

### Executive Summary

Since Bangladesh attained independence in 1971, the Government of Bangladesh and UNICEF have cooperated in promoting the progressive realisation of children's and women's rights. The current programme of cooperation is anchored to the country's national priorities for children and women outlined in its 2010-2021 Perspective Plan (Vision 2021), its Sixth Five Year National Development Plan 2011-2015 and the priorities identified in the annual Bangladesh Report on Progress in achieving the Millennium Development Goals (MDGs).

Bangladesh has made good progress in poverty reduction, infant and maternal mortality reduction, gender equity in the education system up to secondary level, birth registration and potable water supply. However, major socio-economic challenges persist. Data from the 2009 Multiple Indicator Cluster Survey (MICS) indicate considerable disparities between and within districts in terms of achieving the MDGs with equity. To accelerate the reduction of existing gaps, UNICEF emphasizes reaching the most vulnerable children through converging programmatic efforts in specific geographic areas selected on the basis of vulnerability analysis. A robust United Nations Development Assistance Framework (UNDAF 2012-2016) process led to agreement on thematic priorities, geographic targeting and division of labour. The United Nations Country Team (UNCT) collaboratively agreed to focus on the 20 districts with the lowest indicator rates to specifically address the equity agenda across all UN programming in Bangladesh.

Support at the policy level in the health and education sectors contributed to policy development and institutional capacity strengthening within the Government-led sector-wide approaches. Support was also provided for the implementation of nationwide child-rights activities, including the Expanded Programme on Immunisation (EPI), vitamin A supplementation, salt iodization and birth registration. A major step forward in the realization of children's rights is the closer alignment of both the new Children's Act and National Policy on Children with the Convention on the Rights of the Child (CRC). Initiatives to inform policy change and effective programming include models for cash transfer for orphans and vulnerable children; reform of institutions housing children in contact/conflict with the law; alternative education for out-of-school children; school feeding for vulnerable children in under-performing sub-districts; enhanced quality and access to maternal and new-born services; and school-level investment plans.

To accelerate progress towards the achievement of MDGs 4 and 5, special interventions on Maternal, New-born and Child Health (MNCH) have been expanded from 19 districts in 2010 to 29 districts in 2011, which represent nearly half the districts in the country. The Reach Every District (RED) immunisation strategy boosted coverage dramatically. Despite falling child and maternal mortality rates, national efforts to address key constraints, sustain capacities and systems relating to maternal and new-born health need continued support. Notwithstanding significant achievements in education, issues of quality and equity persist. Behavioural change strategies aimed at excluded groups need to be carefully tailored to their specific needs. Improving child nutrition merits special attention. Progress in four key strategic results areas will be closely monitored: reduction in stunting prevalence, access by the most vulnerable children to preschool programmes, universal birth registration and reduction of the harmful practice of child marriage.

### Country Situation

The population of Bangladesh — estimated at between 142-145 million people — is likely to increase by 50 per cent over the next half century, becoming predominantly urban in three decades. The urban population stands at 41 million people, increasing at four % annually. According to the 2009 Multiple Indicator Cluster Survey (MICS), the social indicators of urban slums are worse than those of most rural areas. Forty % of Bangladeshi households are poor, over one quarter, extremely poor. Poverty has a profound impact on the lives of the country's 61 million children. Twenty-six million children live below the national poverty line, typically deprived of four out of seven of the following basic services: water, sanitation, nutrition, education, health, information and shelter.

Bangladesh has recorded a remarkable decline in the under-five and infant mortality rates (146 to 53.8 deaths per 1,000 births and 92 to 41.3 deaths per 1,000 births between 1991 and 2008 respectively) and is on track to achieving the Millennium Development Goal (MDG) 4 on child mortality. Pneumonia and diarrhoea remain the major causes of under-five morbidity and mortality. Immunisation, control of diarrhoeal diseases as well as vitamin A supplementation, combined with a reduction in fertility rates and economic and social development, have contributed to the decline in child and infant mortality. The decline in neonatal mortality has been slower than that for child and infant mortality due in part to a low prevalence of essential new-born care practices among caretakers. With the decline of communicable diseases, the proportion of injury-related morbidity and mortality is rising. Drowning, road traffic accidents, burns and other injuries cause 38 per cent of deaths of children aged 1 to 17.

The most recent maternal mortality data shows a rate of 194 deaths per 100,000 live births (Bangladesh Maternal Mortality Survey, 2010), which represents a 40 % reduction over the last decade. Only half of the mothers receive antenatal care from skilled health providers. Health care correlates with household wealth and educational background. Access is lower in poor urban and rural areas. The major health systems bottlenecks include a lack of access to health facilities, staff shortages, insufficient supplies, and inadequate supervision and monitoring. Economic barriers hamper the demand for and use of health services by the poor; lack of knowledge among caregivers is an underlying factor for this lack of demand. HIV prevalence remains low at 0.1 %. However, the population is at risk because of the country's proximity to high-prevalence countries and because behavioural patterns exist that could fuel an epidemic. Injecting drug use is the primary factor for the spread of HIV. Another concern is the rising proportion of girls and women living with HIV. One contributing cause is the fact that only 16 % of girls and women aged 15 to 24 has a comprehensive knowledge of HIV prevention.

Bangladesh is not on track to achieve the malnutrition target of the MDG 1 on the eradication of extreme poverty and hunger. Forty-eight per cent of children under five are stunted, and 37.4 % are underweight (Household Food Security and Nutrition Survey, HFSN 2009: [http://www.unicef.org/bangladesh/knowledgecentre\\_6269.htm](http://www.unicef.org/bangladesh/knowledgecentre_6269.htm) ). The rate of exclusive breastfeeding, at 48.7 %, has been stagnant over the last 15 years. Children aged 6 to 23 months have higher rates of under-nutrition than children aged 24 to 59 months, indicating inadequate feeding practices. Access to food is hindered by high employment and low household incomes, as indicated, for example, by the fact that child malnutrition is almost twice as high in the poorest as in the wealthiest quintile (UNICEF, 2009).

Bangladesh has attained the MDG target for gender parity in primary and secondary education enrolment. However, one fifth of children of primary school age (6-10) never attend school.

The low socio-economic status of women is reflected in the poor health services provided to them, their inadequate food intake and their limited decision-making authority. Thirty-nine % of girls are married before the age of 18. In rural areas, some 36 % of girls are married before age 15. Early marriage, dowry practices and sexual harassment, as well as violence against children and women continue because of social acceptance and gender norms. Social norms perpetuate the practice of child sexual abuse as well as exploitation and trafficking, and obstruct efforts to raise awareness of HIV and to ensure children's access to services. Because of social norms, both girls and boys have limited opportunity to express their opinions or participate in making decisions affecting their lives.

The country faces challenges that impede efforts to address the underlying and root causes of child poverty. Government structures are centralized, limiting flexibility to adapt social services to local circumstances and community demand. Moreover, social norms and behaviours must be changed to enhance access to services. Social services have achieved improved access but inadequately address quality and equity. The lack of attention to equity is demonstrated in the fact that urban working children, children who live or work on the street and orphans, who are among the most vulnerable children, receive only 0.66 % of the social safety net budget. Without directly targeting the most vulnerable children and their families, the inter-generational cycle of poverty cannot be broken.

### **Who are the deprived children in your country context?**

A 2009 UNICEF study on multi-dimensional child poverty and disparities showed that 46 % of children were poor. The majority of children are deprived of adequate sanitation, information and shelter, with substantial proportion facing deprivations in regard to food, health and education. Children from the poorest households run twice the risk of dying before age five, or suffering stunting as a result of chronic under nutrition. Children living in rural areas are more vulnerable to deprivations compared to their urban counterparts; but children in the urban slums fare worse than children in rural areas. In Bangladesh, girls in particular face a variety of challenges, including pervasive poverty and one of the highest rates of child marriage in the world.

In the area of health, the under-5 mortality rate per 1000 live births is 95 for slum areas and 66 for rural areas. In the area of sanitation and hygiene, 9 % of households in slum areas use improved sanitation facilities that meet UNICEF's monitoring standards compared with 54 % of people in rural areas. Slums have very high rates of school dropout and have three times more child labour than the national average. In relation to meeting the Millennium Development Goal targets, slums are performing significantly worse than most rural areas. Of the approximately 30 million children in Bangladesh currently growing up in poverty, five million live in extremely precarious conditions – 3.3 million in urban slums.

### **Data/Evidence**

UNICEF's approach of geographic targeting of basic social services aims to mitigate the large geographic disparities that exist between the best and worst performing sub districts (upazilas) in key social development indicators. The concept posits that effective geographic targeting of interventions to the least performing districts and upazilas has the potential to accelerate progress towards achievement of the MDGs with equity. More than 'income poverty' (measured as the percentage of population that consumes below the food/total poverty line), UNICEF emphasizes 'deprivation poverty', inspired by the principles of the Convention on the Rights of the Child, that focuses on the resources children need to survive and grow. UNICEF used data from MICS indicators to compare geographical areas. Out of 23 indicators from the MICS, four key indicators were chosen to develop a Composite Deprivation Index. The indicators include Skilled Birth Attendance, which affects the under five mortality rate and the maternal mortality rate and therefore has impact on MDGs 4 and 5. The Net Attendance ratio (NAR) in secondary school which addresses MDG 2 and is thought to be a more powerful indicator than primary NAR as it takes into account completion of primary school. The third indicator is access to improved sanitation, which addresses a key target in MDG 7. The fourth indicator in the Index is female adult literacy, which is a powerful indirect measure of poverty and addresses MDGs 1 and 3. This Composite Deprivation Index was applied to all districts and upazilas to produce a list which ranked districts and sub-districts (upazilas) from lowest performing to highest performing. A UNICEF rapid assessment pointed towards income/expenditure poverty and geographic isolation as likely reasons to explain disparity between districts in their progress toward achieving the MDGs. As a result of this analysis, UNICEF has called for the systematic geographic targeting of sector programmes (water, sanitation, health, nutrition, education) as well as social safety net interventions (primary and secondary school stipends, etc.). Holistic targeting considering multiple-sector social deprivations using the composite index is more likely to have a greater impact because of the synergy created by simultaneously addressing several social deprivations.

The composite deprivation index developed by UNICEF was one of the selection criteria used by the United Nations Country Team (UNCT) in Bangladesh to select the priority districts where all UN Agencies will concentrate efforts for the new five year United Nations Development Framework (UNDAF 2012-2016). Targeting the urban poor, especially in slums, is also being done, and selection of cities where the UN agencies will focus interventions will also use the Composite Deprivation Index as one of the selection criteria.

### **Monitoring Mechanism**

Data from the MICS and other regularly collected information from national systems, such as the Census, the Sample Vital Registration System and the Household Income and Expenditure Survey are used to monitor the situation of children and women at the outcome and impact levels. Other midline and end line surveys and studies track results at programme and project output levels. In 2011, regular third party

process monitoring of UNICEF-Government of Bangladesh programme performance provided more frequent information and analysis to assess progress towards achievement of planned targets. The challenge is ensuring that synergies between programmes are capitalized on for performance monitoring at the sub-national level. Unavailability of reliable sub-national data and baseline data has constrained adequate monitoring and evaluation of impact of UNICEF supported activities in the past. The annual Child Risk Measure survey is being designed as a monitoring tool to track changes in key determinants that need to be in place to achieve results for disadvantaged children. This will allow regular assessment and analysis to address the persistent bottlenecks and barriers in making progress towards expected outcomes and outputs which will contribute to achievement of the MDGs with equity. In 2012, the MICS will capture a range of indicators to monitor and validate achievement of relevant outcomes from the UNDAF and UNICEF's Programme Cooperation with the Government of Bangladesh.

