Executive Summary

Despite the significant political tension and civil unrest that prevailed in Bangladesh throughout most of 2013, the year nevertheless saw a number of significant achievements for children. The country is on track to achieve the Millennium Development Goals (MDGs) 1, 2, 3, 4 and 6 by 2015. Bangladesh is partially on track to achieve MDG 7, while more needs to be done to meet MDGs 5 and 8.

As measured by the Gini index, Bangladesh experienced a modest decline in inequality at the national level. Child deprivations are exacerbated by persisting and emerging development challenges, such as negative social norms and practices (e.g. violence against women, child marriage), a high level of stunting, rapid urbanisation, the rise of non-communicable diseases and climate change.

One of the year’s highlights was the Government’s launch of a new multi-stakeholder initiative committing Bangladesh to preventing an additional 108,000 child deaths annually in order to bring down preventable child deaths to 20 per 1,000 live births by 2035. Another highlight was the adoption by the Bangladesh Parliament of a new Children Act, which harmonises the definition of the child with the Convention on the Rights of the Child (CRC).

Unfortunately, these positive developments were darkened by violent acts perpetrated against children who were caught up in political protests, and the continued use of children in demonstrations held by political parties in Bangladesh. UNICEF and other child rights organisations strongly voiced their concern and called on all political parties to shield children from political violence.

Despite this challenging operating environment, UNICEF and its partners achieved a high level of programme implementation with a disbursement rate nearing 90 per cent, facilitated by the UNICEF’s decentralised business model, which is now fully functioning.

In 26 low-performing and hard-to-reach districts, UNICEF and its partners further expanded effective coverage of maternal, newborn and child health, HIV and nutrition services through quality improvement initiatives, uninterrupted supply of essential commodities and community participation in local monitoring. UNICEF and its partners supported the renewed impetus on scaling up nutrition by addressing systemic constraints and by supporting families and communities to adopt optimal nutrition-related practices. Through financial and technical support to the Ministry of Primary and Mass Education (MoPME), UNICEF and its partners expanded learning achievement and primary school completion rates through innovative strategies, such as interactive teaching and learning, and decentralised planning focused on problem solving. The year 2013 marked the closure of the Sanitation, Hygiene Education and Water Supply in Bangladesh (SHEWA-B) programme, which had been implemented from 2007 and reached over 21 million under-served people.

At the national level, UNICEF contributed to the adoption of a number of new legislative, policy and normative improvements. These included the Children Act, the national strategy for maternal health, the revised law to control marketing of breast-milk substitutes, the national edible oil fortification law, the comprehensive early childhood care and development (ECCD) policy, new national guidelines on non-formal education, the national HIV strategy for most-at-risk adolescents (MARA), and the Water Act.

Country Situation as Affecting Children & Women

Continued partnership between various arms of the Government, UNICEF and civil society saw Bangladesh pass a new Children Act based on the CRC, which defines a child as a person below 18 years of age. The law confers legitimacy for leveraging national budgetary funds and other resources for child protection systems and justice for children.

The 2011 Bangladesh Demographic and Health Survey (BDHS) report was released in January 2013. With a remarkable decline in childhood mortality, Bangladesh is on track to achieve the MDG 4 target by 2015. With a population of about 60 million children under 18 years of age, the country is experiencing a demographic
transition, with the growth rate having reduced over the past decade as a result of a reduction in fertility rates and improved health care.

According to the UN Inter-agency Group for Child Mortality Estimation, the under-five mortality rate (U5MR) in Bangladesh stood at 41 deaths per 1,000 live births in 2012, in line with the MDG 4 target of reducing child deaths by two thirds between 1990 and 2015. The U5MR declined markedly from 144 (1990) to 41 (2012) per 1,000 live births, higher for the lowest quintile compared to the wealthiest in absolute terms. However, the ratio of poorest to richest is virtually static at 1.9 (1994) compared to 1.7 (2011), indicating the unyielding equity gap.

The maternal mortality ratio fell from 400 to 240 per 100,000 live births during the last decade and Bangladesh is on track to achieve MDG 5. Half of all pregnant women had an antenatal care (ANC) visit, though only one in four women received had the recommended four ANC visits by a trained health provider.

Pneumonia continues to be one of the major causes of under-five mortality (22 per cent). The mortality trend among children aged 1 to 5 years is changing due to drastic reduction in diarrhoea (3 per cent), while drowning (43 per cent) has emerged as the major cause of death. Sepsis (24 per cent), asphyxia (21 per cent), acute respiratory infections (13 per cent) and prematurity (11 per cent) remain leading causes of death among newborns. The coverage of fully vaccinated children by 12 months of age is 77 per cent among the lowest quintile compared to 94 per cent for the wealthiest.

The HIV prevalence is low in the general population (< 0.1 per cent), yet Bangladesh is one of three Asia-Pacific countries with a 25 per cent rise in the number of new infections between 2001 and 2011. In 2013 the Government officially recognised transgendered people (Hijras) as a third sex, hopefully signifying an end to discrimination, and access to education, housing, health services, and their gender identity in passports and other identity cards.

As reported in 2012, the prevalence of child malnutrition has slightly decreased: 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). The National Micronutrient Survey released in early 2013 showed that the prevalence of anaemia in preschool-aged children was 33 per cent, with the rate significantly higher in rural areas compared to urban areas. Among women (non-pregnant, non-lactating), the rate was 26 per cent, slightly lower than earlier estimates, though assessment methods differ. Anaemia among school-aged children (6-11 years) was around 19 per cent, and more than 17 per cent in those aged 12-14 years. The prevalence of vitamin A deficiency among preschool-aged children is 20.5 per cent and significantly higher in the slums at 38.1 per cent. Iodine is present in the salt of 80 per cent of households, although at adequate levels in less than half. The survey showed that 44 per cent of under-five children are deficient in zinc. Bangladesh Government, civil society and development partners showed considerable commitment by passing two major laws relating to oil fortification and marketing of breast-milk substitutes in 2013, beyond ongoing partnerships to Scaling Up Nutrition (SUN).

The Government reported that the Primary Net Enrolment Rate was 95 per cent in 2011, with slight gender parity favouring girls. The primary cycle completion rate reached 60 per cent from 55 per cent in the previous year. Dropout rates are high; about 23 per cent of 6-10 year old children are out of school, mainly from urban slums, low-income groups and other marginalised communities. Only one in four children who complete grade five acquired the competency in Bangla. One in every three children remains out of school in the primary level (age 6-10 years) despite governments’ investment through the Primary Education Stipend Programme to offset the opportunity cost of schooling.

Bangladesh continues to make progress in increasing access to improved water sources, and is on track to meet the MDG target by 2015 — access to improved water sources reaching universality (83 per cent in 2011). Increased funding by Government and donors contributed to an estimated 96 per cent of schools having at least one functioning latrine. About 84 per cent of schools have access to a drinking water source, with 31 per cent having gender-segregated facilities. Poor access to menstrual hygiene facilities and information further reduces retention rates for adolescent girls. However, the quality of water is a concern, particularly in terms of arsenic, faecal contamination and manganese. Although open defecation was reduced...
to a historical low, the practice of using improved latrines by households has been slow to catch on, with a little over half of the population having access to improved sanitation. Bangladesh is unlikely to meet the MDG for sanitation, as social norms and behaviours are key barriers to the use of services and adoption of salubrious practices.

The remarkable social progress by Bangladesh is tainted 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 one per cent of the social safety net budget. The success of the ongoing debate and partnership to reform the national social protection strategy is hinged on its child sensitiveness, considering the equity gaps in MDG achievements, prevailing and emerging multiple social deprivations and vulnerabilities faced by children.

### Country Programme Analytical Overview

UNICEF and its partners continued working with the Government of Bangladesh (GoB) to support the most vulnerable children in a context of sustained efforts to reach national and global development priorities in spite of disruptions caused by political tensions.

In order to help galvanise Bangladesh commitment to implement its 6th Five Year National Development Plan and achieve the MDGs, UNICEF engaged in advocacy, strategic partnerships, knowledge generation and transfer, and innovative approaches to scaling up successful models for various aspects of child wellbeing with a focus on bridging inequities. These efforts led to major successes, such as the passing of the Children Act and the establishment of a new partnership to further reduce the U5MR to 20 per 1,000 live births by 2035. Furthermore, key priority areas gained momentum, such as nutrition, the need for a holistic and multi-sectoral approach to adolescent programming, and the adoption of a child-focused budgeting framework. These issues underlined the need for further efforts and strong national, regional and global partnerships to accelerate progress and reach the MDGs in Bangladesh.

Building on the country’s commitment to tackle inequity, the programme maintained its support to better monitor results for children through a methodological analysis of the situation of children and the bottlenecks hindering effective coverage of social services in the most deprived communities. The Monitoring of Results for Equity System (MoRES) piloted in two unions (last administrative tier of governance) in 2012 was extended to 19 others in 11 of the 20 UN Development Assistance Framework (UNDAF) districts. The model is based on the analysis of coverage levels (availability, accessibility, utilisation, adequate coverage and effective coverage) of essential interventions to prioritise the major coverage deficit for further analysis using the four domains and ten determinants of bottleneck analysis. Led by sector partners, corrective actions to address the bottlenecks are being implemented in the two pilot unions covered in 2012. Scalable interventions such as full immunisation for children within one year of birth are being integrated into the sector programme, with UNICEF offering technical assistance on local-level planning linked to the sector budget in the annual operational plans. Similarly, the education sector is benefiting from the initial knowledge of bottlenecks on pre-primary education (PPE) to define the standards and guidelines critical to the expansion of effective coverage of PPE to most-deprived communities.

