Executive Summary

In a significant achievement, the under-five mortality rate (U5MR) in Bangladesh stood at 46 deaths per 1,000 live births in 2011, according to the United Nations Inter-agency Group for Child Mortality Estimation. This matches the Millennium Development Goal 4 (MDG 4) target of reducing child deaths by two-thirds between 1990 and 2015.

Most of the deaths averted are in the age group of 1 to 5 years, reflecting the combined successful scaling-up of high-impact interventions and practices, such as measles vaccinations, exclusive breastfeeding, family planning, oral rehydration therapy, pneumonia treatment, vitamin A supplementation, improved access to safe water, reduction of open defecation and advances in primary education.

The success reflects the power of partnerships that harness the collective commitment, energy and efforts of the Government, UN agencies, donors, non-governmental organizations, scientists, practitioners, communities, families and individuals. UNICEF’s contribution to this achievement has been multi-faceted and sustained, combining advocacy, policy and coordination support, capacity building for planning and monitoring, procurement and supply chain management, social mobilization and communication for development.

This achievement sets the stage for another child survival milestone, given the country’s commitment to ending preventable child deaths by 2035, which is consistent with “A Promise Renewed”, a joint UNICEF-USAID global initiative that Bangladesh has officially subscribed to. Further progress on child survival will hinge on tackling neonatal deaths, as well as child drowning—a silent killer and now a leading cause of child deaths in Bangladesh. With the upgrading of its cold chain, Bangladesh’s Expanded Programme on Immunization is now ready to engage the use of new life-saving vaccines, such as the pneumococcal vaccine.

Further gains in child survival and development will, however, also require acceleration in the fight against child malnutrition, particularly stunting. Efforts are being made to establish a multi-stakeholder platform and adopt a single policy narrative in the context of the Scaling Up Nutrition (SUN) movement.

With technical support from UNICEF, the Ministry of Primary and Mass Education was able to facilitate appropriate policies and strategies for the development of a primary teacher training course, expansion of pre-primary education for universal coverage, provision of non-formal education for out-of-school children and piloting of a classroom-based quality improvement initiative. This technical support facilitated the use of about US$130 million from the sector-wide pool fund in fiscal year 2012–2013 and will eventually unblock the use of US$755 million during the remaining three years of the sector-wide programme.

In 2012, UNICEF increased its emphasis on equity-focused and results-based planning and monitoring, in line with Bangladesh’s 6th Five-Year Plan 2011–2015. This meant the decentralization of 40 per cent of UNICEF’s workforce from Dhaka to six Zone Offices, covering the 20 poorest districts, where the operational activities of the United Nations system in Bangladesh converge. UNICEF supported local governments, civil society organizations and communities in pilot testing an innovative approach to identify and overcome critical barriers to achieve equitable coverage of essential services and practices for children. This approach will be taken to scale in 48 unions in 2013.

Country Situation as Affecting Children & Women

The Bangladesh Bureau of Statistics (BBS) released the 2011 National Population and Housing Census results in July 2012. Children under 18 years represent 40 per cent of the country’s 150 million people. At an annual growth rate of 1.47 per cent, the country added 25 million people during the last decade within its land area of about 150,000 square kilometres, with over 1,500 people per square kilometre, and even more people per square kilometre in the urban areas.
According to the UN Inter-agency Group for Child Mortality Estimation, the Under-5 Mortality Rate (U5MR) in Bangladesh stood at 46 deaths per 1,000 live births in 2011, which matches the MDG 4 target of reducing child deaths by two-thirds between 1990 and 2015. The U5MR declined significantly from 133 deaths per 1,000 live births in 1991 to 46 deaths per 1000 live births in 2011; it was higher for the lowest quintile compared to the wealthiest in absolute terms, but the ratio of the poorest to the richest remained virtually static at 1.9 in 1994 compared to 2.0 in 2007, indicating the perpetuation of the equity gap.

The Maternal Mortality Ratio (MMR) fell from 322 deaths per 100,000 live births to 194 deaths per 100,000 live births during the last decade. Bangladesh is thus on track to achieve MDG 5. Half of the pregnant women receive Antenatal Check-ups (ANCs) and only one in four women receive the recommended four ANC visits by trained health providers.

A comparison of the 2007 and 2011 DHS surveys shows that nationwide prevalence of child malnutrition has slightly decreased for all three indicators: stunting by 5 per cent (from 43 per cent to 41 per cent), wasting by 10 per cent (from 17.4 per cent to 15.6 per cent) and underweight by 11 per cent (from 41 per cent to 36 per cent). However, disaggregation by wealth quintile reveals a mixed picture. Between 2007 and 2011, the prevalence of moderate and severe stunting declined in all but the lowest quintile group, with the sharpest decline observed in the second quintile. The equity gap (ratio of the poorest to the richest) for stunting remained stable at 2.1. On the other hand, the prevalence of wasting declined in all quintiles, with the lowest quintile (16 per cent reduction) outperforming the second quintile (9 per cent reduction). The equity gap for wasting remained basically stable (from 1.6 in 2007 to 1.4 in 2011).

The Directorate of Primary Education reported that the Primary Net Enrolment Rate was 95 per cent in 2011, with a slight gender parity favouring girls. The primary cycle completion rate reached 60 per cent, from 55 per cent in the previous year. With high dropout rates, about 23 per cent of children aged 6–10 years are out of school; most of these children are from urban slums, low income groups and other marginalised communities. Only one in four children who complete Grade five acquire competency in the Bangla language.

Reduced access to appropriate WASH facilities and the low practice rate of effective hand-washing, estimated at less than 5 per cent, have a detrimental impact upon health and contribute to stunting. An estimated 84 per cent of schools have access to a drinking water source and an estimated 37 per cent have gender-segregated facilities. Poor access to menstrual hygiene facilities and information further reduces retention rates for adolescent girls.

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 behaviour must be changed to enhance access to and use of services. Social services have achieved improved access, but inadequately address quality and equity. The lack of attention to equity is demonstrated by the fact that urban working children, children who live or work on the street and orphans, who are among the most vulnerable children, receive less than 1 per cent 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.
Country Programme Analytical Overview

As part of building local capacity for monitoring results for children and in alignment with the commitment of the Government to focus on monitoring for results in the 6th Five-Year National Development Plan of Bangladesh, UNICEF developed a model for Assessing obstacles to effective and equitable coverage of essential basic services through the application of the ‘Tanahashi’ model. The model is based on the analysis of coverage levels (availability, accessibility, utilization, adequate coverage and effective coverage) of essential interventions to prioritize the major coverage deficit for further analysis using the four domains and 10 determinants of bottleneck analysis.

The approach was piloted in two Unions (sub sub-districts) of Bhola and Sunamgonj districts of Bangladesh (north and south of the country) to provide information for planning and explore convergent effect at the lowest geographic planning unit (Union level) in Bangladesh. The pilot focused on five tracer interventions across the life cycle: Iron Folate Supplementation for Pregnant Women; Birth Registration within 45 days of birth; Full Immunization coverage for children under the age of 1 year, pre-schooling for children between 5–6 years of age; and access to safe water. Effective coverage for the interventions was defined as follows:

(1) Iron Folate Supplementation: Proportion of women who consumed at least 100 IFA tablets during their last pregnancy.
(2) Birth Registration: Proportion of newborn children registered in the Birth Registration Information System and provided with birth certificate within 45 days after birth.
(3) Immunization: Proportion of children age 12-23 month fully immunized according to the vaccination calendar timeline.
(4) Pre-Primary Education: Proportion of pre-school children who have completed one year of pre-school and have achieved nationally defined competencies.
(5) WASH: Proportion of households using a minimum of 20 litres per person per day round the year from a functional water point located within 150 metres/492 ft that meet specific chemical (arsenic) and microbiological (absence of faecal coliforms) water quality criteria.

Data collection was through household surveys, assessment of service delivery facilities and their records, as well as focus group discussions to explore bottlenecks at the community level. The pilot demonstrated that the Tanahashi model of service coverage evaluation is applicable across programme intervention areas for determining service coverage deficits and subsequent bottleneck analysis. The Tanahashi model was instrumental in priority setting for bottleneck analysis and thereafter definition of corrective actions.

The pilot also provides opportunity for the integration of monitoring of bottleneck into evidence-led planning and monitoring engagement at the district, upazila (sub-district), union, and community and facility levels, while fostering mutual accountability for social sector investments. Scaling up this approach is being explored as a strategic input from UNICEF towards the implementation of the national development plan.

Effective Advocacy

Partially met benchmarks

The significant advocacy initiatives in 2012, the first year of the new Country Programme, included:

The organization of the ‘Tanahashi Rounds’, a joint initiative by the James P Grant School of Public Health at BRAC University and UNICEF. This provided a platform to share new knowledge on the cross-sector application of the Tanahashi model in the context of Bangladesh. The first Round held in November was attended by non-governmental organization colleagues, representatives of the Government of Bangladesh and donor partners.
Participants were presented with five thematic examples—health; nutrition; water, sanitation and hygiene; education; and child protection—of the application of the Tanahashi model in two unions in Bangladesh. The aim was to highlight supply and demand bottlenecks that constrain effective and equitable coverage of essential services and practices, while identifying bottlenecks and actions to overcome them. The event was well received and created an opportunity for significant discussion on designing programmes to deliver more effective results for children. The event paved the way for continued monthly dialogue on this issue in 2013.

UNICEF extended support to the Government of Bangladesh in the drafting of the new Children’s Act, which is in the final stage of enactment. UNICEF also encouraged the Government to raise the legal age of the child to 18 years in harmonization with international standards. This involved providing comparative analysis of international standards and consulting with various stakeholders to help inform the Act.

UNICEF will help the Ministry of Social Welfare to prepare the Act for Cabinet for its passing as law. Once the law is enacted by Parliament, the establishment of required institutional mechanism child protection system will be strengthened. The law will provide access to revenue budget for scaling up the package of child-sensitive social protection services designed through modeling. This level of engagement with Parliament will be further expanded in 2013 to address other child rights issues.

A seminar based on the findings of the national budget analysis `Children and National Budget: An analysis of Education, Health & Nutrition Sectors` was organised in partnership with a national think-tank in December that brought together decision-makers from the Government of Bangladesh, Parliament members, leading economists and the media to set the stage for a multi-stakeholder partnership on `Children and Budget`. This event encouraged a discussion on the importance of a child-focused budget and provided the much needed impetus for developing a framework on this issue. Budget advocacy will continue in 2013.

Capacity Development

 Mostly met benchmarks

The key objective of UNICEF Bangladesh in the area of capacity building is to address and develop capacity at all levels – individual, institutional and policy level – to improve the quality and reach of services capitalising on UNICEF field presence, and close working relationships with the Government. The Government of Bangladesh’s 6th Five Year Plan 2011–2015 provides the overall policy framework for the provision of public services. The resources mobilized by UNICEF in the context of its new Country Programme (2012–2016) are allocated on a priority basis to strengthen and leverage national capacities and resources to achieve equitable results for children.

In 2012, capacity development included the provision of technical assistance, notably to the Primary Education Sector Development Programme (PEDP3) to leverage equitable policies, resources and partnerships to ensure quality education for the most marginalised children. With technical support from UNICEF, the Ministry of Primary and Mass Education was able to put facilitate policies and strategies for the development of a primary teacher training course, expansion of pre-primary education for universal coverage, provision of non-formal education for out-of-school children and piloting of a classroom-based quality improvement initiative. This technical support facilitated the use of about US$130 million from the sector-wide pool fund in fiscal year 2012–2013 and will eventually unblock the use of US$755 million during the remaining three years of the sector-wide programme.

UNICEF also supported South-South exchanges, such as study visits of government officials to Nepal, the Philippines, China and India, exposing them to innovative approaches in the areas of Water Sanitation and Hygiene (WASH), Early Childhood Development (ECD) and decentralization. As part of the health programme, UNICEF supported the participation of the local Government staff and programme personnel in regional workshops and trainings, with an emphasis on system strengthening, effective vaccine management and evidence-based planning.
UNICEF in collaboration with the Economic Relations Division (ERD) disseminated lessons learnt and good practice from the successful pilot on decentralized governance for child rights. As a result, the Government approved the expansion of the pilot from seven districts to the 20 United Nations Development Assistance Framework (UNDAF) districts.

UNICEF is also supporting the National Institute of Local Government (NILG) with a view to build the capacity of local governments in child-focused decentralized planning, budgeting and monitoring.

**Communication for Development**

Mostly met benchmarks

Considering the centrality of Communication for [Social Change and] Development in ensuring effective coverage of social services and positive social norms and behaviors, priority was given to ensure that operational guidelines, tools and standard resources are in place, capacities are enhanced for different categories of front-line workers for effective counseling and social mobilization, and audio-visual and print packages are available on different aspects of basic ‘facts for life’ to bridge message gaps and create understanding on new challenges affecting children, while fostering public discourse on the harmful social norms of child marriage, child labour and corporal punishment (termed as the 3Cs).

Awareness and access information increased for 55.1 million people (over one-third of the population and an estimated 11.2 million households) on maternal, child care and feeding, water, sanitation, hygiene, and hand-washing, as well as protective ‘facts for life’ practices. Mass media programmes were intensified before, during and after special events, including national immunization, hand-washing and Meena days and national breast-feeding and safe motherhood weeks. These were complimented by interactive popular theatre, and mobile cinema and folk songs in at least 3 upazilas in 38 of the 64 districts.

With high-level support from the office of the Prime Minister, the issues of disability and the vulnerabilities of out-of-school children were positioned in the media (and at international events) to increase visibility, generate a national discourse and promote actions towards inclusiveness across society.

New partnerships were established with seven local NGOs in seven UNDAF districts to engage communities to address knowledge and practice deficits, promote community dialogues on child rights, especially on the three harmful social norms—child marriage, child labour, and corporal punishment—and intensify efforts to remove bottlenecks for improved child well-being. At least 98 national, district and upazila staff of the NGO partners acquired skills on interpersonal communication, social mobilisation, participatory community action planning and on several approaches to engage local influencers and social networks, as well as to empower communities in 504 wards in these districts to assess, encourage dialogue and take action on issues pertaining to the well-being of their children.

The UNICEF field work pilots to identify and remove barriers that undermine the rights of children and women to effective coverage of five tracer interventions revealed useful knowledge gaps for caregivers and immediate family members, with a clear signal to revise the Communication for Development (C4D) strategy on birth registration, including the primary audience. The Iron Folic Acid (IFA) probes revealed the misconception of reducing/avoiding the intake of vitamins or IFA tablets to ensure small-sized babies and the ‘perceived’ reduction of complications during delivery. An analysis of bottlenecks also revealed that under Supply (access to adequately staffed service and information), there is a lack of adequate health education taking place at the facility levels (even where some of these facilities have audio-visual facilities).
Service Delivery

Mostly met benchmarks

The 2009 Multiple Indicator Cluster Survey (MICS) report of the Bangladesh Bureau of Statistics (BBS) informed the geographic targeting of the joint Government of Bangladesh UNICEF Country Programme, as well as the UNDAF to focus on the 20 (out of 64) most socio-economically deprived districts, where social indicators for children and women are worst off, requiring enhanced service delivery and capacity development interventions.

Hence UNICEF is one of the 12 United Nations (UN) agencies contributing to the UNDAF Social Services for the Human Development pillar, to ensure that 'deprived populations in selected areas, particularly women, children and youth benefit from increased and more equitable utilization of quality health and population, education, water, sanitation and HIV services'.

Additionally, UNICEF Bangladesh also contributes to the UNDAF Pillar on Food Security and Nutrition to ensure that 'urban and rural poor have adequate food security and nutrition throughout the life cycle’. UNICEF is part of the 6th Pillar of the UNDAF 2012–2016, which aims to 'by 2016, at least 3 million urban poor have improved living conditions and livelihoods to realize their basic rights’.

It is against this backdrop that in 2012, a substantial part of the programme funds disbursed to partners in Water Sanitation and Hygiene (WASH), Health, Nutrition, and Child Protection were directed to support service delivery for the most deprived populations in the UNDAF districts. Besides, UNICEF Bangladesh committed US$9.72 million (compared to US$ 13.47 million in 2011) to direct provision of supplies for services delivery in Health, Nutrition, WASH, Education and Child Protection in partnership with the national social sector institutions and their sub-national outlets in the UNDAF districts. At the request of the Ministry of Health and Family Welfare, UNICEF provided procurement services valued at US$48.44 million in support of essential health commodities and supplies, mostly vaccines, in 2012, though this figure was slightly lower than the support of US$57.49 million in 2011.

To ensure the efficient use of these supplies for effective delivery of social services, UNICEF Bangladesh also invested US$19.45 million (compared to US$18.69 million in 2011) in various complementary institutional and human resource capacity development activities. UNICEF Bangladesh continues to participate in the Education and the Health/Population/Nutrition sector development programmes, respectively, through the Third Primary Education Development Programme (PEDP III) and the Health Population and Nutrition Sector Development Program (HPNSDP). UNICEF collaborates with the government and other development partners to direct resources, services delivery and capacity enhancement towards the most deprived populations and sector priorities, while ensuring synergy and efficient division of labour in line with institutional mandates and attention to child-sensitive sector policy priorities.