An evaluation undertaken to assess the effectiveness of the Education and Child Protection Programmes during 2006-2011 provided key recommendations to strengthen results and generate greater synergies between the two programmes. An impact evaluation was conducted of the Integrated Community Development Project, (ICDP): 2006-2011 in the Chittagong Hill Tracts. In addition, an evaluation was carried out of a long standing project with the Department of Mass Communication (DMC) and Children Express to assess the effectiveness of the different media being used by the implementing partner in the field. All evaluation findings and recommendations have informed future programmatic and operational decisions. The evaluations are being uploaded into the UNICEF Global Evaluation database.

### **Support to National Planning**

The government of Bangladesh has established the Implementation, Monitoring and Evaluation Division (IMED) to monitor and evaluate public sector development projects, including the Annual Development Programme (ADP). In 2011, UNICEF supported capacity strengthening of IMED mid-level officials in evaluation of development programmes.

The Government of Bangladesh has also established mechanisms for periodic reviews of the programme of cooperation with UNICEF. Joint monitoring and performance assessments are conducted with government counterparts and other partners in the area of water and sanitation, health, nutrition, education, child protection and communication for development. Partners continue to rely on UNICEF support to engage in monitoring and evaluation activities and to support capacity strengthening in this area.

UNICEF supports local government institutions to improve the quality and outreach of services. Civil society organizations (CGOs) are most effective at the community level to enhance knowledge, change behaviour and social norms, and to improve demand for and access to services. Strategic partnerships have been established or strengthened with non-governmental organizations (NGOs) and these experiences are essential for scaling up projects and programmes. UNICEF support to the Health and Nutrition and Education Sector Programmes is monitored and evaluated following the common mechanism agreed by the government and donors.

### **Any other relevant information related to data/evidence?**

## **Country Programme Analytical Overview**

A set of proven core strategies underpin UNICEF programme interventions. These strategies are imbedded in all programmes and will continue to be used, with refinements as appropriate. They include: evidence and knowledge-based advocacy on accelerated efforts needed to achieve the MDGs and to reduce disparities between and within districts. A central thrust of advocacy will emphasize that addressing issues of equity is far more effective in reducing poverty than pursuing economic growth alone. It will also emphasize that the reaching of middle-income status for the country will not guarantee the realisation of the Government's poverty reduction targets and human rights.

Capacity development at individual, institutional and societal levels, through a capacity development

framework will serve to strengthen systems at central and subnational levels to improve service delivery and social protection, create demand for services and provide humanitarian-related support. In tailoring capacity development strategies and approaches, UNICEF Bangladesh will take into account the findings and recommendations from the Regional Thematic Evaluation on Capacity Development commissioned by UNICEF's Regional Office for South Asia and carried out in four countries in South and East Asia, including Bangladesh.

Service delivery in deprived urban and rural areas will be used to model innovative initiatives that can be taken to scale and to make the linkages between reality on the ground and the upstream policy and legal environment. Emphasis will be placed on behaviour and social change. The equity-based approach and principles of gender equality as reflected in UNICEF's geographical and group targeting of the most deprived populations and localities frame these strategies. The Annual Management Review conducted with government counterparts in December 2011 clearly revealed in all programmes the strong linkage between social modeling undertaken in the context of service delivery in deprived areas and advocacy for policy and legal reform.

### Effective Advocacy

*Fully met benchmarks*

A study on budgeting for children's rights was done in collaboration with a national think tank, the Centre for Policy Dialogue. The study aimed to provide policy and decision makers with the analysis necessary to take informed and decisive action in order to keep the promise made by Bangladesh when it ratified the Convention on the Rights of the Child (CRC). The study concluded that despite the promises by the Government of Bangladesh to provide better opportunities for children, the share of resources devoted to them from the national budget has remained extremely low (4.1 % of the national budget for Fiscal Year 2010-2011), given that children under 18 years of age make up nearly 50 % of the total population. The study, launched by the Minister of Finance, generated a healthy debate around the issue, with some government participants suggesting different estimates, based on different assumptions. This opportunity was seized to call for an adequate framework to analyse budgets from a child-oriented equity perspective. A highlight was a debate organised on national TV between the Minister of Finance and a group of children, who asked questions on budgets related to them. As a consequence of this advocacy effort, an analytical framework will be developed in close collaboration with partners and a follow up national budget analysis is planned for release around the time the national talks get underway to decide on the next national budget, to advocate for equitable, child-friendly budgets.

To strengthen monitoring the implementation of the recommendations of the Committee on the Rights of the Child and Reporting System in Bangladesh, UNICEF has reinforced its support to the Ministry of Women and Children Affairs to develop a monitoring framework and guidelines for the systematic collection and organisation of quantitative and qualitative information in order to determine progress made in terms of positive results for children. The District Child Rights Monitoring Forum was reformed in all 64 districts of the country to monitor the implementation of the CRC at district level and to take necessary action whenever there is a violation of child rights. The monitoring and reporting mechanism established at national and sub-national levels is starting to take hold. The State Minister in charge of Women and Children Affairs chairs quarterly meetings to assess progress in child rights-related activities of 21 ministries. In addition, the Chairman of the District Child Rights Forum also conducts quarterly reviews on the implementation of child rights related activities by 20 Government departments as well as NGOs.

### Changes in Public Policy

Initiatives from which evidence was accumulated for policy change and effective programming include: models for cash transfer for orphans and vulnerable children; reform of institutions housing children in contact/conflict with the law; alternative education for out-of-school children; school feeding for vulnerable children in under-performing sub-districts; enhanced quality and access to maternal and new-born

services; and school-level investment plans.

Since 2006 Bangladesh has seen a fivefold increase in birth registration. There is also a close alignment of both the Children's Act 2010, approved by the Cabinet, and the National Policy on Children adopted in 2011 with the Convention on the Rights of the Child.

### **Leveraging Resources**

UNICEF strategically used its standing among partners and experience in modelling key initiatives and successfully leveraged and contributed to the existing education and health consortiums/SWAPs as well as the safety net programmes. UNICEF held briefings and meetings with major donors to encourage support for key plans and activities of the UNDAF within which UNICEF contributes to key outcomes and outputs that mirrors the work of two existing donor consortiums: education and health. The fact that UNICEF had successfully chaired both these consortiums gave UNICEF a good standing vis- a-vis donors. UNICEF has successfully advocated for the inclusion in the Education SWAP (PEDP3) of an allocation of US\$ 100 million for non-formal education for working and marginalised children. This follows the completion of a US\$ 44 million 5-year programme piloting this approach with support from CIDA and SIDA. Likewise, US\$ 200 million has been incorporated to institutionalize the School Level Investment Plans (SLIPs) benefiting 13 million children, also modelled by UNICEF through a US \$6 million contribution by AusAID.

UNICEF took an active role in the shaping of the new United Nations Development Framework (UNDAF). It strongly advocated for the development of a robust UNDAF with clear geographic targeting, a solid monitoring framework, clear division of labour among UN agencies, a plan for a common UN fundraising strategy and a revised code of conduct for the UNCT to enhance the UN's standing and credibility in Bangladesh and subsequently facilitate fundraising. The UNDAF Action Plan approved by the government will allow donors to invest in the UNDAF either using the un-earmarked modality or through specific outcomes or outputs for which UN convening agencies would be the funding channel. Such an approach will give a strong signal on UN harmonization and will be helpful in mobilising resources.

Fundraising activities entailed maintaining dialogue with existing and new donors to mobilise resources, including leveraging resources from the education and health SWAPs, as well as continued engagement with UNICEF National Committees, which provide unrelenting support to programmes in Bangladesh.

Achievement of the country programme planned results will be highly dependent on the realisation of a high proportion of Other Resources (donor funding). UNICEF Bangladesh has taken a proactive approach to secure a sustained level of programme funding. An assessment was made of the country funding scenario in consultation with key donors and recommended relevant steps will be followed by UNICEF to adjust itself to the new and emerging funding context. A fundraising strategy was developed for the new country programme, and the Country Management Team endorsed the establishment of a Fundraising Coordination Committee, under the leadership of the Representative, to oversee implementation of the fundraising strategy and steer the overall fundraising effort.

## **Capacity Development**

*Fully met benchmarks*

Information and Communication Technology (ICT) centres were established in six districts to provide improved access to the internet, on-line birth registration, on-line training facilities, and the establishment of a database for improved planning and advocacy purposes. Exposure visits have also been organised for senior government officials to Nepal and India to improve their understanding on decentralisation and bottom up planning.

The focal persons from 21 relevant ministries and key NGOs were trained on child rights monitoring and reporting. A total of 1,176 members of the Child Rights Forum in 42 districts were trained on monitoring of

and reporting on child rights. Capacity development activities will be an ongoing feature as new members join the forums.

Officials from the Bangladesh Bureau of Statistics at the central and divisional level strengthened their skills in monitoring and analysis of the situation of children through MICS training and enhanced skills in the use of DevInfo. Mid-level officials from the Monitoring and Evaluation Division at the Ministry of Planning and NGOs staff enhanced their capacities in equity focused evaluations through UNICEF's annual short course on evaluation of development programmes organized with BRAC University.

UNICEF provided technical support to the Ministry of Primary and Mass Education to conduct an assessment of the technical assistance required to successfully implement the third phase of the Primary Education Development Programme. Different donors have agreed to meet this need.

### Communication For Development

*Mostly met benchmarks*

Several good practices are yielding results in Communication for Development Programming. Emphasis is on dialogue, particularly between service providers and clients to create a demand for quality service. Peer group, courtyard or community dialogue are usually stimulated by either a short film on a mobile cinema, drama show by an Interactive Popular Theatre (IPT) group or counselling by a *para worker*. The IPT is widely accepted and is recognised as useful in stimulating discussion in communities on aspects of child rights. Each convergence district has at least three IPT groups that have received support from UNICEF. Collective problem identification is done with community groups and scenario development, pre-testing and finalisation of scripts that involve adolescents. IPT is an inexpensive and exciting way of mimicking harmful behaviours, of modelling appropriate practices and of encouraging families and communities to address social and cultural barriers. Interpersonal Communication strategies are mainly employed in support of behaviour change on Maternal, Neonatal and Child Health (MNCH) and education related interventions including hand washing among lactating mothers and school children.

Mass communication, including programmes on the recently licensed community radios, provide a strong basis for increased awareness on key household practices and for challenging non-protective behaviours like child marriage as well as amplify the voices of children and vulnerable groups to reduce disparities and fulfil their rights. Advocacy at sub-national and local levels was used to bring community voices to a higher level and to generate response to local demands. The use of Community Information Boards will be intensified from 2012 onwards to help communities monitor progress on key child wellbeing indicators and to engender social action and progress. All interventions will continue to be closely monitored to ensure the adoption and sustained use of appropriate behaviours.

Key lessons learned included noting that programmes for children have more impact when children are involved in all aspects of production. Awareness creation is to be actively supported and closely monitored for real change in practice. Engaging men, religious and traditional leaders, is key to ensure that caregivers adopt and sustain appropriate behaviours. Dialogue between service providers and clients is an important factor in addressing contextual concerns and barriers to changes in behaviour patterns.

### Service Delivery

*Fully met benchmarks*

An intense mapping exercise has been completed in all the 12 convergence upazilas and 96 unions to identify key gaps and duplications in basic services and facilities. This information is being used to enhance

local level planning and coordination to minimise identified gaps. As a result necessary action is being taken to renovate 353 schools and eight health facilities to make them child-friendly. All unions have established Information Boards and Resource Centres to provide key information about the status of children and women in their communities, which is serving as a call for action. UNICEF supported the provision of pre-school and non-formal basic education to some of the most deprived children. These services are provided by NGOs in direct partnership with the government.

### Strategic Partnerships

#### *Fully met benchmarks*

Strategic partnerships were strengthened with key government departments and institutions. The Economic Relations Division (ERD) and Cabinet Division continue to lead the Convergence Approach with decentralisation of authority and funds to the Deputy Commissioners. UNICEF has reached an agreement with the National Institute of Local Government (NILG) and the Public Administration Training Centres (PATC) to develop packages on decentralised planning and training of 300 government officials and workers from civil society organisations on bottom up planning and community empowerment.

