers in factories increased from 10 to 70 per cent, and the female employee workforce dropout rate decreased from 78 to 25 per cent.

Delays in the approval of UNICEF’s three-year water, sanitation and hygiene (WASH) Development Project Proposal remained a major bottleneck to the effective implementation of WASH activities. This would have enabled UNICEF to leverage Government’s contribution of 23 per cent towards the programme. Partnership agreements were signed with non-governmental organisations (NGOs) to mitigate the impact of this delay on the programme results.

**Humanitarian Assistance**

UNICEF Bangladesh supported relevant ministries for disaster preparedness planning and response at the national level. Technical support and pre-positioning of essential supplies were part of the assistance. In addition, the 20 lowest-performing and vulnerable districts were supported to prepare emergency preparedness plans at the local level with community participation. UNICEF is a key member of the Disaster Emergency Response Group, which is a national forum consisting of Government, UN agencies, development partners and NGOs and the Humanitarian Coordination Task Team. The UNICEF Country Office in partnership with the Institute of Epidemiology, Disease Control and Research (Ministry of Health & Family Welfare [MoH & FW]) and the World Health Organization (WHO) supported the development of a national Ebola Virus Diseases preparedness plan, which is awaiting endorsement from the Directorate General of Health Services.

In terms of response, UNICEF Bangladesh and its partners supported the Government’s efforts to provide lifesaving and recovery assistance to children and their families affected by the flood brought about by the monsoon rains in July-August in nine northern districts. Two million people (including children) were affected and in need of assistance.

As the cluster lead for two sectors (WASH and Nutrition) and co-lead for Education and Child
Protection, UNICEF capitalised on its field presence to support the Government’s response at the decentralised level and mobilise partners as humanitarian needs emerged through rapid assessment and first hand on-site observation.

The WASH Cluster supported efforts by the Department of Public Health Engineering (DPHE) to respond to the water and sanitation needs of the flood-affected population. UNICEF supported the mobilisation of 14 mobile water treatment units and 63,000 litres of water benefiting 4,000 people. More than 180,600 water purification tablets were distributed to 7,500 people, and 160 temporary water points were installed benefiting 80,000 people. In addition, 650 latrines were installed in temporary shelters benefitting 32,450 people and 15,300 hygiene kits were distributed to the affected districts. A total of 775 education kits were also distributed to 12,108 children in 74 affected schools in Bogra District.

The Nutrition Cluster conducted two rapid assessments in the flood-affected districts. Two comprehensive nutrition surveys using the SMART (Simple, Measurable, Achievable, Relevant and Time-bound) methodology were also conducted by the Rapid Nutrition Assessment Team established at national level to support Cluster partners. The results indicated a normal situation in undernutrition prevalence. However, preparedness and cautionary measures were taken, and the Cluster developed a joint response plan with the WASH and Food Security Clusters to address risk factors. Although no disease outbreak was reported, UNICEF worked with WHO and other Health Cluster partners to monitor the overall situation with the National Health Crisis Management Centre and Control Room.

In addition, UNICEF as Education Cluster co-lead with Save the Children International led the drafting process of the “National Framework for Disaster Risk Reduction in Education and Education in Emergency.” The framework awaits endorsement of the Ministry of Primary and Mass Education (MoPME) and Ministry of Education. As part of Education Cluster activities, UNICEF also supported the development of the International Network for Education in Emergencies’ (INEE) Minimum Standards followed by a series of orientation sessions at the national and local levels by partners. The Nutrition Cluster supported the Government in drafting national guidelines on nutrition surveys and a comprehensive nutrition contingency plan.

Support was also provided to the government, NGOs and community-based organisations on inter-personal communication. Bangla messages on Facts for Life were distributed among partners to increase their capacity to counsel vulnerable families to reduce the potential of a diarrhoea outbreak. For example, 50 Community-Based Promoters in Rangpur District were trained by NGOs, reaching over 12,000 households. Bangla copies of Facts for Life were distributed among 1,358 Adolescent Clubs in the four most affected districts to support dissemination of key messages in a child-friendly way. In partnership with UNCEF, the Bangladesh Betar Regional Radio Station in Rangpur doubled its broadcasting (twice an hour) in August-September, airing life-saving messages on snake bites and drowning prevention as part of the Communicating with Communities in Emergencies (CwCiE) initiative. With UNICEF support, BBC media (co-chair of the CwCiE Working Group) developed mobile phone messages that were shared with communities.

In early 2014, UNICEF’s assistance was provided to the Hindu and Muslim communities in Jessore District affected by post-election violence in early 2014. Two child-friendly spaces (CFSs) were established with UNICEF support by MoWCA as the co-lead of the Child Protection in Emergencies Cluster. The CFSs provided psychosocial support to affected children and supported community-based child protection committees covering both Hindu and Muslim communities.
Equity Case Study

In 2014, UNICEF Bangladesh continued to implement the Monitoring Results with Equity Strategy (MoRES) approach, which has been applied since 2012 across all sectors. Within the framework of MTR, the UNICEF Country Office conducted extensive analysis of data on the effective coverage of key interventions for each of its programmes. Programme Sections defined a set of high-impact interventions crucial to achieving results in child survival, development and protection. The five levels of coverage (i.e. availability, accessibility, utilisation, adequate coverage, and effective coverage) were defined and associated with indicators, following the Tanahashi framework. Subsequently, each Programme Section collated and triangulated data from administrative sources, survey data and facility records. This helped produce estimates on coverage levels of 26 key interventions across six sectors for the 20 United Nations Development Assistance Framework (UNDAF) focus districts (the most deprived). This also highlighted the existence of pockets of deprivation among districts. For example, access to an improved water source is lowest in the coastal and eastern districts, including Bhola, Sathkira, Bagherat, Rangamati and Sylhet Districts. In particular, year-round access to improved water is a challenge. Similarly, there is large variation in the coverage of direct nutrition interventions with coverage for services to manage severe acute malnutrition ranging from 0 to 20 per cent. Following the establishment of the coverage levels for the various interventions, a bottleneck analysis was carried out in conjunction with partners to explain drop offs in coverage.

The evidence base thus created was analysed and used to guide decisions on allocation of efforts and resources to districts with lower levels of coverage. Integrated plans for children developed at the district and sub-district levels were financed to the extent possible by resources available with the local government. UNICEF is supporting the Government to scale up evidence-based interventions in all sectors, also in collaboration with other development partners. Examples of services that are currently being taken to scale are the SCANUs (from 16 to 22), Nutrition Corners in hospital for the management of severely malnourished children (from five to 134) the integration of prevention of mother-to-child transmission (PMTCT) and maternal, neonatal and child health (MNCH) services, and counselling for infant and young child feeding.

In addition to providing coverage estimates, the exercise also contributed to highlighting strengths and weaknesses in the data collection systems as well as data quality issues. Furthermore, the Government partners involved in the process increased their capacity for equity analysis. Overall, the systematic application of MoRES contributed to challenging planning based on assumptions rather than evidence.

At a macro level, this provided a solid basis for UNICEF to prepare an advocacy document to highlight the pertinent priorities that affect primarily children and fall outside the focus of the analysis that feeds into the development of Bangladesh’s Seventh Five Year Development Plan (2016-2020). The Children in Bangladesh and the Seventh Five Year Development Plan 2016-2020 document is being used by the Ministry of Finance as a background document to the development of the Seventh Five Year Plan.

In a further step to involve the Government in equity monitoring, a work plan was signed with the Implementation, Monitoring and Evaluation Division (IMED) of the Ministry of Planning with the aims of: i) strengthening the Government’s ownership of monitoring of effective coverage; and ii) mandating IMED to convene social sector ministries to disseminate results of coverage monitoring and to follow up on actions to overcome bottlenecks.
UNICEF Bangladesh continued building the capacity of Government officials and elected representatives of local governments to improve local-level planning and monitoring in the 20 lowest performing districts. They were oriented on child rights and were provided technical support to collect and analyse data, prepare integrated plans for children and leverage funds from local resources to finance the plans.

A total of 502 Community-Based Child Protection Committees (73 per cent of target) attended Child Development Module Training to enable them to monitor the situation of children and respond to protection needs.

With UNICEF’s support, 2,000 social workers were trained on case management and social
services. An interpersonal communication training package was developed for NGO officials promoting school-led total sanitation (SLTS).

UNICEF partnered with academic institutions to develop short intensive public health courses on nutrition to equip service providers with the required basic technical, problem solving and management skills to carry out essential nutrition interventions. In addition, a National Peer Education Training Guide for Most at Risk Adolescents (MARA) to the human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) was developed and implemented through partners. More than 300 MARA were trained. The full set of leadership, peer counselling and home-based care training was provided to 163 women living with HIV in Dhaka (66 per cent of target).

UNICEF support to MNCH services included capacity building of local health managers and community group members on local-level planning, and budgeting, implementation and monitoring of service delivery. Women who completed primary education were trained to engage as community health volunteers to create demand, raise awareness, and create accountability for service utilisation while providing quick referral of women with obstetric complications to appropriate facilities.

One step of the Primary School Quality Level Strategy was adopted to promote a holistic approach to school level-planning based on the child-friendly schools principles. More than 1,370 School Management Committee members (40 per cent female) in 194 schools in the lowest performing upazilas/sub-districts and 150 Parent Teacher Association members (30 per cent female) from the same schools were trained on child rights and school-level planning.

Evidence Generation, Policy Dialogue and Advocacy

The MTR provided an opportunity for UNICEF to generate and compile emerging knowledge on efficiency gains to optimise results for children. This analysis was used as a basis to prepare an advocacy document highlighting the pertinent priorities that affect children and fall outside the scope of the experts’ work for the development of the Bangladesh Seventh Five Year Plan (2016-2020).

Through various platforms, including the Ministry of Women’s and Children’s Affairs (MoWCA)-led Adolescent Cluster, unilateral dialogues with key influential interlocutors raised awareness on issues affecting adolescents’ rights and how to harness their energy and skills to improve their lives while supporting the country’s development. UNICEF coordinated the establishment of a working group to mobilise stakeholders against child marriage as a major human rights violation. As a result, a time-bound commitment with medium- and long-term objectives was made by the Prime Minister to accelerate the eradication of child marriage in Bangladesh.

A DPHE survey of approximately 125,000 public rural water points, conducted with UNICEF’s support, was instrumental for monitoring the status quo of water quality and durability of the water points. It also generated the evidence required to assess the performance of the water supply service delivery.

UNICEF Bangladesh was successful in developing national policies and strategies for the introduction of new interventions related to immunisation and newborns. During the MTR of the Health, Population and Nutrition Sector Development Programme (HPNSDP), UNICEF successfully leveraged its support to the MoH and FW for the development of the national strategy for the scale up of SCANUs in all 64 districts of the country.
Evidence from the evaluation of the project on Basic Education for Hard to Reach Urban Working Children (BEHTRUWC) in urban slums strengthened UNICEF’s advocacy within the donor consortium, contributing towards the MoPME’s decision to open a new Division within the Directorate of Primary Education to promote second chance education, setting clear targets for the enrolment of out-of-school children in 2015 and 2016.

UNICEF sustained its support to the Ministry of Information by supporting a media monitoring survey to verify the reach of mass media and generate evidence to strengthen advocacy for a national communication policy with a social and behaviour change component.

**Partnerships**

To reinforce the commitment to further reduce child mortality, a Bangladesh Action Plan on Every Mother and Every Newborn was developed and endorsed by the Government, development partners and UN agencies to strengthen the health system and support evidence-based local-level planning, so that equitable effective coverage of maternal, neonatal, child and adolescent health services is guaranteed. Working with partners, UNICEF will introduce new evidence-based, low-cost, high-impact interventions as well as implement existing interventions.

The ‘Common Narrative’ on Nutrition, developed by five UN Agencies (the Food and Agriculture Organization [FAO], UNICEF, the World Food Programme [WFP] and WHO) and five leading donors (European Union [EU], Canada, the United Kingdom, the United States and World Bank) was used to strengthen Bangladesh’s efforts to reduce undernutrition. The purpose is to assist the Government, development partners and civil society to set clear policy and programme goals and monitor progress towards common targets. It informed Bangladesh’s presentation at the Stop Stunting Conference in New Delhi in October.

In collaboration with UNICEF, Marks & Spencer became the first major company to sign up to a new carbon offset project. This initiative will improve the health and lives of vulnerable children while cutting carbon emissions that cause climate change. Marks & Spencer will provide funds for 40,000 fuel-efficient, low-pollution cook stoves to be manufactured, sold and maintained by local entrepreneurs in Bangladesh. The project will be delivered to the highest environmental and development standards and aims to qualify for ‘The Gold Standard’ carbon credit certification.

The ‘Tanahashi Rounds’, an initiative by the James P Grant School of Public Health, BRAC University and UNICEF, provided a platform to stimulate debate on the cross-sectoral application of the Tanahashi Framework. These rounds contributed to increased understanding of the Framework’s utility in analysing coverage of key health, nutrition and other social sector interventions. In 2014, contributors made presentations on a range of different interventions, including birth registration, safe water supply and nutrition, highlighting supply and demand bottlenecks that constrain effective and equitable coverage of services. The events were well received by NGO colleagues, Government representatives and donors, creating an opportunity for discussions on designing programmes to deliver more effective results for children.

**External Communication and Public Advocacy**

To bring children’s opinions into the public arena, a partnership was established with a private television station to create a national conversation between decision makers and children (14 to 18 years of age) who were able to express their views about the ‘state of children in Bangladesh’. The 45 minute bi-monthly debate programme was aired for six months reaching
18 per cent of the population.

In partnership with the Ministry of Information and leading child rights organisations, an opinion poll on ‘children's expectation of political leaders on the socio-economic rights of children’ was completed and publicised through the media reaching an audience of ten million people. Over 4,000 children (aged 15 to 18 years) were able to give their opinion on the election manifesto of the major political parties.

The Child-Focused Budgeting Framework launched jointly with the Government received widespread media coverage. This framework, together with the Child Equity Atlas, forms the basis for media, including economic journalists, civil society organisations, development actors and children themselves to engage in social budgeting to promote quality spending in favour of children.

As an endorsement of the report, the Government stated that the Child Equity Atlas will steer Bangladesh’s socioeconomic development towards more inclusive and child-equity focused investments for the next decade, leading to a vision of attaining middle-income status by 2021 when the next census is due.

**South-South Cooperation and Triangular Cooperation**

For cross-country learning and knowledge sharing, UNICEF Bangladesh along with the Japan International Cooperation agency (JICA) organised programme learning visits and training on ‘Quality Improvement’ in Sri Lanka. A government delegation of health officials from the Democratic People’s Republic of Korea came to Bangladesh to learn about MNCH programmes supported by UNICEF. On education, UNICEF Bangladesh supported the MoWCA to bring in from UNICEF China and Bhutan technical expertise on the Early Learning and Development Standards (ELDS) for children under eight in view of developing an action plan for the validation of ELDS in the country.

UNICEF partnered with obstetricians and gynaecologists of Bangladesh and supported the 23rd International Scientific Conference of the Obstetrical and Gynaecological Society of Bangladesh, where UNICEF health experts shared knowledge on evidence-based interventions related to Maternal and Perinatal Death Review (MPDR) and SCANUs. UNICEF also supported the 18th Congress of the Federation of Asian Oceania Perinatal Societies in Dhaka where UNICEF health experts made presentations. It also supported the Bangladesh Perinatal Association where over 3,000 national and international delegates attended presentations on Every Newborn Action Plan, MPDR and SCANUs. UNICEF Bangladesh contributed to the drafting of UNICEF’s Regional Strategy for 120 Million People to Stop Open Defecation in South Asia 2014-2017. As Bangladesh has one of the lowest open defecation rates in South Asia at three per cent, UNICEF Bangladesh is collaborating with other Country Offices to exchange information including good practices and lessons learned.

Bangladesh has played an active role in promoting regional cooperation in improving civil registration and vital statistic systems in Asia and the Pacific through platforms facilitated by the UN Economic and Social Commission for Asia and the Pacific (ESCAP). Bangladesh’s knowledge in shifting from paper-based birth registration to the online birth registration system was presented by the Additional Secretary of the Ministry of Local Government in charge of birth and death registration at a technical consultation on information and communication technologies to support birth registration held in Switzerland in December 2014, jointly organised by UNICEF and the Inter-American Development Bank.
Identification Promotion of Innovation

In 2014, UNICEF rolled out an innovative approach to improve decentralised government capacities in nutrition by deploying 21 DNSOs. The DNSOs are public health nutrition professionals hired as consultants at the junior level and are deployed to support 25 districts – mostly UNDAF focus district – and Dhaka City Corporation. The overarching objective of this approach is to accelerate the scale up and mainstreaming of proven nutrition-sensitive interventions in public health and other sectors.