Strategic Partnerships

Mostly met benchmarks

The key highlights for forging and negotiating partnerships in 2012, included:

In February, the Global Alliance for Improved Nutrition (GAIN) and UNICEF announced a major multi-sector partnership (including the private sector, trade and chamber bodies, international organizations and civil society) to reach an estimated 100 million Bangladeshis with vitamin A fortified vegetable oil. The other key partners in the initiative included the Ministry of Industries; Ministry of Health and Family Welfare; Bangladesh Standards and Testing Institute; and the Institute of Public Health and Nutrition. The three-year programme aims to reduce Vitamin A deficiency among women and children through increased market access to the more nutritious oil. The grant supported by GAIN and UNICEF will provide vegetable oil refineries with the equipment, nutrients, robust quality control capacity and training necessary to produce the best possible fortified vegetable oil.
The partnerships negotiated by UNICEF with the media have resulted in:

(1) A monthly two-page feature in the leading English and the leading Bangla newspapers, covering issues ranging from urban children, nutrition, birth registration to child marriage, reaching a readership of 300,000 and 2.8 million readers per issue, respectively, helping to improve in-depth coverage.

(2) A weekly show on two private radio stations, including a weekly interactive programme (covering issues from disability to corporal punishment), reaching a combined audience of 1 million listeners since it started in July, and currently attracting an average of 120 callers per show. A discussion show started in November is reaching an audience of 20 million people, based on coverage area.

(3) The broadcasting of key messages under “one minute free airtime for children” on the national, five private TV channels and two private radio stations is worth approximately US$336,302 in advertising airtime.

(4) Planning for a children’s news agency, dedicated to providing news to all regional and national media with BDNews24, a leading online news agency in Bangladesh.

In 2012, a total of 54 PCAs (Project Cooperation Agreements) were reviewed and processed by the Review Committee resulting in 50 agreements, which included nine new partnerships (covering communication for development; social policy; water, sanitation and hygiene; and health and nutrition), signed with civil society, research, academic and community based organizations to deliver the best results for children and women. Additionally, 16 active PCAs were continued in 2012.

A key partnership was developed with the National Institute of Local Government (NILG) in the area of decentralisation and district programming, with the primary focus on capacity development around decentralisation and equity for children, for local government officials.

Within the UNDAF, a number of United Nations agencies, including UNICEF, UNDP, WFP and ILO, initiated a dialogue with the UK Department for International Development (DfID) to negotiate support for a joint United Nations strategy aiming to provide access to basic social services to the urban poor.

In 2012, UNICEF collaborated with Unnayan Shamannay to initiate advocacy for an improved national budgeting process that aims at addressing equity gaps in realizing children’s rights by targeting the allocation and quality of spending for effective social services.

### Knowledge Management

**Mostly met benchmarks**

Bangladesh is one of the most dynamic countries in South Asia, with a good number of local and internationally recognized institutions engaged in research, policy advocacy and programmes. These organizations have the potential for expanded focus on children and women’s equity right issues. In 2012, the main publications on the situation of women and children were the Preliminary report of the Demographic and Health Survey (DHS) and the Bangladesh Census, both conducted in 2011.

The DHS provided preliminary results on maternal and child health indicators. The Census reported the population and households count, its density and distribution by age, sex and other demographic parameters. To increase public access to indicators on the socio-economic rights of children, the BDInfo has been updated with DHS information on child mortality, as well as census data on the population size, density, and growth rates. The Bdinfo has been updated with 2010 results from the Sample Vital Registration System (SVRS) of the Bangladesh Bureau of Statistics (BBS). The current report for SVRS 2011 is under preparation with technical support from UNICEF.
In addition, UNICEF Bangladesh continued to collaborate with the International Centre for Diarrhoea Disease Research, Bangladesh (ICDDR, B), Bangladesh Rural Advancement Committee (BRAC), and Bangladesh Bureau of Statistics (BBS). These partnerships combine programme delivery with research and analysis to enhance social equity and programme results for children as reported under the respective programme narrative in Health, Nutrition, Water Sanitation and Hygiene (WASH), Child Protection, Communication, Advocacy and Partnership, Communication for Development (C4D) and Social Policy, Monitoring and Evaluation (SPME).

The UNICEF WASH programme collaborates with the ICDDR, B on water quality testing, including the quality assurance of the ongoing Multiple Indicator Cluster Survey (MICS) field sampling and testing of water for arsenic and coliform. Similarly, UNICEF’s C4D section is working with the ICDDR, B on the Knowledge, Attitudes and Practice (KAP) baseline and active monitoring of the impact of a campaign in 25 live bird markets in Dhaka city and 10 districts to inform an integrated behavior and social change strategy on emerging infectious diseases.

A new tripartite partnership among the Bangladesh Institute of Development Studies (BIDS), BSS and UNICEF Bangladesh is using the 2011 National Population Census report to produce a Child Equity Atlas and Pockets of Poverty Maps, to inform nationally-led evidence based policy advocacy for most-deprived children. UNICEF Bangladesh and the James P. Grant School of Public Health of BRAC University are co-hosting a monthly knowledge sharing and peer review session dubbed ‘Tanahashi Rounds’, which convenes academia, researchers, bilateral agencies and NGO partners on strategies and approaches to increase the effective coverage of key social sector interventions in Bangladesh.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

Through UNICEF’s technical assistance, the Government of Bangladesh submitted its fifth country report on the implementation of the Convention on the Rights of the Child (CRC) on 20 October 2012 within the deadline provided by the Committee on the Rights of the Child. The fifth report also includes information on the implementation of the two optional protocols on the sale of children, child prostitution and child pornography, and the involvement of children in armed conflict.

A series of national and sub-national consultations, including with the participation of children, took place between February and October 2012 in preparation of the country report. Such consultations fostered dialogues among various sectors in reviewing the progress and shortcoming of the implementation of the CRC. The Concluding Observations and Recommendations of the Committee on the Rights of the Child from 2009 were also examined. Additionally, the consultations provided a good opportunity to raise awareness on the CRC and its two optional protocols. The country report is being translated into the national language for wider dissemination.

District-based child rights monitoring committees have been formed in all the districts to monitor and report on the situation of children and the realization of their rights in their jurisdiction. Training, guidelines and monitoring framework have been provided to these committees.

**Gender Equality**

*Partially met benchmarks*

Bangladesh has over 33 million adolescents between the age of 10–19 years (48 per cent girls and 52 per cent boys), accounting for 23 per cent of its population, for many of whom this period is eclipsed by abuse, violence and exploitation that can have life-time implications on their health, physical and psycho-social development. In fact, 32 per cent of girls are married by age 15 and 5 per cent have actually given birth by...
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age 15.

In the garment industry, over 90 per cent of workers are female. Around 75 per cent migrate from the rural areas and have limited access to services, poor health and nutrition outcomes, with a high potential of being subjected to violence. Acid attacks occur mostly on girls and women who reject marriage proposals, declarations of love, deny sexual advances made by men or even due to land disputes.

Three in 10 female sex workers (33 per cent) are aged 10-18 years, of which 4 in 10 (44 per cent) have been subject to forced sex in the past 12 months. For men having sex with men (MSM), the mean age of first sex is 12.9 years, exposing young boys to adults who may have had multiple partners over the years.

The nutrition sector has successfully advocated with the Institute of Public Health Nutrition of the National Nutrition Service (IPHN/NNS) for additional data and information/NIS and revision of monitoring/reporting tools to ensure information by sex is available and that data on sex disparities is being collected. The Nutrition programme aims to address nutrition-related behaviour in which men are also targeted, as their influence on the behaviour of spouses is critical.

In 2012, approximately 782,260 persons, including children in rural and urban areas, gained access to safe water through the construction and rehabilitation of 6,310 water points and 246 piped schemes. Women’s representation in the 6,556 Water User Groups, as president, secretary, and treasurer has ensured that their preferences and views are recognized at par with men. Around 11,000 adolescent girls in urban slums are playing an active role in promoting and monitoring improved sanitation and hygiene practices in their neighbourhoods and running local SaniMarts for the production and sale of sanitary napkins for safe menstrual hygiene management.

UNICEF successfully advocated for the establishment of a National Social Change forum by the Ministry of Women and Children’s affairs to address the three key harmful social norms, including child marriage.

The UNICEF Engaging Communities’ project aims to increase the practice of key behaviour by involving and empowering both women and men in participatory processes, such as community assessment, social mapping and community action planning.

All country office proposals, studies, publications, and cooperation agreements from UNICEF Bangladesh include gender disaggregated data for a balanced and gender-sensitive approach to strategy development, programme design, implementation, monitoring and reporting.

Environmental Sustainability

Partially met benchmarks

UNICEF-supported interventions, including reduced open defecation, improved access to safe sanitation facilities and improved access to safe water, are positively impacting the environment. Painting arsenic contaminated water sources in red and awareness-raising about unsafe water are reducing the use of contaminated water. The assembly of composting plants reduces environmental pollution, increases reuse of resources, and at the same time reduces the burden for vector-borne diseases.

UNICEF is promoting innovative technologies to provide WASH services in difficult areas and improve the environment. Eco-sanitation reduces the risk of groundwater pollution and reduces demand for inorganic fertilisers. Solar-powered pumps for tube-wells and pond sand filters are reducing demand for fossil-fuel generated electricity. Aquifer recharge and recovery for community water supply in the saline coastal area is improving the status of aquifers and providing protection against the increasing risk of cyclonic storm surges.

Abstraction of deep groundwater to mitigate the severe adverse health effects of salinity and especially
arsenic in shallow groundwater raises concerns about the sustainability of the deep aquifer resource. Consequently, UNICEF is supporting studies and monitoring to ensure an overall positive impact. The implementation of Water Safety Plans is also helping to reduce the risk of water pollution.

Communities living in certain vulnerable areas are given information on possible avenues of adaptation to climate change. The WASH in Schools programme sensitises children to the environment and promotes long-term action on sustainability.
Narrative Analysis by Programme Component Results and Intermediate Results

Bangladesh - 5070

PC 1 - Social services for children and women

On-track

PCR 5070/A0/04/001 By the end of 2016, women, children and youth in 20 selected districts, demand and benefit from increased and more equitable utilization of quality health, nutrition, population, education, water, sanitation and HIV services.

Progress:

In 2012, with UNICEF support, coverage of the Maternal, Neonatal and Child Health (MNCH) status in 29 UNICEF-supported districts of all the 64 districts, including in 14 UNDAF districts, improved. As examples, measles immunization coverage increased from 82 per cent in 2011 to 87 per cent in 2012, delivery by Skilled Birth Attendants (SBA) increased to 54.5 per cent in 2012, from 50 per cent in 2011 and postnatal care within two days of delivery increased from 48 per cent (2011) to 60 per cent (2012) in the MNCH project areas.

The adequate coverage of safe delivery with skilled birth attendance is, however, constrained by the lack of trained human resources. Recruitment and retention of trained human resources for safe delivery and newborn care at primary and secondary level health facilities remains challenging. UNICEF helps address the human resource gap for Emergency Obstetric Care and Newborn Care services through Local Level Planning, resulting in the local recruitment of medical professionals and support staff. UNICEF advocated with the Government for the posting of health professionals in UNICEF-supported areas.

A recent study shows that 17 per cent of lowest quintile households receive health care from hospitals, while households in the top quintile receive 25 per cent. In 2012, UNICEF supported an in-depth bottleneck analysis of the Expanded Programme on Immunization (EPI) program that revealed specific health system constraints, such as health workers shortage, poor supervision and low coverage of hard-to-reach communities during the rainy season. Differences between administrative data, decentralized monitoring data and survey data indicate the need to revise the definition of Fully Vaccinated Children and harmonize understanding of the concept of effective immunization coverage.

UNICEF provided technical assistance that led to the finalization of the 3rd National Strategic Plan for HIV and AIDS, the Implementation Plans for the 3rd National Strategic Plan for HIV and AIDS, revision of the National Guidelines for the Prevention of Mother-To-Child Transmission of HIV (PMTCT) and the drafting of the National Strategy for HIV Risk Reduction among Adolescents, thereby setting up the framework for increasing demand creation and equitable access to quality HIV-AIDS prevention, treatment and care services for children, adolescent and women in Bangladesh.

Technical support from UNICEF resulted in the successful hosting of the 2012 National AIDS Congress in Bangladesh, which brought about knowledge sharing among actors, as well as mobilised political commitments to enable programme environment for the implementation of the National Strategic Plan for HIV and AIDS in the country. As part of the convener role of UNICEF, the national HIV and AIDS coordination system have been established with representation from the Government, implementing partners and UN agencies.

Technical support deployed to three leading national medical universities in Bangladesh has resulted in the development of a Programme Proposal and Multi-Disciplinary Team to provide quality PMTCT services for HIV-positive pregnant women and their newborn. These institutions will be supported with technical experts...
and programme tools to rollout PMTCT services in 2013, to increase availability and effective coverage for women and newborns. To address demand, technical and financial support provided to the leading Network of Women Living with HIV in the country provided the opportunity to link women in need of PMTCT services with the institutions. Thirty-four government partners, programme managers and planners who completed the short course on understanding focus on Young People from Key Affected Population to HIV have acquired skills to drive the national HIV response for adolescents.

The first year of mainstreaming nutrition into the health system presented multiple opportunities and challenges. The results represent measurable progress in supporting the Government through a focus on achieving equitable results in UNDAF areas with systems and human resource capacity development in health services for a country-wide impact. The indicators for effective coverage of iron folate supplementation were defined and measured and through this process, the involvement of the Government and NGO partners in bottleneck analysis has developed.

UNICEF has supported the identification of appropriate nutrition indicators for integration into the national Health Management Information System; this will improve planning, monitoring, quality and cover of evidence-based direct nutrition interventions. The definition of indicators, targets and standards ensures UNICEF and its partners use evidence to identify disparities, systems bottlenecks and inform decision-making. Support to coordination was provided through the establishment of the Nutrition Cluster, co-chairing of the Nutrition Working Group and engagement in the Infant and Young Child Feeding Alliance.

UNICEF is working with partners to support mainstreaming of nutrition and implement more comprehensive approaches to address nutrition, to contribute substantially towards the achievement of 2016 targets. UNICEF’s direct technical input contributed to the acceptance of multiple micronutrient powders for prevention and management of anaemia and other deficiencies in young children. Treatment for severe acute malnutrition is generally unavailable through public health services, but a local therapeutic product supported by UNICEF is expected to be available by the end of 2013 and training is ongoing.

The re-introduction of the growth chart by the Institute of Public Health Nutrition was supported to empower parents to better act on their child’s growth, while the unethical marketing of breast-milk substitutes was targeted through the design and piloting of a national Breast-Milk Substitutes (BMS) code monitoring system. New partnerships to improve nutrition among urban slum dwellers were commenced, and were focused on the effective coverage of child and maternal nutrition interventions.

The National Micronutrient survey supported by UNICEF this year will inform development of the National Nutrition Policy in 2013. The government has committed to the principles of SUN (Scaling Up Nutrition), with the Prime Minister assigned a key role at the global level. A national launch initiative is likely in 2013. Continued advocacy and strengthened communications will heighten awareness of nutrition among key decision-makers, increasing public and stakeholder commitment.

In 2012, interventions were supported to increase the access to improved water, sanitation facilities and key hygiene promotion messages for over 7.8 million people in 23 districts, including six UNDAF districts. Through these interventions, significant progress has been made at the household, school, community and Government levels, to improve the access to, use of and demand for safe water and improved sanitation.

The wide-ranging interventions supported by UNICEF have contributed to a demonstrated reduction in diarrhoeal rates, particularly in the rural areas, through improved access to safe water, a reduction in open defecation rates and the practice of more hygienic behavior. This achievement has been possible through support to schools, communities and local government structures, as well as technical and strategic support at the national level. This support has resulted in the formulation and adoption of the National Hygiene Strategy and the WASH in Schools Standards, both of which are critical for the substantial scaling up of
UNICEF has supported a number of innovative technical, managerial and financial approaches to improve the capacity of local government bodies and Community-Based Organizations (CBO) to design, plan and maintain WASH facilities, as well as the capacity of local communities to demand improved WASH facilities and services and to mitigate the impact of natural disasters. Importantly, the experience garnered in sector initiatives, including the mobilisation of school brigades, the adolescent girls’ Sanitation Markets (SaniMarts) and Ecological Toilets (EcoSan), has been documented and has been shared across UNICEF and at a global level through Webinars and international presentations.

The Education Programme objectives are being pursued with the dual approach of leveraging the resources of the Sector-Wide Programme and providing targeted support to the most deprived children. UNICEF technical assistance to the Primary Education Development Programme (PEDP3) focuses on improving quality and reducing disparities in access and achievement. UNICEF technical support enabled the Ministry of Primary and Mass Education (MoPME) to provided School Improvement Grants to 32,000 schools from PEDP3 resources, benefiting approximately 8 million children in 2012.