Inter-agency collaboration worked well in 2011. The UNDAF was collaboratively developed, in close consultation with Government, civil society and international development partners. Inter-agency working groups did a good job in promoting common agendas, for instance in MDGs, emergencies and operations. In particular, the UN Operations Management Team developed common contracts for travel and procurement of goods. The Bangladesh United Nations Country Team went beyond the signed UNDAF, and the United Nations Development Group Executive Committee (ExCom) agencies agreed, with strong encouragement from the government, to develop the UNDAF Action Plan which has been reviewed and approved by the government.

UNICEF co-leads the Education in Emergency working group with Save the Children. It is also actively involved in the Donor Consortium of the Education and Health and Nutrition sector programmes. Strategic dialogue is also maintained with BRAC and Grameen, the two leading NGOs in the country. UNICEF also actively participates in the Bangladesh Early Childhood Development Network and Campaign for Primary Education. UNICEF is also partnering with the parliamentarians to promote gender equality in education under the United Nations Girls' Education Initiative.

UNICEF has established partnership with the International Centre for Diarrhoeal Disease Research Bangladesh (ICDDR,B) for monitoring and evaluation of the Maternal and Young Child Nutrition Security in Asia (MYCNSIA) intervention and production of Ready-to-use Therapeutic food (RUTF) with locally available ingredients. UNICEF has also established partnership with CARE for implementation of MYCNSIA in 12 upazilas in 5 districts. UNICEF and the Bangladesh Bureau of Statistics (BBS) jointly conducted a baseline nutrition survey for REACH interventions in Satkhira district. Under the GAVI initiative, UNICEF has provided technical support for introduction of new vaccines and Health Systems Strengthening (HSS) in identified 13 low performing districts.

#### **Mobilising Partners**

Communication for Development (C4D) through its work increased UNICEF opportunities to reinforce a multi-sectoral approach to programming, especially in the seven convergent districts. Alliances were built with social networks and sub-national partners, especially at the sub-district (upazilas), union and lower levels, aiming to accelerate progress towards achievement of several MDG targets, especially around the eight key behaviours UNICEF had prioritized, in particular proper hygiene practices by school children and community members.

In addition, UNICEF introduced innovations that not only addressed gaps in *Facts for Life* knowledge but more so engendered processes and created a platform for participatory community appraisal, dialogue and



action using a very basic tool. An achievement was progress towards institutionalising the regular update of Community Information Boards to help communities identify and track progress on key wellbeing indicators for children and women and to motivate dialogue and action planning to address persistent and residual challenges. In addition, the Community Information Board was used in 2011 as a ready tool to increase equity in information sharing, participation and action planning involving all segments of a community, including youths. More importantly it provided basic information for development of scripts for interactive popular theatre (IPT) shows, mobile cinema materials and to initiate dialogue during courtyard and tea stall meetings.

Though welcomed, their regular update and use remain key challenges as it involved collecting data from several sources and putting it into a very simple format. The next step, for 2012 and beyond is to ensure stronger buy-in and political support at upazila and lower levels to easy access to data, regular updates and use of the information for community dialogue and action planning as envisioned.

In the new country programme (2012-2016), UNICEF will reinforce the multi-sectoral approach to strategic behaviour and social change programming, in particular to integrate at least two indicators that help the tracking of key social norms like child marriage into the data captured by the 'Community Information Board'. In addition, intensifying capacity building of youth 'agents of change' to support information gathering, dialogue and planning linked to strengthening of our convergent approach to programming.

### Knowledge Management

*Mostly met benchmarks*

1. UNICEF supported the Bureau of Statistics in updating the country version of DevInfo (Bangladesh-Info) with updated maps at the sub-district level. DevInfo is a database system developed by UNICEF in cooperation with the United Nations System to monitor human development and achievement toward the MDGs. Staff from the National Bureau of Statistics were trained to ensure regular uploading of new data from surveys or other regularly captured national data collection systems, including the preliminary results from the 2011 Census. The use of the DevInfo platform is envisioned as a tool for monitoring progress in key socio economic indicators related to the situation of children and women. Ensuring the widespread use of this simple yet informative tool remains a challenge, and renewed efforts are being made to further promote its use. Also, the DevInfo database system will be used to monitor the UNDAF outcomes and outputs and track progress towards achievement of the MDGs with equity. Linking the Bangladesh Country DevInfo and the Bangladesh UNDAF DevInfo will provide greater opportunities for information sharing and continuous updates on the situation of women and children.
2. UNICEF has internal programme performance monitoring systems in place. UNICEF has established a field reporting tracking system which has proven very useful in ensuring follow-up action on recommendations provided by programme staff in field reports. This has increased the responsiveness of programme staff and management to address any critical programme implementation issues in a timely manner.

### Human Rights Based Approach to Cooperation

*Fully met benchmarks*

UNICEF supported the development of a framework to monitor actions taken to address the recommendations of the Committee on the Convention of the Rights of the Child. The framework and guidelines were developed to support the systematic collection and organisation of quantitative and qualitative information. Some key actions include the following:

Capacity development workshops were held with the participation of child rights focal persons from government as well as relevant NGOs. The full documentation was translated into Bangla to make it easily accessible and user friendly. The Ministry of Women and Children Affairs (MOWCA) has established a data bank which can be accessed by individuals and organisations searching for relevant information on children. The District Child Rights Monitoring Fora established in the 64 districts play an active role in streamlining the child rights reporting system from sub-national to national level. As the CRC recommendations are related to different ministries, a check list has been developed and distributed to the relevant ministries to obtain updates on the actions the ministries have taken to address the recommendations. A high level meeting was held at the end of 2011 under the leadership of MOWCA to review progress made by the relevant ministries and to propose further action. The government is strengthening the Children's Wing by enhancing the authority, increasing manpower and expanding the mandate of the Wing. Shishu (Children) Academy, the national institution for development of children established by the government in the 64 districts, is being strengthened by creating a Directorate and establishing Shishu Academy at the sub-district (upazila) level. The Law Ministry is conducting a gap analysis in order to identify the mismatch between domestic laws and the Convention on the Rights of the Child (CRC). The analysis is in response to the recommendations of the concluding observations related to legal reform for children.

### Gender

*Mostly met benchmarks*

As a follow-up to the 2009 situation analysis, in 2011 UNICEF Bangladesh produced and launched a report on gender equality. The report focuses on the analysis of results of three main social development indicators in the 2009 Multiple Indicator Cluster Survey (MICS) that centre on children and population numbers: Under five mortality rate, sex ratios and net attendance ratio in primary and secondary schools. The report aims to bring a perspective on the situation of young girl children in Bangladesh and how it changes when they become adolescents.

Overall, these indicators show some positive health results and progress in the situation of female children under five years old in Bangladesh. However, further analysis reveals a situation of social inequality of young girls and adolescents. The analysis does not show systematic discrimination against the young female child in Bangladesh as viewed from the lens of the positive trend in under-five mortality rate. However, the sex ratio reveals a disturbing picture given that the Bangladesh sex ratio is worryingly higher than the normal human sex ratio. Going beyond population rates, the report delves into the cultural and societal norms which shape gender differences as young girls become adolescents and face limits to the full enjoyment of their rights. The report also highlights that some five million females are statistically unaccounted for. Based on a known method to calculate unaccounted women in the total population, the result is an estimate of the number of women that according to the natural order would be possible to account for. The study seeks an explanation of where these women are, especially the young adolescent group. One possibility raised was the non-reporting or under-reporting of young girls employed as domestic workers during surveys and census. This 'invisible', unaccounted for young female population suggests a problem with serious repercussions. Not being counted means that these adolescents are being deprived of their basic rights; not being counted impacts on their status in society and within their family, and not being taken into account in the public and social policies such as their right to fair employment, to ownership of property, to education and to participation in shaping their own future and that of their country. The study concludes with an urgent call for appropriate gender sensitive action at all levels, while at the same time proposing more research to establish robust evidence on the extent and ramifications of the problem that will provide deeper insight and understanding to address pervasive social norms that obstruct fulfilment of the rights of girls.

### Environmental Sustainability

*Fully met benchmarks*

*Operational Research on Managed Aquifer Recharge in Saline Zones:* The coastal zone of Bangladesh is particularly vulnerable to natural disasters. In some areas, not only are both shallow and deep groundwater too saline, the land is prone to inundation by cyclonic storm surges that contaminate surface water bodies with sea water, and may render these unusable for water supply for many months. If this were not enough, some areas are also subject to drought and deteriorating surface water quality in the dry season. To try to address the need for disaster resilient water supplies, UNICEF has engaged Dhaka University and the Acacia Institute of the Netherlands to investigate the possibility of storing fresh surface water, which is widely available during the monsoon period, in saline aquifers. The technique involves collecting water from ponds and/or large roofs and passing the water, under gravity, through a sand filter to remove organic matter and pathogens, and then into the ground through a ring of injection wells. This creates a bubble of fresh water in the aquifer. Because groundwater moves very slowly in these aquifers, this water can be pumped out via a hand tube well again during the following dry season, and will be not be affected by cyclones as it is protected by a clay layer overlying the aquifer.

The first four schemes became operational in 2011, and another four are at an advanced stage of construction. At the four operational schemes, water was injected into the aquifer during the 2011 wet season, and in October 2011 villagers began abstracting sweet water from the 'bubbles'. So far, the women who collect water from the wells are pleased with the quality of the water, and are comfortable with the operation. Notwithstanding these very promising early results, several challenges lie ahead. First, while fresh water is being pumped, and modelling predictions have been carried out, it remains to be determined in practice how much of the water that has been injected can be recovered for water supply, and so abstraction must be controlled by the community group. Thus, if the technique proves to be technically feasible, social organisational mechanisms will need to be worked out to manage both the injection operations and how to control abstraction. Additional schemes will be constructed in the first part of 2012, and should permit a preliminary evaluation of the potential for up scaling the technique in 2013.

### South-South and Triangular Cooperation

UNICEF promoted south-to-south exchange by supporting the participation of senior government officials in field visits to neighboring India to learn and exchange experiences on decentralised local level planning. In addition, key officials from the Economic Relations Division and other ministries participated at a regional workshop organized by UNICEF's Regional Office to launch an initiative to develop a research agenda to identify what specific inter-governmental arrangements work best - and for which area of service delivery - to address disparities, and which policies should be put in place to reduce the negative effects of decentralisation on children. The exchange of knowledge and experience with other countries in South Asia was deemed essential to inform policy makers and practitioners of critical factors that need to be considered as the decentralisation process is rolled out.

Technical staff from the Bangladesh Bureau of Statistics were exposed to multi-country training and exchange of experiences related to statistics for monitoring the MDGs as well as workshops on the Multiple Indicator Cluster Survey organized for countries in the Region.

### Country Programme Component: Health and nutrition

#### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2016, vulnerable women and children in 20 districts and disaster prone areas will have improved nutrition status.	0	FA1OT2, FA1OT3
Increased and more equitable utilisation of quality health, education, WASH and HIV services for the deprived population in selected areas with particular attention to women, children and youth.	0	FA1OT6

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	984,082.00	927,959.00	94.30
OR-R	10,000,000.00	21,519,487.00	13,334,068.00	61.96
RR	4,000,000.00	3,631,677.00	2,8120,24.00	77.43
<b>Total</b>	<b>US\$14,000,000.00</b>	<b>US\$26,135,246.00</b>	<b>US\$17,074,051.00</b>	

#### Results Achieved

UNICEF's health and nutrition programme in Bangladesh contributes to the achievement of goals set by the Health, Nutrition and Population Sector Programme by increasing the availability and utilisation of quality services for defined essential services package. The aims are to reduce neonatal, child and maternal mortality and morbidity and malnutrition, as well as reduce inequality in access to and utilisation of quality services. Key results in 2011 included the following:

#### Health System Strengthening for Maternal, Neonatal and Child Health (MNCH) Interventions

To accelerate progress towards the achievement of MDGs 4 and 5, special interventions on MNCH have been expanded from 19 districts in 2010 to 29 districts in 2011. Key achievements on MNCH interventions included:

- UNICEF provided support for strengthening Emergency Obstetrical Care (EmOC) in 59 district hospitals and 132 Upazilas Health Facilities. Initiated the modernisation of Special Care New-born Units (SCANU) in three Medical College Hospitals and 20 District Hospitals as well as New-born Stabilisation Units in 15 Upazilas Health Complexes.
- The EPI programme increased immunisation coverage in low performing districts from 76.4 per cent in 2009 to 81 per cent in 2011.
- The 19th National Immunisation Day (NID) conducted in January reached 96 per cent of the targeted 22 million children aged 0-59 months.