As a result of the DNSOs’ support, the target districts developed: nutrition equity profiles, partner mapping, supply gap analysis and local level plans. Multi-sectoral nutrition coordination platforms were established in all districts. This for the first time helped catalyse joint inter-sectoral agreement on targets and a focus on key direct and nutrition-sensitive interventions across sectors: agriculture, education and public health engineering. In one year, facilities providing services on in-patient management of severe acute malnutrition increased from 0 to 80 per cent, and those reporting routinely on standard nutrition indicators (as per the Health Management Information System [HMIS]) increased from 14 to 25 per cent.

A DNSO deployed in Dhaka City Corporation engaged the private sector (i.e. Ready-Made-Garment factories) to provide nutrition support to working mothers to maintain exclusive breastfeeding practices while continuing to work. Promotion of breastfeeding in factories resulted in improvement of exclusive breastfeeding rates from less than 10 to over 70 per cent in a small sample of 100 women in factories.

The proven effectiveness of the DNSO approach in catalysing and delivering results for children at the subnational level caught the attention and interest of other stakeholders, including the Government and donors. UNICEF received a donor’s commitment to support the scale up of this approach country-wide over next three years.

Support to Integration and cross-sectoral linkages

In Bangladesh, UNICEF influenced policy makers to shift from vertical approaches towards multi-sectoral health strategy development, involving nutrition, WASH, child protection, education and HIV/AIDs. The challenge is to pursue more collaboration and coordination at the implementation level. In 2014, UNICEF supported the integration of PMTCT and MNCH services at three public health facilities in Dhaka, Sylhet and Chittagong – a first in Bangladesh.

In the past, UNICEF worked with the Government to recruit and train Community Hygiene Promoters to provide key hygiene-related messages. The initiative was successful in raising awareness but had sustainability concerns. To fill the gap, UNICEF, with the health sector, built the capacity of existing local health care providers by leveraging resources available within the Government structure.

UNICEF’s DNSO approach facilitated multi-sectoral coordination for nutrition at district and sub-district levels with 16 district coordination mechanisms established and functional. They brought together local authorities and partners from different sectors, including agriculture, education, social welfare and water and sanitation, to jointly monitor nutrition and identify relevant nutrition sensitive actions. In addition, UNICEF continued its ongoing collaboration with other UN agencies and Ministries to demonstrate how direct and nutrition-sensitive interventions can be scaled-up.
In collaboration with the London School of Hygiene and Tropical Medicine, UNICEF WASH and Nutrition programmes developed a conceptual framework on how poor WASH conditions can impact children’s nutritional status. Based on study findings, UNICEF initiated the development of an Action Research Framework for the Impact of WASH on Stunting and Wasting in Bangladesh.

To promote a lasting change in the lives of the estimated 29 million adolescents, an Adolescent Task Force was established under the leadership of MoWCA to ensure national cross-sectoral programming for and with adolescents. An adolescent taskforce established within UNICEF developed an adolescence programming framework that sets key entry points to inform strategic engagement in the realisation of the rights of adolescents. The taskforce developed a set of child marriage specific interventions linked to five cross-sectoral outputs related to education: nutrition, WASH, communication for development (C4D), health, social policy, planning and monitoring, as well as field coordination.

**Service Delivery**

To support government decentralisation efforts, UNICEF continued supporting the Integrated Community Development Project in three Chittagong Hill Tract (CHT) districts. The project delivered basic services through a network of 3,800 village centres in highly inaccessible areas. Run by a trained community worker, these centres provide early childhood education and basic health and nutrition services in addition to awareness building in the communities.

More than 115,000 children (55 per cent girls) benefitted from the support provided by UNICEF in the Early Learning and Child Development Project and the Integrated Child Development Project in 14 districts (eight UNDAF districts).

In Dhaka City Corporation, UNICEF provided WASH services to the most vulnerable members of society through an implementing partner. Based on community data, service delivery gaps were identified and UNICEF facilitated cooperation between the community and the Dhaka Water and Sewerage Authority to empower them on the use of WASH services.

Under the guidance of National AIDS/STD Program (NASP) of the MoH & FW, UNICEF supported the integration of PMTCT Services into MNCH services in three leading national public health facilities with links to community networks. To create a health profile of 20 low-performing districts, UNICEF identified five tracer interventions of major programmes: antenatal care, emergency obstetric care (EmOC), SCANUs, immunisation and pneumonia treatment. Baselines were set for all target districts, and progress of effective coverage of MNCH services were monitored regularly, jointly with the Government and partners. UNICEF supported the MoH & FW to address critical supply gaps in anthropometric equipment, therapeutic treatment supplies for in-patient management of severe acute malnutrition, and key micronutrients (iron folic acid, zinc and micro nutrient powders).

UNICEF supported the modelling of the minimum package of child-sensitive social protection services in selected UNDAF districts benefitting 36,884 children. The model will be scaled up as soon as ministries are ready to provide quality services including recruitment of qualified staff. To strengthen quality, timeliness and effective outreach, a MoRES framework was developed to guide the monitoring of service delivery, including: birth registration, accelerated learning, life-skills based education, parenting skills, stipends for adolescents, conditional cash transfer, child helpline, child-friendly desks at police stations, temporary safe accommodations, case management and referral to services.
Human Rights-Based Approach to Cooperation

The human rights based approach (HRBA) was used during the MTR in June 2014 to review the performance of the Country Programme in terms of implementing programme strategies in relation to organisational benchmarks and normative principles, including HRBA. Each section collected, compiled and analysed data to examine how the Country Programme addresses equity and relevant barriers in ensuring effective coverage of proven interventions for disadvantaged children. Based on the outcome of this analysis, some adjustments were made to the Country Programme in order to accelerate the achievements of equitable and sustained outcomes for the most disadvantaged children.

The 2014 Children Act was adopted to replace the 1974 Children Act to harmonise the national legislation with the international human rights framework, in particular the Convention on the Right of the Child. To accelerate its implementation, UNICEF Bangladesh supported the Government to complete the drafting of Children’s Rules, to disseminate the 2014 Children Act and build capacity of relevant professionals.

In 2014, UNICEF prepared a confidential written submission for the Committee on the Rights of the Child. The report was prepared in consultation with the UN Refugee Agency (UNHCR), UN Women and the UN Resident Coordinator’s office and highlights priority issues and recommendations to the Government of Bangladesh in relation to child rights. UNICEF will participate in a pre-session working group meeting scheduled in February 2015 followed by a government dialogue in September 2015.

Gender Mainstreaming and Equality

The UNICEF gender and diversity task force mandated to monitor the implementation of the Gender Action Plan coordinated a training needs assessment among UNICEF staff (International Professionals, National Officers and General Services in Operations and Programmes Sections). The result of this exercise will inform the development of a UNICEF Bangladesh gender training package that will improve staff understanding of gender concepts, enhance their capacities to contribute towards the achievement of the organisation’s Gender Action Plan (GAP) and enable them to apply these principles in their personal lives.

The task force also organised a session to refresh Section Chiefs and Gender Focal Points on gender policies, and knowledge and awareness of and responsibility for gender mainstreaming.

The Local Consultative Group Women’s Advancement and Gender (LCG WAGE) and the Gender Equality, Voice and Accountability task group (GEVA) of the HPNSDP of MoH & FW were used as a platform to leverage UNICEF advocacy and efforts to address harmful social norms and practices (e.g. child marriage, gender equality in health services) and children’s rights violations including adolescent health-related issues. UNICEF reviewed the draft updated Gender Equity Strategy 2001 and provided strong evidence to complement development partners’ advocacy to maintain the minimum age of marriage for girls at 18 years. The Health Section supported the MoH & FW to provide quality health services and specialised psychosocial counselling to women survivors of violence and link them with legal aid agencies through implementation of the Women Friendly Hospital Initiative in 25 public hospitals. This also contributed to ensuring accountability of service providers and the protection of the rights of clients through rights and accountability interventions engaging civil society and elected representatives in four districts.
Environmental Sustainability

UNICEF developed a partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ /the German Federal Enterprise for International Cooperation) to provide improved cook stoves to 40,000 families in eight districts by June 2016. This project shifted the beneficiaries from traditional stoves that are inefficient, result in high fuel wastage, and produce smoke, carbon monoxide and carcinogens, to a sustainable solution that saves 52,290 tons of CO$_2$ emissions per year and drastically improves indoor air quality – with direct health benefits for women and children in the home. To date, the installation of the improved cook stoves for 40,000 families was supported with awareness raising about the impacts of traditional stoves; and channelled demand creation, and capacity development for the production and marketing of improved cook stoves at the local level.

UNICEF is also promoting Ecological Sanitation (Eco-san) approaches for human waste management in difficult areas of the country. In partnership with the DPHE and an NGO, UNICEF worked in four communities in the CHT districts to pilot Eco-san options in this water-scarce area. To date, 1,000 beneficiaries have shifted from unimproved sanitation facilities to improved, ecological facilities. This reduces the risk of contamination to the local environment, improves the health outcomes particularly for children, and provides a source of organic fertilizer that can be used for crops. The villages of Babubara, of Alikadam Upazila were declared the first 100 per cent Ecological Sanitation Villages in Bangladesh. Focusing efforts on entire villages ensures equitable access for the whole community, including the most vulnerable, to improved sanitation facilities. This model can be taken to scale in other parts of Bangladesh and provides the technical basis for Sanitation Marketing and the Community Approach to Total Sanitation initiatives, whereby communities are mobilised to move up the sanitation ladder.

To improve waste management in Pourashavas, UNICEF supported the efficient operation and management of seven composting plants and one biogas plant – operated by municipalities through NGOs / the private sector. A total of 20,000 families’ organic waste was used by local farmers as organic fertilizer. The biogas plant also provides 30 families with five hours of gas per day for cooking purposes.

Effective Leadership

Through the MTR, UNICEF took stock of – and realigned – the Country Programme results with the changing situation of children and women in Bangladesh, the national priorities and the UNICEF Strategic Plan 2014-2017. This resulted in the development of a Revised Integrated Results and Resources Framework that will guide and facilitate the implementation and monitoring of the Country Programme in 2015-2016.

A key management priority was the closure of the ten recommendations of the 2013 internal audit. This provided the opportunity to enhance the quality and effectiveness of the UNICEF Country Office accounting and reporting practices and systems of control.

The office strengthened its management of programme cooperation agreements (PCAs) and small-scale funding agreements by issuing a guidance note that clarifies and assigns accountability for the coherent management, review and supervision of partnership agreements. The memo establishes internal review and clearance processes prior to the commitment of UNICEF funds, and defines the accountability of Programme Officers in ensuring that agreements meet the highest standard of quality to achieve results for the most disadvantaged children.
A Comprehensive Harmonised Approach to Cash Transfers (HACT) Assurance Plan was developed to guide and enhance the overall implementation of capacity assessment and assurance activities. The plan identifies the different assurance activities and highlights the risks mitigation measures in place to ensure that risks associated with cash disbursements to implementing partners are assessed before the transactions; and that the method of funding and assurance practices are adjusted accordingly. A Programme Specialist post was established to provide the Representative with oversight quality assurance and technical support to further enhance HACT implementation.

The 2014-2015 Regional Management Plan as well as the governance and oversight structures were shared with all staff (including on the shared drive) to facilitate efficient and effective access and utilisation of resources. The Programme, Field Operations and Operations Management Team meetings as well as the performance of programme and operations management were monitored and checked against established indicators and reported in a score card during monthly country management team (CMT) meetings. Statutory office committees functioned optimally according to global benchmarks.

A Business Support Centre (BSC) was established in 2014 based on the recommendation from the committee created in 2013 to study the feasibility of the implementation of a BSC at the country level. Through this centre, UNICEF Bangladesh is set to achieve greater effectiveness and efficiency in terms of transaction processing. The Country Office’s Business Continuity Plan was reviewed on a quarterly basis in 2014. An interim emergency office located in the diplomatic enclave in Dhaka continues to serve as back-up site during periods of restricted movements, i.e. country-wide strikes and blockades due to political unrest. In its annual Enterprise Risk Management exercise, the Office reviewed its risk profile and recommended a specific action plan to mitigate the identified risks in various programme and operations areas. Some of the identified high-risks areas for operations are fraud and misuse of resources, natural disaster and epidemics, and safety and security.

UNICEF Bangladesh started self-assessments of the existing financial processes to test adequacy and effectiveness. This will also identify existing gaps.

Financial Resources Management

UNICEF Bangladesh operated with the HACT Assurance Plan for 2014 as approved by the CMT. The HACT Assurance Plan included programme monitoring and financial spot checks to ensure utilisation of UNICEF funds for the intended purpose and in accordance with the respective partnership agreements. Micro-assessments were carried out for implementing partners that had received from UNICEF, or had the potential to receive, more than US$ 100,000 in one year through PCAs. A total of 189 UNICEF staff members were trained on HACT and financial and supply policies during the year. HACT training was also provided to 500 implementing partner staff members. To strengthen the implementation and monitoring of HACT assurance activities by the UNICEF Country Office as well as further enhance capacity among UNICEF and implementing partners’ staff, a dedicated Programme Specialist HACT position was established in 2014.

UNICEF Bangladesh strengthened its partnership with the national Foreign Aid Audit Department for the audit of government implementing partners; and also explored the possibility of micro-assessments of government implementing partners. In addition, three long-term arrangements (LTAs) were established with third party service providers to carry out micro-assessments of NGO implementing partners. Three additional LTAs were renewed to carry out...
spot checks of implementing partners. In 2014, 23 micro-assessments were carried out, while about 52 implementing partner spot checks were conducted (62 per cent completed), addressing capacity gaps.

In 2014, the implementation of the electronic banking services through the Bangladesh Electronic Fund Transfer Network (BEFTN) was extended to most of the vendors including implementing partners. The vendor master database was updated to ensure compliance and conformity with BEFTN’s requirements. E-banking services implementation drastically increased efficiency, reducing payment time to all partners from the previous average of 14 days to 48 hours.

UNICEF Bangladesh made huge strides in liquidation of outstanding direct cash transfers (DCTs) to implementing partners: less than US$ 100,000 over-six-months outstanding DCTs by year end.

**Fund-raising and Donor Relations**

Donor reports deadlines are systematically monitored and communicated to Programme Section Chiefs through UNICEF Bangladesh’s scorecard presented at the monthly CMT meetings with the forecast of the donor reports due in the following three months. Information on expiring grants is similarly shared through the scorecard and discussed at monthly CMT meetings to ensure timely funds utilisation in line with the agreement with the donor. Workflow processes on donor reporting, grant extensions and funding proposals were shared office-wide through a memorandum signed by the Representative in October 2012 and clearly outlining responsibilities and timelines for these processes. Quality assurance of donor reports is ensured through the Reports Specialist who reviews and edits donor reports in dialogue with the submitting section. The Deputy Representative conducts a final review of reports before sharing with the donors. Over the course of 2014 all donor reports were submitted on time.

In 2014, UNICEF Bangladesh supported eleven National Committee donor-related visits involving corporate partners from Uniqlo, Marks & Spencer and H&M. These visits helped to strengthen the relationship with partners and allow for discussions of programme activities that go beyond simply providing funding.

A total of 25 proposals were submitted to donors for a total amount of US$ 55,883,259, of which US$ 26,228,259 was secured by UNICEF Bangladesh. A key fundraising moment was during the Glasgow 2014 Commonwealth Games. The Commonwealth Games Federation and UNICEF forged a partnership with the ambition of improving the lives of children in every country in the Commonwealth through raising money in the run-up to and during the Games. An appeal film shown at the Opening Ceremony highlighting UNICEF Bangladesh’s swim safe initiative was viewed by millions of viewers from around the globe, creating a unique and unifying fundraising moment.

**Evaluation**

As per UNICEF Bangladesh internal guidance issued in mid-2013, the Evaluation Management Team (EvMT) oversees the policy and programmatic relevance of all research and evaluation activities. The EvMT reviews all Implementation Monitoring and Evaluation Plan (IMEP) submissions at the beginning of the year to ensure that activities approved for inclusion in the IMEP are necessary and relevant to fill crucial knowledge gaps for programme implementation. Additionally, Social Policy, Planning and Monitoring and Evaluation (SPPME) technical clearance of Terms of Reference (ToR) prior to approval by management is mandatory for all
IMEP activities to ensure relevance, quality and optimal use of resources to generate evidence for better results for children. Furthermore, the EvMT contributes to reviews of all evaluation deliverables (ToR, inception reports, and final reports). For each evaluation, it is mandatory to establish a technical Reference Group (chaired by the Chief of SPPME), comprising UNICEF specialists and peers with expertise in evaluation or in the subject matter, as well as external partners from the Government and the civil society. The Reference Group provides quality assurance and advice regarding evaluation deliverables, as well as the sampling design, evaluation questions and tools.