The Bangladesh approach to MoRES was chosen as one of the seven country case studies in a global formative evaluation of the MoRES strategy by UNICEF Headquarters. The resulting report will inform further elaboration in 2014 and beyond.

Building on its successes, emerging evidence, lessons learned and opportunities arising during the two first years of the Country Programme, the mid-term review (MTR) scheduled in mid-2014 will provide the opportunity to critically review the relevance and effectiveness of the Programme strategies and objectives.

### Humanitarian Assistance

N/A
Effective Advocacy

*Partially met benchmarks*

Significant advocacy initiatives in 2013 assisted UNICEF in achieving milestones in policy development, marking many firsts in Bangladesh. UNICEF welcomed the passing of the Children Act 2013 by the National Parliament of Bangladesh. The new law is based on the CRC, and recognises a child as any person below the age of 18, providing a universal and internationally recognised definition for a child. For the first time, the law has a provision for child victims and witnesses that cements legal instruments for their protection, including compensation for victims. UNICEF assisted the Ministry of Social Welfare (MoSW) to prepare the Act for Cabinet; supported the Government in the drafting of the Act; and encouraged the raising of the legal age of a child to 18 years.

UNICEF supported the drafting of the law on oil fortification, engaged in sustained lobbying efforts, and participated in high-level advocacy with the GoB to ensure the smooth passage of this new law through Parliament. The law establishes the mandatory regulation to fortify edible oil with vitamin A in Bangladesh and bans the import of un-fortified oil.

UNICEF in partnership with the GoB and the Policy Research Institute (PRI) launched the *Child-Focused Budgeting Framework: Investing for the Equitable Rights of Children in Bangladesh*. The framework, a first of its kind in Bangladesh, is a product of a joint collaborative effort between the Ministry of Women and Children Affairs (MoWCA), the Ministry of Finance, and nine social sector ministries, UNICEF and PRI. The child-responsive budgeting framework provides policy makers, parliamentarians, civil society organisations, development partners and researchers with information on how children’s needs are prioritised within the available fiscal space, and identifies resource gaps, as well as tools and indicators to track the efficiency of the use of resources earmarked for children.

Alarmingly, a number of children died or were seriously injured in 2013 during violent political demonstrations across the country. UNICEF voiced its concern through the media for children who had been caught up in violent protests and the use of children in demonstrations held by political parties in the run up to the elections. UNICEF called on all political parties to shield children from these demonstrations so that they and their caregivers can continue with their lives in an atmosphere free from violence and interference.

Capacity Development

*Mostly met benchmarks*

A major strategy of UNICEF Bangladesh is to accelerate and sustain results for all children by developing capacity at the individual, community and government levels. The GoB’s 6th Five Year Plan 2011-2015 provides the overall policy framework for the provision of public services. UNICEF helps to fill critical gaps in service provision to reach excluded children. UNICEF support to service delivery is always accompanied by explicit capacity-development activities.

In 2013, UNICEF expanded its technical assistance to the Primary Education Development Programme (PEDP3). With technical support from UNICEF, the MoPME expanded the primary teacher training course from 7 to 29 primary training institutes. PPE coverage expanded in underserved areas, including urban slums in Dhaka. Other capacity development activities included the provision of non-formal education for out-of-school children and the piloting of a classroom-based quality improvement initiative. This technical support facilitated the use of over US$130 million from the sector-wide pool fund in the 2012-2013 fiscal year, and is progressively unblocking the use of US$755 million during the remaining two and half years of the sector-wide programme.

UNICEF also supported South-South exchanges, such as study visits of government officials to Nepal, Cambodia and the second Asia-Pacific High Level Meeting on child rights in India. Through these forums, national partners and institutions were exposed to innovative approaches and shared experiences in the areas
of early childhood development (ECD), adolescent development, children rights in urban settings, water, sanitation and hygiene (WASH), and data collection with innovative tools and techniques, including use of information and communications technology (ICT).

As part of the health programme, UNICEF supported the participation of local government staff and programme personnel in a series of local-level training activities to promote effective coverage of health services in underperforming sub-national health areas. Emphasis was put on systems-strengthening, effective vaccine management and evidence-based planning based on bottleneck analysis. These efforts informed the Annual Operational Plans of the health sector to further increase effective coverage of immunisation and other high-impact and cost-effective health interventions.

UNICEF in collaboration with the Economic Relations Division (ERD), one of the Ministry of Finance’s divisions, continued to implement the decentralised governance for child rights, which was expanded from the 7 initial districts to the 20 UNDAF districts. Similarly, UNICEF continued providing assistance to the National Institute of Local Government to build the capacity of local governments in child-focused decentralised planning, budgeting and monitoring. Training packages included bottleneck analysis to promote effective coverage of social services for most-deprived communities.

Communication for Development

Mostly met benchmarks

In 2013 UNICEF utilised national, district and sub-district strategies to engage with Government, development partners and local communities to provide communication for development (C4D) support across its range of programmes in Bangladesh. These evidence-based approaches helped to generate social and behavioural change in a number of key programme and policy areas.

Advocacy programmes facilitated the creation of a number of national and sub-district (upazila) change groups. At the national level, the MoWCA approved the creation of a national social norm change forum and district- and upazila-level social change chapters. Social norm change approaches were also embraced by partners, including the Working Group of the Ministry of Health and Family Welfare (MoHFW) and mainstreamed into the new Immunisation Policy and Maternal and Child Health Strategy. At the district and sub-district level, district administrations supported the establishment and capacity building of ward development (child welfare) committees in 1,602 wards in 7 districts. In 2013, over 46 per cent of the committees (742) facilitated at least one community dialogue on child marriage and publically reinforced the benefits of delayed marriage.

UNICEF continued to improve its evidence-based interventions through information generated from a number of evaluative and monitoring activities. A MoRES exercise revealed that social norms related to gender constrain the practice of appropriate care behaviours and use of services; knowledge deficits are bigger among male members of households compared to female caregivers; and health promotion at the facility level is very weak. Information collected through qualitative processes was used to revise messages and adjust micro-strategies, and continues to be used to advocate for systems strengthening of health promotion within the MoHFW.

Service Delivery

Mostly met benchmarks

UNICEF continued as the lead of the 12 United Nations agencies contributing to the UNDAF Social Services for Human Development Pillar, to ensure that 'deprived populations in selected areas, particularly women, children and youth, benefit from increased and more equitable utilisation of quality health and population, education, water, sanitation and HIV services'. Additionally, UNICEF also contributed to the UNDAF Pillar on Food Security and Nutrition, led by the World Food Programme (WFP), to ensure that ‘urban and rural poor have adequate food security and nutrition throughout the life cycle’. UNICEF is also part of the 6th Pillar of
the UNDAF 2012-2016, which aims to ensure that ‘by 2016, at least 3 million urban poor have improved living conditions and livelihoods to realise their basic rights.’

UNICEF continued to promote the wider sector adoption of the concept of effective coverage of services for the most deprived districts and communities through the monitoring and reporting on bottlenecks and prioritisation of corrective actions related to key systemic tracer interventions. These interventions include iron plus folic acid supplementation for pregnant women, birth registration within the first 45 days of a child’s life, full immunisation for one-year-old children, safe water supply and PPE for children aged 5-6 years.

Specifically in 2013, a substantial portion of the programme assistance to partners in WASH, health, education, nutrition and child protection was directed to support service delivery for the most deprived populations in the UNDAF districts. UNICEF Bangladesh committed US$12.5 million to the 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 MoHFW, UNICEF-provided procurement services in support of essential health commodities and supplies, mostly vaccines, increased markedly in 2013 to US$80 million, compared to US$48.44 million in 2012 and US$57.49 million in 2011. The supplies included learning materials and school kits for teaching and learning, vaccines and injection devices, cold chain materials, vitamin A and pharmaceutical items, equipment for the birth registration information system (BRIS), and materials in support of child-sensitive social protection services and special care newborn units (SCANU).

To ensure the efficient use of these supplies for effective coverage of social services, UNICEF also invested US$12.3 million in addition to the US$19.45 million in 2012 for various complementary institutional and human resource capacity-development activities. Overall, UNICEF continued to participate in the WASH, education and health/population/nutrition sector development programmes. UNICEF continued to collaborate with 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

In partnership with UNICEF, the GoB committed to ending preventable child deaths in the country before 2035. This commitment builds on the impressive progress that Bangladesh has made in reducing maternal and child mortality and improving the health and wellbeing of mothers and children over the past 40 years. To achieve this goal, the GoB pledged to scale up interventions that have been proven through rigorous research to address the remaining preventable causes of child mortality in Bangladesh. A special emphasis will be placed on ensuring the survival of newborns, the country’s youngest and most vulnerable citizens, through simple and cost-effective interventions. Throughout this effort, which will involve a broad range of stakeholders, the GoB will regularly monitor progress towards this landmark goal.