#### Provision of Essential New-born and Child Care and Maternal Health

Facility-based Integrated Management of Childhood Illnesses (IMCI) and new-born health activities were scaled up, reaching in 2011 a total of 400 upazilas. Some concrete results include:

- Coverage of under-five children with ARI treated at a health facility or by a medically trained provider increased from 23 per cent in 2009 to 70 per cent in 2011 in UNICEF supported project areas (eight districts and 38 upazilas).
- Coverage of sick new-borns who received treatment from a medically trained provider increased

from 26 per cent in 2009 to 73 per cent in 2011 in UNICEF supported project areas (eight districts and 38 upazilas).

- A total of 133,428 women received antenatal and post-natal care in four districts through 676 community support groups.
- The Helping Babies Breathe (HBB) initiative for managing birth asphyxia has been scaled up in four additional districts, in partnership with Save the Children.

### **Mainstreaming of Nutrition in the Health Programme**

The Government of Bangladesh and development partners have identified Nutrition as one of the key focus areas of the Health Population and Nutrition Sector Development Programme (HPNSDP), 2011-2016. Several breakthroughs have been achieved on the nutrition policy environment:

- Guidelines for community based management of Severe Acute Malnutrition (CMAM) were endorsed by the Ministry of Health.
- With UNICEF's support the Ministry of Health revised its policy on vitamin A supplementation to include children aged 6-8 months. Deworming efforts will now begin from 12 months instead of 24 months to promote child health during the most critical period. Capacity building for health workers in seven districts and 16 sub-districts has been initiated, using the revised UNICEF infant and young child feeding counseling guidelines.

### **Most Critical Factors and Constraints**

Despite these positive developments, several challenges were noted in 2011:

- Limited stewardship and human resource capacity at the central level led to delays in implementation arrangements at the district level.
- The modality for the payment of VAT (Value Added Tax) for drugs, micronutrients and related supplies is complex and contributed to delays in the procurement process. Although some mechanisms have been established through engagement of appropriate government authorities, the sustainability of these arrangements needs to be closely monitored.
- The utilisation of health facilities is limited due to lack of staff and essential supplies leading to inadequate quality of care and client dissatisfaction in the provision of essential MCH and nutrition services.
- Implementation delays caused by the transition from the national nutrition programme, the main implementing mechanism for nutrition support until 2011 to the new national nutrition services. There was a delay in the approval of new government operational plans under the new Health, Population and Nutrition Sector Development Program (HPNSDP) in Bangladesh and this contributed to delays in implementation especially for nutrition.

### **Key Strategic Partnerships and Interagency Collaboration**

- UNICEF continued to work closely with the health development partners' consortium. The consortium facilitated the adoption of UNICEF's recommended packages on health and nutrition for women and children. The model on maternal, newborn and child health supported by UNICEF, WHO and UNFPA is being scaled up to the rest of the country.
- UNICEF is a core member of both Renewed Efforts Against Child Hunger and Under-Nutrition (REACH) and Scaling Up Nutrition (SUN) initiatives which are working with the Government in scaling up highly effective nutrition interventions. WFP, UNICEF, FAO, WB and WHO have collaborated in the gathering of evidence and development of a modeling tool to identify critical interventions for improving nutrition in specific district contexts. Collaboration with key civil society organisations including BRAC, ICCDR, B, Save the Children, and many local NGOs has helped to achieve a good balance between the demand side and the supply side of maternal and child health and nutrition services in the areas where interventions are being implemented. UNICEF played a convening role in the development of guidelines on Community Management of Acute Malnutrition (CMAM) which have been endorsed by the Government.

### **Humanitarian Situations**

N/A

### Summary of Monitoring, Studies and Evaluations

Evaluations and studies carried out in the area of maternal, newborn and child health and nutrition during 2011 included:

1. A capacity gap assessment of major oil refineries to fortify edible oil with vitamin A.
2. Data collection started for the national micronutrient survey to assess the status of vitamin A, iron, zinc and iodine nutrition. The results will be utilised to validate the levels of fortification and will serve to set benchmarks for progress.
3. Baseline surveys for the REACH initiative in Satkhira district and the Millennium Development Goals Fund (MDG-F) project were conducted with results utilised to set benchmarks for progress and to identify most critical actions for scale up of activities.

### Future Work Plan

In 2012 health and nutrition activities will build on past achievements and support the development and implementation of a package of high-impact, cost-effective MNCH interventions in 30 districts. The focus will be on increasing access to treatment of pneumonia by skilled health workers, improving the quality of emergency obstetric and neonatal care services and introducing new vaccines in selected districts.

UNICEF will pay particular attention to closely monitoring progress in reduction of prevalence in stunting as a strategic result area, which will strengthen programming and the systematic reporting of results and will timely programmatic decisions based on feedback. Nutrition support will also focus on implementing at scale highly effective nutrition interventions for the first 1,000 days of the child's life through health and nutrition services in priority districts with the highest levels of deprivation. Through collaboration with civil society organisations, communities will be supported to improve nutrition of women and children in a holistic manner. Women will receive guidance on infant and young child feeding and multisectoral support.

Continued emphasis will be on increasing children's access to nutrient-rich food to prevent and treat micronutrient deficiencies and acute malnutrition. UNICEF will continue to work closely with key stakeholders under the auspices of the Renewed Efforts Against Child Hunger (REACH) and the Scaling Up Nutrition (SUN) global partnerships.

## Country Programme Component: Education

### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Increased and more equitable utilisation of quality health, education, WASH and HIV services for the deprived population in selected areas with particular attention to women, children and youth.		0 FA2OT7, FA2OT8

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	18,000,000.00	13,211,538.00	12,436,796.00	94.14
RR	4,000,000.00	2,401,000.00	2,275,144.00	94.76
<b>Total</b>	<b>US\$22,000,000.00</b>	<b>US\$15,612,538.00</b>	<b>US\$14,711,940.00</b>	

### Results Achieved

The UNICEF Bangladesh Education Programme focuses on three main intervention areas: a) addressing school readiness by supporting learning in safe and child-friendly centres and promoting positive practices

for early learning in homes and communities; b) supporting quality formal education within the framework of the sector-wide programme; and c) providing non-formal education for urban working children, in partnership with the Government, NGOs and communities.

The Government is poised to achieve its goal of providing one year pre-primary education to all five-year-old children by 2015. Appropriate policies and strategies, budget allocation and guidelines for partnership with NGOs have been put in place. The Government's strong leadership, the active participation of NGOs in policy formulation and service delivery, along with UNICEF's advocacy and convening role combined to achieve this milestone.

The government approved the Third Primary Education Development Programme (PEDP3) 2011-2016 which allocated US\$ 320 million to add a pre-school class in the 37,600 government primary schools. With UNICEF's technical and financial support the Ministry of Primary and Mass Education approved a pre-primary education curriculum framework, adopted guidelines for collaboration with non-government actors and trained over 37,500 teachers on child friendly pre-primary education benefiting over one million children. Over 200,000 children from seven UNICEF supported convergence districts and other marginalised communities completed one year of pre-primary education. 5,500 boys and girls from the seven convergence districts have been prepared for primary school by 2,700 older children through the Child-to-Child Approach started as part of UNICEF's global initiative. As a result of intense upstream work, UNICEF-supported initiatives such as pre-school, non-formal basic education for out-of-school children, education in emergency, communication for social mobilisation, school health, inclusive education and teacher training were included in PEDP3. UNICEF has joined the PEDP3 donor consortium by pooling US\$ 100,000 per year.

UNICEF supported the Ministry of Primary and Mass Education to revise the School Level Planning (SLIP) guidelines to mainstream gender concerns and to empower communities to assume an increased role in school development that will guide the use of US\$ 200 million worth of school grants under PEDP3 to benefit about 13 million children. During 2011, nine million children benefitted from SLIP grants (1.5 million directly funded by UNICEF).

A UNICEF-supported comprehensive teacher education review led the Ministry of Primary and Mass Education to approve a National Plan and Strategy for Teacher Education and Development that will benefit 400,000 primary school teachers under PEDP3. In partnership with JICA and DFID, UNICEF provided technical assistance to the National Academy for Primary Education to develop curriculum materials for the Diploma in Education to be piloted in 2012. Through UNICEF-supported training courses, 6,500 teachers gained knowledge and skills on how to use a gender toolkit to address gender issues in the classroom. UNICEF supported the Ministry of Education to approve a Life Skills Based Curriculum for inclusion in secondary textbooks to provide life skills to adolescent girls and boys. UNICEF supported 150,000 urban working children to complete the 40-month long non-formal education course with basic literacy and numeracy.

### **Most Critical Factors and Constraints**

The centralised governance structure of the Government of Bangladesh puts constraints in addressing geographical disparities through local planning and action. This has particularly constrained the development of the Upazila Primary Education Plan (UPEP). In addition, the Annual Operation Plan of the Primary Education Development Programme does not allocate funds by districts or by Upazilas, creating challenges in planning and monitoring the allocation of resources to those in the most deprived areas.

The success of the pilot School Level Improvement Planning process, which eventually resulted in the government providing funds to schools proved to be a valuable lesson learned highlighting the ability to influence change even when confronted with the constraints of a centralized government system. However, this requires a willingness to take calculated risks in piloting new initiatives. It took almost five years to generate convincing evidence for the approval of the Life Skills Based Curriculum. It has taught us that it is important to support the partner for as long as it takes them to evaluate the evidence and make a decision that they are willing to implement.

### **Key Strategic Partnerships and Interagency Collaboration**

In 2011 UNICEF continued to work in partnership with the Bangladesh Shishu Academy and the Ministry of Women and Children Affairs (MoWCA) for Early Learning for Child Development; with the Directorate of Primary Education in the Ministry of Primary and Mass Education (MOPME) for Quality Education for All Children; with the Bureau of Non-formal Education within the MOPME for Basic Education for Hard to Reach Urban Working Children (BEHTRUWC) project; and with the Government of Bangladesh and civil society for enhanced Emergency Response.

Thirty NGOs were involved in implementing UNICEF funded education projects in 2011. UNICEF continued to play an active role as a member of the Primary Education Development Programme donor consortium and served as co-lead of the Education in Emergency Working Group with Save the Children. As a strategic partner, UNICEF also participates in the BRAC donor consortium. UNICEF and WFP worked together through a Joint Programme to provide fortified biscuits to BEHTRUWC learners. ILO provided technical support to UNICEF in the livelihood training of BEHTRUWC graduates. Similarly, UNICEF worked under UNESCO's leadership to support the government in establishing equivalency between formal and non-formal education.