In 2014, UNICEF Bangladesh completed one final project evaluation on the BEHTRUWC project. The evaluation was conducted by an independent team of evaluators and generated evidence on the relevance, effectiveness, efficiency and sustainability of the project that will be used for future programming. Furthermore, Bangladesh was featured as a case study in three Headquarters-led evaluations on Violence against Children, Let Us Learn project and the PLAY initiative.

All management responses to recommendations from previous evaluations have been closed.

**Efficiency Gains and Cost Savings**

In line with the Efficiency and Effectiveness initiative, UNICEF Bangladesh’s establishment of a BSC aims to reduce transactional costs amongst the shared activities processed by programme sections, freeing up resources to focus more on programmatic activities. An all-staff orientation will be provided in early January 2015 to ensure that the introduction of the BSC and the revised work processes are understood and observed consistently. Based on standard staff costing, UNICEF Bangladesh has estimated total savings of US$ 510,000 over the next four years thanks to the integrated budget exercise.

In 2014, costs reduction and US$ 31,805 in savings were the result of outsourcing driver services, with a cost of US$ 213,171 for 41 drivers in 2014 compared to US$ 244,976 for 55 drivers in 2013. Cost reductions were also obtained in the area of the shuttle service, which is provided to staff on a cost recovery basis. The Country Office subsidised the service with US$ 79,627 in 2013, and US$ 75,279 in 2014 (for 11 months). The revised recovery process started in December 2014, thus reducing the subsidy by US$ 4,348. UNICEF Bangladesh will not subsidise this service in 2015.

UNICEF Bangladesh shares costs in the Barisal Zone Office with the World Food Programme (WFP), the United Nations Population Fund (UNFPA) and the Food and Agriculture Organization (FAO). As per the Memorandum of Understanding, UNICEF shares 40 per cent of the cost of the rent. Sharing the premises saved UNICEF US$ 22,281 in 2014. Additional savings of US$ 5,370 resulted from re-arranging the work modality between UNICEF and the provider of office cleaning and messenger services. The new contract allows for personnel staggering to cover all shifts, instead of paying overtime.

Thus, in 2014, total savings for administrative services was US$ 56,378. The environmental footprint was reduced by replacing all incandescent bulbs with energy saving systems such as compact fluorescent light bulbs and solar powered systems at three Zone Office locations.
Supply Management

The Country Programme supply component recorded a throughput value of US$12.15 million, including teaching and learning materials, school and hygiene kits, immunisation supplies, cold chain materials, micronutrient and pharmaceutical items, growth monitoring charts, and hospital and medical equipment. In partnership with the Government, the 2014 Procurement Services (PS) throughput value was US$ 48 million, mostly procurement of vaccines.

To enhance construction projects management, including quality assurance, UNICEF prepared guidelines and typical designs, and strengthened provision of construction services through an LTA with an engineering firm.

UNICEF Bangladesh transitioned to a new strategy of sourcing local manufacturers/distributors through public bidding. A rough vendor cleansing exercise was also completed, and systems put in place for registering and updating vendors.

Humanitarian supplies worth US$ 1.2 million were prepositioned at WFP’s warehouses to sustain rapid response. A total of US$ 900,000 worth of emergency supplies was distributed in August.

UNICEF Bangladesh directly supported delivery of locally procured supplies, while the in-land logistics of all imported supplies (i.e. customs clearance, in-land transportation and warehousing) remained handled by the implementing partners, as per Government procedures.

Four staff training sessions were conducted on supply and procurement processes.

Security for Staff and Premises

The UNICEF Country Office continued to maintain a standing level of readiness for emergency, including emergency communication system, radio communication, security information and structure, national and international zone warden system, emergency evacuation, and security incident management. In 2014, the Office significantly enhanced fire safety measures and emergency building evacuation arrangements followed by fire drills in all premises including those of Country Office and seven Field Offices. Besides security advisories from the UN Department of Safety and Security (DSS) Dhaka, UNICEF Bangladesh maintained its own arrangement for monitoring, assessing and advising the staff on security-related matters.

UNDSS conducted Minimum Operating Security Standards (MOSS) self-assessment surveys of all UNICEF premises in November 2014, followed by an on-site compliance evaluation by a DSS Headquarters Compliance Evaluation and Monitoring Section mission. All UNICEF Bangladesh premises are MOSS-compliant. A business continuity procedure is in place to enable operations and critical programme delivery during frequent, country-wide shutdowns and other violent political activities. The search for a more secure location for the Country Office is ongoing as recommended by both UNDSS and UNICEF security advisors. UNICEF Bangladesh requested an additional US$ 75,000 security funding in 2015 to procure and install some essential security equipment and materials, including an x-ray baggage scanner for the main office in Dhaka, and floodlights for all Field Offices.

In total, 96 UNICEF staff members attended training on security awareness, basic first aid, the post-exposure prophylaxis (PEP) starter kit, anti-snake venom management, and fire safety, conducted by UNDSS. Additionally, 133 staff members attended in-house security training and
knowledge-sharing sessions on security clearance, fire safety, emergency building evacuation procedures, security policies and arrangements, and the zone warden system.

**Human Resources**

To comply with the June 2014 MTR recommendations, and following the Integrated Budget Review in July 2014, 40 posts were abolished, and 33 posts created. The mass recruitment for all 33 vacant posts was conducted from 1 October through 15 December 2014; all posts were filled. Cumulatively, this year, 56 staff were recruited and 20 were separated. By the end of 2014, 19 posts were vacant, recruitment was ongoing for 14 posts, and five posts were at approval/on-boarding stages.

With regard to performance evaluation, by February 2014, 99 per cent of 2013 Performance Evaluation Review were received. Human Resources monitored the quality of the PERs and provided feedback to supervisors and staff. Among PERs received for 2013, 90 per cent of assessed staff were rated proficient, five per cent were rated highly proficient and five per cent developing proficiency. In reviewing the bell curve for staff performance, 90 per cent fully achieved outputs, five per cent exceptionally achieved outputs and five per cent partially achieved outputs in the overall rating for developmental outputs. Furthermore, 23 managers were given refresher training on Managing Performance for Results.

The locally created Staff Task Force reviewed the findings of the Global Staff Survey and presented their findings at the first Joint Consultative Committee (JCC) meeting in 2014. Three recommendations were prioritised by the Representative in partnership with the Staff Association and continuously followed up to completion through the JCC. The three recommendations were: i) improve supervisor/supervisee relationship: addressed through team-building training; ii) ensure equitable distribution of training opportunities to all staff: The Human Resources team ensured that all staff are given equal training opportunities, with tracking according to staff category and by gender; and iii) ensure staff security and the office’s continued operations: addressed through the formalisation of a fully functioning Alternative Recovery Site, in partnership with UNDSS.

To further develop the required competencies and skills of staff members, 13 training activities in 34 groups were conducted. Staff members were trained on numerous issues including, disability, gender and diversity, ethics, security clearance procedure, new staff orientation, HACT, VISION refresher, evaluation (provided by the Regional Advisor), fire emergency for organisation personnel, managing performance for results, and staff safety and security. HR also conducted six briefing sessions on the Performance Appraisal System, leave entitlement, recruitment and selection, flexible working hours, disciplinary actions and the Ombudsperson. All staff were trained online on HIV in the Workplace and Ethics.

Sessions on HIV prevention, treatment and care were included in the new staff orientation package. Male condoms were provided in washrooms. As part of UN Cares programme, 32 staff members received first aid training, while another four received PEP kits training.

The Interim Salary Survey for Bangladesh was successfully led by UNICEF and the results were promulgated.

**Effective Use of Information and Communication Technology**

UNICEF Bangladesh providing O365, Outlook, Lync, OneDrive and SharePoint to all staff. Implementation of the Unified Communication was completed, including voice and video
integration at all eight UNICEF locations in Bangladesh (On-Net IP telephone for all users, total of 12 video conferencing units and 14 audio conferencing units). UNICEF Bangladesh introduced a mobile broadcast messaging service for all users via mobile phones, a very effective mobile messaging tool for circulating emergency message to all staff members and partners.

The electricity supply in the Zone Offices is not reliable and remains off 25 to 40 per cent of the time during office hours. Hence, the Zone Offices rely on diesel-based generator systems for running operations. Therefore, in 2014, UNICEF Bangladesh took an environmentally conscious decision to reduce its carbon footprint by installing a large solar system to replace the diesel-based generators. The Country Office selected three of the most vulnerable Zone Offices where the main electricity is very unreliable (Rangamati, Khulna, Sylhet). Among the three, Rangamati Office has been running on a hybrid solar system (4KVA) since March 2014. The expected completion time for Khulna (12KVA) and Sylhet (6KVA) is March and April 2015, respectively. Completion of works in all seven Zone Offices is estimated by March 2016. The Country Office started preparations to assess the feasibility to convert the Zone Offices to light infrastructure technology to further reduce power consumption.

In the Technology for Development initiative, UNICEF Bangladesh’s Information and Communications Technology (ICT) staff members worked closely with a national service provider to develop an optimal ICT system to improve the tracking and monitoring of effective coverage of basic social services in Bangladesh.

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 utilisation of quality health, nutrition, population, education, water, sanitation and HIV services

Analytical Statement of Progress: UNICEF successfully leveraged its support for improving the health system to increase access and utilisation of high-impact MNCH interventions as envisaged in the ‘Promise Renewed-Call for Action’. Building on the positive evidence from 16 SCANUs, UNICEF successfully advocated with the MoH&FW and development partners for the nationwide scale up of SCANUs in all districts. This also contributed to improvement of quality MNCH service coverage. Deliveries attended by skilled health care providers increased to 43.5 per cent (Multiple Indicator Cluster Survey [MICS] 2012-2013) from 32 per cent in 2011 (Bangladesh Demographic and Health Survey [BDHS] 2011), coverage of postnatal care within two days of delivery increased to 40.4 per cent (MICS 2012-2013) from 27 per cent in 2011 (BDHS 2011), and effective coverage of immunisation (i.e. percentage of 12-23 month old children fully immunised according to the vaccination calendar timeline) among children under one increased to 79 per cent in 2013 from 76 per cent in 2011 in 11 low-performing districts (Expanded Programme on Immunisation [EPI] 2013).

The country’s largest nationwide measles-rubella campaign provided the opportunity to vaccinate 53 million children (91 per cent coverage). This will enable the country to reach the measles elimination and rubella control goal by 2016.

An Equity Profile on health coverage was developed by UNICEF and used as advocacy a tool
for equitable health services through the strengthening of the health system in the 20 UNDAF districts through the Local Level Planning Tool. Challenges remain in the limited human resources and inadequate decentralised authority to implement adjusted local-level plans.

To sustain the accelerated scale up of proven direct and nutrition-sensitive interventions and practices, and overcome the persistent human resource capacity constraints especially at subnational levels, UNICEF established a network of 21 DNSOs in all 20 UNDAF districts and the urban city of Dhaka. The facilitation, advocacy and technical support that DNSOs provided to local authorities and service providers improved multi-sectoral nutrition coordination, planning and monitoring. Visible progress was noted by several partners in the reduction of supply and capacity bottlenecks. The Government and partners committed to scaling up the DNSO approach in 2015 to 43 of the 64 districts.

Programme monitoring data shows that effective coverage for iron folic acid supplementation during pregnancy increased from 31 per cent in 2013 to 67 per cent in 2014. Exclusive breastfeeding rates increased from 49 per cent in 2012 to 81 per cent in 2014, and adequately diversified diet consumption among children 6-24 months increased from 48 per cent in 2012 to 68 per cent, in programme areas.

Progress in primary education was marked by increased participation of children and disparity reduction. The percentage of grade one students in pre-primary education increased from 50 per cent in 2012 to 67 per cent in 2013. The net enrolment ratio (NER) in 2013 at 97.3 per cent (boys 96.2 per cent and girls 98.4 per cent) was up from 96.7 per cent in 2012. In addition, in the 20 UNDAF districts, pre-primary education availability is at 73 per cent (national average is 50 per cent) while utilisation stands at 69 per cent. However, in the selected poorest unions only 20-30 per cent of children utilise the service, revealing bottlenecks both on the demand and supply side in terms of accessibility (teacher deployment/teacher quality) and availability (proximity to habitations). Despite near 100 per cent availability (schools and teachers) and accessibility (proximity to households) to schools in primary education, the school completion stands at a low of around 50 per cent.

An estimated 5.5 million children in the 6-14 year age group are out of school. More than one third of children six to ten years of age in urban slums are out of school. In 2014, the MoPME took the decision to open a separate Division of Non-formal Education.

UNICEF played a pivotal role in advocating with development partners and the Education Local Consultative Group and provided technical support for Bangladesh’s successful entry into the Global Partnership for Education (GPE). This will bring US$ 100 million for addressing equity in primary education. The World Bank will be the supervising entity.

UNICEF continued to support the Government’s efforts to improve the HIV/AIDS policy environment, service access and care through the development of national standards and studies. Coverage of HIV Counselling and Testing (HCT) at antenatal care and delivery rose to 33 per cent in 2014 from seven per cent in 2013 in selected sites. The proportion of HIV-positive pregnant women accessing antiretroviral therapy for PMTCT of HIV increased from 13 per cent in 2013 to 15.2 per cent in 2014 and the coverage of Early Infant Diagnosis increased from 2.9 per cent in 2013 to 11.4 per cent in 2014. HCT was initiated for adolescent men who have sex with men/trans-genders and adolescent street drug users and 200 of them were trained as peer educators.

Access rates to drinking water and to basic latrines reached 98 per
respectively. The open defecation rate remains one of the lowest in South Asia. However quality challenges persist in the country due to a persistent low access to an improved sanitation facility (57 per cent) and widespread severe water contamination (bacteriological and arsenic). Such disconnect suggests a wastage of financial resources, and a negative impact on children’s physical and mental development.

UNICEF provided improved water and sanitation facilities and increased the awareness of over 827,000 people on the importance of key WASH behaviours and the impact on health, development and poverty. To meet the associated increased demand for WASH facilities, UNICEF supported the construction of water points and sanitation facilities in communities and schools benefitting 316,000 children and their families.

UNICEF also emerged as one of the leading agencies in the piloting of alternative technologies to improve water and sanitation facilities in 325 communities affected by arsenic contamination and saline intrusion. UNICEF, DPHE and the World Bank established a two-tiered quality assurance mechanism to improve the quality of collected data and strengthened DPHE’s role in sectoral water quality monitoring.

Monitoring was carried out in 24 UNDAF districts to identify key sector bottlenecks. This drove the programme to address the necessary corrective actions and revealed the need to change approaches to address challenges such as effective coverage of water and sanitation services, poor hygiene practices, rapid urbanisation and climate change impact.

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

**Analytical Statement of Progress:** UNICEF played an important role in creating an enabling environment in the health sector through strategy and policy development, and resource mobilisation. Efficiency was increased through advocacy, partnership and better harmonisation across health sectors partners.

In 2014, the National Policy for Immunisation was developed and endorsed by the National Committee for Immunisation Practice led by the MoH & FW jointly with UNICEF. Its scope is: to i) increase the accountability of the private sector and the civil society, ii) provide policy direction for maintaining high immunisation coverage, iii) reduce immunisation inequities, and iv) introduce new vaccines. UNICEF provided technical support for the update of a comprehensive multi-year plan for immunisation. The Urban Immunisation Strategy was drafted in consultation with different stakeholders. In alignment with ‘Promise Renewed-Bangladesh Call for Action’ and ‘Ending Preventable Maternal Mortality’, UNICEF led the revision of the multi-sectoral National Strategy for Maternal Health and development of standard operating procedures. UNICEF supported the development of a ‘National Child Health Strategy’ integrating cross-sectoral issues like nutrition, water and sanitation, child protection, HIV/AIDS, early childhood development, social norms, child marriage, gender, C4D programmes, and development of national guidelines for the MPDR. The National Maternal Health Strategy and National Child Health Strategy will be endorsed in 2015 to provide scope for wider consultation and address cross-sectoral issues.

UNICEF, along with other UN agencies and development partners provided technical support and steered the development of the Bangladesh Every Newborn Action Plan to assist the
country in achieving the neonatal mortality target of 10 per 1,000 live births by 2035 as per the Global Every Newborn Action Plan. UNICEF provided technical support for the development of national strategies and guidelines to introduce new interventions such as Chlorhexidine cord care, antenatal corticosteroid and kangaroo mother care for pre-term/low birth weight babies and neonatal sepsis management at union-level facilities.