UNICEF provided technical support to the MoPME for the pilot implementation of the Diploma in Education course. This has established a system of providing high quality training to 10,000 teachers per year that will address a major bottleneck for quality improvement. The Each Child Learns pilot, another innovative approach intended to improve the quality of teaching in the classrooms, was implemented in 36 primary schools in two districts, benefitting 6,500 children. UNICEF technical assistance to PEDP3 is part of a coordinated support provided by eight development partners.

With funding support from UNICEF and in partnership with BRAC, the Ministry of Women and Children’s Affairs provided early learning opportunities for 150,000 children in the convergence districts and urban slums and other disadvantaged areas, including for 50,000 ethnic minority children in the Chittagong Hill Tracts. UNICEF also provided technical assistance to the MoPME to develop a Pre-School Expansion Plan for universal coverage of one year of pre-school for all five-year-old children by 2015. With financial and technical support from UNICEF and the International Labour Organization (ILO) and in partnership with leading NGOs, the MoPME also provided livelihood skills training to 146,000 Urban Working Children who had graduated from the Non-formal basic education course provided under the Basic Education for Hard to Reach Urban Working Children Project. The MoPME has decided to use the experience gained from this project to implement the Second Chance Component of the PEDP3.

On-track

IR 5070/A0/04/001/001 1.1.1 Strategies and guidelines developed and incorporated in the Health Sector programme by 2014.

Progress:
In 2012, a national strategy on the prevention and management of pneumonia, diarrhea and malaria, with UNICEF technical and financial support, was developed to align the United Nations Commission on Life-saving commodities for Women and Children with the country context. Standard Operating Procedures (SOPs) for newborn care were developed and endorsed by the Ministry of Health and Family Welfare (MoHFW). These guidelines will streamline the provision of newborn care services throughout the country. These SOPs will support scaling-up of the successful pilot supported by UNICEF on improved essential newborn care at the primary, secondary and tertiary levels. UNICEF also supported the revision of a national maternal health strategy and related SOPs.

A review of three MNCH models, supported by UNICEF and in collaboration with the James P. Grant School of Public Health, BRAC University and University of Columbia, has been carried out in order to identify an optimum strategy for maternal, newborn and child health (MNCH) care in Bangladesh. The lessons learned
from the three MNCH models, implemented in 187 sub-districts and 29 low-performing districts covering 43 million population, will guide the Government to scale up MNCH activities in line with the Government’s Health, Population and Nutrition Sector Development Program.

The continuation of MNCH interventions in 18 MNCH districts and six un-covered UNDAF districts remains a challenge, due to limited financial resources. Reaching the most vulnerable and marginalized communities with effective coverage of quality services is a daunting task till the deployment of skilled human resources matches identified needs in the underserved and underprivileged areas. Inequities in access to maternal, newborn and child care services are high in urban slums. Improving slum dwellers’ access to MNCH services is becoming a priority for UNICEF and other development partners. In 2012, UNICEF supported greater coordination of efforts, including with city corporation officials and supported the mapping of EPI and other MNCH services in urban slums. With UNICEF support, the National Strategy for Injury Prevention was endorsed by the Government, leading the way to the development and implementation of a national injury prevention action plan in 2013.

**Gender Marker: Principal**

**On-track**

**IR 5070/A0/04/001/002 1.2.1.** MNCH services strengthened at the District and sub-districts level through developing and implementing appropriate plans.

**Progress:** Through Local Level Planning (LLP) efforts, the supply side of MNCH services was strengthened in 20 low-performing districts that include 14 UNDAF districts. Allocated funds facilitated the removal of identified supply and demand bottlenecks, though more efforts are needed to ensure the retention of trained human resources for Emergency Obstetric and Neonatal Care (EmONC) services. Building on successful scale-up in 15 EPI low-performing districts, UNICEF further supported 11 low-EPI performing districts and two city corporations using the Reach Each District (RED) approach. UNICEF provided technical support to the Ministry of Health and Family Welfare in the revision and updating of EPI local level planning with the introduction of a Monitoring for Results framework. This has ensured a more rigorous analysis of bottlenecks in areas such as human resources, supply management and frequency of vaccination sessions in hard-to-reach areas. Effective removal of these bottlenecks will be monitored on a monthly basis in 2013. In hard-to-reach areas an additional number of 286,110 previously un-reached children were fully vaccinated (Administrative data from EPI programme, 2012, DGHS). In 2012, 87 per cent of children aged less than 1 year were vaccinated against measles, a 6 per cent increase over 2011. There is no gender disparity between boys and girls. Significant bottlenecks were addressed through improved community awareness in hard-to-reach areas and by ensuring the uninterrupted supply of vaccines in each outlet site. Additional efforts are, however, needed to close the equity gap as full vaccination coverage is highest (84.3 per cent) in the top wealth quintile, compared to the lowest (74.5 per cent) quintile. To strengthen the cold chain system, UNICEF will procure 10 additional cold rooms, which will increase the current net capacity by 97.5 m³ to a total capacity of 207.5 m³. This increase is necessary to facilitate the smooth introduction of pneumococcal vaccines from 2013 onwards.

**Gender Marker: Significant**

**On-track**

**IR 5070/A0/04/001/003 1.2.2.** By 2016, 60 per cent of families and communities in 20 selected districts have awareness and skills to practice and use services.

**Progress:**

Effective community mobilization, through functioning community support systems, has improved family practices in UNICEF-supported MNCH districts. In the Maternal, Neonatal and Child Survival (MNCS) project the percentage of birth preparedness plans increased from 48 per cent in 2011 to 68 per cent of eligible families in 2012 (Web-based Management Information System (MIS) of Maternal and Child Survival Project (MNCS), 2012), which led to increased demand and care-seeking for MNCH services.
Through effective community mobilization, facility delivery increased from 21 per cent in 2011 to 23 per cent in 2012 (*Emergency Obstetric Care report of HMIS, 2012 DGHS*). Further efforts are needed to improve the quality of facility-based delivery. In MNCH project areas, the practice of breast feeding within one hour of birth also increased to 97 per cent in 2012, compared to 93 per cent in 2011 (*MNCS project data, 2011 and 2012*). The coverage of Measles vaccination increased to 87 per cent in 2012 (*EPI report, 2012, DGHS*). UNICEF’s partnership with local level NGOs proved effective at improving demand for and coverage of child survival interventions.

Community-based Case Management (CCM) of pneumonia has been implemented in 74 sub-districts in 18 districts. Though still a limited number compared to the overall needs, more than 6,650 health workers were trained on case management of children with pneumonia. In MNC-intervention districts, care-seeking for pneumonia increased from 74 per cent in 2011 to 84 per cent in 2012, while antibiotic treatment for pneumonia increased from 87 per cent in 2011 to 90 per cent in 2012 (*Web-based Management Information System (MIS) of Maternal and Child Survival Project (MNCS), 2012*).

**Gender Marker: Principal**

**IR 5070/A0/04/001/004 1.2.3.** By 2014, health facilities in targeted districts provide high quality MNCH services.

**Progress:**

Special care to sick newborns has been provided through the establishment of Special Care Newborn Units (SCANU) in 11 district hospitals and one medical college hospital, serving a total population of 22,478,421 people. Renovation of more SCANUs is ongoing in the remaining 11 hospitals and will provide newborn care services to an additional 27,935,611 people.

In order to provide quality services to sick newborns, 323 health staff was trained on emergency triage and treatment of sick newborns. A web-enabled MIS (Management Information Systems) networking system is being established in the 11 district hospitals equipped with SCANUs, thus enabling real time data collection and analysis and prompt corrective interventions whenever bottlenecks have been identified.

With support from UNICEF, UNFPA and other partners such as the Obstetrics and Gynecology Society of Bangladesh (OGSB), coverage by emergency obstetrical care services in 29 UNICEF-supported district hospitals of women experiencing major obstetric complications, increased from 67 per cent in 2012 compared to 62 per cent in 2011 (*UN joint (WHO, UNFPA, UNICEF) Maternal and New born Health Initiative project (MNHI) operational report, 2012*).

A number of new approaches were introduced to address the unmet needs of pregnant women, such as Maternal and Perinatal Death Reviews (MPDR) and pay for performance (P4P) schemes. The P4P is an innovative health care financing approach that facilitates improvements in the coverage and quality of Emergency Obstetric and New Born Care (EmoNC) services through addressing demand side and performance issues. A proper evaluation of P4P in 2013 will eventually provide evidence for scale up. Efforts to improve effective coverage of maternal health services also include strengthening the accountability of providers to clients, notably through client-rights accountability initiatives tested in four districts and 22 public health facilities.

**Gender Marker: Significant**
Progress: The capacities of MNCH service providers was further strengthened, although they were still limited compared to the total needs. Geographical disparities in the deployment of qualified health workers, the skill mix, frequent staff turnover and limited incentives to work in remote areas are among the main challenges affecting the availability, access, utilization and effective coverage of MNCH services.

UNICEF-supported, capacity-building activities in the project areas included training on Emergency Obstetric Care (EmOC), including emergency triage and EmOC anesthesia, and clinical and community management of childhood and newborn illnesses, including case management of pneumonia, as well as training on the introduction of new vaccines.

The National Injury Prevention Strategy was endorsed by the Government in late 2012. Injury prevention training targeting 500 community health workers started soon after the adoption of the strategy and will continue in 2013.

With the successful introduction of Measles Rubella (MR) and Measles Second Dose (MSD) vaccines, Bangladesh may achieve the measles elimination goal by 2015. The introduction of the rubella vaccine will reduce the morbidity and mortality due to rubella, as also the incidence of Congenital Rubella Syndrome (CRS).

Gender Marker: Principal

By 2016, health service providers in 30 upazilas of 20 UNDAF districts have strengthened capacity to provide essential nutrition services packages to women and children.

Progress:

The year 2012 represented a significant strategic shift for Government and NGO partners through the mainstreaming of nutrition within the health sector. Systems and human resources capacity within the two directorates of health are currently inadequate to ensure the necessary quality and cover of nutrition interventions, while many NGOs have continued to run parallel services.

Towards the end of the year, an increasing number of partners committed to adapting their support to work through Government systems, while the Government was also strengthening its guidance on how this could be undertaken.

By the end of the year, 20 upazilas in 8 UNDAF districts were implementing a standardised package of essential nutrition services, which represents 67 per cent and 40 per cent of the five-year target, respectively. Variations in quality and cover are being addressed through a focus on redefining indicators, standards and reporting systems, including bottleneck analysis to increase the effective coverage of nutrition interventions.

During 2012, health personnel in all six health facilities in a UNICEF-supported project area (MDGF) were trained on the management of Severe Acute Malnutrition (SAM) with UNICEF funding, while the government supported training in an additional 79 facilities in UNDAF districts. The trainings were based on the national guideline and training manual developed through UNICEF support. All the facilities are providing limited SAM management services. The slow progress was related to low motivation due to the sub-optimal availability of commodities to treat children with SAM. UNICEF has supported partners in implementing standards for reporting, which has increased the availability of nutrition data desegregated by sex and age.
Human resource capacity in nutrition at the national and sub-national levels remains a significant constraint for the Government; hence this programme plans to define a specific strategy to address human resource capacity development in 2013.

**Progress:**

- **IR 5070/A0/04/001/007 1.3.2** Community-based Nutrition Services in at least 30 upazilas have the knowledge and skills to prevent and manage malnutrition in the target areas.
- **Progress:** The management of Severe Malnutrition is off-target at 10 per cent. Before cessation of therapeutic food availability, the performance indicators were within acceptable standards and norms (71 per cent cure rate, 13 per cent default rate, death rate <1 per cent). Currently, the Government is assessing the need for and appropriateness of various specialized nutrition products. UNICEF is supporting the development of a recipe for the treatment of severe acute malnutrition using locally available foods and the research component of this process will be completed during 2013.

The progress in relation to Multiple Micronutrient Powders (MNPs) has been good, with 73 per cent of targeted children in the age group of 6-23 months (91,891 children) receiving and using MNPs as per WHO guidelines in selected project intervention areas.

The proportion of pregnant women who received and consumed at least 100 iron-folate tablets throughout pregnancy became the focus of intensified support as the tracer intervention in the analysis of bottlenecks to guide interventions for increased effective coverage. Programme data indicated low full compliance (effective coverage) with iron-folate supplementation, where an average of only 25 per cent of pregnant women (2,085) received the adequate dosage of IFA tablets during pregnancy in 16 targeted upazilas. Field data analysis revealed the following bottlenecks: (i) Inadequate supplies; (ii) Poor knowledge on correct dosage and quality of counseling on IFA by service providers, (iii) Low awareness on the importance of IFA by women and families for improved nutritional and birth outcomes. UNICEF is intensifying its support for the iron-folate supplementation programme to address these specific barriers through specific corrective actions.

Figures suggest that 99 per cent of 20,132,041 children in the age group of 6-59 months were supplemented with Vitamin A during each of the two supplementation campaigns in 2012. To sustain high-level achievements, prior and on the day of each National Vitamin A campaign, awareness-raising activities were carried out through mosques, community megaphones mounted on rickshaws, and health service providers. Public awareness was increased using mass media, television and radio and through the existing system of the Department of Mass Communication.

Thirteen of the 22 private refineries are currently producing fortified edible oil with Vitamin A – which represents 65 per cent of the target. UNICEF supported the Government to draft a national oil fortification law, which will make fortification mandatory and thus expand availability and strengthen sustainability.

**Progress:**

- **IR 5070/A0/04/001/009 1.3.4** By 2016, policy framework for addressing inequities in nutrition status are developed in collaboration with the relevant sectors.
- **Progress:** In 2012, one policy framework—the national Nutrition Information System (NIS)—out of a possible four during the Country Programme period is being developed. A harmonised set of nutrition indicators has been identified for integration in the Health Management Information System, a significant step towards mainstreaming of nutrition within the health services. UNICEF also supported the Government in developing a conceptual model for the establishment of an Information and Planning Unit within the Institute of Public Health and Nutrition (IPHN) to support the planning and monitoring of implementation,
inform costing and budgeting for direct nutrition interventions and to identify disparities in nutrition programming.

The development of a Breast-milk Substitute Code monitoring system, along with support to the drafting and revision of laws relating to oil and salt fortification, will also contribute to child nutrition-sensitive marketing and quality of products.

In October 2012, the Government decided to proceed with the development of a new stand-alone National Nutrition Policy and UNICEF is engaging in the process. The Nutrition Policy will provide the basis for related strategy documents, including costed action plans, child nutrition plus equity-sensitive performance indicators and monitoring and evaluation frameworks.

On-track

IR 5070/A0/04/001/010 1.4.1 - Directorate of Primary Education and its offices in the 20 convergence districts have capacities to increase students learning achievement and survival rates to Grade five.

Progress:

As improvement in the learning achievement is constrained by bottlenecks that need action across the system, UNICEF support in 2012 was focused on providing technical support to the MoPME to address these bottlenecks. As the Co-Chair of the Disparity Working Group of the Primary Education Development Programme (PEDP3), UNICEF supported the Directorate of Primary Education (DPE) in revising the Upazila Primary Education Plans (UPEP), School Level Improvement Plans (SLIPs) and School Management Committee (SMC) guidelines to further strengthen the decentralization process to improve access, equity and quality aspects of education. Based on the revised guidelines, the Directorate of Primary Education provided SLIP grants to 32,000 schools from the PEDP3 resources, benefiting approximately 8 million children in 2012. As Bangladesh has no provision for pre-service training of primary school teachers, the development of a Diploma in Primary Education teacher training course is considered one of the key strategies for improving the quality of education. UNICEF, together with the UK Department for International Development (DFID) and the Japan International Cooperation Agency (JICA), provided technical assistance to the National Academy for Primary Education for the design and piloting of this course, which will be offered to 10,000 teachers per year. As 60 per cent of Government Primary School Teachers are female, this intervention will contribute to their empowerment.

The Directorate of Primary Education, with technical support from UNICEF, implemented the Each Child Learns pilot, another innovative approach intended to improve the quality of teaching in classrooms and address disparity in the learning achievement. This year, 6,500 children from 6,500 schools benefitted from this pilot. Preparations are in place to expand the pilot to an additional 300 schools, starting from January 2013. Although the pilot had not been completed, it already showed that improvement in the classroom processes would require greater decentralization of decision-making processes related to the development and delivery of the curriculum.

While the UPEP is yet to be operationalized through PEDP3, UNICEF and DPE have agreed to provide block grants to 20 UNDAF districts to plan and implement activities with technical support from Education Officers based in the UNICEF Zone Offices. This will provide important lessons for nationwide UPEP implementation.

On-track

IR 5070/A0/04/001/011 Training of field workers, CC personnel and supervisors on new vaccine and technology.