### **Humanitarian Situations**

N/A

### **Summary of Monitoring, Studies and Evaluations**

#### ***Out of School Children (OOSC) Study- Bangladesh 2011***

The country study on the Out of School Children (OOSC) initiative entailed developing complex profiles of OOSC in Bangladesh, the disparities and the deprivations they face, identify bottlenecks and develop policy options, following a global methodology. The study estimated (based on 2006 MICS data) 1.1 million pre-primary school age (5 years), 2.6 million primary school age (6-10 years) and 3 million junior secondary school age (11-13 years) were Out Of School Children. While the study concluded that there was no gender differential, nonetheless large disparities in access to pre-primary education were observed between urban (17 per cent) and rural (9 per cent) areas. Similarly, there were clear patterns associated with maternal education and household wealth. The disparity in the pre-primary school attendance rates was even greater between children from a household in the poorest wealth quintile (5 per cent) and children from a household in the richest wealth quintile (22 per cent).

#### ***Tracer Study of BEHTRUWC Mainstreamed Learners: August 2010 – April 2012 (continuing)***

Beyond the original objectives of the BEHTRUWC Project, of the 72,973 graduates of first two batches, 14 % (e.g. 10,491 learners) are reported to have been admitted into primary schools. With support from UNICEF, the project has initiated the Tracer Study of BEHTRUWC "mainstreamed learners". The study started tracking a sample of the graduates from the first batch from April 2011 and second batch graduates from September 2011 onwards to collect information and document the path followed by BEHTRUWC mainstreamed graduates. The study will be completed in April 2012.

Key findings from the study as of December 2011:

- Only about 8 % of the sampled BEHTRUWC mainstreamed learners had exposure to a previous educational experience before being enrolled in BEHTRUWC learning centres.
- Encouragement from parents is one of the most motivating factors for a learner to get enrolled and continue in the formal education, followed by self-motivation and graduates' negotiations with parents/employers (46 %) and the incentives from schools (institutions: 42 %). The study found that media and peer influence play positive roles.
- About 64 % of the sampled BEHTRUWC mainstreamed learners aspire to continue their education and all of them believed that education would ultimately help them get a good job.

### **Future Work Plan**

The 2012-2016 Country Programme contains several key priorities under Education:

- With the new programme involving tactical deployment and decentralisation of education staff to the zone offices, establishing a process for effective implementation of field level activities and



- better coordination between field and policy level work will be a key priority.
- Also a key priority will be to support the National Academy of Primary Education to roll out the Diploma in Education Course.
- UNICEF will continue to provide technical assistance to government agencies for the successful implementation of equity and quality related activities of the Primary Education Development Programme (PEDP3).
- Pre-schools run by NGOs with funding from UNICEF will be attached to Government Primary Schools for continuation of the service under PEDP3. UNICEF has selected increase in preschool attendance rates as a strategic area which will be closely monitored and reported on a regular basis to track effectiveness in strategies and approaches to reduce bottlenecks in achieving this result. An additional 11,000 BEHTRUWC project graduates will receive livelihood training in 2012. The project will end in 2012 and a final evaluation will be undertaken. As an alternative "second chance education" which allows disadvantaged children to continue their education has been incorporated in PEDP3, UNICEF will use the lessons learnt from this project to provide technical support to the government to implement it.

### Country Programme Component: Water and environmental sanitation

#### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Increased and more equitable utilization of quality health, education, WASH and HIV services for the deprived population in selected areas with particular attention to women, children and youth.		0 FA1OT13 (c), FA1OT12

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	717,804.00	688,614.00	95.93
OR-R	13,600,000.00	15,487,226.00	13,871,250.00	89.57
RR	2,400,000.00	2,458,000.00	2,242,638.00	91.24
<b>Total</b>	<b>US\$16,000,000.00</b>	<b>US\$18,663,030.00</b>	<b>US\$16,802,502.00</b>	

#### Results Achieved

UNICEF's Water, Sanitation and Hygiene Education (WASH) programme supports progress towards national and MDG 7 targets related to water and sanitation through policy sector development, technology development and social mobilisation for hygiene behaviour change. UNICEF in collaboration with the Government is implementing its flagship programme on Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B). In 2011, 7.2 million people benefited from access to safe water and improved sanitation; an estimated 21.4 million people benefitted from hygiene messages. The WASH programme also includes a smaller-scale project focusing on Water, Sanitation and Hygiene for approximately 154,000 people in the heavily arsenic-affected sub-district of Manoharganj.

National Standards for WASH in Schools were developed taking into account the needs of girls and the disabled. UNICEF contributed to the development of the Cost Sharing Strategy for water supply and sanitation, and integration of WASH priorities in the National Urban Policy. UNICEF supported the Sanitation and Water for All (SWA) partnership, building on the commitments made by the Government of Bangladesh during the High Level Meeting in 2010. The Government joined the SWA alliance in 2011. The Sector

Development Plan (2011-2025) sets out the national plan for meeting the MDG targets, defining stakeholder responsibilities, and guaranteeing half the short term budgetary shortfall, with US\$ 1.4 billion to be met from Government funds. Sanitation and safe drinking water issues have also been incorporated in the Declaration of the 17th South Asian Association for Regional Cooperation (SAARC) summit.

In 2011, UNICEF intensified activities in 19 districts with hygiene messages reaching an estimated population of 21.4 million, including 1 million urban poor. A new national mass media campaign was launched to improve knowledge of WASH practices among an additional 10 million people in non-project areas. Monitoring data shows that appropriate disposal of children's faeces in rural areas increased from 9 per cent in 2007 to 24 % in 2011 and hand-washing at critical times by caretakers of children under-five increased from 17 % in 2007 to 32 % in 2011.

UNICEF and the Department of Public Health Engineering (DPHE) jointly led a partnership of 14 international, national, and private sector agencies to reach more than 18 million students in 80,000 primary, secondary and religious schools through The Global Hand Washing Day campaign.

478 community latrines were constructed benefiting 19,500 people in urban slums. 743 arsenic-safe water points were constructed in urban areas, benefiting 88,450 people. The WASH in Schools programme reached 8,800 rural schools in 76 sub upazilas, with hygiene education benefiting 2.4 million students. Water and Sanitation facilities have been constructed or repaired in 1,474 primary schools, providing 405,350 children with improved water and sanitation facilities. 1,700 participants from seven districts received training on construction of water and sanitation facilities in schools. 268 water points were installed benefiting 19,541 people and water quality testing for these water points was completed. Around 2,000 latrine facilities were installed or repaired ensuring access to adequate sanitation facilities for 13,746 of the poorest population.

### **Most Critical Factors and Constraints**

Challenges faced by the WASH programme in 2011 related to delays in obtaining approval from Government for the second revision of the development project which needed to incorporate changes recommended by the Mid-Term Review, and to extend the activities into 2012.

The delay in approval also related to resistance from government to dropping districts from the second phase of SHEWA-B that did not meet the project criteria. The project document was finally approved at the end of 2011, causing additional difficulties in extending contracts with implementing partners, with detrimental effects on continuity of field activities.

It is critical that the objective of ensuring post-project sustainability is pursued. Accordingly, in 2011 activities were initiated to enhance the capacity of local government institutions and transfer the responsibility for WASH planning, operation and maintenance, and sanitation and hygiene behavioural change. Completing this process will be a major challenge in 2012.

### **Key Strategic Partnerships and Interagency Collaboration**

UNICEF provided technical and financial support to develop the Bangladesh Country Paper presented by the Joint Secretary of Local Government and Rural Development (MoLGRD) at the 4th South Asian Conference on Sanitation (SACOSAN IV) in Colombo, Sri Lanka.

UNICEF and a private company entered into collaboration to develop a study and pilot for social marketing of latrine construction materials. The pilot was completed in 2011 and will be scaled-up in 2012.

UNICEF's experience in hygiene promotion, sanitation, arsenic mitigation, WASH in schools and WASH in emergencies were incorporated into the revised national Sector Development Plan (SDP), wherein UNICEF led two of the twelve thematic groups. UNICEF supported the Policy Support Unit of the Local Government Division with the aim to improve the effectiveness of the WASH sector and the SDP implementation.

UNICEF provided significant technical support to the second UN-Water Global Annual Assessment of Sanitation and Drinking Water (GLASS), and the World Bank supported Country Status Overview (CSO) assessment, both of which will contribute to global monitoring of WASH and the Sanitation and Water for All initiative.

### **Humanitarian Situations**

As a part of joint UN response to Cyclone Aila UNICEF provided integrated WASH support to the displaced population in the affected areas of Khulna and Satkhira districts, benefiting 14,000 households (over 79,800 people). Activities under this emergency response closed at the end of 2011.

### **Summary of Monitoring, Studies and Evaluations**

The SHEWA-B project has a monitoring and evaluation system to assess and adjust strategies to achieve the programme objectives and contribute to MTSP and MDG goals. A pillar of the SHEWA-B monitoring and evaluation system is its process and output monitoring which is carried out by external monitoring agencies. Monitoring activities continued throughout 2011 to track and report on progress on a quarterly basis.

Ongoing collaboration with the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR, B) ensured baseline and follow-up surveys of SHEWA-B. Fieldwork for the Interim Assessment was completed in January 2011, and survey results became available later in the year. Data collected in 2010-2011 from intervention rural districts were compared with assessments from 2007, 2008 and 2009 to establish trends. In addition, during 2011, ICDDR, B conducted a baseline survey for the schools component of the project. As part of UNICEF's performance monitoring requirements, a rolling assessment at sub-district level was initiated in 2011 with the aim of getting better insight on management indicators at the local level and on performance of the local field agencies.

In 2011 UNICEF commissioned the first comprehensive national assessment of WASH conditions in schools. The findings highlight the need for additional water points and better latrine access, as well as more child-friendly and gender-sensitive facilities with provisions for the disabled. The assessment found that only 35 per cent of all schools had separate latrines for boys and girls, and the proportion in primary schools was only 26 per cent.

The SHEWA-B project has solidified its standing as a model for rigorous use of evidence from sustained monitoring and evaluation activities to inform programmatic decisions. This has also provided a solid platform to strengthen advocacy efforts for enhanced national engagement and leveraging support for the sector.

### **Future Work Plan**

In 2012, UNICEF will continue to strengthen local capacities for the planning and provision of adequate sanitation, hygiene and safe water services. It is expected that the project's achievements will continue and demand for services enhanced through the following priority actions:

- Further strengthen local capacities for decentralised and integrated WASH planning and implementation by local government institutions.
- Maintain focus on sanitation and hygiene behaviour change in communities and schools.
- Continue the national mass media campaign to improve knowledge of key hygiene practices.
- Continue systematic monitoring of the rural and urban components of WASH in schools.
- Carry out an arsenic testing, capacity and awareness building campaign in 2012 to test and mark 300,000 wells for arsenic, based on local level fee-for-service arsenic testing. The arsenic-testing campaign will be coordinated with the third wave of the mass media campaign.
- Conduct SHEWA-B's impact assessment in 2012 and document lessons learned.

### Country Programme Component: Child protection

#### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2016, vulnerable boys and girls, young people and their families in selected areas benefit from operational CP system and have the capacity to reduce their vulnerabilities and change harmful social norms.		0 FA4OT2, FA4OT3, FA4OT4, FA4OT5, FA4OT6, FA4OT7

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	11,784.00	11,783.00	99.99
OR-R	5,500,000.00	2,947,807.00	2,930,469.00	99.41
RR	3,500,000.00	3,130,000.00	2,920,185.00	93.30
<b>Total</b>	<b>US\$9,000,000.00</b>	<b>US\$6,089,591.00</b>	<b>US\$5,862,437.00</b>	

#### Results Achieved

UNICEF Bangladesh aims to create a protective environment for children and a “systems-building” approach to child protection and social norm change.

UNICEF supported launching a pilot “diversion” initiative in Jessore district led by the District Task Force, which established a coordination mechanism between the police, judiciary, probation officers, lawyers and local elected bodies. The initiative consists of channeling children in conflict with the law away from judicial proceedings through the implementation of procedures or programmes to avoid the negative effects of formal judicial proceedings. Through this coordination mechanism, an operational plan for referral of children in conflict with the law was developed. This was made possible through a gatekeeping process whereby each individual case is carefully assessed by relevant professionals to prevent unnecessary placement of children in institutions. If institutional placement cannot be avoided, the gatekeeping process ensures that regular reviews are made to prevent children from their being kept in institutions longer than necessary.