UNICEF partnered with the Obstetrical and Gynaecological Society of Bangladesh, Paediatric Association and Perinatal Society of Bangladesh to organise three international seminars and congress on the MNCH programme. Evidence from successful models supported by UNICEF such as MPDR and SCANUs were shared within and among the countries in South Asia during policy discussions on emerging policy issues concerning MNCH. As a member of Gender Equality, Voice and Accountability Task Group, UNICEF provided inputs to the draft Gender Equity Strategy for health. The MoH & FW’s review of the final draft was ongoing at the end of 2014.

OUTPUT 2 MNCH services strengthened at district and sub-district levels through developing and implementing appropriate plans by 2014

Analytical Statement of Progress: UNICEF supported equity-focused EPI Reach Every community (REC) micro-plans helped reduce the ‘gap’ in immunisation coverage in all the ten targeted low-performing districts and three City Corporations. As a result, immunisation coverage increased from 79 per cent in 2013 to 81 per cent in 2014 (CES 2014 unpublished report), reaching an additional 40,727 children in 2014. The introduction of the REC micro-plans increased the local-level health managers’ capacities in evidence-based planning and budgeting, leading to reduced gender disparities in immunisation coverage.

UNICEF and WHO conducted the Comprehensive Effective Vaccine Management Assessment (cEVM). The aggregate performance was 82 per cent, which is over ten per cent higher than the norm. A Comprehensive Improvement Plan for Immunisation Supply Chain and Logistics (ISCL) was developed from the findings, and recommendations of the cEVM as well as a subsequent in-depth analysis of the equipment, distribution and transport components of the ISCL.

The subnational cold chain system, especially in hard-to-reach districts, was strengthened through delivery of 100 ice-lined refrigerators, 100 cold boxes and 3,000 vaccine carriers, and 3,000 Fridge-tag2. A temperature monitoring study was conducted to document temperature exposures throughout the vaccine cold chain with a special emphasis on the level of freezing. UNICEF provided the technical support for vaccine and commodity forecasting and provided services for vaccine procurement.

Evidence-based decentralised Local Level Planning (LLP) for MNCH interventions was implemented in 15 districts (eight UNDAF districts). UNICEF provided technical support to the MoH &FW for the revision of the LLP tools in conjunction with a bottleneck analysis for equitable and efficient health service delivery. The introduction of evidence-based LLPs at district level helped build managers’ capacity and strengthened the system for more decentralised decision making and monitoring of results for achieving effective coverage of key health interventions.

The development of the web-based patient record system for facility-based newborn health care was finalised. The updated International Statistical Classification of Diseases (ICD-10) was used for individual case tracking and reporting of disease profiles.
To reach every woman and every child, the Directorate General of Health Services of Bangladesh is on the way, with UNICEF support, to implement web-based individual case tracking of women and children under five years of age. To increase the coverage of key interventions and monitoring of results, UNICEF in collaboration with the MoH & FW formulated an operational strategy for real-time tracking and monitoring of tracers for selected key interventions in addition to 11 Information and Accountability for Women’s and Children’s Health (COIA) indicators in three low-performing hard-to-reach districts.

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

Analytical Statement of Progress: The EPI Coverage Evaluation Survey Report 2014 (unpublished) shows that nationally 81.2 per cent of children received full vaccination by 12 months compared to 80.7 per cent in 2013. In three city corporations this coverage increased to 75 per cent in 2014 compared to 70 per cent in 2011 (unpublished CES 2014 report). To improve the demand for quality immunisation coverage and ensure gender equity, UNICEF provided technical support to the MoH & FW for the development of a ‘Comprehensive Communication Action Plan for Routine EPI’ and risk communication for introduction of new vaccines. Communication materials for routine EPI and new vaccines were developed and field tested, and 13 episodes of TV drama were developed. A nationwide art competition among children aged 5-16 years was initiated to increase awareness on the importance of routine immunisation.

Initiation of breastfeeding within the first hour of birth increased to 95 per cent in 2014 compared to 94 per cent in 2011 in Maternal and Neonatal Health Initiative (MNHI) districts. Capacity building through Community Support Systems, under UNICEF direct guidance, in eight districts (five UNDAF districts) enhanced families’ and communities’ knowledge on how to make informed decisions about positive social norms, behaviour and care-seeking practices. This resulted in an increase of knowledge among pregnant women/mother/caregivers about four antenatal care visits, delivery by skilled birth attendants, post natal care, breastfeeding practices and immunisation.

In MNHI project areas, the percentage of families with birth preparedness plans dropped to 84 per cent in 2014 from 89 per cent in 2011. Adequate birth preparedness and planning facilitated the timely access and utilisation of maternal and newborn care services from the targeted facilities in UNICEF-supported districts. The improvement in data quality through the introduction of data validation at the of 2013 could be the reason for the downward trend of birth preparedness compared to the baseline in 2011. The challenge is that the baseline was done only in four districts where MNHI had initially started and was expanded gradually to ten districts.

UNICEF supported partner NGOs, the MoH & FW and development partners to utilise appropriate C4D materials on MNCH interventions. With support from UNICEF, a mass media campaign was conducted using different communication channels to improve the behaviour, practices and positive change in social norms leading to increased utilisation of MNCH services.

OUTPUT 4 By 2014, health facilities in 20 targeted districts provide high-quality MNCH services

Analytical Statement of Progress: UNICEF continued to support the MoH & FW for the functioning of the existing 16 SCANUs and establishing new SCANUs in 11 more hospitals. The capacity of the MoH & FW was further strengthened for the management of the SCANUs for
maintenance of the equipment and quality assurance and monitoring. The web-based District Health Information System (DHIS)-2 was updated for individual case tracking in SCANUs and EmOC, which enabled real-time data tracking for monitoring and improving quality of care. The HMIS report shows that the mean number of monthly admission in the SCANUs increased from 150 in 2013 to 172 in 2014 at district hospitals, whereas case fatality dropped from 11 per cent in 2013 to nine per cent in 2014.

A Total Quality Management process was introduced and maintained in ten health facilities for overall facility management of SCANU and CEmOC (comprehensive EmOC) services for compliance of national standards and standard operating procedures. Periodic review workshops and bi-monthly external monitoring visits were organised by a technical agency using structured monitoring tools for quality assurance of services at selected hospitals.

UNICEF supported the implementation of MPDR with a partner NGO and the MoH & FW in ten districts. Collected data informed local-level Maternal and Neonatal Health (MNH) planning, monitoring and adjustment to the operation strategy by local health managers. Mortality data from MPDR was integrated with the web-based HMIS. MPDR training was included in the revised Maternal, Neonatal, Child & Adolescent Health (MNC&AH) operational plan of Health Population and Nutrition Sector Development Program (HPNSDP), an important milestone for sustainability and eventual nationwide scale up.

As of 2014, four health facilities have been accredited as women friendly by the national accreditation board, creating an enabling environment for service delivery and ensuring client-rights accountability. A health facility baseline assessment, capacity building, and a hospital action plan for the Women Friendly Hospital Initiative were implemented in 25 health facilities. The planned accreditation visit could not take place due to the turnover of the responsible manager.

UNICEF with partner NGOs supported innovative strategies to ensure clients’ rights and accountability through the provision of Information Desks in the facility to provide pregnant mothers with the necessary information and support for fast access to services. Mobile SMS was used for complaints and suggestions, and corrective actions were taken daily. A health service user forum was established for monitoring and raising issues related to sub-optimal or poor quality of services. These interventions resulted in increased service quality and patient satisfaction. For example, in July-December 2014 in Narail District hospital, 41 per cent of mothers were attended to within 30 minute of arrival (32 per cent in 2013); and in Moulvibazar District hospital 56 per cent of mothers were satisfied with the services received (48 per cent in 2013).

OUTPUT 5 Capacity of the service providers improved in selected hospitals to provide quality MNCH services (integrated management of childhood illness, EmOC, sick newborn care, EPI)

Analytical Statement of Progress: In 2014, UNICEF continued to provide technical support for capacity building of health workers and managers to ensure the delivery of quality MNCH services. In support to the introduction of new vaccines, more than 95 per cent of them received training on the pneumococcal vaccine. UNICEF sustained its support to capacity building related to the health system strengthening, which includes local-level planning, budgeting, implementation, and monitoring towards the achievements of effective coverage.

Service delivery in 16 SCANUs improved following the provision of training on emergency triage and treatment and sick newborn care to 364 service providers (100 medical officers and 264
senior staff nurses) in 2014.

For sustaining integrated management of childhood illness services that were scaled up nationwide (401 upazilas and 59 district hospitals), 435 service providers (125 medical officers and 310 paramedics) received clinical management training in 2014.

UNICEF leveraged resources from the HPNSDP pool fund, and provided technical support to the MoH&FW for service provider training on EmOC), including anaesthesia. This enabled 35 government medical officers (19-Obstetrics and Gynaecology, 16-Anaesthesia) to provide 24/7 comprehensive EmONC services at rural hospitals. The annual target was 50 medical officers, but some could not attend.

A total of 140 Sub-Assistant Community Medical Officers from three UNDAF districts received lifesaving skills training for saving near drowning cases through CPR during 2014. With UNICEF’s support, 279 service providers (doctors-70, nurses-179) received training on MPDR and applied it in ten districts.

In 2015, UNICEF will further augment its assistance for supportive supervision and monitoring through collaboration with professional bodies and academia at national and regional levels. UNICEF will also continue to provide capacity building support to the MoH & FW to institutionalise MoRES through the use of the Equity Profiles on health services, developed by UNICEF for all 20 UNDAF districts.

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: UNICEF’s support focused on sustaining high coverage of national programmes, through effective micro-planning and monitoring at subnational levels and community mobilisation. The national coverage for bi-annual Vitamin A supplementation was sustained at over 95 per cent, with slightly lower coverage in hard-to-reach areas (CHT and southern districts).

UNICEF’s multifaceted support to the procurement of essential nutritional supplies (technical guidance, on-the-job training and direct procurement) contributed to a further 17 per cent reduction of recurrent stock out. In addition, health personnel receiving on-the-job training on nutrition (i.e. anthropometric measurements, counselling, reporting) increased by 27 per cent in targeted areas – 20 UNDAF districts plus Barisal, Dhaka urban, Kishoreganj, Mymensingh and Narail.

Approximately 70 per cent of the country’s population was reached through mass media on the benefits of iodised salt and Vitamin A-fortified edible oil with UNICEF’s support. Another five million people country-wide were reached with targeted nutrition messages through interpersonal counselling and folk media. Community mobilisation through mother support groups reached around 13,500 mothers in 16 selected upazilas through area-based support in 2014.

Over 90 per cent of pregnant/lactating women received nutrition counselling, with exclusive breastfeeding rates increasing from 49 per cent in 2012 to 81 per cent in 2014, while adequately diversified diet consumption increased from 48 per cent in 2013 to 68 per cent in 2014 in the programme areas. The proportion of households consuming iodised salt increased from 82 per cent in 2013 to 91 per cent in 2014.
With close support from UNICEF, the Government launched the national toolkit on mainstreaming nutrition, which sets national standards for the delivery, planning and monitoring of nutrition services and serves as a key job aid for service providers and partners. A total of 13,000 kits were distributed country-wide to over 50 per cent of the health facilities.

Thanks to a private sector partnerships between UNICEF and Ready-Made-Garment factories, urban working mothers were supported on safe milk expression and storage, improving exclusive breastfeeding from less than 10 per cent to over 70 per cent in a small sample of 100 women.

Through UNICEF’s support, the Government’s capacity in the in-patient management of severe acute malnutrition increased from 34 to 134 facilities in 2014 (still less than 26 per cent of all hospitals). All facilities managing severe acute malnutrition are meeting national norms and standards (67 per cent average cure [recovery] rate). UNICEF’s integrated community-based approach in the hard-to-reach areas of the CHT resulted in 40 per cent of pregnant/lactating women receiving timely nutrition counselling and 60 per cent of adolescent girls benefitting from interventions to prevent anaemia and iron deficiency.

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: UNICEF supported the MoH & FW to establish a national nutrition information and planning unit to improve the availability of routine nutrition data and the analysis on gaps and progress in order to influence decision making. For the first time in Bangladesh, National Nutrition Services published national quarterly bulletins showcasing progress in the coverage of nutrition interventions based on routine health sector data.

UNICEF deployed 21 DNSOs supporting 25 districts, including four non-UNDAF districts (Barisal, Kishoreganj, Mymensingh and Narail) and the urban area of Dhaka. DNSOs are providing technical and facilitation support to local-level government actors and partners in planning, monitoring, coordination and addressing bottlenecks for nutrition at the subnational level. As a result of this support, the 25 districts now have nutrition equity profiles, updated partner mapping, supply gap analysis and local level plans with targets integrating nutrition. In addition, multi-sectoral nutrition coordination platforms were set up in these 25 districts by local authorities, facilitating joint inter-sectoral agreement on key nutrition-sensitive actions and on existing gaps involving agriculture, education and public health engineering. Through the DNSOs’ support, facilities with severe acute malnutrition in-patient management increased from 0 to 80 per cent; health facilities regularly reporting on standard nutrition indicators according to the HMIS increased from 14 to 25 per cent; and children under five routinely screened increased from 0 to 4.2 per cent.

UNICEF established partnerships with two national academic institutions to develop short intensive curriculum courses on public health nutrition to equip staff with the required technical and managerial skills to scale up service.

Following UNICEF’s advocacy and support, 30 per cent of all health facilities and community clinics (4,881) are equipped with basic anthropometric equipment (compared to less than five per cent in 2012). In addition, following years of UNICEF advocacy, the Government increased its budgetary allocations to a wider range of nutrition supplies. Funding and, in effect,
procurement of key supplies, such as iron folic acid tablets increased, with many districts reporting more than 95 per cent of supplies being available, whereas frequent stock outs had occurred previously.

UNICEF continued strengthening Government’s capacity in emergency preparedness by co-leading the nutrition cluster. Joint contingency and response plans with the Food Security and WASH clusters for flood-affected districts were developed, along with standardised national guidelines on nutrition assessments (Simple, Measurable, Achievable, Relevant and Time-bound /SMART). A national Rapid Nutrition Assessment Team was established to support the Government’s capacity in assessing emerging humanitarian situations in accordance with applicable international standards (i.e. SMART).

OUTPUT 9 By 2016, policy frameworks for addressing inequities in nutrition status are developed in collaboration with relevant sectors

Analytical Statement of Progress:
In 2014, UNICEF supported the MoH & FW to develop rules and regulations to accompany the 2013 BMS (Breast milk substitute) Law. This involved strengthening and scaling up a national monitoring system for BMS code compliance.

Following the amendment of the national salt iodisation law in 2013, UNICEF continued to support the roll out of the Rapid Test Kit Strategy in 2014, thus contributing to the elimination of non-iodised salt in retail markets through strengthening of law enforcement and popularising testing methods. Following the passing of the Oil Fortification Law in 2013, several oil companies are legally appealing against the Government to overturn it. As a result, the number of oil refineries currently producing fortified oil with Vitamin A, with UNICEF’s technical support, has reduced from 16 to three.

In 2014, UNICEF supported the Government in developing the National Nutrition Policy and the National Strategy for Prevention and Control of Micronutrient Deficiency, both currently in the approval process. A ‘Common Narrative on Nutrition’ for Bangladesh was published jointly by the Renewed Effort against Child Hunger (REACH) UN agencies, donors and development partners to support in-country nutrition policy dialogue and advocacy. Also, through REACH coordination, UNICEF provided input into the Bangladesh country paper for the second International Conference on Nutrition, and the background paper on Nutrition for the Government’s Seventh Five Year Plan.

OUTPUT 10 The Directorate of Primary Education and its offices in the 20 convergence districts have capacities to increase students’ learning achievement and survival rate to grade five

Analytical Statement of Progress: In 2014, UNICEF continued to support implementation of the third Primary Education Development Programme (PEDP-3) with a focus on addressing major bottlenecks affecting learning achievement, disparities and access to quality education.

The Diploma in Primary Education (DPEd), designed to upgrade teacher qualifications, was scaled up by the Government from 29 Primary Teacher Training Institutions in 2013 to 36 in 2014 out of a total of 57. The total number of teachers trained under the DPEd increased from 5,800 to 7,200. To strengthen the quality of the programme, the MoPME explored the possibility of a partnership with Dhaka University’s Institute of Education.

The Each Child Learns (ECL) initiative expanded from 300 primary schools in 2013 to 700 by
mid-2014 with 5,520 teachers trained, increasing the total number of children benefitting from 180,000 in 2013 to 250,000 in 2014. Under UNICEF’s technical assistance to the Government’s sub-sector plan, a longitudinal study was started in 2014 to assess the efficiency and effectiveness of ECL. With UNICEF’s technical support, the Government developed a plan to expand ECL to an additional 280 schools in 2015.