In 2013, a total of 49 proposals for PCAs (Project Cooperation Agreements) were reviewed and processed by the Review Committee. The 31 new agreements that resulted included 5 new partnerships signed with civil society, research, academic and community-based organisations to deliver the best results for children and women in the areas of HIV, WASH and nutrition.

For the first time, a ‘Children’s Online News Service’ was launched focusing on issues affecting millions of children in Bangladesh. News stories gathered by children from across the country will be uploaded on a website that will be accessible to all national- and district-level media outlets. The initiative, entitled ‘Hello,’ is a partnership between private online news provider BDnews24 and UNICEF Bangladesh. It aims to provide opportunities for children by training them as journalists so that their views and aspirations can find a place in the mainstream media.
Knowledge Management

Mostly met benchmarks

UNICEF kept children at the centre of ongoing and new collaborations with institutions engaged in research, policy analysis, and knowledge generation to advance the equity agenda.

Key 2013 publications on the situation of women and children included the final report of the BDHS conducted in 2011 and the newly released mortality and fertility indicators from the 2011 Sample Vital Registration System (SVRS).

UNICEF, the Bangladesh Institute of Development Studies (BIDS) and the Bangladesh Bureau of Statistics (BBS) jointly analysed the 2011 National Housing and Population Census data and produced the Child Equity Atlas: Pockets of Social Deprivation in Bangladesh mapped at district and sub-district levels. The public release of the Child Equity Atlas brought to the fore the policy issues of child marriage, child labour and other social deprivations faced by children, youths and women that will be pursued further in 2014.

The Bangladesh Multiple Indicator Cluster Survey (MICS) surveyed over 55,000 households between 2012 and the first quarter of 2013, using key tables relating to MDG indicators on children’s and women’s socioeconomic rights. Additionally, the Bangladesh MICS data was quality assured, and the weight-adjusted dataset to be released in early 2014 will, for the first time, provide estimates of the arsenic and microbial content in the drinking water at household levels in the country.

Findings from the UNICEF research partnership with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) were presented at an international scientific session in 2013. The research established baselines in 2012 and monitored the Knowledge, Attitudes and Practice (KAP) impact on emerging infectious diseases of integrated behaviour and social change interventions in 25 live bird markets in Dhaka City and 10 districts.

BDInfo, the customised version of DevInfo – a social and economic database system – was updated by the BBS with datasets from the Bangladesh Housing and Population Census 2011 (BDHS 2011) and other recent surveys, for monitoring progress towards achieving the MDGs and national development goals.

UNICEF and the Center of Excellence for Universal Health Coverage at James P. Grant School of Public Health, Bangladesh Rural Advancement Committee (BRAC) Institute of Global Health, BRAC University continued the “Tanahashi Rounds” – a joint knowledge partnership to promote effective coverage of essential services and practices in the most deprived communities. Six sessions have been held to date.

UNICEF, through its field operations in six Zone Offices, worked with local administrations to systematically identify and analyse bottlenecks in the local governance systems to increase effective coverage of social services in the most deprived communities. Following the 2012 pilot of the bottleneck analysis in two of the most deprived unions, UNICEF partnered with sub-national governments to reach 19 more unions in 11 of the 20 UNDAF districts in 2013. A tripartite arrangement is under negotiation between the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning, BIDS, BBS and UNICEF to set up at scale an ICT-backed system to track and report on bottlenecks for increasing effective coverage of services for children.

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The equity focus of the GoB-UNICEF Country Programme 2012-2016, which is based on the social deprivation index to achieve results for children and women in the 20 most deprived districts, was advanced in 2013. Specifically, UNICEF partnered with the GoB to implement the Local Capacity Building and Community Empowerment Programme. As noted above, UNICEF, BBS and BIDS jointly produced the Child Equity Atlas:
Pockets of Social Deprivation in Bangladesh to unearth the social inequalities at the sub-district levels for equitable targeting of resources.

In terms of legislation, the shortcomings of the 1974 Children Act were addressed in the new Children Act 2013. Sustained advocacy and partnership among UNICEF, government bureaucracy, legislative arms and civil society, coupled with technical assistance to the implementation and reporting obligations of the Government on the CRC, eventually led to the adoption of the 2013 Children Act. As noted earlier, the law confirmed that everyone under 18 years of age is legally a child, thereby paving the way to ensuring that existing laws on child labour and child marriage are enforced. For the first time, the law provided for child victims and witnesses by bolstering legal instruments for their protection, including compensation for victims. For children in conflict with the law, the new law reinforces the importance of the juvenile justice system, meaning that such children, particularly children living on the streets, will no longer be unnecessarily detained. The Finance Minister affirmed that the Government would consider a child-focused budget supported by UNICEF from the next fiscal year to ensure equitable rights of children and spur inclusive growth.

In the tense political climate of 2013, UNICEF drew the attention of political parties to the fact that children should be sheltered from violence in all countries and contexts. In spite of the provisions in the new law, children were victims during the wave of civil unrest in Bangladesh. UNICEF insisted that homes, communities and schools must continue to be safe havens for children at times of insecurity, and that children should be able to continue with their lives and enjoy their rights to uninterrupted basic social services. Teachers and health workers responsible for providing these services to children are accomplishing an important duty and should be protected from violence, to allow them to meet their responsibilities without interruption. The appeals to political parties to respect the rights of children were reinforced in November 2013 through the Children’s Opinion Poll conducted by UNICEF and the Ministry of Information. Children account for 40 per cent of the population of Bangladesh, and represent the country’s future.

Gender Equality

Partially met benchmarks

In Bangladesh, prevailing patriarchal values and traditional social norms, particularly the practice of basic child and maternal care behaviours and the use of services, continue to have a direct impact on women’s access to development initiatives. In 2013 UNICEF worked with partners to implement a range of evidence-based initiatives that address gender equality issues across all elements of society. Programmes were based on analysis of the situation of male and female children and adults, and were designed to address inequities by engaging with each of these target groups.

In 2013, UNICEF worked with a number of partner organisations to facilitate the direct delivery of services to women. The Women-Friendly Hospital Initiative (WFHI) helps to better manage cases of violence against women as part of a joint programme on gender violence prevention. UNICEF collaborated with the MoHFW, the non-governmental organisation (NGO) Nari pokkho, nine UN agencies and 11 national counterparts to scale up WFHI in 25 public hospitals. UNICEF also worked with partners to deliver nutrition and anaemia counselling to over 35,000 adolescent girls through community centres and adolescent clubs.

UNICEF assisted in raising awareness on a number of topical gender-related issues. Child marriage significantly affects the lives of Bangladeshi women and contributes greatly to neonatal deaths, maternal mortality and malnutrition in pregnant woman and newborns. It also has a detrimental lifelong effect on child development and protection. The ‘Engaging Communities’ Strategy, which promotes activities such as participatory micro-planning, social service mapping and skills training to empower adolescents, is being implemented in 7 of 20 UNDAF districts with the collaboration of NGO partners. The programme around this strategy includes a heavy focus on gender equality to ensure equitable access to information and participation by girls and women.

UNICEF provided assistance to the Government to ensure the recognition of and protection for the rights of
transgenders as a third gender. The Government can now guide the creation of laws, policies and socio-cultural practices towards individuals with different sexual orientation and gender identity. This will allow for greater inclusion of key affected populations and enable transgenders to access services, especially reproductive health services.

UNICEF continues to be an active member of both the UNDAF Gender Equality and Women’s Advancement Working Group and the local consultative group on Women and Gender Empowerment Committee. UNICEF Bangladesh continues to ensure all funding proposals, studies, publications, and cooperation agreements 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*

In 2013, UNICEF Bangladesh utilised a multi-pronged method to improve the environmental impact of its supported interventions. This approach revolved around improving facilities and services, increasing awareness of environmental impacts and supporting research into mitigating future detrimental impacts from increased population growth and the associated demands for higher levels of service. These approaches covered the full range of UNICEF intervention areas incorporating WASH, health and humanitarian programming.

WASH interventions addressed environmental vulnerabilities through changes to a number of behaviours and attitudes as well as an increase in infrastructure. Initiatives resulted in a reduction of open defecation, increased access to and use of improved latrines, solid waste collection, composting plants, and urban wastewater drainage activities. An assessment of the degree of faecal contamination of water sources and at point of use was carried out and indicated that approximately 24 per cent of improved water sources were contaminated, with 94 per cent of water samples collected at a household level showing evidence of faecal contamination. The preliminary data was shared across the sector and was used to advocate for increased monitoring of water safety plans.

Health sector vulnerabilities were addressed through the creation of an increased demand for, access to, and use of arsenic-safe water, reducing the extent to which arsenic-water is recirculated. The campaigns to raise awareness of the health dangers associated with arsenicosis, and the corresponding demarcation of wells as arsenic-safe or unsafe, drove the demand for testing and empowered people to seek alternative sources. The development and population of the national water point database also contributed to a more comprehensive understanding of the extent and characteristics of arsenic contamination and will be used to inform programme development. The development of the union-level technological guidelines will further guide sector partners in the planning and development of appropriate well locations to mitigate against contamination and aquifer dewatering.