Progress:

With technical support from UNICEF, the Ministry of Primary and Mass Education (MoPME) formulated minimum standards and prepared an expansion plan to provide pre-primary education (PPE) to all five-year-old children by 2015. UNICEF also supported the Ministry of Women and Children Affairs (MoWCA) to develop
a comprehensive Early Childhood Development (ECD) Policy. UNICEF support was instrumental in facilitating collaboration between the Government and NGOs in this process. With technical and financial support from UNICEF, MoWCA provided one year of pre-school education in partnership with BRAC. As a result, 50,000 children in the convergence districts, urban slums and other disadvantaged areas are prepared to enter Grade 1 with a stronger foundation in pre-literacy and math skills. In addition, the Ministry of Chittagong Hill Tracts Affairs, with support from UNICEF, provided a one-year early learning opportunity to 50,000 ethnic minority children through community-managed Para Centers in the Chittagong Hill Tracts Districts. Research has shown that children who benefit from one year of pre-primary perform better in primary education.

While national policies can be developed based on certain assumptions, their implementation at the local level requires reliable information. UNICEF’s engagement with pre-primary education service providers and rights holders in selected Unions have shown that there are barriers related to the availability of reliable data, coordination between service providers and adherence to minimum standards.

The 2011 Annual Sector Performance Report, published by the Directorate of Primary Education, reveals that 36 per cent of boys and 39 per cent of girls in Bangladesh entered Grade 1 with pre-primary school experience. The absence of an integrated database for pre-primary education makes it difficult to plan pre-primary expansion at the local level. UNICEF has provided technical assistance to the Directorate of Primary Education to develop such database. However, due to the complexities related to the technical and managerial aspects of data collection, tabulations and management in the Directorate of Primary Education, the development of an integrated database could not be completed within this year.

**On-track**

**IR 5070/A0/04/001/012 1.4.3 - Disparity between 20 convergence districts, including selected urban slums and national average for the Net Enrolment Rate (NER) at primary level grade-5 completion rate is reduced by 50 per cent.**

**Progress:** One of the main focuses of the collaboration between UNICEF and the Government of Bangladesh is to reduce the number of out-of-school children. Hence, a study on out-of-school children was completed in close collaboration with the Ministry of Primary and Mass Education (MoPME). Based on the Multiple Cluster Survey 2009 and administrative data, the study estimates that 2.6 million children of primary school age (6-10 years) are not in school. Improving the effectiveness of the Primary School Stipend programme is crucial for enrolling and keeping the children from low income families in school. Hence, UNICEF is assisting MoPME to review the Stipend programme.

To address the bottlenecks related to social norms, a package of Communication for Development activities has been prepared for implementation from 2013. In the meantime, 23,000 working children who completed the non-formal basic education course provided by MoPME with technical and financial support from UNICEF have enrolled in formal primary schools. The Ministry of Primary and Mass Education (MoPME) has decided to expand the non-formal basic education course that these children benefitted from to all urban areas with PEDP3 resources. UNICEF’s work with children from urban slums has shown that out-of-school children require flexible tailor-made learning opportunities. Hence, a learning package based on Activity-Based Learning developed by UNICEF India has been prepared for pilot from 2013.

These initiatives are not sufficient to find a sustained solution for the problems relating to the education of children from urban slums. Hence, UNICEF and MoPME have agreed to conduct a study to identify bottlenecks and alternative approaches for the education of children from urban slums. Despite the legal provision of free and compulsory primary education, the government has been providing only partial support to Non-Formal Primary Schools. This was creating a major bottleneck to reduce disparity in primary education. UNICEF has been constantly advocating for full government support for these schools. The Government decision to provide full government support to these schools from 2013 will reduce the cost barriers to completing primary education for more than 4 million children, helping them to complete their primary education.
On-track

IR 5070/A0/04/001/013 1.4.4 – The Ministry of Education, Ministry of Primary and Mass Education and partners at the national and local levels have capacity to implement inclusive Education.

Progress:
With technical support from UNICEF, the Directorate of Primary Education (DPE) reviewed all key policy, strategy and curriculum documents to ensure inclusive education is incorporated as an integral component in all aspects of the Primary Education Development Programme (PEDP3). Inclusive Education in the context of PEDP3 includes the education of all marginalized children, such as children with disabilities, children from ultra-poor families, street children, children from marginalized social groups, such as commercial sex workers and Dalits, and children from ethnic minorities whose mother language is not Bangla.

A Meena communication package consisting of audio-visual materials on the education of children with disability is nearly completed. Messages on the education of children with autism have been transmitted through TV and radio. With technical support from UNICEF, DPE conducted interactive popular theater shows at the community level. The communication strategy being developed by the DPE with technical assistance from UNICEF addresses social norms related to the education of marginalized children.

The MoPME has undertaken initiatives to provide education in to ethnic minority children in their mother tongue. Initially, this provision will be limited to pre-school and lower primary grades in the Chittagong Hill Tracts (CHT). UNICEF has been participating in the technical committee established for this purpose and will provide the necessary technical assistance.

UNICEF, in collaboration with the MoPME, is also conducting a study on the impact of the Primary Stipend Programme. The finding of the study will reveal the extent to which the stipend has benefitted the most marginalized children.

UNICEF support to the Ministry of Education, which is responsible for post-primary education, is limited to improving the relevance of the curriculum and creating a friendly environment for girls. The Directorate of Secondary Education (DSHE) and the National Curriculum and Textbook Board (NCTB) have institutionalized Life Skills Based Education (LSBE) that addresses the key issues faced by adolescent boys and girls into the national curriculum. The DSHE has provided training to 4,000 teachers, benefitting 150,000 children from the 20 UNDAF districts.

There is a need to increase UNICEF’s efforts to ensure the right to education of children with disability, especially in developing capacities at the school level.

On-track

IR 5070/A0/04/001/014 1.5.1 Policy Framework on HIV AIDS and policies (including framework and strategy of response for Most at Risk Adolescents, revised PPTCT guideline and national policy on HIV testing of Children and Adolescents) developed, approved and implemented.

Progress:
Following the technical support provided by UNICEF to the Government in 2011, the 3rd National HIV and AIDS Strategic Plan and the Operational Plan were finalized this year to guide the national response. Multi-stakeholder National HIV and AIDS Steering committee to coordinate and monitor implementation of the strategic and operational plans were established as a result of the technical assistance and advocacy led by UNICEF. National-level political commitments were also mobilized to implement the plans through the National AIDS Congress in Bangladesh, facilitated by UNICEF. Working with other United Nations Agencies, the UN Joint Programme of Support on HIV and AIDS has been developed.

To address gaps in demand creation and equitable access to quality services for HIV-positive pregnant
women and their newborn, the national guidelines for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV was revised to align the national PMTCT programme with the revised WHO Guidelines for PMTCT, as well as the Global Commitment for the Elimination of Mother-to-Child Transmission of HIV (eMTCT).

Advocacy efforts for the rollout of the revised guidelines have also resulted in the constitution of a multi-sectoral national committee on Antiretroviral treatment and PMTCT as part of the National HIV and AIDS coordination committee in the National AIDS/STD Programme to coordinate the national PMTCT programme.

In response to the finding of the mapping and size estimation for Most-at-Risk Adolescents to HIV and AIDS conducted by the Government with support from UNICEF in 2011, the development of a National Strategy for HIV Risk Reduction among the Young Key Affected Population is ongoing through a national participatory process.

**Progress:**

The HIV, Syphilis and HBV survey among women attending Ante-Natal Care (ANC) services in Greater Sylhet area of Bangladesh was completed, supported by UNICEF. The initial findings from the survey reported HIV prevalence of 0.07 per cent among women attending ANC services—a proxy for the general population in the survey population. The report further justifies the need to expand the coverage of PMTCT services beyond key affected populations to women attending Ante-Natal care services in the general population in Bangladesh.

A national PMTCT programme document that guarantees inclusive PMTCT services to all HIV-positive pregnant women has been developed. The document explores options for women in Key Affected Populations and other women identified through risk assessment in ANC clinics in the general population, to have access to effective coverage of PMTCT services. The programme document is based on the revised national guidelines for PMTCT developed in 2012 to be complemented in 2013 with a monitoring and evaluation framework and programme implementation tools.

In the three cities of Bangladesh—Chittagong, Dhaka and Sylhet—where HIV is most prevalent, partnerships have been established with three leading medical schools and the national network of People Living with HIV and AIDS (PLHIV) to implement comprehensive PMTCT services. The three institutions have established multi-disciplinary implementation teams for PMTCT services.

Currently, 40 per cent of the target staff of one of the institutions has undertaken orientation training on PMTCT. The orientation is part of a comprehensive capacity development programme (training and mentoring) for health service providers on PMTCT in the country.

**Progress:**

A technical partnership established between Ashar Alo Society, the leading national Network of People Living with HIV (PLHIV) in Bangladesh, the Government and academia has resulted in the commissioning of a
comprehensive mapping and size estimation of children infected and affected by HIV and AIDS in Bangladesh to address information gaps in programming. The research protocol and tools for the mapping have been developed with the participation of the network of PLHIV to facilitate access to the children infected and affected by AIDS during the exercise.

To address exclusion and discrimination faced by HIV-positive women, a plan for institutional strengthening of the women’s PLHIV network (Ashar Prodeep) was signed off during the year. In the implementation of the initial phase of the plan, an organizational policy and a financial management system for the network have been developed, all 20 executive members of the network have acquired skills in communication, advocacy and networking and 57 other members of the network have acquired knowledge and skills in positive living and care as service providers to PLHIV, for themselves and their families.

The support will be scaled up in 2013 within the capacity development of service providers to care for children and their families in the context of HIV-AIDS in Bangladesh.

**Progress:**

With technical Assistance from UNICEF, a national training programme for policy makers on Programming for Young Key Affected Populations and adolescents at risk of HIV and AIDS have been developed within the emerging framework for the HIV Risk Reduction Strategy Among Adolescents in Bangladesh. The training programme is adapted from the regional short course on “Understanding the focus on Young People from Key Affected Population in Concentrated and Low Prevalence HIV Epidemic” developed for the South Asia and South East Asia Region.

UNICEF invested in the adaptation of the regional short course to develop a national resource pool of experts to drive HIV and AIDS response among Young Key Affected Populations. The 34 Government partners, policy makers and programme managers who completed the short course have knowledge and skills to manage programmes for young key affected populations and are now guiding the development of the National HIV Risk Reduction Strategy for Adolescents, for implementation in 2013.

A National Peer Education Training Guide for Most At Risk Adolescents to HIV and AIDS is currently being developed with UNICEF Technical Assistance in consultation with programme managers and young people. The training guide explores strategies to translate concepts and skills into practices on life skills, gender and sexuality, HIV, Sexually Transmitted Infection (STI) and Sexual and Reproductive Health (SRH) vulnerabilities and risks among adolescents. The material targets master trainers who will provide direct services to young key affected populations in selected sites (like Drop In Centres, Brothels and Network of PLHIV) in the country.

As part of the support to reaching the larger population of adolescents through the education sector, technical support was provided for the revision of the National curriculum and National Life Skills training package for use in secondary schools nationwide. The curriculum and manual are part of the national teacher training programme.

**Progress:**

**IR 5070/A0/04/001/017 1.5.4** - By end-2016, 70 per cent of HIV Most-at-Risk Adolescents accessing one or more service in specific intervention locations and adolescents in secondary schools who receive Life Skills Based Education (LSBE) have comprehensive knowledge of HIV.

**IR 5070/A0/04/001/018 1.6.1** - By 2016, 9 million deprived population in rural and urban communities in 23 districts practice positive hygiene behavior, facilitated by adequate water and sanitation promotion.
In 2012, as a result of the programme interventions, an estimated 648,900 people in rural areas had increased access to safe water (where safe water is defined as reported to have less than 50 ppb of arsenic) through the construction and rehabilitation of 5,462 water points and 3 piped water systems. Out of 5,462 rural water points, 819 water points have been constructed through the piloting of direct cash transfers to Local Government Institutions (LGI).

In urban areas, an estimated 133,360 people gained access to safe water through the construction of 848 water points and 243 piped schemes.

In 2012, significant achievements were made in the reduction of open defecation practices, which were reduced to 3.1 per cent and 2.0 per cent (2012 Rural and Urban open defecation rates from the preliminary data from Nielsen and HDRC, respectively) in the rural and urban areas, respectively, compared to 6.5 per cent and 4.9 per cent in 2011. In 2012, approximately 47,000 people in urban areas gained access to sanitation facilities and an additional 19,000 people gained access through the construction of toilets by Union Parishads (UPs). As a result of social mobilization activities in rural areas, an estimated 496,000 people have gained access to improved sanitation facilities through the construction of their own toilets.

To complement the construction and rehabilitation of WASH facilities and using Community Hygiene Promoter (CHP) structures, an estimated 5.9 million people were reached on a bi-monthly basis, with key hygiene promotion messages, which contributed to a reduction in open defecation rates, improved safe storage practices and more effective hand-washing at critical times.

Mass media campaigns comprising three waves of messages on hand-washing with soap, the use of toilets and safe water were also carried out, targeting 10 million people.

UNICEF played the lead role in WASH preparedness and response to flood/landslides in three south-east districts through effective coordination, pre-positioning of supplies and standardization of assessment tools. In collaboration with local government authorities, the platforms of 700 tube wells were raised in Bandarban district, benefitting around 70,000 affected persons, including about 28,700 children.

**On-track**

**IR 5070/A0/04/001/019 1.6.2** - One million school children in 23 districts have increased access to safe water and appropriate sanitation facilities through hygiene education by 2016.

**Progress:**

Through the construction and rehabilitation of water and sanitation facilities, an estimated 593,500 school children from 1,691 primary and 390 secondary schools in 19 districts had access to improved water and sanitation facilities.

To ensure the appropriate and sustainable use of WASH facilities in schools and communities, a comprehensive range of Hygiene Education interventions were conducted, including the development of communication materials and development of approximately 8,700 WASH in Schools Improvement Plans and the establishment of student brigades in primary schools.

To support appropriate maintenance of WASH facilities, basic WASH training was carried out, benefitting 615 School Management Committee (SMC) members and 1,025 teachers from 205 secondary schools. Advanced training on WASH facility construction was given to three representatives (Head Teacher, SMC Chairperson and a mason) in each of the 261 primary schools and 195 secondary schools targeted by the programme. This training completes the basic training of all programme schools and the construction training for all schools where new facilities were constructed.
The National Standards for WASH in Schools, which include the appropriate sizing and design of water and sanitation facilities for children, including those with special needs, as well as focusing on the children as central change agents in the school, have been approved and will act as a basis for future interventions.

**Progress:**

A total of 53 unions have been supported to implement community-based decentralized WASH service delivery and community contracting through direct cash transfers and technical assistance from UNICEF and matching contributions from the Union Parishads. Digitalized Integrated WASH Plans have been finalized in 45 of the 96 target unions; finalization is in progress for another 51 unions and 5 Pourashavas.

Integrated WASH Plans provided the 101 Local Government Institutions with an important mapping tool upon which priorities and gaps are identified, amended and resources leveraged/allocated. In all, 60 Upazila Parishads in the plains and 18 Pourashavas in Chittagong Hill Tracts (CHT) are implementing hygiene promotion and social mobilization activities. The latter is also implementing hardware activities with technical assistance provided by the DPHE.

Of the Unions receiving direct fund transfers, 77 per cent reported and fully utilized the funds disbursed. An additional 2,200 public representatives and government officials from 100 Union Parishads, 60 Upazila Parishads and 18 Pourashavas were trained on the management and implementation of Integrated WASH programmes.

In partnership with UNDP’s Urban Partnerships for Poverty Reduction (UPPR) programme, UNICEF is providing capacity building, coaching and monitoring of UPPR front line staff on hygiene promotion and integration of hygiene behavioral change interventions in low income communities and schools in 23 UPPR towns, using a model developed under the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) project.

**Progress:**

With UNICEF’s support, the Sector Development Plan (2011-2025) has been disseminated to 14 districts through the Policy Support Unit (PSU) of the Local Government Division (LGD) to ensure implementation compliance at all levels across the sector. At a national level, the Strategy for Hard-to-Reach Areas and People has also been disseminated to key sector stakeholders.

Term of References (ToR) for the development of the National Strategies for Urban and Rural Water and Sanitation were finalized. UNICEF advocacy efforts and technical assistance resulted in the integration of WASH priorities into the National Urban Policy and the Water Act. The National Hygiene Promotion Strategy has been approved. Support was being provided to the PSU to review the existing WASH related acts, rules and ordinances, as well as sector policies and strategies.

The DPHE has been supported to improve the accuracy of water quality testing related to arsenic.
contamination through the equipment and training of 1,800 Community Hygiene Promoters, procurement of 10,000 arsenic testing kits and real time data collection and analysis.

The progress in Arsenic testing at a community level through the Community Hygiene Promoters (CHPs) has continued in 2012, as has the emphasis on the role of quality assurance of water testing.

The scaling up of the low-cost innovations (multiple-connections, artificial recharge schemes and ecological sanitation) is progressing as planned, benefitting vulnerable people in coastal and arsenic-affected areas.

**Progress:**

Overall, the impact depends on the establishment and enforcement of conducive child-protection policies and corresponding strengthening of child protection systems in terms of legal reform, capacity development, operationalization of a minimum package of services and monitoring and evaluation.