UNICEF promoted a holistic approach to school effectiveness, decentralised planning and school management in 2014 that covered nearly 200 primary schools in the 20 UNDAF and 12 non-UNDAF districts. A total of 760 primary school teachers strengthened their knowledge and skills on school effectiveness. Nearly 900 School Management Committees (SMC) members were trained and developed annual school improvement plans to benefit 48,500 children. Cross-sectoral coordination with Health resulted in the health screening of over 7,500 children.

**OUTPUT 11** Disparity between 20 convergence districts including selected urban slums and national average for net enrolment ratio and transition from pre-primary education (PPE) to grade one is reduced by 50 per cent

**Analytical Statement of Progress:** UNICEF’s technical support for institutionalisation of early childhood development and PPE contributed towards an increased transition rate from PPE to grade one in the UNDAF districts and selected urban slums, which reached 69 per cent (50 per cent in 2013).

With the mainstreaming of one year of PPE by the Government in all primary schools of the country, UNICEF scaled down its support to service delivery from 1.5 million to 343,612 children aged three to five from 2013. In 2014, UNICEF targeted 115,612 marginalised children in urban slums, low-lying wetlands and hard-to-reach areas for early learning and PPE (52,453 boys and 63,159 girls). This included 131,402 children from ethnic minority groups in the CHT. UNICEF will cover the remaining children over the rest of the current programme cycle.

To increase availability of early learning PPE services, UNICEF provided technical assistance to the Government for strengthening institutional preparedness and capacity development at the national level and contributed towards four key achievements under the sub-sector plan: (i) PPE service standards and expansion plan were approved; (ii) GO-NGO collaboration guidelines for implementation of PPE was approved; (iii) a national PPE curriculum and teaching learning package was developed and approved; and (iv) a PPE teachers’ training module was approved, followed by training of core trainers.

The year 2014 marked the start of Phase II of the Early Learning and Child Development Programme (ELCDP) with MoWCA. This required the approval of the Planning Commission as per standard practice. The Government’s internal procedural delays affected the implementation schedule and resulted in the postponement to 2015 of most of the activities, such as the validation of the early learning standards, the evaluation of Phase I of the ELCDP, the setting up of the GO-NGO coordination structure at decentralised levels and the consolidation of a project monitoring database.

**OUTPUT 12** Disparity between 20 convergence districts including selected urban slums and national average for the national enrolment ratio at primary level and grade five completion rate is reduced by 50 per cent

**Analytical Statement of Progress:** UNICEF’s Strategy on Second Chance Education is contributing to disparity reduction in the national enrolment ratio and grade five completion for
out-of-school children, and promoting mainstreaming of children from the non-formal learning centres into formal primary schools.

The UNICEF-supported intervention on BEHTRUWC, one of the largest government projects on second chance education for out-of-school children in urban slums, covered 146,942 learners who completed the 40-month basic education course. A total of 18,000 of them received competency-based livelihood skills training in 14 trades, and 24,582 were mainstreamed into formal education.

Lessons from BEHTRUWC strengthened UNICEF’s strategic advocacy towards institutionalisation of second chance education. The MoPME took a decision to open a new Division of Second Chance Education within the Directorate of Primary Education, establishing clear targets for enrolment of out-of-school children in 2015 and 2016.

Based on the national primary education curriculum, a 40-month pilot on Ability-Based Accelerated Learning commenced in selected rural areas in 2012 and was extended to urban areas in 2014 enabling, 13,500 out-of-school children aged 8-14 years to learn in a child-friendly learning environment. UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO) are jointly working to seek government’s endorsement on the equivalency framework.

A vocational skills training model, in line with the National Technical Vocational Qualification Framework, developed through the UNICEF-International Labour Organization (ILO) partnership, is being piloted with UNICEF’s support. A total of 3,000 out-of-school working children are acquiring competency-based livelihoods skills under supervised informal apprenticeships in selected urban and semi-urban areas.

UNICEF’s planned technical support to the third Primary Education Development Programme (PEDP-3) on second chance education was delayed due to change of implementation responsibility within the government management structure. The support includes: development of an implementation plan, creation of a trainers’ pool, standardisation of Ability Based Accelerated Learning (ABAL) curriculum and education equivalency framework and development of quality monitoring system. The Directorate of Primary Education will focus on establishing the Division of Second Chance Education in 2014-15.

OUTPUT 13 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: UNICEF’s support to Life Skills-Based Education (LSBE) comprised 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 LSBE into the national curriculum and teacher training benefitted all eight million secondary students (approximately 40 per cent girls).

Under the Young Champions’ Initiative (YCI) of the United Nations Girls’ Education Initiative (UNGEI), adopted by DSHE in 2013, 30 teacher trainers were trained to provide leadership and life skills training to selected secondary school students who will act as peer educators to implement YCI at the school level.

As part of UNICEF’s timely and effective delivery of the Core Commitments for Children (CCCs)
in humanitarian action, UNICEF completed the construction of ten transitional schools in the aftermath of 2013’s tropical storm Mahasen, strengthening decentralised school-level planning and implementation. This benefitted 2,213 children (1,107 girls, 1,106 boys) and 42 teachers (17 male and 25 female).

Multilingual education (MLE) was integrated into training of para workers (frontline workers who act as facilitators) of 208 pilot Integrated Child Development Project (ICDP) Para Centres (early learning centres) for children three to six years of age through adaptation of the existing MLE materials developed under a United Nations Development Programme (UNDP) project. Twenty-five core trainers and 208 para workers and supervisors were oriented on the MLE methodologies. UNICEF’s advocacy and direct intervention motivated the Government to initiate the development of early learning teaching/learning package in five ethnic languages.

**OUTPUT 14** National AIDS/sexually transmitted disease (STD) programme and partners have capacity to legislate, plan and budget for improved scaling up of evidence-based high-impact HIV/AIDS interventions by the end of 2016

**Analytical Statement of Progress:** During 2014, UNICEF’s continued support to the Government led to improving the policy environment, addressing bottlenecks in accessing services, and optimisation of care through development of national standards and studies.

UNICEF supported the Government to develop and adopt an innovative dual delivery approach for PMTCT and congenital syphilis. The approach combines geographic targeting with targeting women in special population groups. For the first time this year, the National PMTCT guidelines updated in 2013 were used as a basis to support the mainstreaming of PMTCT services into MNCH in designated public health facilities.

In 2014, the Government approved and adopted the National HIV Risk Reduction Strategy developed in 2013 with UNICEF technical support. To facilitate the implementation of this Strategy, UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the National Most-At-Risk Adolescents (MARA) Working Group supported the development of a monitoring and evaluation framework that will guide the Government in monitoring the effective implementation of activities and policy formulation.

The MTR of the National HIV/AIDS Strategic Plan conducted with support from UNICEF and other partners recommended a re-focus on and integration of PMTCT and adolescent HIV prevention and treatment into the revised HIV operational plan, which is part of the Health, Population and Nutrition Sector Development Programme. The National AIDS Spending Assessment was supported to track inflow, expenditure and funds allocation against thematic areas in the National AIDS response.

With UNICEF financial and technical support, the Government initiated a study on Case Review of HIV-Sensitive Protection Services for Children Infected and Affected by HIV in Bangladesh. The results of this study will inform the development of specific strategies and services for children affected by HIV/AIDS (CABA) in 2015.

**OUTPUT 15** By the end of 2016, 90 per cent of HIV-positive pregnant women identified at Prevention of Parent-to-Child Transmission (PPTCT) implementation facilities in Syhlet, Chittagong and Dhaka and their HIV-exposed infants receive quality comprehensive services for PMTCT of HIV
Analytical Statement of Progress: UNICEF supported key interventions in three national medical university/college hospitals (Dhaka, Sylhet, Chittagong) to improve HIV and syphilis testing in antenatal care and delivery settings for pregnant women. Support was provided to: (1) expand coverage of antiretroviral therapy among HIV-positive pregnant and breastfeeding women, and their children and sexual partners; (2) improve access to HIV testing including early infant; and (3) expand coverage of antiretroviral therapy for HIV-positive infants and children. PMTCT services were integrated into MNCH services with linkages to community networks. The dual strategy resulted in: i) an increased HIV Counselling and Testing (HCT) coverage at antenatal care and delivery to 33 per cent (from seven per cent in 2013; ii) an increased proportion of HIV-positive pregnant and breastfeeding women accessing antiretroviral therapy for PMTCT from 13 per cent in 2013 to 15.2 per cent in 2014; and iii) increased coverage of early infant diagnosis from 2.9 per cent in 2013 to 11.4 per cent in 2014.

In 2014, more than 11,600 pregnant women benefitted from HIV counselling and testing services at antenatal clinics, a significant increase from 163 in 2013. Twenty-four HIV-positive pregnant women were identified and referred for services in the facilities. Of the 24 live born babies, 23 received antiretroviral prophylaxis in the first six weeks, 18 tested negative using polymerase chain reaction (PCR) tests within two months of birth. Fifty per cent of the babies were continuing exclusive breastfeeding at their DPT3/Penta3 visit.

UNICEF initiated a partnership with Save the Children International to facilitate access to PMTCT services for 1,278 vulnerable persons in Dhaka, Rajbari, Sylhet Districts, including women from vulnerable groups, i.e. female sex workers, female injecting drug users and spouses of male injecting drug users.


PMTCT services in Bangladesh face challenges of low uptake of maternal health services in regards to antenatal (ANC) check-ups (ANC1: 55 per cent, ANC4: 26 per cent) and institutional delivery (29 per cent). Identification of more HIV-positive pregnant women is hindered by both low awareness and limited access to clinics providing PMTCT services. Overcoming these challenges is a key priority for the Government in 2015.

OUTPUT 16 By the end of 2016, HIV/AIDS and related service providers in specific target locations have increased capacity and implement HIV and AIDS prevention, treatment and care and support services for women, children and most-at-risk adolescents

Analytical Statement of Progress: Based on the National PMTCT Guidelines, a PMTCT curriculum and a training module was developed and piloted with UNICEF technical and financial support. A total of 430 physicians, nurses and health workers were trained. This advanced the Government’s efforts to establish operational standards for HIV rapid testing, external quality assessment for HIV rapid testing, early infant diagnosis, post-exposure prophylaxis and delivery care for HIV-positive pregnant women.

UNICEF is working with the National AIDS/STD (sexually transmitted disease) Programme of the Government of Bangladesh for the integration of the PMTCT curriculum and module into the national medical training curriculum.
A first batch of 57 physicians and nurses (out of 150) in three national medical university/college hospitals (Dhaka, Sylhet, Chittagong) were trained on comprehensive PMTCT services, breastfeeding and early infant diagnosis. A training activity was also organised on breastfeeding in the context of HIV for 16 nurses and four paramedics at PMTCT sites.

**OUTPUT 17** By the end of 2016, 70 per cent of HIV most-at-risk adolescents accessing one or more services at specific intervention locations and 40 per cent of adolescents in secondary schools who receive Life Skills Based Education have comprehensive knowledge of HIV.

**Analytical Statement of Progress:** UNICEF supported the Government to design and implement high-impact HIV prevention, treatment and care interventions for adolescent key population at higher risk of HIV (Adolescent Key Population), while sustaining general awareness/knowledge levels on HIV through school-based Life Skills Based Education.

In addition to the adoption of the 2013 National HIV Risk Reduction Strategy for Most-at-Risk Adolescents, UNICEF supported the revision of the National HIV/AIDS Strategic Plan in 2014 with a new focus on most-at-risk and especially vulnerable adolescents. The review of the Age of Consent on Medical Services for Adolescent Key Population at Risk of HIV is in progress with support from UNICEF, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Most-at-Risk Adolescents Working Group.

With UNICEF’s support, a National Peer Education Training Guide for Most-at-Risk Adolescents to HIV/AIDS was developed and translated into Bangla in 2014. The training guide explores strategies to translate concepts and skills into practices on life skills, gender and sexuality, HIV, sexually transmitted infections and sexual and reproductive health vulnerabilities. More than 310 most-at-risk adolescents and especially vulnerable adolescents were trained, which includes adolescents involved in transactional sex, drug users and men who have sex with men (MSM).

In the education sector, 960 secondary school teachers completed in 2014 the National Life Skills training package that is included in the curriculum of secondary schools.

As part of the implementation of the National HIV Risk Reduction Strategy for Most-at-Risk Adolescents, UNICEF initiated new partnerships with community-based organisations (Bandhu Social Welfare Society and Addiction Rehabilitation Residence–APON) working among adolescent drug users, adolescent sex workers, adolescent MSM and transgenders to enhance their capacity, facilitate their access to services including HIV counselling and testing, and to develop a support network for adolescent drug users.

The slow progress in the implementation and scale up of interventions for increased coverage for most-at-risk adolescents is mainly due to the fact that it is a new area in the HIV response of Bangladesh. Partners are just starting to understand the rationale behind the implementation of specific intervention for the adolescent key population. UNICEF finalised new partnership agreements to scale up interventions in 2015 to benefit adolescent sex workers and drug users.

**OUTPUT 18** By 2016, nine million deprived population in rural and urban communities in 23 districts practise positive hygiene behaviour facilitated by adequate water and sanitation promotion.

**Analytical Statement of Progress:** By the end of 2014, as a result of the intensive dissemination of hygiene messages, there was a demonstrated increase in the practice of hand
washing at key times with an estimated 827,000 deprived population in programme areas practising positive hygiene behaviour, facilitated by adequate water and sanitation promotion.

In 2014, mobilisation on key WASH messages reached 306,000 people, further increasing demand for improved and sustainable WASH facilities and services. To meet this demand, UNICEF supported approximately 156,000 people through the construction and rehabilitation of 1,733 water points. UNICEF also supported government and sectoral partners to assist local communities to carry out arsenic testing, as well as raised the awareness of one million people on the health impact of drinking arsenic-contaminated water. In partnership with the national NGOs VERC and EPRC, UNICEF supported the scale up of the operational framework to implement the Arsenic Safe Villages model. In 2014, 110 villages were declared “Arsenic Safe”, benefitting 150,000 people.

To sustain the response to the challenges posed by poor water quality and water scarcity in hard-to-reach-areas, innovative drinking water technologies were introduced, including an increase in managed aquifer recharge from 20 to 75 sites (50,000 beneficiaries), and reverse osmosis technology in two sites. Thanks to UNICEF’s advocacy in partnership with the international NGO Water and Sanitation for the Urban Poor (WSUP) and the Dhaka Water and Sewerage Authority, 20,000 dwellers in the Mirpur and Mohakhali urban slums obtained legal access to water, through 177 newly established water networks. In collaboration with the DPHE and the World Bank, a two-tiered quality assurance mechanism was established to improve field data quality and ensure storage on the DPHE’s national database. Work will be completed in 2015.

As a result of the mobilisation on the importance of using and maintaining hygiene latrines, over one million people since 2012 have constructed their own latrines. In 2014, UNICEF supported the construction of improved household and communal latrines, benefitting 91,200 people in urban and rural areas. To best suit the increased demand for higher quality sanitation services, UNICEF supported various innovative approaches, including i) the piloting of sanitation marketing in four districts in collaboration with the international NGO International Development Enterprises (iDE) to build private sector capacity to offer improved sanitation options and different financing models to about 60,000 people; and ii) improved waste management to reduce faecal contamination risks while supplying organic fertilizer benefitting 1,000 users in CHT and about 20,000 families in Pourashavas.

**OUTPUT 19** 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:** Scaling up support for WASH in Schools activities continued in 2014, with an additional 120,000 children reached with increased access to safe water and appropriate sanitation facilities, and knowledge of proper hygiene behaviours. Access to safe water and improved sanitation increased from 53 per cent in 2012 to 68 per cent in 2014, and an estimated 2.7 million children received hygiene education in schools. For primary schools, UNICEF actively supported the third Primary Education Development Programme (PEDP-3) pool-funding mechanism through advocacy for WASH facilities to be included under the school improvement plans. This provided a mechanism for the implementation of the National Standards of Water, Sanitation and Hygiene for Schools in Bangladesh which UNICEF supported to develop in 2013 and disseminate in 2014. The aim is to strengthen the focus of the education sector on the quality of water and sanitation services provided. By setting benchmarks, the Government is expected to foster a minimum level of service in all educational institutions.
Since the start of this Country Programme, UNICEF’s support to secondary schools has increased substantially, given the unique opportunity to increase adolescent girls’ access to safe, appropriate and hygienic facilities. This in turns encourages their increased school attendance and participation. In 2014, UNICEF supported the construction and rehabilitation of WASH facilities in 550 schools, benefitting an estimated 120,000 primary and secondary students. Along with partners, UNICEF developed new designs for sanitation facilities that ensure separate entrances for girls, as well as menstrual hygiene management facilities. These achievements are important steps in steadily overcoming the numerous existing challenges in terms of inadequate number of facilities; lack of gender-segregated WASH facilities; lack of hand washing facilities; and lack of facilities for menstrual hygiene management.