Communities living in vulnerable areas were provided with information to help increase their climate and emergency response. Information disseminated was focused on the use of pond sand filters and rainwater harvesting; mitigating the risk of flooding through the appropriate siting of water points and latrines; and raising awareness of the dangers associated with drowning, leading to a reduction in the number of open water bodies. Information disseminated was complemented by innovative solutions to infrastructural challenges, including the creation of seven different designs for ecological-sanitation in areas where standard intervention types were not possible.

**South-South and Triangular Cooperation**

Bangladesh was one of 32 countries that participated in the Asia-Pacific second High Level Meeting on South-South Cooperation for Child Rights, which culminated in the Delhi Declaration of 2013. The event was co-hosted by the Government of India and UNICEF. With UNICEF technical assistance, Bangladesh presented a statement on ‘Adolescents: current rights for future opportunities,’ one of the three themes at the event,
which also discussed ECD and urban settings as an opportunity for realising all child rights. UNICEF sustained high-level advocacy efforts with, and technical assistance to, the MoWCA, which ensured an engaged participation in the national and regional events leading up to the Meeting.

UNICEF also provided technical assistance to the multi-sectoral Bangladesh delegation to the regional policy dialogue on adolescents that was held in Kathmandu in a South Asian Association for Regional Cooperation (SAARC) forum, in partnership with UNICEF’s Regional Office for South Asia. The delegation included officials from the MoWCA, the Directorate of Primary Education, and the General Economic Division of the Planning Commission, and civil society and adolescent representatives.

UNICEF’s assistance contributed to a greater focus on, and national commitment to, the adolescent development agenda. Hence, UNICEF and the leadership of the MoWCA are partnering with development agencies and relevant national institutions to put together a comprehensive national strategy on adolescents in Bangladesh in 2014.
**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 utilisation of quality health, nutrition, population, education, water, sanitation and HIV services.

**Progress:** In 2013, UNICEF continued its work with development partners to support Government efforts to reduce the U5MR, which is estimated by the UN Interagency Group for Child Mortality at 41 per 1,000 live births (which is in line with the MDG target of 48 per 1,000 live births). A new partnership called ‘Ending Preventable Child Deaths in Bangladesh – a Call for Action’ was launched to create an enabling environment that re-enforces the commitment for child survival to further reduce the U5MR to 20 per 1,000 live births by 2035. UNICEF supported interventions aimed at strengthening the health system, including the capacity development of health workers and facilities, and the strengthening of the cold chain system. In 26 low-performing and hard-to-reach districts (including 14 UNDAF districts), UNICEF contributed to increasing access to maternal, newborn and child health (MNCH) services by improving quality of services including human resources, provision of uninterrupted commodities and community involvement. MoRES was used to effectively achieve programme objectives in 11 low-performing districts and 2 city corporations.

UNICEF support resulted in: an increase from 4 per cent (2012) to 8.5 per cent (2013) in national coverage of HIV-positive pregnant women on anti-retroviral treatment (ART); empowerment of 66 per cent of identified HIV-positive women with skills in leadership, peer counselling and home-based HIV related care; and access of 19 per cent of children affected by HIV/AIDS, including 7 per cent of HIV-positive children, to psychosocial care services, compared to none in 2012.

UNICEF supports the Government and partners to build sustainable systems, structures and increased capacities for quality and effective coverage of direct and nutrition-sensitive interventions. Bangladesh is likely to meet the MDG 1 target for underweight (33 per cent, currently at 36 per cent), although stunting remains very high (41 per cent). During 2013, the second year of mainstreaming nutrition, substantial progress was made in addressing systems-related constraints and in supporting families to adopt optimal nutrition-related practices. In area-based interventions within the 20 targeted UNDAF districts, UNICEF support contributed to increased effective coverage of essential nutrition interventions and uptake of optimal nutrition practices.

The GoB committed to the principles and actions of the global SUN movement, and valuable partnerships evolved throughout the year, including with civil society. To ensure consistency of core advocacy messages, including multi-sectoral, key UN organisations within the REACH (Renewed Efforts against Child Hunger) partnership together with donors developed a common narrative on nutrition that reflects consensus and united commitment on the progress, challenges and way forward to reduce undernutrition in Bangladesh.

UNICEF’s financial and technical support to the Directorate of Primary Education enhanced the conditions for increasing learning achievement and primary school completion rates through key strategies leading to an improved teacher training scheme, innovative, interactive teaching and learning processes in the classrooms, and decentralised planning and implementation. The child-friendly school (CFS) intervention with the each child learns (ECL) approach covered over 200,000 children (an increase from 8,500 children in 2012). UNICEF addressed comprehensive coverage gaps in ECD service delivery by providing ECD opportunities for another 228,000 children aged 3-5 (an increase from 200,000 children in 2012).

December 2013 also marked the closure of the SHEWA-B programme, which had been implemented since 2007 and reached over 21 million under-served people in 19 districts. Primarily funded by the British Government’s Department for International Development (DFID), with contributions from the GoB and UNICEF, SHEWA-B focused on creating a demand for improved WASH services, as well as supplying improved WASH facilities and strengthening the sector through the development of acts, policies, strategies and standards. In 2013, cross-sectoral collaboration was enhanced through the signing of partnership agreements with the Directorate of Health Services and the Directorate of Primary Education to ensure the longevity of the programme’s achievements.

Interventions to increase access to improved water and sanitation facilities and strengthen the practice of key hygiene behaviours reached almost 770,000 new beneficiaries across Bangladesh, including those in 10 UNDAF districts, in addition to 2.5 million school children who received key hygiene messages from ongoing school activities. Coupled with the achievements of 2012, an estimated 10.5 million people benefitted from WASH services.

- **On-track**

**IR 5070/A0/04/001/001** Strategies and guidelines developed and incorporated in the health sector programme by 2014.

**Progress:** The strategy, including benchmarks, for ‘Ending Preventable Child Deaths in Bangladesh – a Call For Action’ was launched by the MoHFW with a promise to reduce the number of child deaths to 20 per 1,000 live births by 2035. UNICEF mobilised stakeholders to select ten high-impact interventions and seven service delivery strategies for MNCH and scale them up nationwide. Support was also provided to the MoHFW to incorporate the strategy and its benchmarks in the operational plans of the health sector development programme.

To ensure alignment with 'Bangladesh Call for Action', UNICEF led the revision of the multi-sectoral National Strategy for Maternal Health, the development of related standard operating procedures (SOPs) and initiated the development of a multi-sectoral 'National Child Health and Development Strategy' integrating water sanitation, child protection, HIV/AIDS, ECD and C4D programmes.
UNICEF supported the development and endorsement of a National Policy for Immunisation that indicates policy direction for maintaining high immunisation coverage, reduction of immunisation inequities, introduction of new vaccines and increased accountability of private sector and civil society.

A National Child Injury Prevention Strategy was developed to reduce drowning mortality among the age group of 1-5 years (42 per cent of all deaths for this age group?). The strategy identifies priority interventions to help reduce water-related deaths and injuries in Bangladesh.

An “Integrated Health and Nutrition for Hard-to-Reach Mothers and Young Children” project was developed based on best strategies and practices for national scale up that had been identified by the real-time evaluation of three models of MNCH projects. The project will enable 4.9 million women and children under 5 in 3 hard-to-reach UNDAF districts to benefit from a continuum of care.

**On-track**

**IR 5070/AO/04/001/002 MNCH services strengthened at district and sub-district levels through developing and implementing appropriate plans by 2014**

**Progress:** UNICEF supported GoB efforts to decentralise the health system by introducing an innovative Local Level Planning (LLP) process in 26 districts (including 14 UNDAF districts). Based on the Tanahashi health system analysis, the revised LLP tool enabled district and sub-district health managers to identify MNCH supply- and demand-side bottlenecks and develop costed plans to address the gaps. The plans were used by UNICEF as an advocacy tool with the Global Alliance for Vaccine and Immunisation, resulting in the leveraging of US$1.3 million to support LLP in 10 districts (including 7 UNDAF districts) where donor support was discontinued from 2013. LLP funds were used to address identified gaps such as recruitment of additional human resources and establishment of facility readiness for maintaining a continuum of MNCH/Expanded Program on Immunisation (EPI) services.

The national full vaccination coverage by 12 months of age was maintained above 80 per cent in 2013, with no gender disparity or geographical variation between urban and rural areas. This result was achieved by strengthening health systems and implementing strategies focused on communities living in hard-to-reach areas. Equity-focused EPI micro-plans were implemented in 11 low-performing districts and 2 city corporations to reduce disparity in the measles vaccination coverage by wealth group, which is estimated at 88 per cent in the upper quintile and 82 per cent in the lower quintile. As a result, coverage of fully vaccinated children in low-performing areas increased from 76 per cent in 2011 to 79 per cent in 2013 (an additional 24,106 children) out of target 85 per cent by 2015. The use of MoRES to track effective coverage of immunisation in deprived communities helped establish the link between the planning process and the results achieved. Lessons learnt will enrich the discussions during the Mid-Term Sector Review in 2014.

**On-track**

**IR 5070/AO/04/001/003 By 2016, 60 per cent of families and communities in the 20 selected districts have the awareness and skills to practise and use MNCH services**

**Progress:** UNICEF advocacy to keep maternal health as a priority led to the creation of an award that was presented by the Prime Minister on Safe Motherhood Day to 48 out of 549 health facilities that were identified as best performers in the delivery of maternal care services.