The enactment of a new Children Act has been further delayed due to differing opinions among the concerned Government ministries, mostly regarding the adoption of 18 years as the age below which any human being is considered as a child. Currently, in Bangladesh, a child is defined as any human being below the age of 16 years. UNICEF advocacy efforts have convinced a growing number of actors from Government, civil society and Parliament that now is the time to harmonize Bangladesh’s definition of the child with the definition in the Convention on the Rights of the Child.

In terms of capacity development and institutional strengthening, effective collaboration between five partner ministries has led to the adoption of an amendment of the Birth and Death Registration Act, establishing a permanent Register General Office responsible for overseeing and monitoring birth and death registration. Another positive result has been the endorsement of guidelines by the cabinet of ministers for the child protection mechanism or network, which defines the roles and accountability of community, civil society and government officials for early identification of children at risk, victims of abuse or exploitation and referral to protection, legal and/or basic social services.

The modelling of a minimum package of child protection services has been completed and scaling up has been initiated. This includes the establishment of community-based child protection committees which promote and monitor children’s rights. The work of these committees is based on a continuum of care from prevention, early identification, referral and services provision, review and case closure. Trained social workers will assess an individual child’s situation and facilitate access to social services. They will consider placement in an institution only if it is in the best interest of the child and will favour family care. Finally, through modelling, minimum standards for institutions like orphanages have been introduced to ensure quality services and re-assessment of the need of placement of each child in an institution. However, a critical bottleneck in the area of service provision is the significant vacancy rate of a number of government positions at the national and sub-national levels.

The child protection information management system has been further strengthened through the development of a computerized database.

The Government is taking critical steps to develop a national social protection strategy. UNICEF has advocated in favour of a child-sensitive social protection strategy in line with the 2009 joint statement (DFID, HelpAge International, Hope & Homes for Children, IDS, ILO, ODI, SCF UK, UNDP, UNICEF and the World Bank) on advancing child-sensitive social protection. There is not enough adhesion to the idea that sustainable development requires direct investment in poor children in order to break the inter-generational
circle of poverty. The focus of the strategy should not be limited to protective measures, but should also include promotion-oriented and transformative measures.

**On-track**

**IR 5070/A0/04/002/001 2.1.1 Institutional strengthening related to Child Protection (CP) bodies enhanced in the area of child protection Information Management Systems (IMS), monitoring of social services, monitoring and reporting on CRC, and rules, regulations, policies, and human resources development related to child protection.**

**Progress:**

The enactment of the new Children Act is at its final stage. The Ministry of Law has vetted the law with the definition of child as any person below the age of 18 years. Once enacted by Parliament, required institutional mechanisms will be put in place to strengthen the child protection system. The law will provide access to revenue budget for scaling up the package of child-sensitive social protection services designed through modelling.

In all, 565 social workers mainly from the Government at the Union level (lowest administrative strata) graduated in Basic Social Service and 531 in Professional Social Service. These workers are using acquired knowledge and skills in providing access to services to children by applying case management. Training modules are ready for accreditation by National Academy of Social Services. A new Child Protection in Emergency Master’s Degree is now being offered by the University of Dhaka.

Case management database application software has been developed and users trained in seven pilot locations. Once rolled out, the database will be able to track all individual children benefitting from child protection services. Furthermore, it will provide relevant government ministries with the number of vulnerable children eligible for social protection schemes and facilitate adequate budget allocation.

The Government of Bangladesh submitted the State Party Report to the Committee on the Rights of the Child by the deadline. In the process of preparation, widespread stakeholder consultations took place at the divisional and national levels.

The District Child Rights Monitoring framework has been operationalized in all 64 administrative districts. In all, 672 government officials were trained and are now involved in systematic monitoring of the application of the Convention at the district level.

The amendment of the Birth and Death Registration Act was approved by the Cabinet. It includes the establishment of a Register General Office, which is a permanent structure responsible for the registration of births and deaths. Over 55 million of 150 million manually-registered birth records have been computerized.

A draft alternative care policy has been formulated and processed for adoption by the Ministry of Social Welfare. The policy introduces alternative care options for children without parental care and vulnerable children, and facilitates the reduction of unnecessary institutionalization.

**On-track**

**IR 5070/A0/04/002/002 2.2.1 Social Protection for Children, Women and their 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.**

**Progress:**

The programme has been concentrating its efforts on designing a model that accommodates critical interaction and complementarities between different social services and systems.
The social norm project creates demand for children’s rights and encourages abandonment of harmful practices like child labour and early marriage, while providing alternatives like cash transfers, case management for access to services and a more protective environment. Child labour is a coping strategy of families facing daily challenges for their survival. Early marriage/child marriage is justified by the willingness of parents to protect their daughter against sexual abuse or loss of honour due to sexual relations outside marriage, and to ensure their capacity to pay the dowry that increases with the age of their daughter.

In 2012, the designed continuum of care, including prevention, identification of children at risk or victims of abuse or exploitation, assessment, referral and services provision, was operationalized and replicated in selected areas by the UNICEF Zone Offices based on an equity-focused situation analysis.

Scaling-up of child-sensitive social protection services took place among vulnerable communities, such as slums, tea gardens and people internally displaced due to natural disasters, such as floods and soil erosion. The number of children benefitting from alternative care increased with the criteria for placement now based on the best interests of the child.

The total number of children benefitting from at least one child protection service increased by 42 per cent compared to 2011, reaching 32,546 vulnerable children. In particular, 13,300 children from 38 Child-Friendly Spaces benefited from accelerated learning to help prepare them to resume formal schooling within six months. Through the application of new Standard Operational Procedures, 9,000 children and their families benefitted from conditional cash transfers to improve family income, facilitate small scale entrepreneurship and prevent early marriages and child labour. The Ministries of Social Welfare and Women and Children Affairs jointly drafted implementation guidelines for cash transfers, which provide a description of a child-sensitive model to be approved by the Government in 2013.

A draft Minimum Standards of Care was formulated for residential care facilities. This will be piloted in nine Government institutions. The implementation plan for the introduction of these quality standards of care in institutions has been approved by the Department of Social Services. Orphanages and other residential care institutions for children should thus become more family-like facilities, incorporate regular justification for placement of a child and favour the reintegration of children in families or communities.

On-track

IR 5070/A0/04/002/003 2.3.1. By 2016, children coming in contact with the law as victims, witnesses and offenders benefit from a child-friendly justice system, including prevention, diversion, restorative justice and reintegration services in selected areas.

Progress:

Following an instruction issued by the Supreme Court in 2011, all 64 districts have introduced either a juvenile court or assigned judges to specifically handle juvenile cases. Child-friendly desks have been set up in seven selected police stations, where 165 police officers have been trained on child-friendly interviewing skills with UNICEF assistance.

In preparation for the piloted justice for children project in Khulna and Jessore, more than 200 professionals involved in managing juvenile justice were oriented on child-sensitive juvenile justice administration. The pilot Justice for Children project is underway, focusing on the prevention of juvenile delinquency, diversion and restorative justice.

The introduction of diversion and restorative justice mechanisms in Khulna and Jessore was slow due to the lack of a conducive legal framework. This bottleneck will be addressed in the revised Child Act when passed. The Act will facilitate the reduction of deprivation of liberty at various stages of the juvenile justice administration by introducing diversion and alternative sentencing options. Training for professionals involved in the administration of juvenile justice, particularly on diversion and alternatives to detention and
the establishment of child-friendly desks in other police stations, will continue in 2013.

A total of 220 judges and 144 other officials related to justice for children have been trained through the Policy, Advocacy and Legislative Reform project. They acquired knowledge and skills required to implement child-friendly justice.

**On-track**

**IR 5070/A0/04/002/004 2.4.1 Social Change Adolescents and Youth leadership in communities act as agents of social change to enhance and facilitate collective action within communities to reduce child labor, early marriage and violence, while addressing gender equity.**

**Progress:**

Through quarterly Adolescent Cluster meetings co-chaired by the Government, 3,000 adolescents, including 2,004 girls, received conditional stipends for income generation (1,800), civic action (750) and personal development (450), thus providing an alternative to child marriage and empowering them to be agents of change in their communities.

Furthermore, 31,487 adolescent girls and boys (exceeding the initial target of 15,000) played the role of active agents of change and contributed to civic engagement in conservative communities through their enrolment in adolescent clubs. Some of them have become Community Swim Instructors (320) and teach survival swimming skills to 61,114 boys and girls. This is a significant achievement, considering that drowning is now a major cause of child mortality.

In addition, 1,985 adolescents, including 1,089 girls, performed in Interactive Popular Theatre shows on issues like Child Marriage and Child Labour in order to stimulate debate and bring about a change in these harmful social norms and practices. All the adolescent girls and boys involved in clubs are acting as monitors, and participating in community actions in particular to stop early marriage and prevent school dropouts.

Research on Adolescent Suicide Ideation was also completed during the year. Specific recommendations were formulated to increase dialogue between adolescent girls and their mothers about puberty, sex and reproductive health. In the light of these recommendations, Creating Connections Modules for mothers and daughters were translated and field tested. A theory of change on the empowerment of adolescents to prevent child marriage was formulated and a monitoring framework based on this theory is under development by cluster members active in adolescent projects, which include 33 NGOs and the UNFPA.

Through the Adolescent Cluster, 95 Government and NGO professionals, including 41 female professionals, were certified as Expert Trainers to change harmful social norms at the community level. This is a first step towards communities publicly declaring themselves free of child marriage through the adoption of community-based social compacts.

In all, 20,117 adolescents, including 13,819 females, benefited from Life Skills Based Education and Sport for Development activities.

**On-track**

**PCR 5070/A0/04/003 By the end of 2016, deprived community members in 20 selected districts practice key life-saving, care and protective behaviour, raise their demand for quality social services and promote social change with equity.**

**Progress:**

Considering the centrality of Communication for [Social Change and] Development in ensuring effective coverage of social services and positive social norms and behaviors, priority was given to ensure that operational guidelines, tools and standard resources are in place; capacities are enhanced for different
categories of front-line workers for effective counseling and social mobilization; and that audio-visual and print packages on different aspects of basic ‘facts for life’ are available to bridge message gaps, and create understanding on new challenges affecting children, while fostering public discourse on the harmful social norms of child marriage, child labour and corporal punishment.

Awareness and access to information increased for 55.1 million people (over one-third of the population and an estimated 11.02 million households) on maternal, child care and feeding, water, sanitation, hygiene, hand-washing, as well as protective ‘facts for life’ practices. Mass media programmes were intensified before, during and after special events, including national immunization, hand-washing and Meena days and national breast feeding and safe motherhood weeks. These were complimented by interactive popular theatre, mobile cinema and folk songs in at least three upazilas in 38 of the 64 districts.

With high-level support from the office of the Prime Minister, issues of child disability and vulnerabilities of out-of-school children were positioned in the media (and at international events) to increase visibility, generate a national discourse and promote actions towards inclusiveness across the society.

New partnerships were established with seven local NGOs in seven UNDAF districts to engage communities to address knowledge and practice deficits, promote community dialogues on child rights, especially on three the three harmful social norms of child marriage, child labour and corporal punishment, and intensify efforts to remove bottlenecks for improved child well-being. At least 98 national, district and upazila staff of the NGO partners acquired skills on interpersonal communication, social mobilization, participatory community action planning and on several approaches to engage local influencers and social networks, as well as to empower communities in 504 wards in these districts to assess, dialogue and take action on issues pertaining to the well-being of children.

The UNICEF field work pilots to identify and remove barriers that undermine the rights of children and women to effective coverage of 5 tracer interventions (Iron folic acid supplementation, birth registration, immunization, pre-primary education, safe water supply) revealed useful knowledge gaps for care givers and immediate family members, with a clear signal to revise the Communication for Development (C4D) strategy on birth registration, including the primary audience. The Iron Folic Acid probes revealed the misconception of reducing/avoiding the intake of vitamins or IFA tablets to ensure small-sized babies and ‘perceived’ reduction of complications during delivery. An analysis of bottlenecks also revealed that under Supply (access to adequately staffed service and information), there is a lack of adequate health education taking place at the facility level (even where some of these service outlets have audio-visual facilities).

On-track

IR 5070/A0/04/003/001 By 2016, key Government of Bangladesh and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to child rights among 60 per cent of community members in three upazilas of each of the 20 UNDAF districts.

Progress:

General awareness and knowledge on maternal health, child feeding, child care, safe water, sanitation, hygiene and protection issues improved, as over 55 million people were reached with messages on these themes through public and private mass media channels.

Over 3.25 million people were reached through the social and community media (film shows, interactive popular theatre performances) in 38 districts on key maternal health, child nutrition and child care practices.

In general, the nation’s awareness on maternal and child health and on out-of-school children increased as eight TV and radio spots and 26 episodes on maternal and child health were produced and broadcast on national television once a week to address knowledge gaps. Twenty-six scripts, out of a 78-episode drama serial for both television and radio, were developed on out-of-school children to highlight the challenges facing these children. An estimated one-third of the population was reached. Proper media monitoring and
assessment of effectiveness will be assessed for all such campaigns as of 2013, through a Programme Cooperation Agreement (PCA) mechanism.

Operational standards, tools and resources on C4D were developed and used to support quality training, and these included: (i) An Inter-Personal Communication module; and (ii) Engaging Communities to address knowledge, attitudes, practice and social norms bottlenecks. Also, guidelines to Support Community Radio Listening groups, and Operational Guidelines on Social and Behaviour Change Communication (SBCC) Cells to coordinate C4D activities among partners were developed and rolled out to seven partner NGOs and government counterparts in seven UNDAF districts.

The capacities of 230 frontline workers were enhanced to increase skills for effective inter-personal communication, counseling and social mobilization. The workers included 90 Ward Promoters (of which 60 were female), 91 Para workers (of which 60 were female) and 49 Union Coordinators (of which 23 were female). Training was provided to about 45 per cent of the 2012 planned target of 504 community-based workers.

As a result of the orientation of partners, and more regular meetings with UNICEF staff, coordination improved among duty bearers in seven districts on C4D interventions, especially with regards to the planning of national and international events like safe motherhood week, national immunization, global hand-washing and Meena days.

**Gender Marker: Significant**

- **On-track**

**IR 5070/A0/04/003/002 3.2 Partnership for Social Change actions and select community-based social networks facilitate discourse and promote chain key social norms and issues related to violence against children and women (child marriage, child labour and corporal punishment).**

**Progress:**

Strategic advocacy engendered the formation of a National Social Change Forum to address child marriage, child labour and corporal punishment (termed as the 3Cs). The forum, launched by the Ministry of Women and Children’s Affairs will support, coordinate and monitor the formation and functionalisation of sub-national chapters. The forum aims to help increase partnerships with civil society and development agencies to create a more protective environment for child rights and engender a national movement to end child marriage, child labour and corporal punishment. The process of formalization is ongoing.

General awareness on child disability increased as five radio and TV spots (and print materials) on disability were produced and broadcast on national television once a week to generate discourse and promote actions towards inclusiveness across the society of children with disabilities. An estimated one-third of the population (50 million people) was reached.

Additionally, a dialogue on the composition and operational modalities for District Social Change Chapters was initiated in seven of the 20 UNDAF districts, with the participation of key partners from relevant Government, NGO and sub-national-level, community-based organizations.

A national Social Change strategy to address norms on child marriage, child labour and corporal punishment has been drafted with the participation of civil society actors and the youth. Major organizations, including the Bangladesh Shishu Academy, Save the Children, Plan Bangladesh, World Vision, Dhaka Ahsania Mission and several children’s organizations were involved in the consultative process. The media engaged in a pioneering dialogue on how to partner with children as change agents to reach their peers for concerted action against child marriage, child labour and corporal punishment.
**Gender Marker: Significant**

**IR 5070/A0/04/003/003** System Strengthening for C4D interventions, the Government of Bangladesh and C4D partners use data from sentinel sites in three upazilas in each of the 20 districts to support the planning and implementation of C4D interventions.

**Progress:**

In partnership with the International Centre for Diarrhea and Disease Research (ICDDR-B), a Knowledge, Attitudes and Practice (KAP) baseline has been established and active monitoring of the impact of a campaign in 25 live bird markets in Dhaka city and 10 districts is ongoing to inform an integrated behavior and social Change strategy on Emerging Infectious Diseases. The aim is to scale up behavior and social change initiatives to the affected 52 districts among the country’s 64 districts.

An estimated 45 per cent of targeted front-line workers were trained to develop social maps, micro-plans and community action plans to support counselling and social mobilisation activities at the community level in seven UNDAF districts. The community action planning will run through December 2012 and January 2013.

A Health Framework on Emerging Infectious Diseases (EIDs) has been developed by Government officials, the United Nations and NGO partners and submitted to the cabinet for approval. The framework mainstreams behavior and social change communication, with a commitment to communication research, monitoring and evaluation.

**Gender Marker: Significant**

**PC 2 - Social policy, planning, monitoring and evaluation**

**PCR 5070/A0/04/005** Knowledge on the situation and rights of children among stakeholders and duty bearers generated to guide the implementation of Child rights related policy formulation, social sectors strategies and budget allocations for increased social spending on national programmes to improve realization of the rights of children within the lowest wealth quintile

**Progress:**

At the request of the Bangladesh Bureau of Statistics (BBS), UNICEF provided technical inputs to the World Bank assisted National Strategy for the Development of Statistics (NSDS) to rationalize, prevent overlaps, and improve timeliness, quality and use of surveys and evaluations, focusing on child right indicators. UNICEF will continue providing technical support to and coordinate with the World Bank and BBS on the implementation of the NSDS in 2013.