To ingrain key WASH behaviours on the use of improved water and sanitation facilities and hand washing, School Brigades disseminated important WASH messages in schools and communities. These brigades are clubs that use child-to-child approaches and are essential entry points into the schools and the communities.

In 2014, UNICEF and partners continued piloting the SLTS approach in 950 schools. As a result of the first pilot in 450 schools, many schools increased their budgetary allocation for the maintenance of water and sanitation facilities. Importantly, this mobilisation contributed to an increase in latrine construction in surrounding communities, which improved sanitary conditions and ensured privacy and dignity to household members, especially young girls.

**OUTPUT 20** By 2016, 25 per cent of local government institutions (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:** UNICEF provided technical and financial support to develop the capacity of government agencies at national and local levels to strengthen the planning, implementation and monitoring of WASH interventions to ensure support targeted those most in need. This included strengthening the capacity of the WASH sector to plan and implement effective arsenic mitigation programmes, establish a national water point database, conduct water point monitoring, using the national database as a platform, and analyse the results and identify areas for targeted interventions.

To address the issue of poor water quality, the technical capacity of LGIs was strengthened on water quality testing through the provision of training and water testing equipment. This improved the understanding of the extent and characteristics of arsenic and bacteriological contamination, through the implementation of a large-scale water quality monitoring programme.

In the health sector, UNICEF built the capacity of local health care providers by leveraging existing resources within the Government structure. This effort supported higher quality health care delivery and sustained hygiene promotion. With the Directorate of Health Services, UNICEF piloted hygiene behaviour change training to 240 Health and Family Planning Workers in eight unions. They reached 60,000 beneficiaries through promotion activities.

Working with the DPHE, UNICEF developed national capacity to implement Level 3 Monitoring (L3M) identifying bottlenecks to effective delivery of services in the WASH sector. The MoRES framework then provided the Government with the evidence base needed to more effectively focus resources on the planning, implementation and monitoring of WASH programmes.
UNICEF prepared a range of instruments to support LGIs to ensure safe, equitable, reliable and sustainable access to drinking water and sanitation services by all.

**OUTPUT 21** By 2016, authorities of 30 per cent of WASH-related institutions at all levels observe policies and guidelines related to decentralised sector planning and financial management including PME systems to facilitate sustainable, efficient and climate resilient WASH service delivery.

**Analytical Statement of Progress:** In 2014, UNICEF contributed financial support and technical expertise to the development of key policy instruments, including the National Water Supply and Sanitation Strategy (2014). Approved by the line Ministry and the National Forum for Water Supply and Sanitation, this is the first official government document to recognise the enormity of the faecal sludge management problem and propose actions. Support for the preparation of the National Sustainable Development Strategy to facilitate sustainable, efficient and climate-resilient WASH service delivery is continuing.

WASH Bangladesh contributed to the UNICEF Regional Office for South Asia (ROSA) draft Regional Strategy for 120 Million People to Stop Open Defecation in South Asia 2014-2017. As Bangladesh has one of the lowest open defecation rates in South Asia at three percent, WASH Bangladesh is collaborating with other Country Offices to exchange information, including good practices and lessons learned.

UNICEF contributed to increased knowledge of households, communities, schools and development partners on water sources through support for the development and compilation of data for the National Water-point Mapping Database, in cooperation with the DPHE. The database contains information (location, water quality and functionality) on over 393,000 water points. This is an essential tool to facilitate the selection of appropriate technologies for arsenic mitigation and groundwater depletion and builds on the earlier national coding system for drinking water sources supported by UNICEF.

In 2014, UNICEF conducted a preliminary correlation analysis of WASH and Nutrition and developed a conceptual framework on how poor WASH conditions might impact children’s nutritional status. This framework provides the basis for cross-sectoral collaboration between WASH and Nutrition to gather the evidence necessary to develop multi-sector interventions, including piloting of the stunting-free village concept.

Information gathered on the various approaches (i.e. focus on key messages, audience targeting and monitoring methodologies) and methodologies (i.e. health impact, control populations, observation of hand washing) was disseminated. This informed and guided sectoral partners in programme design, implementation and monitoring.

Through stringent efforts at various levels, UNICEF successfully advocated for the inclusion of pro-poor strategies into water point allocation and sanitation subsidies for those living in abject poverty, through demonstration of the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) methodology of community action plans and wealth ranking.

Finally, a Sector Emergency Contingency Plan was developed in collaboration with the WASH Cluster (targeting 1.3 million people), and emergency stocks were positioned in strategic locations.
OUTCOME 2 By the end of 2016, children, women and youth, especially those from the 20 selected districts, demand and benefit from effective social protection policies and improved services aimed at eliminating abuse, neglect, exploitation and trafficking

Analytical Statement of Progress: As a result of UNICEF’s coordinated advocacy with the Office for the Coordination of Humanitarian Affairs (OCHA) and MoWCA, in June 2014, the Child Protection in Emergencies cluster officially become part of the UN-Government humanitarian action coordination network, and therefore better positioned to facilitate cross-sectional cooperation and respond to emergencies.

UNICEF took advantage of the MTR to develop a theory of change for all child protection outputs adapted to the situation of children in Bangladesh and based on the Global Theory of Change for Child Protection. The Child Protection section expanded the piloted MoRES on ending child marriage to cover other sectors, and data was collected to inform baseline. The implementation of MoRES provides an opportunity to further strengthen evidence building, demonstrate and document results.

In 2014, the Child Protection Programme built on the adolescent cluster approach through which all actors engaged in adolescent empowerment coordinate to optimise available resources. This provided a platform to initiate bilateral strategic partnerships aimed at accelerating resources leveraging and coverage extension of interventions. Through a partnership agreed in 2014 with the international NGO Action Aid, quality services such as adolescent empowerment and social protection will be extended to 300 additional communities in the 20 UNDAF programme priority districts starting in 2015.

OUTPUT 1 By 2016, capacity of relevant government bodies, enhanced in the area of child protection information management systems (IMS), monitoring of social services, monitoring and reporting on the Convention on the Rights of the Child (CRC), rules/regulations/policies, human resources development related to child protection

Analytical Statement of Progress: In 2014, UNICEF supported the Government to draft a Children’s Rule to guide the implementation of the 2013 Children Act. Support was also provided to the dissemination of the Act and the training of 197 professionals, including police, probation officers, judges and lawyers who are statutorily charged with responsibilities to implement the Act.

An additional 400 union social workers were recruited in 2014 to support the 2,127 already deployed. Considering their key role in facilitating access to services for vulnerable children, 95 per cent were trained on UNICEF-supported case management and basic and professional social services. In 2014, the Basic Social Services Training and Professional Social Services Training were formally accredited by the Department of Social Services, and the National Social Services Academy was mandated to organise annual training for newly recruited staff. This includes probation officers, union social workers and social workers of NGOs.

The situation analysis on children with disabilities jointly conducted by the Ministry of Social Welfare and UNICEF provided recommendations for specific actions to strengthen disability inclusion and improve cross-sector programming with the introduction of basic knowledge to change perception. This represents a move from a charity and medical model to a social and human rights model with the crucial shift from a focus on an individual’s impairment to the relationship between the individual and society. The key recommendations of the situation
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: The minimum package of child-sensitive social protection services modelled in selected locations in the most deprived districts was sustained with more than 36,800 children benefiting. The modelled package of services ensures the continuum of care aimed at responding to and preventing neglect, violence, abuse and exploitation including child marriage and child labour. The scale up of this package of services was put on hold in 2014 to ensure that the line ministries are accountable for the provision of quality services, including recruitment of vacant positions and equitable deployment of trained social workers. The MoRES framework was developed in 2014 to guide the monitoring of service delivery to children and families to ensure quality, timeliness and effective reach. The framework will ensure the uniform data and information collection and analysis in measuring the planned results among the ministries and all NGO implementing partners. MoRES is an integral part of the 2015-2016 Government and UNICEF Work Plan for Child Protection Programme.

Following post-election violence between Hindus and Muslims in Jessor District in early 2014, affecting 198 families, and in particular 356 children and women, two child-friendly spaces (CFSs) were established with UNICEF support by MoWCA as the co-lead of the Child Protection in Emergencies Cluster. The CFSs provided psychosocial support to 295 children affected by the violence facilitated by a community-based child protection committee with members from both the Hindu and Muslim communities.

output 3 By 2016, children coming in contact with the law as victims, witnesses and offenders benefit from a child-friendly justice system including prevention, diversion, and restorative justice and reintegration services in selected areas

Analytical Statement of Progress: UNICEF provided technical assistance in relation to the amendment of the 1929 Child Marriage Restraint Act through various platforms, including the MoWCA-led Adolescent Cluster, development partners’ coordination and unilateral dialogues with key influential interlocutors. UNICEF influenced a few improvements in the draft amendment proposed to the Cabinet. These include accountability in the verification of the marriageable age, a penalty for those who falsified the proof of marriageable age; and ensuring the linkage with the 2013 Children Act on the protection of children born out of the voided child marriage. The request from the Cabinet to MoWCA to consider pros and cons in lowering the marriageable age for girls to 16 years generated widespread social and media debate that fostered an alliance of those in favour of maintaining 18 years as the minimum age for marriage. It also provided an opportunity to convince some of those sceptical about the benefit of ending girl child marriage, regardless of the socio-economic background and geographical location.

The Children’s Rule to support implementation of the 2013 Children Act was drafted under the leadership of the Department of Social Services with UNICEF support. The Rule defines roles and responsibilities of professionals involved in the implementation of 2013 Children Act, including probation officers, child affairs police officers and advisors to child welfare boards. It also guides the establishment of children courts and how diversions should be administered at both the police and the court stages. The Rule will also regulate procedures for alternative care
Piloted mechanisms to divert juvenile cases were established within three police stations in Jessore and Khulna (South West) and will be expanded to three additional stations in 2015.

OUTPUT 4 By 2016, adolescents and youth from selected communities act as agents of social change to enhance and facilitate collective action within communities to reduce child labour, early marriage and violence while addressing gender equity.

Analytical Statement of Progress: The adolescent cluster continued to promote government-led coordination at central and decentralised levels between different NGOs and UN agencies engaged in adolescent empowerment, optimising capacity development, leveraging resources and using a harmonised approach, including piloting MoRES to end child marriage. The introduction of adolescent sub-clusters at zonal level was demonstrated to be effective and efficient through improved quality of services and coverage. A total of 98,500 adolescent boys and girls (200 per cent of the target) played a role as active agents of change and contributed to civic engagement in conservative communities through their enrolment in adolescent clubs over a period of 24 months.

Ninety per cent of the targeted communities (689 out of 764) formed a Community-Based Child Protection Committee (CBCPC) and 73 per cent of CBCPCs (502 out of 689) were provided with knowledge on child rights and child development training through the Child Development Training Module that enabled them to monitor the situation of children and respond to protection needs. A full 77 per cent of trained CBCPCs (387 out of 502) put their knowledge into practice by developing an action plan or roadmap to end harmful practices such as child marriage, child labour or corporal punishment in their communities.

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

Analytical Statement of Progress: In 2014 the C4D component focused on increasing the knowledge and practice among caregivers of young children and adolescents. The focus was on four key behaviours: hand washing with soap, exclusive breastfeeding, four antenatal visits and birth registration within 45 days of birth. A total of 946 community-based promoters, 2,100 service providers and 646 people from other categories including religious leaders were trained on effective interpersonal communication on eight key behaviours and three harmful practices. C4D also intensified community-based activities (i.e. community dialogue, courtyard meetings, household visits, mobile films) to create an enabling environment for practising new norms and nurturing compliance to new standards. The baseline for each behaviour stands as follows: hand washing with soap at seven per cent (icddrb endline report 2012); antenatal care at 26 per cent (BDHS, 2011); exclusive breastfeeding at 64 per cent (BDHS 2011), and birth registration over 1.18 per cent (BRIS report 2014). The targets are 10 per cent for hand washing with soap and birth registration and 40 per cent for both antenatal care and exclusive breastfeeding.

Sub-district administrative bodies revised and updated micro-plans and social maps to review progress and include new community needs from 1,540 wards from seven of the 20 targeted districts to inform the preparation of union action plans in seven UNDAF districts. The process strengthened programming between government officials, local NGOs and communities and is yielding results. Communities highly appreciated being consulted and began to identify solutions to behaviour and social norm bottlenecks. For example, Shanerhat Union, Rangpur District.
received an award for recording 100 per cent registrations made and certificates received by the parents within 45 days of birth of their children between March 2013 and January 2014.

C4D best practices, innovations and lessons learned were documented and disseminated among policy makers, professionals, programme implementers, and development and NGO partners. A video documentary and human interest stories, capturing the actions of adolescents as ‘Agents of Change’ who network with elected members, religious leaders, community leaders and teachers to end child marriage in their communities, was being developed. These formed part of the child marriage advocacy materials used by the Prime Minister during the 2014 Girl Summit in London.

The year 2014 saw the beginning of a process whereby the 45 most significant change stories developed at ward level in three UNDAF districts were verified by beneficiaries to ensure correctness of information on gradual changes in practices on hand washing with soap, acute respiratory infections, infant feeding, birth registration, antenatal care, child marriage, corporal punishment and child labour. The multi-tiered process also supported community ownership and publicity of the processes of change, especially around child marriage. Following the process of different levels of review from ward to union to upazila to district, 18 stories (six per district) were verified. In the first phase, three UNDAF districts were covered and the remaining four will be covered in 2015.

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

Analytical Statement of Progress: A national Growth Monitoring Campaign was led in 2014 by the Institute of Public Health Nutrition of the MoH & FW to counsel Bangladeshi society, and especially parents and service providers of community clinics, on the need for active growth monitoring and on the use of simple tools such as a chart to monitor child growth at home. The campaign reached over 80 per cent of the population of 150 million through national television and outdoor media. UNICEF provided support with the design and production of 360,000 posters, 360,000 leaflets, 360,000 height scales and 360,000 growth charts.

Following new evidence from the 2013 MoRES exercise, the counselling package, was significantly revised to include new messages on new vaccines, hand washing with soap, newborn care practices (e.g. kangaroo method) and the potential harm of child marriage and early pregnancy.

Forty-three trainers are involved with front-line workers in promoting SLTS to develop structured action plans, common approaches, monitoring framework and indicators under the SLTS initiative.

Bangladesh Betar (Radio) initiated an adolescent-friendly radio listing skills initiative, launched in November by the Minister of Information. A total of 324 adolescent clubs out of 1,325 from 19 districts submitted their registration to Betar. Each of the clubs is in the process of receiving a solar radio, a set of Meena books and posters. Betar, with the involvement of adolescents, produced 50 drama episodes on eight key child health and protection behaviours that will be used to initiate dialogue and social learning among adolescent club members.

As an outcome of training of 56 community radio professionals, an interactive programme was
developed on child health caring practices. The trend shows that in three districts (Netrakona, Bhola and Satkhira), the ANC visit increased from 23 per cent in 2013 to 29 per cent in 2014.

As a result of a joint effort between the Child Protection and C4D Sections, birth registrations and request for birth certificates within 45 days of birth increased from eight per cent in 2013 to 21 per cent in 2014 in 21 upazilas of seven UNDAF districts.

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

**Analytical Statement of Progress:** The MoWCA convened a dialogue with partners from government, development partners, NGOs, community-based organisations, and adolescent groups to agree on inter-sectoral initiatives to end child marriage in Bangladesh. The baseline for facilitation of community dialogues on child marriages quarterly is zero, based on NGO data. The target is to have at least 200 wards facilitating community dialogues quarterly. The event was sponsored by UNICEF with participation from the United Nations Population Fund (UNFPA) and UN Women. Ten songs and a digital interactive quiz programme on the harms of social norms and 3Cs (child marriage, corporal punishment and child labour) practices were launched by the State Minister.

With the support of local government institutions, ward development committee and local administration, 2,317 child marriages were arranged in 2014, against 2,581 the previous year; and 881 were stopped, against 939 in 2013 in the programme area, marking decreasing trends.

Adolescent ‘Agents of Change’ used participatory processes to engage peers and community members from urban poor areas in Dhaka and seven UNDAF districts during the Meena Day and 28 Education Fairs. This followed a decision by the MoPME to promote quality education through Interactive Popular Theatre in 57 of the country’s 64 districts, with UNICEF’s technical support. A total of 340 members of 170 Interactive Popular Theatre groups received training focusing on several harmful practices including corporal punishment and child marriage. Over 500 performances were conducted at district and upazila levels, and monitoring was done by the Directorate of Primary Education.