Access to and utilisation of health services were improved as a result of capacity enhancement of health workers and community-based health service providers to increase awareness and build skills of families and caregivers on health services. Mothers/caregivers’ knowledge about the number of visits required for complete vaccination increased to 53 per cent in 2013 from 34 per cent in 2011. The EPI Card retention rate increased to 81 per cent in 2013 from 77 per cent in 2011.

Data from the Management Information System (MIS) shows that UNICEF’s contribution to empowering the community support system and strengthening the referral networking with the public health system increased the number of families using birth plans to access and use maternal and newborn care services in a timely manner from the targeted facilities in three selected districts. In 2013, 84 per cent of families had a birth preparedness plan (out of a target of 95 per cent by 2016), a 5 per cent increase compared to 2012. In the same districts, 93 per cent of mothers breastfed their newborn within one hour of birth in 2013, sustaining 2011’s high coverage (MIS report of the Maternal and Neonatal Health Initiative). The target is 95 per cent by 2016.

UNICEF’s continued advocacy led to a budget allocation for the procurement of dispersible amoxicillin/zinc in the operational plan of the health sector programme, which was revised in 2013. In addition, the incorporation in three districts of community case management of pneumonia with dispersible amoxicillin and diarrhoea with dispersible zinc as tracer interventions provided an impetus for community-level case management of pneumonia.

**On-track**

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

**Progress:** The programme supported two interventions aiming at improving EPI and newborn care services. The central cold chain system was strengthened through the installation of 10 cold rooms with an increased net capacity of 97.5 m³ and a total capacity of 207.5 m³ to facilitate the smooth introduction of pneumococcal vaccines in 2014. The sub-national cold chain system, especially in hard-to-reach districts, was strengthened through the delivery of 250 ice-lined refrigerators, 300 cold boxes, 2,000 vaccine carriers and 500 fridge-tags in 2013.

Newly introduced SCANUs are fully functioning in 16 secondary- and tertiary-level hospitals covering a population of 800,000 neonates. A visual learning tool explaining the SOPs was developed to facilitate efficient supervision and maintenance of newborn care at health facilities. The web-based District Health Information System was updated for individual case tracking in SCANUs and Emergency
Obstetric Care, which enabled real-time data tracking for monitoring and improving efficiency of care.

Quality of care also received increased attention. The capacity of service providers and health managers was developed in ten health facilities using the Total Quality Management approach and the WPHI to enhance quality of health interventions, create an enabling environment for service delivery and ensure client-rights accountability.

Resulting in the improvement of water and hygiene facilities, provision of services with care, dignity and privacy including legal and psychological support to victims of violence during pregnancy in six facilities were accredited as ‘women friendly’. The MoHFW decided to replicate the initiative in ten other districts with other funding resources.

Health Management Information System (HMIS) data shows that in 2013, 61 per cent of women with major direct obstetric complications were treated in Emergency Obstetric and Neonatal Care (EmONC) in facilities of 11 districts (including 7 UNDAF districts), a 1 per cent drop from the 2011 figure (62 per cent). This is below the MoHFW target of 70 per cent by 2016.

**On-track**

**IR 5070/A0/04/001/005** Capacity of the service providers improved in selected hospitals to provide quality MNCH services (integrated management of childhood illnesses [IMCI], Emergency Obstetric Care [EmOC], sick newborn care, EPI)

**Progress:** UNICEF supported various capacity development activities at the national and district levels on quality improvement to enable a stronger focus on evidence-based planning and decision making in day-to-day health practices and services. Monitoring and evaluation tools were developed based on the MoRES approach to assess the effectiveness of programmes and strategies in nine districts.

A total of 1,212 service providers trained on IMCI (120 per cent of the 2014 target) are now providing IMCI services nationwide (401-upazilas and 59 district hospitals).

Newborn service delivery was improved though the training of 740 service providers (74 per cent of the 2014 target) on emergency triage and treatment and care of sick newborns. As a result, neonatal specialists were able to provide on-site mentoring at health facilities to ensure the service delivery as per the SOP in 195 selected hospitals.

Support was provided to the MoHFW for training of service providers on EmOC, including anaesthesia, clinical management of IMCI, community case management of pneumonia and emergency triage and quality improvement. This provided UNICEF with the opportunity to leverage sector-wide pool funds for EmOC, and enabled 67 government medical officers (annual target was 50 medical officers) to provide round-the-clock, comprehensive EmONC services at rural hospitals.

The programme developed the capacity of 300 medical staff and 6,249 community health workers on prevention of drowning and child injury and creating a safer environment for children. Training for health workers and managers on the introduction of a new vaccine will be organised in 2014 as soon as the pneumococcal vaccine is available.

**On-track**

**IR 5070/A0/04/001/006** By 2016, health service providers in 30 upazilas of 20 UNDAF districts have strengthened capacity to provide an essential nutrition services package to women and children

**Progress:** Support focused on addressing key constraints in the availability of and access to quality services by ensuring that service providers had the knowledge and skills to deliver services and that job aids, tools and supplies and commodities were available to enable effective delivery of quality interventions according to established standards. The newly established information system provided added incentive to record and monitor progress.

The enabling environment was addressed through support to the development of standards and indicators, job aids and materials related to the full set of evidence-based direct nutrition interventions. Integration of nutrition indicators in the health information system was supported, and by the end of 2013, 12 upazilas had commenced reporting in the new system.

Human resource capacity was addressed in 14 of the target districts (70 per cent), with 5,330 health service providers in 44 upazilas now having strengthened capacity to provide a critical set of nutrition services to women and children as a result of training, mentoring, orientation on new materials, and facilitation with job aids. As shown in figures for specific nutrition actions, there was a measurable improvement in cover and quality of critical actions, such as exclusive breastfeeding, micronutrient supplementation, consumption of optimal diet and management of malnutrition.

With UNICEF direct support, 354 health workers in 52 health facilities in rural and urban areas were trained on management of severe acute malnutrition (170 per cent of training target). Nutrition commodity constraints were addressed, and in 2013, 28 per cent of all health facilities (in 19 out of 64 districts) were fully equipped with anthropometric equipment to adequately measure children’s growth. Through improved Government supply, supplemented by direct UNICEF procurement to fill supply chain gaps and areas of high demand, over 95 per cent of health facilities had a sufficient quantity of iron folate tablets in 2013, in contrast to the frequent stock-outs of the previous year. While UNICEF supported the GoB to address supply gaps in essential nutrition supplements, therapeutic milk and equipment, the Government increased allocated funds for procurement, leading to overall improved availability of nutrition supplies.

With the increased availability of supplies during the final quarter and the initiation of a reporting system, improved cover and quality of care will be evident from early 2014.
**On-track**

**IR 5070/A0/04/001/007** Community-based nutrition services in at least 30 upazilas have knowledge and skills to prevent and manage malnutrition in target areas

**Progress:** Recognising the critical role of families and communities in ensuring good nutrition for all women and children, UNICEF identified and addressed constraints faced by families in realising their right to better information and supporting parents and caretakers in fulfilling their obligations to children.

Broad messaging through radio and television, community group discussions and one-to-one counselling were all used to reach caregivers and influence behaviours. Models related to behaviour change communication are being strengthened and gradually being mainstreamed in all programme areas to ensure adequate scale.

To address standards and consistency of messaging, definitions, indicators and targets were developed and included in the materials and training activities related to direct nutrition interventions. Indicators were included in information and monitoring systems.

Human resource constraints were also addressed at the community clinic-level through training at community clinics in 20 targeted upazilas, thus broadening the reach from 17 upazilas last year. In targeted areas, 86 per cent of pregnant and lactating women received counselling, resulting in an increase in exclusive breastfeeding from 49 per cent to 85 per cent, and consumption of an adequately diversified diet from 22 per cent to 48 per cent among young children. Around 35,000 adolescent girls received nutrition counselling through para (community) centres and adolescent clubs in Chittagong Hill Tracts (CHT) and urban areas, an increase of 30 per cent from the previous year. Renewed interest in child nutrition was stimulated by the re-introduction of ‘growth-monitoring,’ supported by the production of 3.2 million growth charts and complemented by the piloting of a communication campaign.

Multi-sectoral collaboration with the Food and Agriculture Organization (FAO) and WFP ensured that messaging and programming across health and agriculture/fisheries sectors was consistent towards achieving nutritional outcomes. All UNICEF partnerships incorporated a distinct component on hand washing with related targets to address lack of proper hygiene, a major contributor to undernutrition.

Approximately five million people country-wide were reached with nutrition messages through inter-personal counselling and folk media, while micro-planning and social mapping improved participation and contributed to increased access to nutrition services for pregnant women. The role of men as key household decision-makers was addressed through community dialogues involving religious leaders. Communities throughout the country received information on the benefits of iodised salt and vitamin A-fortified edible oil through 13 TV episode and audio serials spots, reaching around 70 per cent of the entire population. A total of 350,000 retail shops and over 6,500 community leaders were involved in promoting vitamin A-fortified edible oil, resulting in an increasing market share for these products.

**On-track**

**IR 5070/A0/04/001/008** Women and children in at least 30 upazilas have improved access to nutrient-rich commodities

**Progress:** In 2013, UNICEF provided support to address critical gaps in capacity, supply, monitoring and reporting related to nutrition-rich commodities.