The global Multiple Indicator Cluster Survey (MICS5) pilot was hosted by BBS with technical assistance from the UNICEF Global MICS team, UNICEF offices in South Asia, and Bangladesh. The MICS5 pilot enriched institutional and human resource capacity for Bangladesh in the ongoing MICS 2012–2013 to generate quality baseline data for 20 UNDAF districts. MICS 2012–13 training activities have been completed and field data collection started in December, which when completed shall provide estimates on anthropometric measurements and drinking water quality for arsenic and microbial content.

Mutual commitment to children’s issues and use of national data for policy was demonstrated by the Bangladesh Institute of Development Studies (BIDS). BBS and UNICEF in the joint production of the Child
Equity Atlas and Pockets of Poverty – Social Deprivation Map from the 2011 National Census.

Similar partnerships have been forged with three national think tanks, the Policy Research Institute, the Power and Participation Research Centre, and Unnayan Shamannay on the development of a Child-Friendly Budgeting Framework, Study of the Primary Education Stipend Programme, and National Budget Analysis for key social sectors, respectively. To ensure national ownership for these child equity focused analytical engagements, UNICEF has initiated collaboration with key Ministries, including the Ministry of Planning (Planning Division and the Implementation Monitoring and Evaluation Division), Ministry of Primary and Mass Education, Ministry of Women and Children’s Affairs, and the Ministry of Social Welfare to secure their commitment.

A Seminar on Children and Budget in Bangladesh, jointly organized by Unnayan Shamannay and UNICEF, enabled Parliamentarians, national economists and policy makers, and civil society to engage in a dialogue. Speakers at the seminar were unanimous in their call to protect investments for children, improve the quality of budgetary expenditure, dedicate budget to areas of inequity, such as tackling the high level of child malnutrition and urban deprivation, and move towards child-sensitive social protection. The proceedings of this seminar shall be published in early 2013 to guide collaborative work in these priority areas.

These low-cost, valuable long-term partnerships generate credible nationally-owned analysis, enriching evidence-led policy advocacy action on children’s social deprivation issues, influence budget decisions, and increase the institutional capacity and accountability of duty bearers in 2013 and beyond.

IR 5070/A0/04/005/001 5.1 Quality Research and analysis city to generate and use information, knowledge and evidence to inform child sensitive social policies and budgets.

Progress:

The Global Multiple Indicator Cluster Survey (MICS) Pilot was conducted by the Bangladesh Bureau of Statistics (BBS) with technical assistance from UNICEF (Headquarters, Regional Office and Bangladesh) in Bogra and Sirajganj districts. This pilot assisted the BBS to launch the ongoing MICS 2012–2013, to provide baseline data for the 20 most socially-deprived districts for concerted support in the Government of Bangladesh-United Nations Development Assistance Framework (UNDAF).

The MICS 2012–13, based on a four-month-long, nation-wide survey of over 51,000 households, will provide estimates on anthropometric measurements and drinking water quality for arsenic and microbial content, with the final report available in September 2013. Technical assistance by UNICEF is supporting BBS ongoing reporting on Sample Vital Registration System (SVRS) for providing inputs for the MDG Progress Report, which tracks children and women rights annually in Bangladesh. The MICS, plus enhanced coverage of the Sample Vital Registration System and its linkage to the identification and removal of barriers (Level 3 Monitoring of MoRES) to effective coverage of social services is to be a viable alternative to the Child Risk Measure (CRM) survey.

The 2011 National Population and Housing Census figures released in July provided the evidence and scope for a tripartite collaboration between Bangladesh Institute of Development Studies (BIDS), UNICEF and BBS to ‘mine’ data on the key socio-economic rights of children and women.

IR 5070/A0/04/005/002 5.2 Equity-based Policies & Frameworks in place for social sector budget allocations and programmes specifically targeted for children (5.1.2).

Progress:
Long-term partnerships forged with research institutions, national think-tanks, Civil Society Organizations (CSOs) and relevant sectors in the Government to profile disparities faced by children and women into the budget and policy agenda, coupled with the use of national data sources, have been assisted by UNICEF in the following specific cases:

The 2011 census data analysis by BIDS, BBS and UNICEF for policy advocacy on the ‘Children Equity Atlas’ was completed and ready for publication by the end of January 2013. The Children Equity Atlas and ‘Pockets of Poverty Maps: Social Deprivation’, have profiled children in: real child labor, teenage marriage, out of school, net attendance rate at secondary school, by gender and sub-districts levels, within the limitations of census data. The Pockets of Poverty Map was due to be published jointly by the Bangladesh Institute of Development Studies (BIDS), Bangladesh Bureau of Statistics (BBS) and UNICEF in early 2013 for national dialogue into policy actions.

A report on ‘Children and Budget in Bangladesh’ documenting trends in public sectors allocations (and efficiency) in key areas (Health, Nutrition, Education) jointly produced by UNICEF and a national think-tank (Unnayan Shamannay), informed a national seminar on children and budget in Bangladesh, attended by Government decision-makers, Parliamentarians, Leading National Economists and Partners. The seminar proceedings, which was to be published jointly with the Ministry of Planning in early 2013, shall be used to implement the key issues and recommendations to balance budget debates, with the focus on socio-economic disparities faced by children, value for money and quality of budgetary expenditure in support of the Government’s refocus on results in its 6th Five-Year Development Plan. Initial discussions with the leadership of the Implementation Monitoring and Evaluation Division (IMED) pave the way for full-fledged UNICEF technical assistance in 2013 and beyond as reported below (under Intermediate Result 5.4).

As part of efforts to create evidence for budgetary efficiency for reducing prevailing disparities in primary education, the Participation and Power Research Centre (PPRC) and UNICEF, in collaboration with the Ministry of Primary and Mass Education, have started a study of the Primary Education Stipend Programme (PESP) to take efficiency lessons into the Primary Education Development Programme III (PEDP3).

A UNICEF technical partnership with the Policy Research Institute is developing a framework for analyzing child-sensitive budgeting in collaboration with eight relevant social sector ministries with mandates on the socio-economic rights of children and the Ministry of Finance to ensure a more systematic equity-focused engagement on future budgets, beginning with 2013–2014, in tandem with the proceedings of the ‘Children and Budget in Bangladesh seminar. Child-focused budgeting is pertinent for Bangladesh from both economic development, social equity and ethical perspectives; hence the draft report discussed with the Secretaries of three line Ministries—MoPME, MoWCA, and MoSW—and that of Finance was welcomed with their commitments.

IR 5070/A0/04/005/003 5.3 Child Sensitive Social Policies - generation and use of information, knowledge and evidence to inform child sensitive social policies and budgets (5.2.1)

Progress: The considerable investment by the Government and UNICEF in training over 240 BBS personnel and field partners for MICS 2012–2013 increased national survey capacity. As a result, the South-to-South exchange and experience sharing has been rescheduled for 2013, to be more strategically informed by the rationalization of surveys and repositioning of the Sample Vital Registration System (SVRS), with enhanced skills of female registrars to track and report on the effective coverage of key social sector tracer interventions to reduce disparities faced by deprived and vulnerable children in the poorest and most marginalised parts of the populace.

UNICEF partnered with the DevInfo Support Group (DSG) Lab, India, to train 19 Government officials at BBS on BDInfo—a national, social and economic database system to store data generated from censuses, surveys, records of management information systems. Subsequently, the BDInfo database has been updated
with data available up to September 2012, but its use needs to be promoted further.

Technical support was also provided on reporting for the enhanced use of SVRS 2011 on child rights indicator monitoring. Plans were under discussion to use the SVRS network of workers to track and report effective coverage of social sector services and the removal of bottlenecks impeding most-deprived children and women in some of the new 1,500 Primary Sampling Units of SVRS spread over 20 UNDAF districts and beyond.

The leadership of the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning has accepted to lead the One-Week Evaluation Course co-hosted by the James P. Grant School of Public Health of BRAC University, for Government technical officials, academia and NGOs, with a second session rescheduled for March 2013.

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<th>IR 5070/A0/04/005/004 5.4 RBM for Inst. Learning, good practices and accountability, and information and knowledge management system for enhanced integration, sharing and use of experiential knowledge, good practices, lessons learned and innovations institutionalized</th>
<th>On-track</th>
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</table>

**Progress:**

As part of the shared accountability for the socio-economic rights of children, the leadership of both the Economic Relations Division (coordinating institution of the Government of Bangladesh–UN assistance) and UNICEF undertook a joint field visit to Sylhet, organized a joint annual programme review in November and examined progress recorded in the first year of the Government of Bangladesh-UNICEF Country Programme of Cooperation 2012–2016.

To bring knowledge of bottlenecks faced by children and women into dialogue and decision-making at the union, upazila, district, sector and national levels, UNICEF contributed technically in the design, sampling and field pilot testing of 5 tracer interventions—iron folic acid supplementation during pregnancy, birth registration in the first 45 days after birth, full immunization coverage for 1-year-old children, pre-primary education for children aged 5–6 years and safe water supply—to track effective coverage of social services. The results of this pilot in two Unions (sub-sub-districts) were discussed with sub-national officials and the ERD during joint field visits and the annual review of UNICEF-assisted programmes, as well as at the November ‘Tanahashi Rounds’ co-hosted by UNICEF Bangladesh and the James P. Grant School of Public Health of BRAC University.

UNICEF is engaging with partners, specifically the Implementation Monitoring and Evaluation Division (IMED) and other divisions of the Ministry of Planning to take this initiative into its mandate on monitoring the effectiveness of the Government’s Annual Development Programme (ADP) and 6th Five-Year Development Plan Results, and with the BBS to engage female registrars of the Sample Vital Registration System for reporting the removal of barriers in 2013 to measurably increase the effective coverage of social services for the most deprived populations. A concept note on the use of Technology for Development (T4D) to track and report real-time removal of barriers for the effective coverage of social sector services plus community engagement is in place for 2013.

Ongoing discussions between the Ministry of Planning and UNICEF on investments to reduce disparities in urban slums through increased effective coverage of social sector services for children will be pursued in 2013.

**PC 3 - Advocacy, communication and partnerships for children**

| PCR 5070/A0/04/006 Increased capacity of local, regional and national media to advocate for the realization of child rights, and the enhancement of investment in children, with a special focus on equity. | On-track |
Progress: Media coverage on children’s issues was consistent throughout the year. A number of successful partnerships negotiated by UNICEF with the two leading national newspapers, read by political leaders and development partners, have helped to increase more in-depth reporting and attention on children issues. Building the capacity of journalists on ethical and sustained reporting on children continues, with a greater focus on influencing the syllabus of university journalism courses.

A total of 10,527 stories related to children were published in the national dailies, with UNICEF mentioned in 544 articles, slightly lower than the corresponding figures of 13,511 and 646, respectively, in 2011. Nevertheless, the quality of reporting improved due to the focus on pertinent child rights issues from education to malnutrition. A total of 13 press releases were issued, generating 133 news reports reaching a combined readership of approximately 15 million per event, based on average coverage of media outlets.

Sharing footage, audio files and high resolution photos continues to help increase the proportion of child rights related reports in the broadcast media. This service has been well received by the media, supporting 11 outlets with their substantive news reporting, indicating that UNICEF is a credible source for information for broadcasters.

The number of hits on the website increased by 65 per cent from 1.3 million in 2011 to 2 million in 2012. In 2012, the use of social media increased, with 4,518 likes on Facebook (375 in 2011), nearly 2 million views on YouTube (781,126 in 2011) and 977 followers on Twitter (323 in 2011). The focus in 2013 is to increase traffic to the website by negotiating web references with current media partners, with a focus on substance.

The platform for child participation is improving through a news segment produced and presented by children during primetime in partnership with a private TV channel and a national organization, with 60 per cent of participants drawn from disadvantaged groups to develop their capacity in media production.

Children’s Rights and Business Principles (CRBP) was successfully released with leading business personalities, creating an opportunity for partnership development in 2013. UNICEF’s unfolding collaboration with the garments industry (through international companies Marks and Spencer and H&M) provides future opportunities to improve results around CRBP.

IR 5070/A0/04/006/001 6.1.1 Improve capacity of media professionals and civil society members to generate information and knowledge on child rights

Progress:

Media coverage on child-related issues has remained at 3 per cent (media baseline report of January 2011), justifying ongoing efforts to deepen further engagement with the media with better monitoring. For instance, a monthly two-page feature in the leading English and Bangla dailies negotiated by UNICEF, reached a readership of 300,000 and 2.8 million readers per issue, respectively, helping to improve in-depth coverage.

Partnerships with two private radio stations, including a weekly interactive programme (on issues ranging from disability to corporal punishment) reached a combined audience of 1 million listeners since it started in July, and now attracts an average of 120 callers per show. A discussion show that started in November is reaching an audience of 20 million people, based on coverage area.

Partnerships with national TV, five private TV channels and two private radio stations under “one minute free airtime for children” enabled the broadcasting of key messages worth approximately US$336,302 in advertising airtime.

Twelve visits strengthened relationships with donors, enabled the production of fundraising appeals, resulted in a film by UNICEF Sweden using footage from Bangladesh that was watched by 27 per cent of the population in Sweden, generating 20,000 new pledge donors to contribute US$4 million annually to UNICEF,
and also resulted in a telethon produced by UNICEF Norway, leading to 3,500 new pledge donors. A UNICEF UK visit also encouraged the donor to pledge US$1.6 million.

The Community Radio Baseline Study was completed with the national strategy disseminated by the Minister of Information, helping to promote child rights in 14 locations. The report found that community radio programmes have the potential to help improve the life and livelihood of its listeners.

A workshop with the business community on Children’s Rights and Business Principles (CRBP) highlighted children’s rights to this growing, but previously unexplored sector. Also, a leading group of economic reporters was briefed to promote the CRB principles in their work and engagement with the business sector, a dialogue was initiated with Grameen Phone to assess their policies through the lens of the CRBP, and a radio show highlighted the principle of five “Safe Products and Services for Children”.

On-track

**IR 5070/A0/04/006/002 6.1.2** Empower vulnerable and marginalized children, with specific attention to girls to participate in policy advocacy (media and parliament)

**Progress:**

Various forums were used to ensure the participation of about 500 children (60 per cent drawn from disadvantaged groups) in different events, including: Our Voice, One Minute Junior Video, ATN Bangla News segment, Meena Media Awards, round-tables between children and Ministers on urban issues, and the launch of the State of World’s Children’s Report 2012.

The value of children’s participation is recognized, but creatively involving children from marginalized and vulnerable groups is challenged by their limited literacy levels. A partnership established with a leading online news agency seeks to address this gap by creating audio-visual opportunities for these children.

A weekly news segment produced and reported by children on a private TV station’s main news programme has helped to highlight children’s issues from a child’s perspective to millions of viewers. It has also built the capacity of six disadvantaged children to produce news reports on children’s issues.

Training to produce ‘One Minute Video’ was provided to 174 children (96 girls). The videos covered topics ranging from corporal punishment to eve-teasing. These videos will be broadcast on TV to raise awareness of different issues that children feel are important to them.

BTV held five ‘Our Voice’ programmes this year, with 60 children interrogating various Ministers on national television with questions on child labour, police beatings and the controversy surrounding the legal age of children.

A total of 350 child rights related media programmes on national TV and radio, produced by the Ministry of Information, reached a combined audience of 120 million people (based on average viewership figures) and generated public awareness on key issues.

A baseline study on child participation in the broadcast media was initiated with the results being analysed. The recommendations of the study will help to inform future work in this area, solidifying ways of implementing effective child participation in the media.

Work with Parliament will start once a strategy is finalised. An initial advisory meeting with the Speaker’s Office will help to guide UNICEF’s work in this area, while due attention will be given to the impact of the upcoming election on this work.

Constrained

**IR 5070/A0/04/006/003 6.1.3** Facilitate the process to influence the government to increase resources
directly allocated to children.

**Progress:**

Collaboration with the Social Policy Monitoring and Evaluation Programme on social budgeting for children is ongoing. A seminar—organised in partnership with a national think-tank in December—including decision-makers from government, Parliamentarians, leading economists and the media, has set the stage for a multi-stakeholder partnership on ‘Children and Budget’. The proceedings from this seminar, to be published early in 2013, will guide further activities in this area.

Social budgeting talk shows have been factored into UNICEF’s work with the Ministry of Information and will be covered by the various partnerships that have been negotiated with the media. This work will start in 2013 as feedback from the seminar and ownership of the concept is realized in the coming months.

Media briefings on social budgeting to orientate journalists on this issue are still to be held. This is also an issue that could be highlighted through the website and via social media. Greater clarity and understanding on the messages that need to be promoted to external audiences shall be generated in 2013.