The National Policy on Children approved by the Council of Ministers brings the definition of the age of a child in line with the Convention on the Rights of the Child (CRC). The policy stresses the importance of child sensitive social protection through family support services in addition to institutional care provision.

The Birth and Death Registration Project reported that 73 % of people of all ages had received a birth certificate as of June 2011. According to MICS 2009, 53 % of children aged 0-5 years have a birth certificate. Five sub clusters for Child Protection in Emergency are operating at local level in a main disaster-prone area and capacity has been enhanced through training on Disaster Risk reduction training. 180 NGO and government field-based staff received training. 40 child friendly schools were established to protect 400 children affected by waterlogging and floods in Satkhira district.

Through modelling of a minimum package of services, case management was introduced and access to basic services was provided to over 23,000 children. 2,500 orphans and vulnerable children living with their natural or extended family benefited from cash transfers. 945 children received full-time services at 18 drop-in centres. 8,000 children were enrolled in 40 permanent and 12 mobile Child Friendly Spaces. 658 former street children were brought under the social protection initiative. A toll-free 24 hour child helpline with a mobile team and safe home was introduced for the first time in Dhaka. In 2011, 1,964 calls were received and 149 children were provided with required services. Standard Operating Procedures were adopted by the Ministry of Home Affairs for the rescue, recovery, repatriation and reintegration of Bangladeshi children

victims of trafficking with families and communities from neighbouring countries, especially India. To date, 81 children have been repatriated.

The Child Protection Policy for Empowerment of Adolescents was finalised. The policy aims to provide the framework for improved protection of adolescents by organisations working in this area. A training module on child development was finalized. Throughout the year, 2,550 adolescent girls participated in sports for development activities.

### **Most Critical Factors and Constraints**

The new Children's Act was approved by the Government and vetted by the Ministry of Law. It is still awaiting enactment by the Parliament. This new Children's Act has introduced major changes, among them, recognising as children those up to 18 years old and making provisions for special treatment of children in the justice system, mandatory individual case management based on the best interest of the child, and promote family and community based alternatives. The full implementation of the changes prescribed in the Act will have major implications in the budget and structure of various government departments.

Enactment of the Children's Act is a pre-requisite for developing and passing an alternative care policy as well as an overall child protection policy. In this context, the Department of Social Services (DSS) set up a technical committee to pilot the on-going reform of three institutions that should serve as models for the development of minimum standards and guidelines for monitoring. The drafts of the Child Protection Mapping and Assessment System and of the Child Protection Policy were prepared after major delays, reflecting the need for increased coordination by the Ministry of Social Welfare (MoSW). A key constraint for advancing the policy reform initiative was the high turnover of key decision makers which impeded the continuity required for concrete progress in this initiative.

The Online Birth Registration Information System (BRIS) was rolled out in 29 districts and the birth data of 35 million children have been digitised. To ensure the proper update and maintenance of BRIS, a birth registration cell still needs to be established by the Ministry of Local Government (MoLG) to ensure long-term sustainability of BRIS.

### **Key Strategic Partnerships and Interagency Collaboration**

Key strategic partnerships and interagency collaborations included:

- The Children's Justice Network jointly chaired by UNICEF and Save the Children continued to play an active role in the area of juvenile justice and for advancing child rights.
- UNICEF provided technical assistance to the MoWCA to establish the Adolescent Cluster and to foster a coordinated response to implement the Children's Policy 2011 with specific reference to adolescents.

### **Humanitarian Situations**

N/A

### **Summary of Monitoring, Studies and Evaluations**

Several relevant evaluations and assessments were carried in 2011:

- The study on Sexual Abuse and Commercial Exploitation of Children, elements for a National Strategy and Plan of Action, was published and launched ([http://www.unicef.org/bangladesh/knowledgecentre\\_7153.htm](http://www.unicef.org/bangladesh/knowledgecentre_7153.htm)). Key recommendations from this study have been used in the new country programme. An assessment was completed on the Child Protection Information Management System (IMS) and the outcome describes strategic steps to develop an overall dynamic child protection information management system that will collect, analyse and promote information sharing. One of the key recommendations is to provide simultaneous support to strengthen subsystems that make available reliable data and timely information on the situation of child protection interventions in Bangladesh. A specialised

institution has been contracted to develop and strengthen the child protection IMS 'social welfare sub-system' nationwide through operationalisation of the case management database. Following completion of the eighteen-month long cash transfer support to 2,058 Orphan and Vulnerable Children (OVC), an assessment was conducted to decide either on case closure or an extension for an additional 12 months support determined through case management of individual OVCs. Between 2008 and 2010, 48 % of the households have moved out of extreme poverty. For those households that have moved out of extreme poverty, direct support has been discontinued, however case management continues through monthly visits by social workers. Non-monetary support such as referral to services in particular health care and free medical treatment is being provided to these families.

### Future Work Plan

The Child Protection Programme has adopted a strategic shift from an issue based approach to system strengthening and social norm change. The programme has concentrated efforts in designing a model that can accommodate the critical articulation and complementarities between social norms change and child protection systems. The programme will focus on four key intermediate results in the new country programme 2012-2016:

- Capacity of relevant government institutions enhanced in the area of child protection IMS, monitoring of social services, monitoring and reporting on CRC, rules/regulations/policies and human resources development related to child protection.
- 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.
- 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.
- 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 inequality.

In the coming years, UNICEF will closely monitor progress in strategic results areas related to the goal of universal birth registration and reduction in the harmful practice of child marriage. Strengthening the situation analysis, identification of bottlenecks that prevent or delay achievement of results, close monitoring and regular reporting will allow adjusting strategies to ensure steady progress in these strategic results areas.

The child protection operational strategy will target rights holders and duty bearers, empower adolescent girls and boys as active agents of social norm change, empower communities to promote child rights and enable communities to facilitate access to services through Child Protection Networks.

### Country Programme Component: Policy, advocacy and partnerships for children's rights

#### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Key policy and decision makers at all levels adopt and enforce policies and programmes and allocate adequate budget for the realisation of children's and women's rights with special focus on equity.		0 FA4OT1, FA4OT9, FA5OT1, FA5OT6

### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	500,000.00	4,247,368.00	281,015.00	6.62
RR	5,700,000.00	7,15,2794.00	5,867,149.00	82.03
<b>Total</b>	<b>US\$6,200,000.00</b>	<b>US\$11,400,162.00</b>	<b>US\$6,148,164.00</b>	

### Results Achieved

UNICEF's programme on policy, advocacy and partnerships for children's rights aims at strengthening the knowledge base for effective policy advocacy, capacity development of relevant institutions to monitor implementation of the Convention on the Rights of the Child (CRC) and communication interventions to inform and sensitise all levels of society on children's rights.

Policy analysis for advocacy built on previous reports using data from the 2009 MICS focused on child poverty, vulnerable children and urban inequalities. These studies advocated for effective, equity focused policies, strategies and programmes for human rights-based development. The report on national budgets for children showed that direct budget allocations for children, including children's social safety net programmes, amount to a mere 4.1 % of the national budget for Fiscal Year 2010-2011 (0.7 per cent of the GDP). The gender report highlighted the need for continued attention on the consequences of gender inequalities, gender based discrimination and violence against girls, calling for commensurate responses at the political, social, normative-cultural and economic levels.

Child rights focal persons and alternate focal persons were appointed in relevant Ministries. Capacity strengthening on child rights monitoring at the national and sub-national levels were also put into place. A routine data collection system was established to monitor progress in fulfilment of children's rights through a framework developed to capture quantitative and qualitative information.

1,050 children participated in news reporting and production. Through Children's Express, the newly established Children's Photo Clubs and countrywide conventions, children from vulnerable groups learnt the basic skills of journalism and photography, generating 229 articles written by children in mainstream newspapers. 195 influential media and 29 community radio professionals improved their knowledge on birth registration, hand-washing, corporal punishment and child labour.

In collaboration with journalist organisations, the skills of communicators on children's issues were enhanced. Six in-house training programmes on ethical reporting were completed and all media organisations drafted their own ethical reporting guidelines, while the Bengali daily newspaper 'Prothom Alo' agreed to focus more on girl child issues in their reporting. 13,511 stories related to children were published in national dailies. UNICEF featured in 646 stories.

Bangladesh Betar (radio) produced and aired 1,208 programmes reaching nearly 90 % of the population owning a radio set. It aired more than 355 minutes daily on hygiene and hand-washing, maternal and neonatal health. Bangladesh TV reached 80 % of viewers by producing and airing 53 programmes and 81 news reports during primetime on issues related to children and women. BTV also allocated one minute free airtime daily during prime time on issues affecting children. UNICEF successfully negotiated with four private satellite channels to air one-minute free public service announcements to promote the interests of children. Bangladesh's largest circulated English newspaper, The Daily Star in collaboration with UNICEF produced a monthly page under the title "Promoting Child Rights." The Department of Mass Communication through its district offices generated awareness of children's and women's issues at the community level by screening film shows; organising community meetings and folk song sessions.

### **Most Critical Factors and Constraints**

Policy advocacy requires a robust evidence base and continuous engagement with counterparts. The dialogue established with government counterparts on the issues of budgets for children and gender inequalities brought to the forefront different perspectives on the same issues. It will require more research and analysis to bring down the barriers and resistance to change, and provide convincing evidence of areas that need urgent action to ensure a development based on equity and respect for human rights.

Journalists still need training on child-related issues and the ethical principles for reporting on children and few are able to undertake investigative journalism as the media remain mostly focused on country politics.

### **Key Strategic Partnerships and Interagency Collaboration**

The analysis of budget allocations for children was produced collaboratively with the Center for Policy Dialogue, a civil society institution in Bangladesh. This research centre promotes multi stakeholder dialogues on critical development issues of national and regional relevance. A broader alliance and partnership with other key stakeholders will be established for continued analysis of national budgets for children in the coming years and to develop an appropriate analytical framework for analysis of budgets for children.

UNICEF has established dialogue with selected garment factory owners for projects providing a minimum package of integrated interventions to women and children from factory workers under a partnership with the private sector partners.

Strategic partnerships were solidified with two key national partners, the International Center for Diarrhoeal Disease Research in Bangladesh (ICDDR, B) and BRAC. Clusters and networks were supported in Communication for Development, Child Protection in Emergencies, Education in Emergencies and Early Childhood Development. With greater decentralisation of UNICEF operations, it is expected that more partnerships will be established with local NGOs and CBOs.

The strengthened partnership with The Daily Star, Bangladesh's largest circulating English newspaper is producing concrete results, such as the monthly page under the title "Promoting Child Rights". Issues covered in 2011 include urban slum children, child nutrition and gender discrimination during adolescence. The successful negotiation with four private satellite channels to air one-minute free public service announcements to promote the interests of children in Bangladesh offers a tremendous opportunity to reach a wide ranging audience.

The 10 visits organized for UNICEF National Committees mainly focusing on protection and education projects. Each visit generated national and international media coverage supporting the National Committee's fundraising activities to raise funds for UNICEF Bangladesh.

During the ICC Cricket World Cup 2011, a successful HIV and AIDS awareness initiative was launched under the Think Wise campaign, where UNICEF worked in partnership with UNAIDS and the International Cricket Council (ICC). A nationwide adolescent cricket tournament, national level media briefing of cricketers, sports journalists and commentators, TV talk shows, PSAs (Public Service Announcements) featuring the Bangladesh cricket captain and the distribution of Think Wise messages in the stadiums were organised. Most events and field visits received significant media coverage.

### **Humanitarian Situations**

N/A

### **Summary of Monitoring, Studies and Evaluations**

Of the 29 studies and surveys planned, 27 were completed or nearing completion by the end of 2011. Of the seven evaluations planned, six were completed or nearing completion. The findings from evaluations and the ensuing recommendations have informed the design, approach and strategies of UNICEF-supported programmes, or provided the evidence for scaling up successful pilot interventions.