Chronic bottlenecks in the procurement and supply of therapeutic milk for inpatient treatment of severe acute malnutrition were addressed through direct UNICEF procurement of commodities, enabling management of severe malnutrition to commence in 39 district-level hospitals by the end of the year. Supplies are adequate for the management of 3,000 additional children with complications. Early reports show that the cure rate and quality of treatment for the first 120 children to benefit from the service was within acceptable norms (77 per cent cure rate, 12 per cent defaulter rate, death rate <1 per cent, 10 per cent non-responders).

The use of multiple-micronutrient powders in selected areas is being monitored and evaluated to inform policy and programming decisions. UNICEF currently provides procurement support and technical guidance to reach 204,000 children. In 17 upazilas, 31 per cent of pregnant women (17,000) consumed an adequate dose of iron folic-acid tablets during pregnancy. This is an increase from the end of 2012, when only 11 per cent of pregnant women received an adequate dose of the tablets during pregnancy. Through the Government’s continuous commitment, with technical and financial support from UNICEF, over 20 million children (98 per cent of the annual target) were supplemented twice with vitamin A.

To ensure increased consumption of fortified oil and salt, UNICEF provided technical support to address identified policy, supply, demand and quality issues. Advocacy and technical support were provided to strengthen monitoring and quality control systems, which ensured that 16 national oil refineries (80 per cent of target) are currently producing vitamin A-fortified edible oil. Demonstrating strong political commitment, the GoB endorsed the ‘National Edible Oil Fortification Law 2013.’ Market coverage reached 68 per cent as a result of extensive countrywide marketing and communication campaigns using multiple media with over 109 million people now estimated to consume vitamin A fortified oil – double that of the previous year. While 80 per cent of households are consuming iodised salt, quality remains a challenge, and UNICEF will continue to provide support on quality control.

**On-track**

**IR 5070/A0/04/001/009** By 2016, policy frameworks for addressing inequities in nutrition status are developed in collaboration with relevant sectors
UNICEF and the Government launched a comprehensive communication package under BEHTRUWC studies and complete grade certification of the livelihood skills training component. This increases the options of NFE/SCE graduates to pursue higher education to the standards of a year 5 graduate.

UNICEF and its partners continued to advocate for greater decentralisation of the school management system. This effort resulted in an agreement in the GoB expanding its disbursements in favour of school-level improvement plans, reaching 60 per cent of schools, including those in UNDAF districts, and expanding financial support to 50 upazilas across Bangladesh for preparatory activities necessary for developing upazila Primary Education Plans. UNICEF field offices worked closely with district primary education structures in 17 UNDAF districts to enhance sub-national education partnerships as well as local-level planning and implementation using the CFS approach.

In order to establish a credible model on learner achievement for Bangladesh’s nearly 60,000 primary schools, UNICEF supported the expansion of the ECL initiative from 36 to 300 primary schools. Through this initiative, children from the poorest areas acquired basic competencies in an interactive and stimulating child-friendly classroom environment.

Nearly 200,000 children were reached through CFS and ECL interventions. These combined strategies are set to enhance teaching quality, learning achievement and basic primary education completion.

UNICEF and its NGO and local authority partners provided 228,000 children aged 3-5 with early learning services in the UNDAF districts, including selected urban slums, and national average for net enrolment rate (NER) and transition from PPE to grade one is reduced by 50 per cent.

UNICEF and its NGO and local authority partners provided 228,000 children aged 3-5 with early learning services in the UNDAF districts, urban slums and other disadvantaged areas not yet reached by the Government. This includes 68,000 children from ethnic minority groups in the CHT.

UNICEF helped enhance the coordination between the Bureau of Non-Formal Education (BNFE) and the Directorate of Primary Education to better implement NFE/SCE in urban and rural areas, operationalise the NFE/SCE guidelines and action plan and thus ensure equitable service delivery for all children.

Based on the results from the UNICEF-supported framework under the BEHTRUWC project (Basic Education for Hard-to-Reach Urban Working Children) for out-of-school children, the MoPME approved the national Guidelines on Non-Formal Education (NFE)/Second Chance Education (SCE). These guidelines, along with the action plan developed with UNICEF support, will help ensure that all children have an equitable access to quality for NFE/SCE learning opportunities, thus equipping them with the necessary skills to thrive in their societal contexts.

UNICEF and the Government launched a comprehensive communication package under BEHTRUWC that targeted communities with out-of-school children to increase awareness of and demand for education.
On-track

**IR** 5070/AO/04/001/013 The Ministry of Education, (MoPME) and partners at national and local levels have capacities to implement inclusive education

**Progress:** The Better Health Better Education (BHBE) package developed by the Directorate of Primary Education was used to promote a child-friendly, gender-inclusive, stimulating and healthy environment in schools. In 2013, 243 primary school teachers and education personnel (of whom 40 per cent were female) were trained on BHBE in the UNDAF districts.

In 2013, UNICEF expanded its advocacy at the national and sub-national levels in favour of mother language education, which resulted in the Government’s commitment to developing a comprehensive package for pre-primary and early grades in six ethnic languages.

Focusing on the UNDAF districts, a communication package and information, education and communication (IEC) materials, including ‘Meena’ cartoons on disabilities (autism), were aired on TV and radio to generate greater awareness on the special needs and inclusion of children with disability.

With UNICEF’s technical and financial support, the Directorate of Secondary Education and the National Curriculum and Textbook Board incorporated Life Skills-Based Education (LSBE) into the secondary curriculum. More than 9,130 secondary teachers were trained in all UNDAF districts in this curriculum. LSBE addresses the psychosocial development of adolescents and disseminates important messages empowering adolescents, especially girls, with necessary life skills information.

As the education cluster coordinator, UNICEF supported capacity building of the Government in disaster preparedness, including mainstreaming disaster risk reduction (DRR) and provision of education in emergencies in the sector plan. The Government is reviewing a draft framework for integrating DRR into education sector national, sub-national and school-level planning to reduce the effects of climate-related hazards on education.

On-track

**IR** 5070/AO/04/001/014 National AIDS/STD programme and partners have capacity to legislate, plan and budget for improved scaling-up of evidence-based high-impact HIV/AIDS interventions by end of 2016

**Progress:** Advocacy by the UN Joint Team on HIV/AIDS (which includes UNICEF) and other partners led to the development of a National Action Plan to remove/address legal and policy barriers to HIV/AIDS response among key HIV-affected population groups, and also resulted in the recognition of Hijras as a third gender in Bangladesh. These actions will enable a protective environment for key HIV-affected population groups and improve access and utilisation of effective HIV/AIDS prevention, treatment and care services.

Advocacy and financial and technical support from UNICEF led to the approval of the National HIV Risk Reduction Strategy for Most at Risk and Especially Vulnerable Adolescents and the National Counselling Guidelines for Children and Adolescents Most at Risk or Affected by HIV/AIDS. The new strategy and guidelines will enable public and private systems and capacities to empower vulnerable adolescent boys and girls to limit their risk behaviour and vulnerability to HIV.

To ensure a national standard of care for the prevention of mother-to-child transmission (PMTCT) of HIV and congenital syphilis, the National Guidelines for the Prevention of Vertical Transmission of HIV and Congenital Syphilis, developed with UNICEF’s financial and technical support from UNICEF. The guidelines are aligned with the new global elimination agenda and evidence, and incorporate an innovative context-specific dual service delivery model to increase effective coverage of PMTCT services in Bangladesh. As part of the mainstreaming of PMTCT services into maternal and child healthcare, UNICEF led the integration of HIV/AIDS issues into the National Maternal Health Strategy and SOP, and the ongoing review of the National Child Health Strategy.

UNICEF is leading the National AIDS Spending Assessment to track inflow, expenditure and allocation against thematic areas in the national AIDS response in Bangladesh. The assessment will provide evidence to advocate for efficient resource allocation in the national AIDS response.

On-track

**IR** 5070/AO/04/001/015 By end 2016, 90 per cent of HIV-positive pregnant women identified at PPTCT implementation facilities in Syhlet, Chittagong and Dhaka and their HIV-exposed infants receive quality comprehensive services for prevention of mother-to-child transmission of HIV

**Progress:** HIV counselling, testing and treatment services for pregnant women were initiated in three national medical university/college hospitals with support from UNICEF. The bottlenecks in the availability of human resource and commodities for HIV/AIDS services for pregnant women in the three settings were resolved. A total of 766 health workers in the 3 facilities completed orientation training on HIV/AIDS clinical care. The facilities are resourced to offer HIV and syphilis rapid testing services to 43,000 pregnant women in ANC and 21,000 women in key population groups through a community-based referral system and partnerships. Anti-retroviral (ARV) drugs in the facilities are integrated into the national ARV procurement plan by the Government.

In 2013, 163 pregnant women took HIV counselling and testing services during ANC, and 1,326 pregnant women were screened for syphilis. Thirteen HIV-positive pregnant women identified in the facilities received ART, amongst whom four women had delivered at the time of writing, with the others still on ART. Compared to none in 2012, all the exposed infants received ARV prophylaxis from birth, and 50 per cent were diagnosed within 2 months. Half of the exposed infants are on exclusive breastfeeding and the remaining on exclusive replacement feeding.
The services in the three facilities supported by UNICEF contributed to an increase from 4 per cent (2012) to 8.5 per cent (2013) in national coverage of HIV-positive pregnant women on ART; all exposed infants diagnosed to date were HIV negative.