Forty adolescents of Korail urban slum organised group demonstrations of hand washing with soap, reaching an estimated 600 families, and 40 peer group discussions on child marriage. About 8,000 girls and boys from 50 secondary schools who have downloaded off-line versions of the game on [www.technosoft.com/mowca](http://www.technosoft.com/mowca) scored over 80 per cent and obtained certificates demonstrating increased knowledge among adolescents on hand washing with soap, birth registration, child marriage, corporal punishment and child labour.

The Violence against Children Campaign on child labour and corporal punishment implemented in 21 upazilas of seven UNDAF districts involved around 200,000 people – including adolescents, teachers, locally elected officials, NGO representatives and others – in activities including rallies in the communities, and orientation sessions on child rights and on harmful practices existing in the community.

UNICEF in partnership with the district administration and the Islamic Foundation Bangladesh took part in an initiative in the southern part of Bangladesh (Barisal) to improve hand washing and basic hygiene practices and to establish open defecation-free communities.
**OUTPUT 3** By 2016, at least two national institutions, the Government of Bangladesh and C4D partners use data from sentinel sites in three *upazilas* in each of the 20 districts to support the planning and implementation of C4D interventions

**Analytical Statement of Progress:** UNICEF’s C4D best practices, innovations and lessons learned were documented and disseminated among policy makers, programme implementers, development partners and NGOs validating gradual changes in the communities, especially in the areas of birth registration and child marriage. This included 18 verified and validated ‘most significant change’ stories, a folder of human interest stories that capture the activities and impact of adolescent agents of change, and a documentary demonstrating community efforts at preventing child marriage. The target is to have at least two key ministries (Information and MoWCA) and seven NGO partners use Knowledge, Attitude and Practise data. The baseline is zero.

In partnership with the James P Grant School of Public Health, BRAC University, a results framework and range of monitoring tools were developed to generate data and evidence to inform micro-strategies and track gradual changes in behaviours and social norms. Other programme sections showed interest in working with the same partner to generate evidence and Level-3 monitoring data. Actual data collection was not conducted due to delayed approval of the programme agreement.

With UNICEF’s support, the Ministry of Information implemented a media monitoring survey in 21 *upazilas* of seven of 20 UNDAF districts. The media monitoring quantitative data was collected to establish the reach of past programmes and key channels, and the qualitative data will be used to assess the quality and value of the programmes from the perspective of the beneficiaries. The analysis was used to successfully advocate for increased investment of free air time, and especially resources, from Bangladesh Television.

Formative research initiated in 2013 on key household practices and on three harmful social norm practices was finalised and printed to enhance the development of UNICEF’s intervention strategies. This will help identify sources of information as well as social networks that can influence behaviours and redefine social norms.

UNICEF initiated dialogue with academic institutions (e.g. Women and Gender Studies Department of Dhaka University) on incorporating behaviour and social change components in existing curricula and courses, which are to be initiated in 2015.

**OUTCOME 4** Capacity building and empowerment of civil society organisations, in particular those in 20 selected districts, are more effective in ensuring the realisation of the rights of children and women with equity

**Analytical Statement of Progress:** Local governments in 20 selected districts started to develop evidence-based bottom-up plans for children and leverage resources for implementation. This was the result of UNICEF’s investment to enhance programme coordination and technical support to decentralised government authorities through the six zone offices and a sub-office.

Building on UNICEF’s 2013 achievements, government decentralised programme coordination and implementation was further enhanced in 2014, with some convergence coordination committees established at the divisional level and chaired directly by the Divisional Commissioners. Their leadership proved highly effective in motivating local government offices
to plan for children with equity. In addition, the 17 convergence coordination committees established in 2013 (district, upazila and union levels) became more effective in implementing evidence-based monitoring of the situation of children and planning accordingly. In 2014, three additional convergence coordination committees were established in the CHT districts. Taking into account the decentralised governance model adopted in the CHT division, the structure of the committees was adjusted accordingly and the three respective Hill District Councils have ownership of the programme.

As a result of UNICEF-supported advocacy and capacity building of the local government, for the first time in 2014, 70 unions allocated more than US$ 8,000 each from their own budget for child-related issues. Furthermore, efforts are ongoing to develop integrated plans for children in all the unions in the selected 60 upazilas. With UNICEF’s support, 13 districts prepared integrated development plans for children in 2014 using the child-focused Equity Profiles developed in 2013 (in all 20 UNDAF focus districts) using the latest MICS results as well as departmental data and data from routine monitoring of effective coverage of services. Support was provided for the remaining seven UNDAF districts to prepare such plans in 2015. UNICEF will continue to support the generation of evidence on children’s issues using community participation as well as the systematic assessment of bottlenecks in service delivery to be used for planning and resource allocation at the district level.

In line with the ongoing effort to decentralise government budget and programme implementation, while enhancing transparency and accountability, the Government approved decentralised budgets for seven districts for FY 2014-15. The established District Convergence Coordination Committees are key for the implementation of a decentralised budgeting approach.

At the upazila level, programme coordination committees were established in the targeted 60 upazilas with the addition of 26 upazilas to the UNICEF-supported programme in 2014. In the 25 CHT upazilas, the existing programme coordination committees operate under the provision of the Integrated Community Development Project and their mandate was enhanced to include overall programme coordination. While some level of decentralised programme implementation is ongoing in all the 60 target upazilas, decentralisation and local government ownership is more advanced in some. In 2014, 24 prepared Integrated Development Plans and 27 updated their Disaster Preparedness Plans based on inputs from the community and the union parishads.

Community empowerment was initiated at the Ward Shova (village assembly level) to increase awareness on child rights, identify needs, and initiate positive community action. By the end of 2014, 273 community groups of around 9,500 people had improved skills on facilitating and leading discussions on child-related issues and in preparing village action plans. In 2014, Community Information Boards served as a powerful tool for monitoring the situation of children and women in their respective communities and implementing corrective actions. In CHT, community mobilisation is done from the para (village) level centred on the Para Centres, which serve as one stop service centres for children in the community and as a hub for community activities. A network of 3,800 Para Centres (jointly funded by UNICEF and the Government), has reached 68 per cent of the villages in the CHT region with the addition of 300 Para Centres in 2013/14. An additional 200 Para Centres will be set up in 2015.

UNICEF engagement at the subnational decentralised government level (district, upazila and union) helped fast track the emergency response to 27,655 flood-affected families in three northern districts in August-September. Family kits (a package of daily essentials) and plastic sheets helped the affected families cope with the flood situation. UNICEF provided over 9,000
children from 74 flood-damaged schools with educational kits that strengthened the Government’s efforts to maintain open education facilities in the affected locations.

**OUTPUT 1** By 2014, Local government/civil society organisation partners in 60 *upazilas* have improved coordination mechanisms and resources to ensure synergy and complementarity in programme delivery to children and their families with focus on equity.

**Analytical Statement of Progress:** All 20 district committees, 60 *upazila* committees and 188 union Convergence Coordination Committees functioned as established platforms for planning and monitoring for children. They regularly met to review both departmental and community data and to advocate for the inclusion of identified corrective actions in the local government and sectoral plans.

Through both secondary data and an in-depth assessment of the delivery of basic services at the local level, Equity Profiles were developed in all 20 programme districts, outlining the situation of children and the bottlenecks in service delivery. A total of 13 districts, 24 *upazilas* and 149 unions prepared their Integrated Action Plans. As a result of UNICEF-supported capacity building especially focusing on analytical and planning skills, this process earned a stronger commitment by local-level stakeholders, including local government authorities.

In 2014, the CHT Hill Districts Council Chairmen took the lead on field programme implementation in line with the increasing devolution of administrative and financial powers to the Hill District Councils.

Based on feedback from 2013, Divisional-level coordination committees were set up and proved very useful for providing effective overall strategic guidance to the implementing districts. Each Divisional Commissioner led the committee with active participation from divisional sectoral heads.

The MoWCA is leading a national-level Steering Committee of the Local Capacity Building and Community Empowerment Programme. In February, the committee reviewed the overall progress of the programme and made specific suggestions for improved communication between the line ministries and the districts.

**OUTPUT 2** By 2016, Local government and civil society organisation partners in 60 *upazilas* use improved capacity for bottom-up planning, disaster risk management, advocacy and resource mobilisation.

**Analytical Statement of Progress:** Thirteen districts, 24 *upazilas* and 149 unions prepared integrated plans for children based on the equity profiles. Over 2,000 officials and elected representatives trained on bottom-up planning worked jointly in this planning process. For this purpose, earlier in the year, 150 Master Trainers facilitated training on decentralised/bottom-up planning with a specific focus on children and women. Ward Shovas started discussing deprivations of children and women, and the situation of children in the village is displayed on community information boards; 304 unions now have information boards.

Enhanced capacity and increased engagement of the local governments resulted in leveraging of local resources for children. Around 70 unions allocated close to US$ 8,000 each in their budgets for corrective actions identified locally for health, education and child protection issues.
OUTPUT 3  By 2016, communities in 60 upazilas use improved capacity to identify their needs and participate effectively in micro-planning for development initiatives and disaster risk management.

Analytical Statement of Progress: With UNICEF’s support, a total of 156 unions developed Union Equity Profiles that were used for the preparation of their annual planning and budget exercise. Priorities and needs of children were collectively identified and documented to develop these profiles.

A total of 149 unions prepared union integrated development plans and allocated budget from various government schemes and projects. Children’s vulnerability to disaster was locally assessed and incorporated in the development plans. In addition, 99 unions upgraded their Emergency Preparedness Plans in 2014. This was timely since it supported a swift response in the districts affected by the August-September flash floods.

In this regard, 27,655 flood-affected families in three northern districts were supported with 11,745 family kits (a support package of 18 non-food items as daily essentials) and 25,000 plastic sheets. More than 9,800 children from 74 flood-affected schools were supported with 775 educational recreational kits.

OUTCOME 5  Knowledge on the situation and rights of children among stakeholders and duty-bearers generated to guide implementation of the Convention on the Rights of the Child, policy formulation, social sector strategies and budget allocations for increased social spending on national programmes that improve realisation of the rights of children within the lowest wealth quintile.

Analytical Statement of Progress: In 2014, a series of knowledge products on the situation of children were delivered in collaboration with partners by collecting primary data and by analysing existing data to inform policy. The Bangladesh Bureau of Statistics (BBS), under the Ministry of Planning, with technical assistance from UNICEF, published key findings – at the national and the subnational levels – of the MICS (2012-2013) completed in 2013. These informed the Bangladesh Millennium Development Goal (MDG) progress report and the Government of Bangladesh-UNICEF MTR. The partnership with UNICEF strengthened the capacity and skills of BBS officials in survey methodology, data processing and quality assurance, also reinforced through ongoing South-South cooperation with other Asian countries.

A further primary data collection effort focused on tracking and reporting the effective coverage of social services for children. In 2014, data was collected by young female enumerators using smartphones and results were visualised in an online dashboard for further analysis and scale up by the BBS, the Bangladesh Institute for Development Studies (BIDS). This collaboration aims to bridge the existing gap between data and policy through close to real-time data visualisation, which decreases the time lapse between data collection and the availability of data with policy makers for their effective use to take informed decisions.

To provide policy makers with recommendations on key issues regarding children in Bangladesh, UNICEF in 2014 developed a series of policy briefs, jointly with the BBS and BIDS on child marriage, child labour and out-of-school children. Furthermore, the Child Wellbeing Report and the Analysis of the Child-sensitivity of Bangladesh’s Social Protection System will be published in 2015 with the aim to provide decision makers with recommendations to make the
country’s social protection system more responsive to the needs of children in the various stages of the life cycle.

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

**Analytical Statement of Progress:** The Key Findings Report of Bangladesh MICS 2012-2013 conducted across 64 districts with UNICEF support, was published in June 2014 by the BBS. The results provide important baseline information at both the national and district levels, supporting results progress monitoring in the 20 priority (most socially deprived) UNDAF districts. The main MICS report, to be published in early 2015, covers detailed data analysis at national and subnational levels, including, for the first time, results on the quality of drinking water used by households, particularly the arsenic and microbial content.

In 2014, BIDS and UNICEF supported the collection of information from across nine districts by adolescent girls using smartphones to produce online dashboards showing the effective coverage of basic social services relating to children and women. To scale up the coverage of this exercise to all districts, institutional agreements were put in place with BIDS, the BBS and IMED.

The existing partnership with the BBS in the Ministry of Planning has been extended for the period July 2014 to June 2016. The renewed partnership includes the commitment to undertake a survey on the situation of children and women in urban settings as well as tracking and reporting close to real-time information using smartphones on effective coverage of basic social services in the entire country covering about 2,000 Census Enumeration Areas that are the Primary Sampling Units of the Sample Vital Registration System of the BBS.

**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:** In 2014, three policy briefs on topical issues (child marriage, child labour and out-of-school children) were developed jointly with the BBS and BIDS by using information from the 2013 publication entitled Child Equity Atlas: Pockets of Social Deprivation in Bangladesh and data from the Bangladesh Population and Housing Census 2011. In Bangladesh, about 29 per cent of young women aged 20-24 years were married before the age of 15 years and nearly 65 per cent before the age of 18 years (DHS 2011), over four million children are out of school, and one million children aged six to ten years of age are engaged in labour (Census 2011). Given the extent of these problems, they seriously affect the country’s development aspirations and were therefore chosen as topics for the briefs that provide a succinct situation analysis and key recommendations to policy makers.

A further report, Child Wellbeing in Bangladesh, drafted in 2014 jointly with the Ministry of Planning, will be published in early 2015.

Furthermore, 2014 saw the development of an analysis of Bangladesh’s social protection system with a particular focus on its child sensitivity in collaboration with the MoWCA. This report highlights critical gaps in the current social protection system as well as the newly proposed National Social Security Strategy and provides recommendations to policy makers for improvement.

Finally, with support from UNICEF, the Ministry of Finance and the MoPME started joint data
collection for a study entitled Understanding the Quality of Spending in the Primary Education Sub-sector Budget in Bangladesh to provide policy makers with data evidence to reform policies. It will also inform practices for improving the quality of spending and accountability in service delivery in the education sector.

In terms of groundwork for future programme implementation, a partnership with the Finance Division of the Ministry of Finance to support child-focused budgeting was finalised in 2014 to initiate child-focused budgeting using the Government of Bangladesh’s Integrated budget and accounting system (iBAS) from fiscal year 2015-16. At the end of 2014, a work plan was also signed with IMED of the Ministry of Planning to track access to basic social services, coordinate dissemination of findings to relevant social sector ministries and use knowledge of bottlenecks to increase effective coverage of social services for children, particularly the most vulnerable.

OUTPUT 3 By 2016, national partners have the capacity to generate and use information and knowledge and evidence to inform child-sensitive social policies and budgets

Analytical Statement of Progress: National capacity to conduct large-scale surveys was enhanced through significant investments in the training of BBS officials to support the finalisation of results for the MICS 2012-2013. As a result, BBS was for the first time able to manage the entire survey process from data collection to analysis and reporting independently.

In terms of enhanced use of existing data for child rights monitoring, BBS officials acquired the capacity to update and manage the BDInfo database. Recent data from national-level household surveys, including the recently published results from MICS 2012-2013 and the Population Census, was included in the database to increase its relevance.

Discussions were ongoing at the end of 2014 on how to strategically engage with national partners to build national evaluation capacity.

Overall, Government capacity to generate data and knowledge increased over the year, as is evidenced through the independent management of the MICS survey, including processing of data and tabulation of results. Challenges remain in the use of data and bridging the gap between evidence and policy making. A partnership with IMED in the Ministry of Planning commits to bringing data on effective coverage of basic social services closer to the planning and budgetary decision-making process.

OUTPUT 4 By 2016, results-based management for learning and accountability, knowledge management and sharing and use of good practices, lessons learned and innovations is institutionalised in UNICEF

Analytical Statement of Progress: Since 2012, UNICEF Bangladesh has made significant efforts in institutionalising the monitoring and analysis of barriers and bottlenecks in the MoRES approach. In early 2014, data was collected in nine districts. A progressive approach was applied to implement MoRES by collecting data on the effective coverage of four tracer interventions (iron folic acid supplementation during pregnancy, birth registration, full immunisation coverage, use of safe water). The data was collected by young female enumerators with the help of smartphones. This innovative tool for data collection enables visualisation of data in online dashboards in close to real-time. This trial was implemented in partnership with BIDS and is set for scale up in partnership with IMED and the BBS starting in 2015.
In terms of sharing knowledge on the application of the Tanahashi model and bottleneck analysis in Bangladesh, UNICEF continued its partnership with BRAC University to hold a lecture series on the cross-sectoral application of the framework. In 2014, the series was brought to a close with a total of seven rounds being held. The lectures brought together presenters and stakeholders from government, development partners and academia to showcase the utility of the approach by applying it in fields as diverse as birth registration, safe water supply, and nutrition and HIV/AIDS interventions.