UNICEF commissioned an external evaluation of its Education and Child Protection Programmes to assess programme performance between 2006 and 2011 at the outcome level to identify recommendations for future programming. The evaluation was intended to inform policy advocacy and resource mobilisation work, as well as programme management and decision making for the upcoming programme cycle 2012-2016. The evaluation provided five key recommendations aimed at better articulating clear theories of change for the Education and Child Protection Programmes for the next country programme. It also recommended identifying ways and incentives to support cross-programme synergies and design programmes that encompass articulated strategies to support sustainable institutional development. A thorough analysis of the practical implications of programme convergence was also recommended. It was also recommended to adapt existing results planning systems to assess a programme performance over time and enhancing existing monitoring and reporting systems to capture regular (annual) information on the cumulative performance of these programmes at both output and outcome levels.

### **Future Work Plan**

UNICEF will place major emphasis in equity monitoring for key strategic priority areas of the programme of cooperation, under the aegis of the UNDAF results framework. Evidence creation and knowledge dissemination priorities in 2012 will continue to focus on generating evidence for policy advocacy. Two major surveys are planned to strengthen the evidence base on equity-focused programming for children and set baselines to monitor UNDAF and UNICEF Bangladesh Country Programme outcomes and outputs. Follow-up or new studies will be conducted on the most disadvantaged children, children in slums/the urban poor. Monitoring trends and contributing to the analysis of child-friendly national budgeting and social policies benefiting children is being established as a key result area. Situation analysis on different forms of exclusion, including on children with disabilities will be expanded. The relationship between disaster preparedness and gender inequalities is being addressed.

UNICEF Bangladesh has selected four key Strategic Results Areas (SRAs) to track the equity focus of its programmes. These strategic results areas are highly relevant to Bangladesh. Progress will be closely monitored to ensure progress in ensuring universal birth registration, reduction in the prevalence of stunting, increasing access to early learning opportunities, and reducing the harmful practice of child marriage. By closely monitoring this set of strategic results areas, UNICEF will seek to demonstrate how monitoring for results is operationalised regularly reported. Monitoring of these key results areas and other priority areas in the country programme will also contribute to communicate field level results and link them to ongoing upstream policy advocacy efforts.

Given the requirements for this enhanced monitoring of results, national capacities will need to be further strengthened. UNICEF's partnership with the Bangladesh Bureau of Statistics and other key partners at field level will be enhanced accordingly. To support results monitoring and strengthen national monitoring systems that will allow validating field monitoring results, UNICEF will support strengthening of the Sample Vital Registration System (SVRS), a rolling national survey conducted by the Bangladesh Bureau of Statistics. The integration of DevInfo database technologies into the Government system for monitoring the MDGs will continue to be supported. UNICEF will also contribute to the establishment of UNDAF-INFO, a database to monitor progress in the implementation of the UNDAF 2012-2016. Data on all indicators will be disaggregated at different levels and analysed through the equity lens to ensure that programming is adequately addressing bottlenecks and contributing to reduction of inequalities.

Advocacy and partnerships will continue by reaching out to all the major media outlets to promote Ethical Reporting. UNICEF will seek to develop a partnership with the largest circulating Bengali newspaper Prothom Alo and partner with private radio stations to promote children's issues. Work will begin to establish a children's caucus group in Parliament and enhance child participation in electronic media.

### Country Programme Component: Cross-sectoral costs

#### PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2016 local government and civil society organisations are more effective in realizing the rights of children and women with equity in 20 districts.		0 FA6OT9

#### Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling )	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E				
OR-R	0.00	0.00	0.00	0.00
RR	4,200,000.00	3,705,020.00	3,160,579.00	85.31
<b>Total</b>	<b>US\$4,200,000.00</b>	<b>US\$3,705,020.00</b>	<b>US\$3,160,579.00</b>	

#### Results Achieved

UNICEF complements Government's efforts in HIV/AIDS control through different project components in health, nutrition, education, water and environmental sanitation and child protection. The focus is on providing adolescent boys and girls in and out of school with the information and skills needed to reduce their vulnerability to HIV. Models and tools are developed for these interventions. A comprehensive approach to prevention of parent-to-child transmission (PPTCT) of HIV is also being promoted through technical support to provide services to families affected by the epidemic in specific facilities. Key results in 2011 include:

The 3rd National HIV and AIDS Strategic Plan (2011-15) and its corresponding Operational Plan and funding gap analysis are informing resource mobilisation efforts in the area of HIV/AIDS control. For the first time, these efforts take into account the special needs of most at risk adolescents. A proposal is being submitted for the next round of the Global Fund to Fight Aids, TB and Malaria.

Capacity development of NGO staff targeted 798 peer educators and supervisors and 165 doctors and paramedics on treatment of Syndromic STIs (Sexually Transmitted Infections). Forty counsellors enhanced capacities on Prevention of Parent to Child Transmission (PPTCT) and HIV counselling for children. The training of 20 peer volunteers of Self Help Groups of People Living with HIV (PLHIV) on PPTCT was instrumental to enhance the quality of HIV prevention services for Most at Risk Populations (MARPs).

A recently completed mapping, size estimation and behavioural survey of Most at Risk Adolescents/Young People (MARA/YP) 10-24 years is informing advocacy for the development of a national strategy and interventions for MARA. Significant progress was made in 2011 in institutionalising the teaching of life skills education as part of the secondary school curriculum for grades 6- 10 (for children aged 11-16 years). The Ministry of Education of the Life Skills Based Education (LSBE) approved text materials consisting of 75 lessons developed by the National Curriculum and Text Book Board (NCTB) with UNICEF support.

UNICEF provided technical support to conduct an anonymous HIV and Syphilis Survey during Antenatal Care (ANC) sessions. The survey sought to gain greater understanding of the extent of HIV infection among women in one geographical Division of the country with most of the recorded HIV cases. This survey will facilitate future monitoring of trend. A national HIV testing and counselling policy for children and adolescents was drafted and awaits approval. With the implementation of PPTCT services, HIV infection was averted in a majority of babies born by women known to be living with HIV. With UNICEF support, regular CD4 testing of all children known to be living with HIV was facilitated and led to the identification of those in

need of ART and their linking to services.

### **Most Critical Factors and Constraints**

The high turn-over of leadership and staff of National AIDS and STD Programme remains a constraint. Identifying women and children living with HIV in the current HIV low prevalence context and in the face of strong stigma and discrimination against people living with HIV remains a significant challenge.

### **Key Strategic Partnerships and Interagency Collaboration**

UNICEF continued to be a key and active member of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) Country Coordination Mechanisms, Technical Working Group on HIV/AIDS and a strong player on the UN Joint Team on AIDS.

### **Humanitarian Situations**

N/A

### **Summary of Monitoring, Studies and Evaluations**

HIV prevalence in the general population is still low in Bangladesh, at less than 0.1 %. There is a concentrated epidemic among injecting drug users and sex workers engaged in cross border sex selling between India and Bangladesh. A recently completed survey among 10-24 year olds living in 64 urban locations established the existence of a large population of Female Sex Workers (31,000 estimated), 44 % of whom are adolescents (10-19 years old). The same survey estimated a population of 5,820 male sex workers 10-24 years old, 6,096 transgender and 2,533 injecting drug users of whom 16 per cent were between the ages of 10 and 19 years. Comprehensive knowledge of Most at Risk Adolescents/Young People (MARA/YP) on HIV and AIDS is extremely low, ranging from 1 % among transgender to 3 % among injecting drug users. 70 % of sex workers in brothels, 50 per cent of sex workers in hotels, 45 per cent of street-based sex workers and 44 per cent of home-based sex workers reported that a majority of their clients are students. A gradual feminisation of HIV infection, notably through spousal transmission from male migrants to their partners, is emerging. Of the 445 HIV cases newly detected between November 2010 and October 2011, 33 % were women.

### **Future Work Plan**

In 2012, the focus of UNICEF-supported HIV and AIDS activities will focus on establishing prevention of parent to child transmission of HIV services in specific locations, development of strategies/policies and guidelines to regulate HIV and AIDS services for children and young people, and production of evidence to inform advocacy and programming. Piloting of specific interventions aimed at reducing HIV-related risk and vulnerability of children and adolescents most at risk of HIV will be supported. Advocacy, training and capacity development of UNICEF counterparts and partners for PPTCT scale up will also be supported. A mapping of Children Affected by AIDS will be conducted in order to inform programming and advocacy. Together with UNAIDS, UNICEF will support the organisation of a national HIV and AIDS congress in order to raise awareness on the child dimension of HIV and AIDS.

### Effective Governance Structure

An internal audit of UNICEF Bangladesh covering the period 2009 and 2010 was conducted between April and May 2011. There were four moderate priority audit recommendations, with overall satisfactory rating. UNICEF prepared the Audit Action Plan, completed the implementation of recommended actions and sent the request for closure of the observations to Office of Internal Audit in October 2011. All four recommendations were reviewed and closed by the Office of Internal Audit in October 2011.

Key activities implemented in 2011 included:

Complete the draft Harmonised Approach to Cash Transfer (HACT) Assurance Plan in a timely manner, supported by the use of up-to-date data concerning cash-transfer support values for each partner on an annual and programme cycle basis.

Ensured alignment of the Document Authorization Table (DAT) and the Table of Authority (ToA). An effective contract-monitoring system was established to ensure prompt and adequate evaluations of the performance of consultants; timely action where deliverables are late; consideration of evaluation reports when contracts are renewed; and notification of the HR and Finance sections in case of early termination of the contract.

Regular communication to all relevant staff members regarding their accountabilities for timely cash forecasting based on reasonable planning.

### Strategic Risk Management

Although there had been no major audit observations from the previous internal audit of UNICEF Bangladesh in 2009, the office took the initiative of reinforcing the enterprise risk management by establishing an Internal Control international post during the last PBR.

### Evaluation

Implementation of the management response to two evaluations was monitored throughout the year. Some of the recommendations are still being implemented as they had longer term implications.

### Effective Use of Information and Communication Technology

#### Key Results and Achievements:

Improved Information Communication Technology (ICT) Management and Operations by reviewing and updating the ICT Operations and Business Continuity Plan (BCP) Manuals.

Better User Administration by incorporating electronic Standard Access Form (eSAF) system and procedures. Enhanced end-user support by implementing Service Manager (SM). The Business Continuity Plan (BCO) played a significant role in Service Manager improvement by piloting, testing, providing feedback and recommendations to the Global Help Desk (GHD).

As part of Global Rollout, UNICEF Bangladesh successfully harmonised its computers and servers as required.

### ICT for Development:

- Technical guidance and oversight was provided for ICT training in convergence districts.
- Extensive guidance and support was provided for the development of the Cash transfer and Case Management Database Projects in UNICEF.
- The ICT infrastructure was prepared for Virtual Integrated System of Information (VISION) training of over 160 users.
- UNICEF has enhanced and introduced different infrastructure improvement strategies to prepare the office for Vision, which included enhancing connectivity of new zone offices.

### Constraints:

Throughout the year UNICEF experienced a shortage of staff skilled in information and communication technology areas.

## Fund Raising and Donor Relations

UNICEF Bangladesh was very well funded during the 2006-2011 Country Programme cycle. A new fundraising strategy was developed to spearhead fundraising efforts for the new Country Programme cycle 2012-2016. A fundraising committee has been set up under the chairmanship of the Representative to oversee the funding situation and provide necessary guidance and support to programmes. UNICEF developed a Fundraising Strategy which assessed the country's funding scenario in consultation with key donors.