To ensure quality of care, a National Monitoring and Evaluation Framework for PMTCT services and five HIV/AIDS clinical protocols were developed and validated through HIV clinical rounds mediated by UNICEF and academia. Operational standards were established for HIV rapid testing; external quality assessment for HIV rapid testing; early infant diagnosis; post-exposure prophylaxis; and delivery care for HIV-positive pregnant women.

**On-track**

**IR 5070/A0/04/001/016** By end 2016, HIV/AIDS-related service providers in specific target locations have increased capacity and implement HIV and AIDS prevention, treatment and care and support services for women, children and MARA

**Progress:** UNICEF’s technical and financial support led to the completion of the National Mapping and Size Estimation of Children Infected and Affected by HIV & AIDS in Bangladesh. Based on the findings of the study, technical issues affecting children and adolescents infected and affected by HIV/AIDS were highlighted by UNICEF in the national discussion convened by the Government on the Social Protection Strategy to Address Social and Gender-Based Exclusion among key populations, minority groups and people (including children) infected and affected by HIV. The discussion is part of the ongoing national consultation on the National Social Protection Strategy in Bangladesh.

In 2013, the national psychosocial counselling training manual for adolescents and children affected by HIV and AIDS was developed with UNICEF’s technical and financial support. The manual was used during training provided to 23 caregivers and social workers from 83 per cent of organisations providing services for children and adolescents. As part of child protection services, 456 children infected and affected by HIV/AIDS received psychosocial care counselling from the trained caregivers. UNICEF’s support resulted in 19 per cent of children affected by HIV/AIDS, including 7 per cent of HIV-positive children, accessing psychosocial care counselling, stipends and cash transfer to their families.

As part of UNICEF’s institutional strengthening of a network of women living with HIV, 163 of the target 248 women living with HIV (66 per cent) completed the full set of training on leadership, peer counselling and home-based care to improve their wellbeing and that of their families. The trained women are able to address HIV/AIDS-related stigma and discrimination, promote positive living, manage sexually transmitted infections and promote condom use amongst themselves and their peers who are living with HIV.

**On-track**

**IR 5070/A0/04/001/017** By end 2016, 70 per cent of HIV-positive MARA accessing one or more services in specific intervention locations, and 40 per cent of adolescents in secondary schools who receive LSBE have comprehensive knowledge of HIV

**Progress:** Advocacy by UNICEF resulted in the establishment of the National Working Group to coordinate the implementation of the new National HIV Risk Reduction Strategy for most-at-risk/especially vulnerable adolescents (MARA/EVA). To improve strategic information on adolescents and HIV, UNICEF provided advocacy and technical support to generate information on HIV and young people/adolescents (15–24 years of age) in the Global Fund-supported midline survey among males who have sex with males, male sex workers and Hijras. The survey is part of the national HIV surveillance system in Bangladesh. In addition, the sampling among female sex workers for the 2014 HIV sero-surveillance study was modified to include adolescents. The new information will improve the national MARA/EVA programme.

As part of national capacity building for programming for MARA/EVA, 29 service providers and social workers, including adolescents, were trained (in collaboration with UNICEF’s child protection section) as master trainers using ‘connection modules’ to build skills among adolescents and parents to discuss issues of gender, relationships and sexual and reproductive health including HIV/AIDS. As of the end of 2013, 50 per cent of identified organisations providing services to MARA/EVA had received relevant training and are now piloting the National Peer Education Training Programme on HIV/AIDS prevention among MARA. The training was informed by the National Peer Education Training Guide developed in 2012 with support from UNICEF. The guide includes modules on adolescence and gender; becoming an effective trainer; MARA and sex; vulnerability and risk; skills for behaviour change; peer education; and working with MARA (adolescent participation).

With support from UNICEF’s Education Section, an additional 9,139 secondary school teachers completed the National Life Skills training package, which is inclusive of HIV and AIDS education, to reach adolescents in schools.

**On-track**

**IR 5070/A0/04/001/018** By 2016, 9 million deprived population in rural and urban communities in 23 districts practise positive hygiene behaviour facilitated by adequate water and sanitation promotion

**Progress:** The programme built upon achievements and experience gained in the preceding six years of SHEWA-B to increase the practice of key hygiene behaviours through a broad range of interventions. In 2013, an estimated 600,000 people were reached through the provision of improved WASH services, for an estimated total of 7.9 million people since 2012.

As a result of strengthening of cross-sectoral collaboration and training of 1,200 project staff of the United Nations Development Programme (UNDP) using the SHEWA-B methodology, an estimated 31,000 people in 23 towns received messages on positive hygiene behaviour. To improve the environmental conditions in urban areas, five compost plants and one bio-gas plants were constructed, which contributed to a cleaner environment for an estimated 55,000 people.

Owing to the challenges posed by poor water quality and water scarcity in under-served areas, a number of innovative technologies
were introduced, including managed aquifer recharge, solar treatment and multiple water points. After years of advocacy and coordination, the under-served urban poor in selected slum areas now have legal access to piped water networks, which has significantly reduced household water costs and improved water quality.

As a result of mobilisation campaigns on arsenic, an estimated one million people are now aware of the implications of drinking contaminated water, which has encouraged the use of, and the demand for, alternative water sources. To further create a demand for safe water, pay-for-use arsenic testing of water points was piloted in two sub-districts, which was supplemented by the mobilisation campaign on arsenic. UNICEF advocated for increased Government resource allocation to rehabilitate contaminated water points.

As a response to Tropical Storm Mahasen, approximately 27,000 people received family kits to enable them to maintain hygienic conditions.

**On-track**

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

**Progress:** An estimated 69,000 students received increased access to appropriate facilities as a result of the construction and rehabilitation of WASH facilities in 210 schools. As a complementary measure, an estimated 175,000 students in 500 schools were enlisted as members of School Brigades and trained on WASH messages. These Brigades are clubs for children and use child-to-child approaches to disseminate key hygiene messages. They are essential entry points into the schools and communities. Building upon the progress made in 2012, an additional 200,000 children benefitted from hygiene education, resulting in an estimated 2.7 million school children receiving hygiene education in schools since 2012.

UNICEF contributed to an improvement of WASH in Schools interventions through capacity enhancement of key institutions and partners on planning, implementation, design and monitoring of WASH in Schools projects. The capacity of 400 school teachers and School Management Committee members from 200 schools in 23 towns was also increased on WASH in Schools. This training enabled the teachers and the committees to more effectively plan and implement WASH interventions and to disseminate key hygiene messages, benefitting an estimated 50,000 students.

Key issues relating to poor access to appropriate WASH facilities in schools were identified at a sectoral level, and corrective actions developed, using the bottleneck analysis approach.

As a result of the implementation of the school-led total sanitation approach in 450 secondary schools, many schools increased their budgetary allocation for the maintenance of water and sanitation facilities. This mobilisation contributed to a dramatic increase in latrine construction in surrounding communities, which improved the sanitary conditions of households and ensured the privacy and dignity of their members, especially young girls.

**On-track**

**IR 5070/A0/04/001/020** By 2016, 25 per cent of local government institutions (LGIs) in the programme areas have the technical and managerial capacity to implement integrated WASH interventions and take appropriate measures to ensure safety and sustainability of drinking water

**Progress:** To address poor water quality in Bangladesh, the technical capacity of the LGIs was strengthened on water quality testing through the provision of training and water testing equipment. This capacity building helped improve the understanding of the extent and characteristics of arsenic and bacteriological contamination, through the implementation of a large-scale water quality testing programme. The findings from the testing programme will greatly assist LGIs to select appropriate technological options and highlighted issues with faecal contamination at a household level. They will also augment demand for the effective implementation and monitoring of local-level Water Safety Plans.

As a result of a review of the technological guidelines, LGIs nationwide have access to technical guidance to better inform appropriate technology choices for challenging hydrogeological conditions, including low water levels, high concentrations of arsenic and difficult ground conditions for drilling. The guidelines were reviewed using updated information on the geographical extent of arsenic contamination and aquifer characteristics to facilitate the safe and sustainable use of water resources.

An equity analysis conducted in 19 unions across Bangladesh helped identify key issues that impede households’ access to a convenient, sufficient and safe water source, and appropriate corrective actions were subsequently developed. The results highlighted concerns over water storage practices, sanitary conditions around water sources, year-round access and the capacity of families collect adequate amounts of water daily. This exercise was an opportunity to enhance government capacity and understand the potential of the analysis to identify the most effective and sustainable interventions using the available resources.

In Sunamgonj, the findings from the 2012 equity surveys were integrated into a map highlighting appropriate technological options to ensure increased access to safe water sources.

**On-track**

**IR 5070/A0/04/001/021** By 2016, authorities of 30 per cent of WASH-related institutions at all levels observe policies and guidelines related to decentralised sector planning and financial management, including planning, monitoring and evaluation (PME) systems to facilitate sustainable, efficient and climate resilient WASH service delivery
Progress: As part of policy support to strengthen the sector, the Water Act was enacted in 2013. The Act, which was developed with UNICEF technical support, provides much-needed guidance to the sector to facilitate the equitable and sustainable management and utilisation of water resources.