Additional planning needs to be done to integrate activities around the CRBP to further influence the government to increase resources for children

### PC 4 - Local capacity-building and community empowerment

**On-track**

**PCR 5070/A0/04/004** PCR 4. Capacity Building & Com Empowermtd Civil Society Organizations, in particular those in 20 selected districts, are more effective in ensuring the realization of the rights of children and women with equity.

**Progress:**

The Institutional Framework for Decentralized (Local Capacity Building and Community Empowerment) Programme assistance in the 20 UNDAF districts identified as most socially-deprived in Bangladesh has been established with the Government-approved Implementation Modality that outlines structures, processes and procedures for collaboration at the divisional, district, upazila and union levels. These decentralized authorities are supported by UNICEF Zone Offices covering each of the 20 most socially-deprived UNDAF focused districts.

The district level work plan developed in 17 of the 20 selected districts has been consolidated into the National Rolling Work Plan (2013–2014) for the Implementation of the Local Capacity Building and Community Empowerment Programme. The Implementation Modalities and the consolidated Work Plan have been reviewed and endorsed in a series of inter-ministerial meetings led by the Economic Relations Division (ERD) of the Ministry of Finance. A complementary implementation modality has been agreed upon for the remaining three of the 20 UNDAF districts in the Chittagong Hill Tracts (CHT) under the Integrated Community Development Project (ICDP).

Following the training needs and capacity gap analysis of local government institutions in the eight sample districts among the 20 focused districts, a comprehensive capacity development programme for planning and monitoring equitable results for children targeted at the government and partners at the local levels is being developed through technical support to the National Institute for Local Government.

A pilot in two unions to systematically identify and remove barriers for effective coverage of five key tracer interventions (in nutrition, education, health, child protection, water sanitation and hygiene) undertaken in 2012 is showing potential for participatory partnerships for monitoring and reporting on equitable results for children at the district, upazila and union levels, while fostering engagement between duty bearers and rights
holders. Due to the limited capacity at the sub-national level, as well as delays in the finalization of implementation modalities, the development of contingency plans at the sub-national level was constrained.

In 2013, efforts will be concentrated on taking the sub-national engagement for equitable results for children forward into 48 other unions, operationalize the implementation strategy, build local capacity for duty bearer institutions and leverage sector funds to close disparity gaps through evidence-led planning and monitoring. Additionally, continuing support will be provided to develop the capacity of local level partners to plan for emergency and disaster risk reduction.

**On-track**

**IR 5070/A0/04/004/001 4.1** By 2014, Local Government/CSOs partners in 60 upazilas of the 20 UNDAF districts have improved coordination mechanisms and resources to ensure synergy and complimenting in programme delivery to children and their families with a focus on equity.

**Progress:**

Advocacy at the ministerial and cabinet levels of the Government resulted in the establishment of an enabling environment for equity-focused programming at the sub-national levels. The Cabinet Division of Government issued official directives and guidance for partnership between the newly created UNICEF Zone Offices and the Divisional and District Administrations in the 20 most socially-deprived districts to facilitate convergent programme implementation and the monitoring results for children.

A combination of technical collaboration and advocacy between UNICEF and the Economic Relation Division of the Ministry of Finance led to the establishment of implementation modalities for programming at the district levels. This operational modality establishes the Convergence Coordination Committees at the district, upazila and union levels, to guide the implementation and monitoring of the capacity development of local government institutions and civil society organizations for planning and monitoring the situation of children. The Economic Relations Division of the Ministry of Finance coordinates and monitors the programme at the national level. In 2013, efforts will be concentrated on the operations of these committees.

As part of participatory planning and intensive consultations in 20 deprived districts, district-specific implementation plans for the Local Capacity Building and Community Empowerment Programme were developed. Technical assistance provided by UNICEF ensured quality and coordination, which led to the consolidation of the 17 plans into one national plan. The consolidated two-year plan originally developed for 2012–2013, but now for the 2013–2014 period, was endorsed in November 2012 through the exchange of letters between the Government and UNICEF, setting the stage for programme acceleration in 2013 and beyond.

As part of bottom-up planning, sub-national programme review meetings were held within the established programme implementation modalities in six divisional headquarters. The joint reviews were conducted by divisional-level authorities and UNICEF Zone offices to take stock of programme implementation; identify and proffer local solutions to barriers that hinder children and women from enjoying public investments in health, education, nutrition, water sanitation and hygiene and children protection; and contribute evidence to the national planning process.

**On-track**

**IR 5070/A0/04/004/002 4.2** By 2016, Local Government and CSO Partners in 60 upazilas use improved capacity for bottom-up planning and monitoring, and resource mobilization.

**Progress:**

A partnership was established by UNICEF with the National Institute for Local Government (NILG) for the capacity development of Local Government Institutions (LGIs) and Civil Society Organization (CSO). As part of this partnership, the assessment of the training needs of local government officials in LGIs and representatives of CSO was completed. Complementary to the training need assessment, technical
assistance was mobilised by UNICEF to conduct the capacity gap assessment of local government institutions and partners to inform the development of the local capacity development framework.

As part of building local capacity for monitoring the results for children, technical assistance was provided to pilot the identification of bottlenecks to effective coverage of services in two unions (sub-sub-districts) of Bhola and Sunamgonj districts. The pilot focused on 5 tracer interventions across the life cycle: Iron-folate Supplementation for Pregnant Women; Birth Registration within 45 days of birth; full immunization coverage for children under the age of 1 year; pre-schooling for children between 5–6 years of age; and access to safe water. The findings from the pilot demonstrated that the Tanahasi model of service coverage evaluation is applicable across programme intervention areas for determining service coverage deficits and subsequent bottleneck analysis. The pilot also provides an opportunity for the integration of the monitoring of bottlenecks into evidence-led planning and monitoring engagements at the district, upazila, union, and community and facility levels, while fostering mutual accountability for social sector investments.

In the three districts of the Chittagong Hill Tracts (CHT), the Development Project Proposal (DPP) for Phase 3 of the Integrated Community Development Programme (ICDP) between the Government and UNICEF was approved by the cabinet of Ministers. Financial and technical support provided by UNICEF, as an interim measure, allowed for the continued engagement of 3,500 para-workers and 400 senior para-workers. The monthly monitoring of children by the para-workers in CHT have facilitated the enrolment of 21,068 children into the 3,500 para-centers for early learning and pre-primary education, and enrolment of 20,173 children from para-centers into primary schools. The para-workers also visited 117,864 households to monitor compliance of families to basic information on key household practices.

**On-track**

**IR 5070/A0/04/004/003 4.3** By 2016, communities in 60 Upazilas use improved capacity to identify their needs and participate effectively in micro-plans for emergency and disaster risk management.

**Progress:**

A national-level partnership on emergency preparedness planning and Disaster Risk Reduction has been sustained through the Humanitarian Coordination Task Team (HCTT), an advisory team led by the Government. The HCTT provided the opportunity for the coordination of emergency preparedness planning and Disaster Risk Reduction through the Cluster Approach. The partnership is extended to the sub-national levels through Long-Term Agreements (LTAs) established with 12 NGOs at the divisional and district levels.

At the request of the Government, a total of 6,740 Family Kits (comprising 8–13 necessary items, including utensils, clothes and soap) from the pre-positioned supplies at field-based warehouses were made available to partners in the Rangpur Division to assist families and households adversely affected by the flood emergency. In April 2012, at the request of Government, 4,000 plastic sheets were provided to 2,000 families affected by a cyclone in Monpura upazila of Bhola district of Barisal division as immediate support to save lives and protect vulnerable families.

A capacity development initiative that will lead to the development of district-level Contingency Plans in 2013 is currently underway.

**PC 800 - Cross-sectoral costs**

**On-track**

**PCR 5070/A0/04/800** Effective and efficient programme management and operational support to achieve an optimum level of programme delivery.

**Progress:** In order to deliver the Programme results, the Bangladesh Country Office (BCO) has decentralized its programme operations in six Zonal Offices that are now fully established, with 90 per cent of all professional and support posts filled, and office infrastructures and logistic capability put in place for effective programme delivery, monitoring and local capacity development.
To ease communication within Dhaka and the six Zonal Offices, as well as other offices, video conferencing facilities have been installed: This has helped in cost savings on meetings and conferences in 2012. Meetings of the Country Management Team (CMT) are to be henceforth held by video conferencing.

For Minimum Operating Security Standards MOSS compliance, the relocation of the main office in Dhaka remains a priority. The smaller office in Gulshan continues to serve as back up during restricted-movement periods. It is also used to host meetings with partners and other United Nations agencies at very low costs.

The use of the full capacity of the UNICEF global SAP-based VISION continues to be a challenge. The Direct Cash Transfer (DCT) liquidation process has been hindered by technical constraints.

The Division of Financial & Administrative Management (DFAM) successfully tested the Bangladesh Country Office’s electronic banking platform with the local banking services provider in November 2012. The e-banking platform was scheduled to be rolled out in January 2013 as per the DFAM’s schedule. This platform will enhance controls over banking transactions and reduce the time taken for funds to reach partners (payees’) bank accounts, and further increase the speed and security of programme financial transactions.

Capacity Development of Implementing Partners was the highest priority for the year. A one-day workshop on “NGO Partnerships with UNICEF” was attended by 27 NGOs, during which partnership modalities and operational procedures were clarified. Another one-day workshop on “Supply Chain Management” was attended by 28 Government officials, drawn from key social sectors, having ongoing collaboration with UNICEF.

A forum of selected suppliers was organized to discuss the challenges being faced by them in delivering UNICEF supplies and services to improve efficiency in supply operations. The Bangladesh Country Office (BCO) maintained supplies worth US$1.45 million to respond to any unforeseen emergency at WFP warehouses, with stock reviewed quarterly to avoid the expiration of stored items and facilitate replenishment through Long-Term Agreements (LTAs) for non-food items in order to sustain the organizational readiness to respond swiftly to emergencies.

In accordance with the UNICEF-Bangladesh Annual Management Plan, the main objectives within Human Resources Management have been: Effective and timely recruitment, gender balance improvement (which improved from the 55 male:45 female staff ratio in 2011 to 54 male:46 female in 2012), staff development, performance management and interim salary survey for locally-recruited staff.

**On-track**

**IR 5070/A0/04/800/001** Effective and efficient governance and systems.

**Progress:**

The Rolling Annual Management Plan 2012–2013 established all office governance and statutory committees in line with organizational standards. The terms of reference and accountabilities were clearly defined.

Synchronized meetings of the Field Management Team (FMT) of Zone Offices, Operations Management Team of the operations sections (IT, Human Resources, Supplies and Procurement, and Administration and Finance) and the Programme Management Team of Programmes, were fed into the monthly Country Management Team (CMT) meeting, which reviewed management indicators against office/organizational benchmarks set in the Annual Management Plan (AMP). Monthly programme management performance reports were circulated and discussed at each CMT meeting. In 2012, a total of nine Country Management Team (CMT) meetings were held, with minutes shared, and about 90 per cent of the action points were closed.

A joint Government of Bangladesh-UNICEF annual programme review was held in November 2012. The review was co-chaired by the Economic Resources Division (ERD) of the Ministry of Finance and UNICEF. The
national review was preceded by various sector annual reviews, Zone Office reviews with sub-national authorities, and field missions with partners, including the ERD, where issues related to the Value-Added Tax (VAT) waiver on programme supplies were tabled for Government action.

There were no open audit observations, but efforts were made to sustain compliance with past recommendations, while reviewing office procedures in compliance with the adoption of International Public Sector Accounting Standards (IPSAS).

For Information and Communication Technology (ICT), 95 per cent of Service Level Agreement targets were met.

The Zone Offices were provided with full logistics support and required connectivity and equipment. They are fully operational. Travel procedures were redesigned and subsequently upgraded to increase efficiency.

The Country Programme’s risk profile and risk and control library were updated and regular updates were provided to the Country Management Team (CMT) and senior management on the implementation status of risk recommendations identified during the 2010 Risk and Control Self-Assessment (RCSA) exercise.

The Supply Workflow process, which includes sales orders, purchase orders, institutional contracts and Project Cooperation Agreements (PCAs)/Small Scale Funding Agreements (SSFAs), was updated, with all the relevant staff oriented.

IR 5070/A0/04/800/002 Effective and efficient management of financial resources and stewardship.

**Progress:**

The Bangladesh Country Office rolled out the VISION/ SAP platform on 1 January 2012. Despite initial system challenges on the bank reconciliation process, since July 2012 the Office managed to complete this exercise every month within the deadline. All reconciling items were addressed with appropriate action within a month’s time. The monthly national staff payroll and the Master Plans of Operation (MPOs) for approximately 180 staff are directly paid to staff personal accounts by the cashier’s office.

While the invoice processing and payment processes, as well as receipt processes are centralized at Dhaka, the Office has assigned six petty cash accounts to the six Zone Offices. Specific petty cash account guidelines detailing modus operandi for petty cash management and allowable expenditures have been developed by the Office and are operational since August 2012.

The Office started 2012 with a carried over direct cash transfer balance of US$17.6 million and closed the year with a balance of US$22.6 million. During the course of 2012, a total of US$35 million of direct cash transfers were released under the new VISION/SAP system. Out of this total, the Office released US$ 9.7 million in the fourth quarter, which is 28 per cent of the total released direct cash transfers during the year, and effectively well within the global threshold of 33 per cent set for the last quarter. The Office also managed to keep ‘the over 9 months’ DCT balance to 0.03 per cent of the total outstanding amount.

The Office requests local currency replenishments from the Treasury Unit of DFAM based on weekly funds usage and the monthly and quarterly cash projections. During 2012, the Office requested Bangladesh Takas 3.95 billion in 31 requests equivalent to US$49.7 million, which translates to a local currency replenishment equivalent of US$4 million to run a month. The Office managed to close 2012 local bank accounts with a balance of US$613,000 which is at par with the benchmark closing balance of US$600,000 for all local accounts established by the DFAM.

The e-banking platform of Standard Chartered Bank was planned for a roll-out in January 2013 once the agreement between UNICEF and the bank was concluded. The e-banking interface with SAP is expected to enhance security controls over banking transactions and enhance the speed of funds delivery to payees’ bank
A two-day focused training on ‘Managing Performance for Results’ was held, covering Section Chiefs, Heads of Zone Offices and senior professionals. Furthermore, a ‘Guideline on Performance Appraisal System (PAS) for Field-based staff’ was issued. Three programme professionals participated in the Gender-Based Violence in Emergencies training and in the Education in Emergency Cluster Coordinating and Disaster Management training. Staff members are aware of the counseling resources available locally. The UNICEF Policy on HIV/AIDS in the Workplace was covered in the orientation for new staff. The Office is fully committed to UN Cares and the minimum standards on HIV in the workplace.

Seven of the 16 planned corporate learning/training events in the 2012–13 period were implemented in 2012.

Various security and staff safety related training sessions, such as Security Awareness, Area Security Coordinator, First Aid and Defensive Driving, were held for a total of 174 staff members, including consultants. Furthermore, the BCO hired a security officer on temporary appointment, effective July 2012.

UNICEF chaired the inter-agency task force, established by the UN Operation Management Team (OMT), which successfully harmonized remuneration rates for individual consultants/contractors for United Nations agencies in Bangladesh.

The UN Interim Salary Survey for Bangladesh was successfully completed in 2012, with the active involvement and participation of UN Agencies. UNICEF also chaired the UN Local Salary Survey Committee.
**Effective Governance Structure**

In order to deliver the Programme results, the Bangladesh Country Office (BCO) has decentralized its programme operations in six Zonal Offices that are now fully established, with 90 per cent of all professional and support posts filled, and office infrastructures and logistic capability put in place for effective programme delivery, monitoring and local capacity development.

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**Strategic Risk Management**

The Rolling Annual Management Plan 2012–2013 established all office governance and statutory committees in line with organizational standards and terms of reference and accountability clearly defined. Synchronized meetings of the Field Management Team (FMT) of Zone Offices, Operations Management Team (OMT), including IT, Human Resources, Supplies and Procurement, and Administration and Finance, and the Programme Management Team (PMT), were fed into the monthly Country Management Team (CMT) meeting, which reviewed management indicators against office/organizational benchmarks set in the Annual Management Plan (AMP).

Monthly programme management performance reports were circulated and discussed at each CMT meeting.
In 2012, a total of 10 Country Management Team meetings were held, with minutes shared, and 90 per cent of action points closed.

The reviewed travel work process is expected to increase efficiency once fully introduced. Continuous updates provided to the Country Management Team and senior management on the status of the Bangladesh Country Office’s Risk and Control Self-Assessment (RCSA) recommendation.

Risks are further mitigated through the Programme Cooperation Agreement (PCA) Committee review of all proposals before entering into partnerships and ensuring that NGOs are micro-assessed within the Harmonized Approach to Cash Transfer (HACT) framework.

The Contract Review Committee continues to review all supply and procurement of services of the required amount to ensure consistent quality assurance, technical expertise, and cost efficiency.