One evaluation was completed in 2014 on the BEHTRUWC project. In addition, Bangladesh featured as a case study in three Headquarters-led evaluations on violence against children, the Let Us Learn project and the PLAY initiative. Furthermore, the 2014 MTR enabled UNICEF and its partners to assess progress made towards the Country Programme results. The MTR also involved an intensive exercise of compiling and examining existing data in order to provide estimates of effective coverage of key interventions and the deprivation gaps faced by children at subnational levels.

For the remainder of the Country Programme, the operationalisation of the Knowledge Management Strategy, which is currently under development, will be a priority to further the sharing of lessons learned and good practices within UNICEF Bangladesh and with external audiences in appropriate formats. Furthermore, the Country Office intends to enhance the use of strategic evaluation, in particular to inform the development of the next Country Programme.

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

**Analytical Statement of Progress:**
Since 2012, UNICEF has been working to strengthen the capacity of the media to report on children and women’s issues in different formats to attract a wider audience. The increased capacity resulted in more media coverage on key issues affecting children and women.

From January 2012 to November 2014, national dailies published over 38,000 stories related to children’s issues, i.e. education, child marriage, violence against children, birth registration, nutrition and health. UNICEF issued a total of 37 press releases, generating 518 stories, reaching more than 15 million readers per release.

National radio Bangladesh Betar produced 1,905 children-related programmes reaching an estimated audience of 120 million, generating awareness, triggering policy dialogue and increasing child participation. Programming included “Meena Live” – a live show where popular cartoon characters Meena, and presenter Mithu and Raju interact with children nationwide. As of December 2014, 88 programmes were broadcast. The audience increased from 0.7 to 85 per cent of the population since the show moved from a private to national broadcasting in 2013.

A total of 168 reports on Bangladesh Television primetime news were broadcast from 2012 to 2014, covering child rights, education, hygiene and sanitation, nutrition, and child protection and reaching 85 per cent of the population.

The total number of hits on the UNICEF Bangladesh website increased to 4.2 million in December 2014 from 2.9 million in 2013. Use of social media such as Facebook, Flickr, Twitter, and YouTube gained momentum and will be strengthened in 2015.

On the occasion of the 25th anniversary of the Convention on the Rights of the Child, a media
event promoting children’s rights was generated around a cricket match that was followed by an audience of about 50 million people. The match involved adolescent cricketers from disadvantaged families, a cricket icon and UNICEF National Goodwill Ambassador as well as politicians, journalists and former national cricket players.

Despite these achievements, a study conducted by UNICEF covering 2013-2014 demonstrated that issues affecting children’s lives received only 3.78 per cent of the media’s attention. In particular, less than one per cent of news items focused on children’s critical issues and in-depth stories. Overall, this showed a minimal improvement from 2009, when coverage on children’s issues was less than 3 per cent.

**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:** In 2014, 80 key journalists from television and print media participated in training on ethical reporting on children. This year, ethical reporting was integrated as part of journalism courses in two public universities. Before this, a training session was held with 15 teachers from five universities to discuss how ethical reporting should be incorporated in the curriculum. An additional three universities are planning to include it as part of their regular curriculum from 2015.

The two leading English and Bangla newspapers, with a combined readership of three million per issue, published a total of 46 two-page features on children’s issues, including UNICEF’s global campaign ‘A Promised Renewed’; children with disabilities; drowning; girl children living in the slums; child marriage; and primary education. Both newspapers continued their partnership with UNICEF and the monthly feature at their own expense after the formal contract ended in February 2014.

Five public service announcements (drowning, disability, violence against children, HIV/AIDS and nutrition) were produced and distributed to six media houses under the one minute free air time agreement focusing on children with disability, drowning, nutrition and violence against children worth US$ 397,407 in airtime.

In 2014, a Memorandum of Understanding was signed with a private satellite channel reaching 18 per cent of the population living in urban and semi-urban areas, to broadcast public service announcements (PSA) free of cost during the FIFA World Cup during prime time every day. Two PSAs covering HIV and stunting were broadcast once a day during each match.

Notwithstanding the progress made in enhancing media professionals’ capacity on reporting on children’s issues, related newspaper coverage is still low and of limited quality i.e. frequently event-based, often cursory, mostly reactive, and in-depth coverage is often inadequate. An evolving partnership with the Human Rights Commission will seek to strengthen the media’s capacity to report ethically on children’s issues and ensure the drafting and future implementation of national guidelines on reporting on children.

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

**Analytical Statement of Progress:** To strengthen children’s participation and eventually enable them to influence and produce media programmes, UNICEF supported various media programming from 2012 to 2014.
“Shishuder Chokhe” (in the eyes of children), a programme on prime time television, aired 50 news items produced and presented by children reaching 10 million viewers per show, encouraging two more satellite stations to introduce similar programmes.

BTV altogether produced and aired 165 programmes from 2012 until November 2014. Twenty-five ‘Our Voice’ programmes were broadcast on national television with a potential reach of 80 per cent of the population, enabling 176 children to quiz ministers, policy makers and celebrities on issues affecting their lives.

At the district level, open-air events and discussions during World Breastfeeding Week, Safe Motherhood Day and Birth Registration Day, Child Marriage, were conducted by the Ministry of Information and Bangladesh Betar/Live Broadcast programmes with UNICEF support. Each event reached more than 30,000 people, including vulnerable and marginalised children.

The partnership with BDNews24 to establish the first-ever national children’s online news agency ‘Hello’ ended on February 2014. Since then, the programme has been self-sustaining. The partnership initially covered 20 UNDAF districts and was later opened across Bangladesh. The ‘Hello’ site attracted corporate sponsorship from Grameen Phone adding 26 more districts for training and implementation.

Raising awareness about the rights of children and the promotion of meaningful child participation in the media continued to be challenged in 2014 by too little capacity, inadequate structures and poor practices, such as lack of knowledge and skills required to foster proper, ethical and productive engagement of/with children.

It was very promising therefore that a baseline study on child participation in broadcast media and a children’s opinion poll on their expectation of political aspirants was completed with both reports being instrumental to improve advocacy initiatives and programme planning.

OUTPUT 3 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 agenda in Bangladesh, UNICEF in 2014 strengthened its partnerships with the media, the government and the private sector through several new collaborations.

Over a period of six months, a 45 minute bi-monthly programme in partnership with a private television station aired a debate between decision makers and children (14-18 year of age) on the ‘state of children in Bangladesh’, reaching 18 per cent of the population.

In partnership with the Information Ministry and leading child rights organisations, an opinion poll on ‘children’s expectation of political leaders on the socio-economic rights of children’ recorded the opinions of over 4,000 children on the election manifestos of the major political parties. The findings, disseminated through the media, reached an audience of 10 million people.

The Children’s Rights and Business Principles (CRBP) report released in 2012 and subsequent orientation sessions held throughout 2014 paved the way to influence the private sector’s policies and practices in favour of children’s rights and future corporate social responsibility partnerships. This work will help strengthen UNICEF’s unfolding collaboration with the garment
industry (through companies Marks & Spencer, Uniqlo and H&M) and provides future opportunities to improve results around CRBP in 2015.

A CRBP orientation session was organised outside Dhaka (in Chittagong) where business leaders from the ready-made garments industry and leading business houses learned about child rights and shared their views. Similar sessions were organised in Dhaka to orient business managers. In total, 80 business managers from the garment industry, financial institutions, an edible oil refinery, international brands, advertising agencies, and young entrepreneurs took part in three workshops.

UNICEF also worked with academics from business schools to increase knowledge on CRBP, which will help the agency engage more with business groups in the future.

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

Analytical Statement of Progress: The CMT remains the central management body for advising the Representative on policies, strategies, programme implementation, and how to keep human and financial resources focused on planned results. The three management teams – programme management team, operations management team, and field management team – held regular monthly meetings where performance at the technical level was closely monitored and reviewed and corrective measures were decided based on weaknesses and underperforming areas. Holding regular meetings further strengthened management oversight functions as well as processes and procedures in the overall management of the office.

The rolling annual management plan (AMP) was updated and reviewed by the CMT in 2014, clearly defining and providing guidance on UNICEF Bangladesh priorities and establishing the separation of accountability and oversight office mechanisms to manage risks. The search and relocation of the Dhaka Office to a location that meets UN security standards remains a challenge and top priority for management. An interim emergency office located in the diplomatic enclave area continues to serve as back-up site during restricted movement periods, such as country-wide strikes and blockades due to political unrest.

UNICEF conducted an all-inclusive comprehensive exercise of reviewing and streamlining office work processes that culminated in the recommendation of the establishment of a central business transaction processing centre with the restructuring of programme support staff. The exercise strengthened existing internal controls on delegated financial authorities, and highlighted areas where the organisation would benefit from increased efficiencies and cost savings.

An emergency management and response plan based on UNICEF’s Core Commitments for Children remains in place and was updated in 2014. Prepositioned emergency response supplies (valued at US$ 1.2 million) were placed and maintained in locations prone to seasonal flooding and natural disasters. UNICEF remains committed to supporting government line ministries and other implementing partners to strengthen their capacity in financial management and in efficient and effective use of UNICEF resources.

OUTPUT 1 Effective and Efficient Governance and Systems

Analytical Statement of Progress: Efficiency gains were achieved by simplifying the business process related to local travel, hence limiting the volume of Travel Authorisations (TAs) in
VISION. A funds commitment is raised for local field trips covering several local TAs in VISION. All UNICEF Bangladesh sections and zones offices adopted Travel2field effectively to improve efficiency in the management of local travel. UNICEF Bangladesh is therefore able to provide open and transparent status of local travel to the traveller, and Finance and Administration Sections.

UNICEF Bangladesh has an updated business continuity plan in place to maintain and/or strengthen its operational response capacity during crisis situations affecting its operational capacity.

UNICEF Bangladesh continued to maintain a standing level of readiness for emergency and emergency communication system, radio communication, security information and structure, emergency evacuation, national and international zone warden system, and security incident management. The UNICEF Country Office maintained a minimum readiness level stock for 20,000 families for emergency response.

UNICEF Bangladesh undertook a comprehensive review exercise of VISION transactions that led to revised work processes and the creation of a VISION transaction business centre.

HACT remains a key risk management mechanism. External professional auditors were engaged in the financial, supply and programmatic risks assessment of all NGO partners. Risk mitigation plans were prepared for the concerned implementing partner. The cash transfer modality is decided based on the risk level of the partners.

UNICEF Bangladesh took a conscious decision in reducing the Information and Communications Technology (ICT) carbon footprint by installing large solar systems to support the operation. Three of the most vulnerable zone offices were selected for 2014.

OUTPUT 2 Effective and efficient management and stewardship of financial resources

Analytical Statement of Progress: UNICEF Bangladesh operated with a HACT Assurance Plan for 2014 as approved by the CMT, including programme monitoring and financial spot-checks to ensure that UNICEF funds were utilised for the intended purpose and in accordance with the activities outlined under the respective partnership agreements. Micro-assessments were carried out for implementing partners that had received or had the potential to receive more than US$ 100,000 in one year from UNICEF through PCAs. The UNICEF Country Office met with the Foreign Aid Audit Department to strengthen the partnership for the audit of the government implementing partners and also explore the possibilities of micro-assessments of them. UNICEF Bangladesh established LTAs with three audit companies to carry out micro-assessment exercises, and an additional three to carry out spot-checks. In 2014 a total of nine micro-assessments and 40 spot checks were carried out, with an additional focus on addressing capacity gaps.

UNICEF Bangladesh conducted HACT and financial and supply policies training for all staff in the Dhaka and zone offices; 189 staff were trained. The UNICEF Country Office also took the initiative to provide HACT training to 500 staff members of implementing partners to build their capacity and ensure timely disbursement of funds and more effective implementation of assurance activities. However, the high turnover of government staff, their capacity in financial management, and the reporting and implementation of the government audit recommendations were some of the key challenges faced in 2014 in the implementation of HACT.
Provision was made to expand the platform for the implementation of the electronic banking services, Bangladesh Electronic Fund Transfer Network (BEFTN) to most vendors and implementing partners in 2014. Vendor master data was brought up-to-date, to ensure office compliance and conformity with local e-banking (BEFTN) requirements. The new implementation of e-banking services drastically increased efficiency, reducing the payment time to partners from the current average of 14 days to 48 hours, regardless of the receiving bank.

UNICEF Bangladesh made huge strides in liquidation of outstanding direct cash transfers (DCT) to partners, with less than US$ 100,000 in the category of DCTs outstanding for more than six months before year-end 2014.

OUTPUT 3 Effective and efficient management of human capacity

Analytical Statement of Progress: UNICEF Bangladesh remained committed to ensuring that staff members are empowered to deliver effective results for children and women. Forty-four positions (two IPs, 19 NOs and 23Gs) were recruited in 2014, and gender balance is a priority. Most staff benefitted from one or more training activities in 2014, including local and international training; 815 participants attended 13 group-training activities. These included, but not exclusively, orientation for newly recruited staff (17), VISION awareness (30), gender (18), ethics training (216); HACT (175), evaluation (46), CBI training (69), fire emergency (49), disability inclusion training (92); and security clearance procedures (37).

In 2014, UNICEF Bangladesh completed an MTR, resulting in the following changes: a proposed staffing structure to help become more Country Programme-focused; the transfer of specific operations functions to the Global Share Service Centre (GSSC); the establishment of a Country Office BSC; and HACT and PCA management.

Positions were created in WASH, Nutrition, Health and Education to remain coherent with the UNDAF Action Plan. Thirty-four GS, five NO and one IP post were abolished and 21 GS, eight NO and five IP posts were created. With the proposed BSC, the number of support staff in sections decreased. In the programme group, six GS6 Programme Assistants (PA) and eight GS5 Administrative Assistants (AA) posts were abolished, while four PA GS6 and four PA GS5 posts were created. In the Field Operations group, seven PA GS6 and eight AA GS5 posts were abolished, and one PA GS6 and seven Field Assistant GS5 posts were created. In Operations, the posts of NOA Supply Officer, NOA Budget Officer, GS7 Senior Finance Assistant, a GS6 Administrative Assistant and a GS5 Human Resources Assistant were abolished. One NOA Programme Officer Lead and three PA GS6 positions were created to support the BSC. One GS7 Admin Assistant and one GS6 Communication Assistant were created. One IP Wash Specialist was abolished. The remaining posts abolished were vacant posts. The Human Resources Section was fully engaged in the process and three all-staff meetings were held in May and June to ensure that staff members were correctly informed of the process, and their opinions solicited and appraised before the final submission of the revised structure.
## Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Evaluation of Basic Education for Hard to Reach Urban</td>
<td>2014/001</td>
<td>Evaluation</td>
</tr>
<tr>
<td>Working Children (BEHTRUWC) Project (BEHTRUWC) 2nd Phase 2004-2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formative Evaluation of UNICEF’s Monitoring Results for Equity</td>
<td>2014/013</td>
<td>Review</td>
</tr>
<tr>
<td>System (MoRES) – CASE STUDY- Bangladesh</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Other Publications

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPI coverage evaluation survey 2013</td>
</tr>
<tr>
<td>The State of the Children 2015: Executive Summary (Bangla)</td>
</tr>
<tr>
<td>Children’s Opinion Poll: Children’s Views and Expectations from</td>
</tr>
<tr>
<td>Political Aspirants and Leaders in Bangladesh</td>
</tr>
<tr>
<td>Bangladesh Multiple Indicator Cluster Survey (MICS) Key Findings</td>
</tr>
<tr>
<td>Report 2012-2013 and district level report</td>
</tr>
<tr>
<td>Situation Analysis on Children with Disabilities in Bangladesh</td>
</tr>
</tbody>
</table>

## Lessons Learned

<table>
<thead>
<tr>
<th>Document Type/Category</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovation</td>
<td>Ability Based Accelerated Learning for out-of-school children</td>
</tr>
<tr>
<td>Lesson Learned</td>
<td>Managed Aquifer Recharge (MAR) – an innovative solution to provide</td>
</tr>
<tr>
<td></td>
<td>reliable, safe drinking water in water-scarce coastal areas of</td>
</tr>
<tr>
<td></td>
<td>Bangladesh</td>
</tr>
</tbody>
</table>