## Management of Financial and Other Assets

During 2011, two Chartered Accountant firms were contracted for conducting spot checks of NGO/INGO Implementing Partners (IPs) and three Chartered Accountants firms were contracted for conducting micro assessment of NGO/INGO IPs. In total, the spot checks of 113 partners and micro assessment (both financial and procurement capacity) of 88 partners were completed. All the preparatory activities for VISION roll-out, including reporting on different International Public Sector Accounting Standards (IPSAS) compliance requirements were completed. All the reporting requirements for June and September 2011 Interim Accounts Closure Exercises were completed within the scheduled dates. Key UNICEF Bangladesh staff participated in the VISION Regional training of trainers (ToT) in Colombo. This core group of staff later on trained the rest of regular staff. UNICEF trainers successfully conducted all required trainings in preparation for VISION rollout. The UNICEF Country Office Vision Core Group members attended all the Regional Vision Webinars held during the year and made contributions in the process.

## Supply Management

The Annual Supply and Contract Plans were finalised by early-March and regularly reviewed at PMTs and CMTs. Thirty % value of Procurement of Goods and Materials (PGMs) were issued by the end of April 2011. Total inputs were: \$18.8 million for procurement of supplies and institutional contracts; \$13.1 million for Programme Cooperation Agreements (PCAs)/Small Scale Funding Agreements (SSFAs) and \$57.1 million for Procurement Services excluding carry-over.

The market survey of suppliers and service providers was successfully completed followed by a forum to orient them on UNICEF local procurement procedures and documentation involved. For UNICEF staff, orientation sessions were held on the workflow process for supplies/services and establishment of PCAs/SSFAs. A total of 84 LTAs for both goods and services are in place.

The long outstanding issue of VAT payment on locally procured pharmaceutical orders was resolved for all orders from 2009. Presently, the UN is jointly working on this issue to find a long term solution. Procurement Management Capacity of partners has been included in the micro-assessment to promote procurement via partners.

UNICEF responded to the Satkhira flood emergency by supplying Emergency Family Kits, Recreation Kits and Plastic Sheets from the prepositioned supplies at WFP Warehouse. There were no outstanding Receipts of Goods (RGs) for more than one month, and all Vaccine Arrival Reports (VARs) have been shared with UNICEF's Supply Division in Copenhagen within three days from the arrival date. Stock balance reports of major partners' warehouses are obtained on a quarterly basis.

### Human Resources

#### **Human Resource Management:**

2011 priorities for the Operations and Human Resources Section was the preparation and implementation of the Country Programme Management Plan (CPMP) and Budget Review submission and roll-out and implementation of change management. Accordingly, UNICEF Bangladesh request in the CPMP the establishment of 88 new posts (9 IP, 61 NPO, and 18 GS positions) and abolishment of 86 posts were approved.

In the interest of ensuring that the best staff is considered for filling all the posts available for competition for the 2012-2016 Country Programme, the recruitment and selection exercises was completed by the end of December 2011.

#### **Staff Development:**

##### **In-country Training/Workshops:**

14 in-country corporate workshops were implemented in 2011 in which a total of 308 (151 male and 157 female) staff members participated.

##### **Online/E-learning Training:**

IPSAS (42 staff member completed), VISION Orientation (116 staff members completed), Governance in Urban Sanitation (1) and VISION Performance Management-Manager's Dashboard (30).

##### **Overseas Training/Workshops:**

A total of 30 staff members (17 Male and 13 Female), both from Programmes and Operations, participated in the overseas training workshops.

**VISION Training:** Two staff members (1 Male and 1 Female) participated at the Global TOT Workshop organised by NYHQ.

19 UNICEF Super Users (10 Male and 9 Female) participated at the Regional TOT Workshop held in Colombo.

160 staff members were trained on VISION End-Users training.

##### **Performance Management (PERs):**

Most staff PERs for 2010 and Part 2.1 for 2011 were completed on time. Regular monitoring and follow up at the CMT level helped in successful completion.

##### **Interim Salary Survey:**

The UN Interim Salary Survey for Bangladesh was successfully completed with active involvement and participation of UBSA and Staff Associations of other UN Agencies. UNICEF Chaired the UN Local Salary Survey Committee. The final outcome including new salary scales has since been received from UNHQ and implemented by UNICEF.

### Efficiency Gains and Cost Savings

A steady effort has been made to find more adequate offices for the new country programme. UNICEF has looked for common office premises wherever possible. Common office premises (FAO, WFP, UNFPA, and UNICEF) in Barisal are being established. In Rangamati, UNICEF will continue to share common services with UNDP.

### Changes in AMP and CPMP

The Country Programme Management Plan (CPMP) process was participatory and transparent. The new 2012-2016 Country Programme Document (CPD) and accompanying CPPMP were prepared keeping in mind three key considerations: (1) zero growth; (2) strengthening of zone offices to focus upon service delivery and knowledge build-up; and (3) balanced staffing in Dhaka Programme Sections. A Task Force was established by the Country Management Team (CMT) to explore strategic change options.

The key strategic focus of the new Country Programme is to support the Government of Bangladesh to achieve the Millennium Development Goals with equity within the framework of the UNDAF. This objective will be achieved through the converging efforts of UN agencies in the 20 most deprived and vulnerable districts, sub-districts and slum areas.

The UNICEF management structure consists of five major components: (1) social services for children and women, which includes Education, Health, Nutrition, Water, Sanitation and Hygiene, Child Protection and Communication for Development; (2) Social policy, planning, monitoring and evaluation; (3) Advocacy, communication and partnerships for children; (4) Local capacity building and community empowerment; and (5) Cross-sectoral/operations.

The management structure of UNICEF Bangladesh is adapted to the strategic and programmatic shifts anticipated, such as the decentralisation process underway. The decision was also taken to create two separate Health and Nutrition Sections in order to maximize opportunities that are emerging in both sectors and to address more effectively stunting, a major development challenge for Bangladesh. The C4D and monitoring functions will also be strengthened.

The new management structure will triple UNICEF field capacities in order to pre-empt and accompany the devolution of authority and resources from the central level to the district and sub-district levels, as well as to ensure adequate support to the 20 UNDAF convergence districts. This significant increase in field capacities is offset by a reduction in staffing in Dhaka.

To facilitate this transition, major staff training and reorientation activities were undertaken during the last quarter of 2011.

### Summary Notes and Acronyms

#### List of Acronyms

ANC	Antenatal Care
BBS	Bangladesh Bureau of Statistics
BEHTRUC	Basic Education for Hard to Reach Urban Children Project
BEHTRUWC	Basic Education for Hard to Reach Urban Working Children Project
BNFE	Bureau of Non-Formal Education
BRAC	Bangladesh Rural Advancement Committee
BRIS	Birth Registration Information System
BTV	Bangladesh TV
CMAM	Community Management of Acute Malnutrition
CPIE	Child Protection in Emergencies
CRC	Convention on the Rights of the Child
CRMS	Child Risk Measure Survey
CSO	Country Status Overview
DAT	Document Authorization Table
DMC	Department of Mass Communication
DSS	Department of Social Services
ECD	Early Childhood Development
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
ERD	Economic Relations Division
eSAF	Electronic Standard Access Form
GLASS	UN Water Global Annual Assessment of Sanitation and Drinking Water
HACT	Harmonized Approach to Cash Transfer
HBB	Helping Babies Breathe
HFSN	Household Food Security and Nutrition Survey
HIES	Household Income and Expenditure Survey
HMIS	Health Management Information System
HPNSDP	Health, Population and Nutrition Sector Development programme
ICC	International Cricket Committee
ICDDR, B	International Centre for Diarrhoeal Disease Research, Bangladesh
ICDP	Integrated Community Development Project
IMCI	Integrated Management of Childhood Illnesses
IMS	Information Management System
IPSAS	International Public Sector Accounting Standards
IPT	Interactive Popular Theatre
LBSE	Life Skills Based Education
LGIs	Local Government Institutions
MARA	Most at Risk Adolescents
MARA/YP	Most at Risk Adolescents/Young People
MARPs	Most at Risk Populations
MCH	Maternal and Child Health
MDG-F	MDG Achievement Fund
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MNHI	Maternal and Neonatal Health Initiative
MoCHTA	Ministry of Chittagong Hill Tracts Affairs
MoHFW	Ministry of Health and Family Welfare
MoLE	Ministry of Labour and Employment
MoLG	Ministry of Local Government
MoLGRD	Ministry of Local Government and Rural Development
MoPME	Ministry of Primary and Mass Education



MoSW	Ministry of Social Welfare
MoWCA	Ministry of Women and Children Affairs
MTSP	Medium Term Strategic Plan
NAR	Net Attendance Ratio
NCTB	National Curriculum and Text Book Board
NID	National Immunization Day
NILG	National Institute of Local Government
OOSC	Out of School Children
OVCs	Orphans and Vulnerable Children
PATC	Public Administration Training Centres
PBA	Programme Budget Allocation
PCA	Programme Cooperation Agreement
PEDP 3	Third Primary Education Development Programme
PEDPII	Second Primary Education Development Programme
PGMs	Procurement of Goods and Materials
PLHIV	People Living with HIV
PMT	Programme Management Team
PPTCT	Prevention of Parent to Child Transmission
REACH	Renewed Efforts against Child Hunger
RED	Reach Every District
RGs	Receipt of Goods
SCANU	Special Care Newborn Units
SDP	Sector Development Programme
SHEWA-B	Sanitation, Hygiene Education and Water Supply, Bangladesh
SLIPs	School Level Investment Plans
SSFAs	Small Scale Funding Agreements
SUN	Scale up Nutrition
SVRS	Sample Vital Registration System
SWA	Sanitation and Water for All
SWAp	Sector Wide Approach
TBP	Time Bound Programme
ToT	Training of Trainers
UNDAF	United Nations Development Assistance Framework
UPEP	Upazila Primary Education Plan
VARs	Vaccine Arrival Reports
VAT	Value Added Tax
VISION	Virtual Integrated System of Information
VSAT, ISP	Very-Small-Aperture Terminal, Internet Service Provider
WASH	Water Sanitation and Hygiene

**Document Centre**

### Evaluation

	Title	Sequence Number	Type of Report
1	Assessment of Communication Activities Under Primary Education Development Programme (PEDP) II	2011/001	Study
2	Study on Teaching in Primary School Classrooms: Do teachers understand and use interactive teaching?	2011/002	Study
3	Bangladesh: Education MICS Supplementary Report 2011	2011/003	Study
4	End-line study of Empowerment of Adolescents (EOA) Project	2011/004	Study
5	Mapping of Youth and Sport Club	2011/005	Study
6	Assessment of the Situation of Children in Institutional Care in Bangladesh	2011/006	Study
7	National Water Quality Survey	2011/007	Survey
8	National Assessment of 'WASH in Schools'	2011/008	Study
9	Mapping, Size Estimation and Behaviour Study of HIV Most at Risk	2011/009	Study
10	Baseline Survey on Communication for Development in Child Protection in the Chittagong Hill Tracts	2011/012	Survey
11	Baseline Study on Community Radio Operations	2011/010	Study
12	Knowledge, Attitude and Practice (KAP) Study on Child Labour	2011/011	Study
13	Compilation of Child Related Legislation	2011/013	Study
14	Report on Behavioural Change Monitoring through Kishori Abhijan Project	2011/014	Survey
15	Joint Evaluation of Education and Child Protection Programmes	2011/015	Evaluation
16	Evaluation of Education in Emergency (EIE) Project with Action Aid and Save the Children UK	2011/016	Evaluation
17	Impact Evaluation of the Integrated Community Development Project (ICDP) in the Chittagong Hill Tracts, 2006-2011	2011/017	Evaluation
18	Assessment of the efficacy of the different media being used by the Department of Mass Communication	2011/018	Evaluation

### Other Publications

	Title
1	Rapid Assessment of the Commercial Sexual Exploitation of Children in Bangladesh, 2008-2009
2	National Budget: Are the commitments to the children of Bangladesh being kept?
3	A Perspective on Gender Equality in Bangladesh

### Lessons Learned

#### Programme Documents