**Evaluation**

Evaluation is essential to generate knowledge for programme performance, policy advocacy and efficient use of organizational resources to achieve effective and efficient results for children. Hence, the lessons learnt from the global evaluation assessment inform UNICEF Bangladesh’s approach to evaluation in 2012 as follows:

Being the first year of the Country Programme, no new evaluations were planned in 2012. The five-year Integrated Monitoring and Evaluation Plan (IMEP) has been developed for the Government of Bangladesh-UNICEF Country Programme 2012–2016. Similarly, the IMEP for the United Nations Development Assistance Framework (UNDAF) outcome result areas where UNICEF contributes has been prepared.

Of the 31 recommendations arising from the seven evaluations carried out in 2011, four were justifiably rejected, while 68 per cent of the 68 planned actions were either closed or close to closure at the end of December 2012. A total of four actions have either been cancelled or made irrelevant by the new Country Programme, which has benefitted immensely from the evaluation findings, but 11 actions are yet to commence.

The office practice of mandatory technical clearance of the terms of reference prior to management approval is applicable to all studies, research and evaluative activities, to ensure relevance, quality and best use of lessons learnt to improve programme results for children.

As part of the office commitment to use evaluation findings to refine programme performance, UNICEF Bangladesh provided technical support to the DFID Project Completion Review assessment of the UNFPA-UNICEF-WHO Joint Programme on Maternal and Neonatal Health Initiative in May 2012. The findings and lessons from this assessment were shared with programme colleagues in the office and relevant partners.

To increase the national evaluation capacity in Bangladesh, UNICEF and the James P. Grant School of Public Health of BRAC University have agreed to rerun (in March 2013) the One-Week Evaluation Course launched in 2011, to train technical officials from the Government, academia and Non-Governmental Organizations. The Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning expressed commitment to coordinate this effort into their monitoring mandate of the 6th Five-Year Development Plan of Bangladesh.

**Effective Use of Information and Communication Technology**

All Zone Office locations were made fully functional in 2012, with all Zone staff members being equipped with appropriate tools to function. Section Chiefs have been provided with full access to communications at all times.

Video and tele-conferencing were extensively utilized in 2012 to cut costs in several areas, including on
internal meetings (CMT with Zone Offices), interviews (with international candidates) and out-of-country meetings (with Regional Office and HQ). Zone Offices were provided with full logistics support and required connectivity and equipment to connect with the Dhaka Office for meetings as needed, to further avoid unnecessary travel.

IT provided extensive support to enable all Zones Offices with the following services:

(a) Initial ZO ICT equipment configuration  
(b) Data Connectivity with BCO  
(c) Internet Connectivity  
(d) Access to VISION for concerned S/M  
(e) Integrated of all ZOs to BCO LAN (Shared Drives), and thereby access to the UNICEF Network  
(f) Interconnection with the phone system (IP Telephony)  
(g) Video conference facilities  
(h) All ICT equipment protected by dedicated UPS

BCO main ICT Facilities were reconfigured and restructured as follows in order to improve resilience, secure networks, and improve overall performance:

(i) Centralized and more secure VPN access to UNICEF resources from outside of UNICEF premises  
(j) Upgraded Server Infrastructure with Virtual Server, allowing for reductions in the footprint of physical servers, while increasing service delivery and reducing maintenance cost and support  
(k) Initiation of upgrade of the internal LAN requirements (wiring, Wi-Fi, data storage, backup system, etc)  
(l) Upgraded Firewall Services, including high-availability for BCO (Redundancy)  
(m) Increased VSAT connection speed with HQ in order to improve VISION user experience  
(n) Increased Internet connection speed to accommodate the demands of dispersed staff in the Zone Offices and for additional Business Application demands.

IT provided extensive support to VISION users and Super users by providing configuration to all computers to access iLearn, request for SAP accounts and their initial passwords creation, guidance in navigation inside VISION, troubleshooting workflow for Travel, Fund Commitment/Fund Reservation, HR processes (staff, consultants, and TAs.)

**Fund-raising and Donor Relations**

In 2012, total funding for the Bangladesh Country Office was US$108 million. The full ceiling of US$24 million in Regular Resources was received, in addition to US$47 million in newly received funding (Other Resources Regular), and a carry-over of US$37 million from 2011. This generous funding allowed for the first year of the 2012–2016 Country Programme to be fully funded. The utilization rate of total funding for 2012 was 88 per cent.

The largest donor for UNICEF Bangladesh in 2012 was the UK Department for International Development (DFID), followed by the Swedish International Development Agency (SIDA). In 2013, DFID will continue to be a key partner, contributing heavily to UNICEF's work in Water, Sanitation and Hygiene (WASH), while SIDA will contribute in the area of Basic Education.

UNICEF Bangladesh submitted a total of 64 donor reports in 2012, with only one overdue.

A total of nine visits from UNICEF National Committees were facilitated, which strengthened relationships with private and individuals donors and contributed to the production fundraising appeal films. These included, visits by senior executives from UK-based companies Marks & Spencer and Kantar via UNICEF UK; three visits from the UNICEF Swedish National Committee; one visit each by the UNICEF National Committees for Norway and the Netherlands; and two visits by the National Committee for Germany.
Children’s Rights and Business Principles (CRBP) was successfully released in June with leading business personalities in Bangladesh. Together with its partners Save the Children and the CSR Centre, UNICEF has exploratory discussions with Grameen Phone to encourage the company to implement the Principles in its operations and policies. To further strengthen work on CRBP, negotiations with the American Chambers of Commerce in Dhaka are ongoing to access the support of its members on this issue.

A partnership announced with the European Union and UNICEF in December will support the Government of Bangladesh in the establishment of an efficient, inclusive, and equitable primary education system, delivering child-friendly quality learning to all Bangladeshi children from the pre-primary level up to Grade V. Through the partnership, the European Union has provided a US$3.5 million grant to UNICEF for four years (2012–2016) for the Third Primary Education Development Programme (PEDP–III), which covers Grades I to V and one year of pre-primary education. These funds will be used by UNICEF for institutional capacity development under PEDP–III, covering a number of aspects, such as each child learns; teacher education and development; alternative and second chance education; pre-primary education; education in emergencies; and decentralized school management and governance.

A partnership between the Government of Bangladesh, the Government of Japan and UNICEF was established in March to improve the quality of newborn health care, with the Japan Government providing US$1.15 million over the next two years. The major interventions are envisaged to upgrade facilities with special care newborn units, capacity development in clinical care delivery for sick newborns and quality improvement skills, strengthening monitoring and supervision, and strengthening effective referral links between facilities. The project will be implemented in six hospitals around the country.

Management of Financial and Other Assets

The Bangladesh Country Office rolled out the VISION/SAP platform on 1 January 2012. Despite initial system challenges relating to the bank reconciliation process, the Office has managed to complete this exercise every month within the deadline since July 2012. All reconciling items were addressed with appropriate action within a month’s time. The monthly national staff payroll and MPOs for approximately 180 staff are directly paid to staff personal accounts by the cashier’s office.

While the invoice processing and payment processes, as well as receipt processes, are centralized at Dhaka, the Office has assigned six petty cash accounts to six zone offices. Specific petty cash account guidelines, detailing modus operandi for petty cash management and allowable expenditures, have been developed by the Office and are operational since August 2012.

The Office started 2012 with a carried over Direct Cash Transfer (DCT) balance of US$17.6 million and closed the year with a balance of US$22.6 million. During the course of 2012, a total of US$35 million of direct cash transfers were released under the new VISION/SAP system. Out of this total, the Office released US$9.7 million in the fourth quarter, which is 28 per cent of the total released direct cash transfers during the year, and effectively well within the global threshold of 33 per cent set for the last quarter. The Office also managed to keep ‘the over 9 months’ DCT balance to 0.03 per cent of the total outstanding amount.

The Office requests local currency replenishments from the Treasury Unit of the DFAM, based on weekly funds usage and the monthly and quarterly cash projections. During 2012, the Office requested Bangladesh Takas 3.95 billion in 31 requests equivalent to US$49.7 million, which translates to a local currency replenishment equivalent of US$4 million to run a month. The Office managed to close 2012 local bank accounts with a balance of US$613,000 which is at par with the benchmark closing balance of US$600,000 for all local accounts established by DFAM.

The e-banking platform of Standard Chartered Bank is planned for a roll-out in January 2013 once the agreement between UNICEF and the bank is concluded. The e-banking interface with SAP is expected to enhance security controls over banking transactions and enhance the speed of funds delivery to payees’ bank accounts.
The Bangladesh Country Programme 2012 funds utilization: Support Budget (BMA) 92.1 per cent, RR 89.7 per cent, and OR 79.1 per cent.

**Supply Management**

The 2012 Supply and Contract Plans were finalized by March 2012 and reviewed routinely during Programme and Management Meetings. The total inputs are: US$14.5 million for supplies and institutional contracts, US$12.9 million for PCAs/SSFAs, and US$48.4 million for Procurement Services.

The Capacity Development of Implementing Partners was the highest priority for the year. A one-day workshop on “NGOs Partnership with UNICEF” was attended by 27 NGOs, wherein the partnership modalities and operational procedures were clarified. Another one-day workshop on “Supply Chain Management” was attended by 28 Government officials drawn from key social sectors, with ongoing collaboration with UNICEF.

A forum of selected suppliers was organized to discuss the challenges being faced by them in delivering UNICEF supplies and services to improve efficiency in supply operations. The Bangladesh Country Office maintained supplies worth of US$1.45 million to respond to any unforeseen emergency at WFP warehouses, with stock reviewed quarterly to avoid the expiration of stored items and facilitate replenishment through Long-Term Agreements for non-food items in order to sustain organizational readiness to respond swiftly to emergencies.

**Human Resources**

Staff development activities in 2012 were packaged for optimal performance of staff in line with the new Country Programme priorities, decentralized delivery structure and for efficient and effective use of UNICEF staff and financial resources to leverage more resources from the Government and other development partners. Refresher focused sessions on VISION were held in the relevant functional areas to help address knowledge gaps faced by staff operating the new system.

Other significant staff development events that were held included: (i) Orientation for newly-recruited staff; (ii) Managing Performance for Results; (iii) Stress Management; (iv) Programme Planning Process (PPP); and (v) Team Building. A total of 367 (male 172 and female 195) participants attended the various corporate training events conducted in 22 batches. Three programme professionals participated in the Gender-Based Violence in Emergencies training and in the Education in Emergency Cluster Coordinating and Disaster Management training.

Seven of the 16 planned corporate learning/training events in 2012–13 were implemented in 2012.

Various security and staff safety related training sessions, such as Security Awareness, Area Security Coordinator, First Aid and Defensive Driving, were held for a total of 174 staff members, including consultants. Furthermore, the BCO hired a security officer on temporary appointment, effective July 2012.

Based on the needs assessment, an institutional contract has been issued to conduct executive coaching for Section Chiefs and Heads of Zone Offices in 2013.

Being the first year of the decentralized field office structure, performance management in 2012 was a continuing priority for the senior management to ensure that managers have Performance Evaluation Report (PER) discussions and provide regular feedback to supervisees. This was also enforced regularly at management meetings. A two-day focused training on ‘Managing Performance for Results’ was held covering Section Chiefs, Heads of Zone Offices and senior professionals. In addition, a ‘Guideline on Performance Appraisal System for Field-based staff’ was issued.

The Chief of Operations and Chief of HR visited all the six field offices to guide and resolve operational issues.
A total of 47 positions (12 IP, 21 NPO and 14 GS) were filled in 2012. Identifying qualified female candidates for some programme positions continued to be a challenge. However, all possible efforts, including head hunting, were made to fill the available positions with qualified female candidates. Achieving gender parity has been identified as a Country Office priority.

Staff members are aware of the counselling resources available locally. UNICEF Policy on HIV/AIDS in the Workplace was covered in the orientation for new staff. The Office is fully committed to UN Cares and the minimum standards on HIV in the workplace.

UNICEF chaired the inter-agency task force, established by the UN Operation Management Team (OMT), which successfully harmonized remuneration rates for individual consultants/contractors for United Nations agencies in Bangladesh. The UN Interim Salary Survey for Bangladesh was successfully completed in 2012, with the active involvement and participation of UN Agencies. UNICEF chaired the UN Local Salary Survey Committee.

### Efficiency Gains and Cost Savings

To be more efficient and effective, UNICEF Bangladesh decentralized its programme operations to six Zonal Offices, aligned with the 20 prioritized UNDAF districts, for delivering equitable social services and decentralized capacity building to leverage sector resources for the realization of the rights of the most-deprived children.

Concurrent with this shift is the deployment of about 40 per cent of UNICEF staff to the Zone Offices, backed by localized office infrastructures and logistic capability. To ease communication with Dhaka, the six Zonal Offices and other offices, video conferencing facilities have been installed. This has helped to save on the costs of meetings and conferences. Meetings of the Country Management Team (CMT) will henceforth be held by video conferencing, a practice that was initiated in 2012. The efficiency benefits include significant cost savings on travel, quick turnaround on the use of UNICEF resources to achieve programme results, better targeting of interventions through local knowledge sharing, while freeing more time for technical engagement between UNICEF staff and sub-national partner institutions in health, nutrition, water sanitation and hygiene, child protection, education, planning and overall coordination with the district and sub-district authorities.

The six cars refurbished at a total cost of US$30,000 that led to cumulative savings of US$130,000 (the cost of six new cars minus refurbishing charges) in 2011 are still in use and are performing optimally, with normal routine maintenance, for programme activities in 2012.

Work processes to streamline official travel, and manage logistics more efficiently, from Dhaka to areas covered by each of the Zone Offices and vice versa have been issued by management.

In the Barisal Zone Office and Rangamati Sub-Zone Office, UNICEF shares common premises and some services with other United Nations agencies, helping to save costs.

The estimated efficiency gains and savings from this strategic shift and cost-saving measures will be available from 2013, considering that 2012 is the first year of operating these structures.

### Changes in AMP & CPMP

The objective of the 2012 Annual Management Plan (AMP) is to establish governance, risk management and control processes over the Bangladesh Country Office to provide reasonable assurance that:

1. Resources are acquired economically and used efficiently;
2. Assets are safeguarded;
3. Activities comply with regulations, rules, policies, procedures, directives, administrative instructions and contracts;
Financial, managerial, and operating information is accurate, reliable, and timely; Programmes, plans, and business objectives are achieved.

### Summary Notes and Acronyms

#### List of Acronyms

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

(4) Financial, managerial, and operating information is accurate, reliable, and timely; Programmes, plans, and business objectives are achieved.
<table>
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<th>Acronym</th>
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<tbody>
<tr>
<td>NCTB</td>
<td>National Curriculum and Text Book Board</td>
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<td>NID</td>
<td>National Immunization Day</td>
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<td>NILG</td>
<td>National Institute of Local Government</td>
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<td>OOSC</td>
<td>Out of School Children</td>
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<td>OVCs</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PATC</td>
<td>Public Administration Training Centres</td>
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<td>PBA</td>
<td>Programme Budget Allocation</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<td>PEDP 3</td>
<td>Third Primary Education Development Programme</td>
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<tr>
<td>PEDPII</td>
<td>Second Primary Education Development Programme</td>
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<tr>
<td>PGMs</td>
<td>Procurement of Goods and Materials</td>
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<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PMT</td>
<td>Programme Management Team</td>
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<td>PPTCT</td>
<td>Prevention of Parent to Child Transmission</td>
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<tr>
<td>REACH</td>
<td>Renewed Efforts against Child Hunger</td>
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<td>RED</td>
<td>Reach Every District</td>
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<td>RGs</td>
<td>Receipt of Goods</td>
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<td>SCANU</td>
<td>Special Care Newborn Units</td>
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<td>SDP</td>
<td>Sector Development Programme</td>
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<td>SHEWA-B</td>
<td>Sanitation, Hygiene Education and Water Supply, Bangladesh</td>
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<td>SLIPs</td>
<td>School Level Investment Plans</td>
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<td>SSFAs</td>
<td>Small Scale Funding Agreements</td>
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<td>SUN</td>
<td>Scale up Nutrition</td>
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<td>SVRS</td>
<td>Sample Vital Registration System</td>
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<td>SWA</td>
<td>Sanitation and Water for All</td>
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<td>SWAp</td>
<td>Sector Wide Approach</td>
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<td>TBP</td>
<td>Time Bound Programme</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<tr>
<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<tr>
<td>UPEP</td>
<td>Upazila Primary Education Plan</td>
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<tr>
<td>VAT</td>
<td>Value Added Tax</td>
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<tr>
<td>VISION</td>
<td>Virtual Integrated System of Information</td>
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<td>WASH</td>
<td>Water Sanitation and Hygiene</td>
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### Publications during the year

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<thead>
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<th>Title</th>
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<tbody>
<tr>
<td>1  State of the World's Children (Translated into Bangla)</td>
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<tr>
<td>2  National Strategy for the Implementation of Community Radio Installation, Broadcast and Operations Policy in Bangladesh</td>
<td></td>
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<tr>
<td>3  Children's Rights and Business Principles (Translated into Bangla)</td>
<td></td>
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<tr>
<td>5  Mapping and Behavioural Study of Most At Risk Adolescents to HIV in Specific Urban/Semi Urban Locations in Bangladesh</td>
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