Progress was made on the development of the National Urban and Rural Water Supply and Sanitation Strategy, as well as the National Sustainable Development Strategy, through UNICEF’s technical support to the Government’s Policy Support Unit. These strategies will greatly facilitate sustainable, efficient and climate-resilient WASH service delivery.

A Nutrition Review and a Value For Money Study using data generated by SHEWA-B confirmed the positive impact, in terms of time and financial saving, of having access to improved water sources and sanitation facilities. It was noted that women and children in particular benefitted. The preliminary results from the study suggested that approximately 30 minutes per household are saved from the average daily collection time for water. In terms of the economic benefit of having access to improved WASH services, the time saved collecting water translated into the largest economic benefit, followed by the money saved from reduced medical costs associated with reduced rates of diarrhoea and respiratory infections. These findings represent an important advocacy tool for increased spending on WASH programmes by LGIs.

With UNICEF support, the Department of Public Health Engineering developed the National Water Point Database, which contains data on the location, water quality and functionality of over 258,000 water points. The database is an essential tool to ensure that LGIs and implementing partners are aware of areas with high levels of arsenic and can facilitate the selection of appropriate types of technology to mitigate arsenic and groundwater depletion.

**On-track**  
PCR 5070/A0/04/002 By end of 2016, children, women and youth, especially those from the 20 selected districts, demand and benefit from effective social protection policies and improved services aimed at eliminating abuse, neglect, exploration and trafficking

Progress: UNICEF collaborated with the GoB and NGO partners to pass a new Children Act. The Act provides a comprehensive and holistic legal framework for prevention of and response to abuse, violence, exploitation and justice for children. The law is based on the CRC, and a child in Bangladesh is now identified as any person below the age of 18 years, an internationally recognised definition.

With UNICEF support, the Government took new steps to provide an enabling environment for child rights and to extend child protection systems. The MoSW and the MoWCA strengthened their work with children’s families and communities to raise demand and support for the realisation of children’s rights, and to provide a coordinated and equitable approach to prevention and responses to violence, abuse and exploitation. The issues of child labour, child marriage and corporal punishment were particularly targeted.

Efforts were made to leverage resources for the child protection system by providing technical support to organisations through an adolescent cluster. In 2013, key components from adolescents and community empowerment and child protection services packages were replicated by 118 organisations, thereby extending service coverage from 561 communities to 10,336.

Knowledge on child development and the impact of harmful practices increased in the communities through the activation of committee debates, which created demand for child rights that was reflected in community action to reduce harmful practices. The number of children benefitting from at least one child protection service increased in target areas by 13 per cent compared to 2012, representing an additional 4,338 beneficiaries (36,884 children in 2013 compared to 32,546 in 2012).

Empowering adolescents to play a role as active agents of change is a key strategy of the programme. More than 67,035 empowered adolescents played a role as active agents of change and contributed to civic engagement in conservative communities through their enrolment in clubs.

**On-track**  
IR 5070/A0/04/002/001 By 2016, the capacity of relevant government bodies enhanced in the area of child protection information management systems, monitoring of social services, monitoring and reporting on CRC, rules/regulations/policies and human resources development related to child protection

Progress: The adoption of the Children Act in mid-2013, developed with UNICEF technical support, was a major step for the realisation of children’s rights, as the law enables enforcement of the CRC. The law addresses the needs of children in conflict with the law through the promotion of a child-friendly justice system overhauled from a retributive system to a restorative model that significantly reduces deprivation of liberty. Taking the best interest of the child into account, the Children Act reduces reliance on institutional options, giving preference to family-based alternatives to support children in need of protection.

Advocacy efforts on the part of UNICEF and its partners led to the establishment of an independent body in charge of identifying vulnerable children, carrying out assessments, planning interventions and arranging appropriate services through individual case management.

Technical assistance was provided to the Department of Social Services to pilot the strengthened child protection system introduced by the law. This was done in nine institutions by establishing a gate keeping system that ensures that children are not separated from their families unless it is genuinely determined to be in their best interests. Minimum standards of care were introduced, and children reintegrated in their families and communities were supported by a social protection scheme and guidance by case management.

UNICEF supported the establishment of an institutional structure for birth and death registration through the newly amended Births, Deaths and Marriages Registration Act. This structure aims to maintain the BRIS, which contains data on an estimated 95 million births,
and to accelerate the rate of registration within 45 days through the enforcement of institutional linkages with immunisation of newborns.

The capacity of social workers was strengthened by the development of a social work training curriculum piloted and currently mainstreamed in the government institute of social service. In 2013, the 570 social workers who benefitted from the training played an active role in supporting the access of children and families to services.

On-track

**IR 5070/A0/04/002/002** By 2016, children and youth from vulnerable families, including those affected by disaster and climate change, have access to a minimum package of child-sensitive social protection services to ensure a continuum of care for prevention and response to abuse, exploitation and violence

**Progress:** The programme advocated and provided support for the harmonisation of the eligibility criteria and coordination mechanisms between the MoSW and MoWCA for the provision of conditional cash transfers (CCT) to vulnerable children. This effort led to the adoption of joint guidelines that increase efficiency by bridging the gap between interventions, thereby creating demand for children’s rights and child-sensitive social protection.

In addition, the two ministries conducted a joint assessment of the CCT programme to measure the effectiveness of this major initiative. The preliminary results suggest that the CCT has a significant impact on school attendance (85 per cent), prevention of child marriage (92 per cent) and child labour prevention (94 per cent). Further analysis will be done as needed to measure the change in parents’ behaviour in comparison to those who are not benefitting from the CCT.

The programme helped 4,110 adolescents and 7,061 children and their families access quality child protection services and benefit from stipends and CCTs, which increased families’ incomes and their commitment to taking on basic needs and to preventing child marriage and child labour. An additional 24,545 children enjoyed educational, cultural and leisure activities as well as accelerated learning activities prior to school enrolment.

The MoRES approach enabled UNICEF to support Government efforts to identify the most effective strategies to end child marriage in Bangladesh. The Government-led adolescent cluster piloted the approach, and lessons learned will guide the revision and rolling out of a child marriage monitoring tool that will provide stronger evidence of the impact of the strategies used to end this harmful practice in Bangladesh.

On-track

**IR 5070/A0/04/002/003** 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:** UNICEF took advantage of the legal basis for diversion measures included in the Children Act 2013 to support the establishment of child-friendly justice in Bangladesh. The quality of these services improved with an additional 490 trained professionals now contributing to child-friendly justice system strengthening. Training was provided to 320 police officers and 50 border guards on child-friendly interviewing skills, while 50 lawyers and 70 probation officers gained insight and knowledge on juvenile justice and the new Children Act.

UNICEF supported a restorative justice pilot activity in one district. As a result, justice and child welfare actors as well as community-based child protection committees adopted non-judicial proceedings for children accused of petty crimes. Sixty-two children in conflict with the law were referred to appropriate services, including education or vocational training, counselling and social protection in support of their reintegration. In line with the continuum of care, a juvenile delinquency prevention programme benefitted 600 other children who were at risk of coming into conflict with the law in the same geographical area.

Further support is being provided to set up a monitoring system that will accurately record the beneficiaries of diversion in police stations and in communities, as well as introduce verification of birth certificates to ensure appropriate support to children in contact with the law.

On-track

**IR 5070/A0/04/002/004** By 2016, Adolescents and youth from selected communities act as agents of social change to enhance and facilitate collective action within communities to reduce child labour, early marriage and violence, while addressing gender equity

**Progress:** UNICEF supported Government effort to ensure an effective coordination and collaboration among different stakeholders. An adolescent cluster made up of all the NGOs implementing adolescent-related projects was established at the central level by the MoCWA, along with four sub-clusters at the decentralised level. This effort amplified the utilisation by government and civil society organisations of child protection mechanisms, and facilitated coordination for capacity building, strategy development and service provision to ensure prevention and response through social services reaching vulnerable children.

More than 560 community-based child protection committees (187 per cent of the target) were established to activate debates and create demand for the recognition of child rights in selected areas. Included was the provision of foundational training – ‘Child Development: A Child Rights Perspective’ – to 14,510 adults and adolescents from 287 of the communities (48 per cent), which contributed to strengthening the enabling environment for children. As a result, community action to reduce harmful practices comprising 58 per cent of cases of exploitation, neglect or abuse reported received support through being referred.

Further support is being provided to engage all the community members (not just those trained on the child development module) in the debates, as peer-to-peer transmission and visibility of action remains too limited to reach the tipping point that will drive adoption of
a new social convention by the whole community. Social norms can be significant barriers to long-term change. More than 68,000 adolescent girls and boys acted as active agents of change and contributed to civic engagement in conservative communities through their enrolment in adolescent clubs. Their numbers included 515 adolescent community swim instructors (55 per cent girls), 10,525 adolescents participating in supported activities addressing personal wellbeing, such as sport for development, and 56,951 children graduating from a survival swimming course.

**On-track**

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

**Progress:** Building on the 2012 foundation, the programme focused on establishing systems at the local level for public discourse; improving participation in local-level planning and message dissemination through local social networks and gatekeepers; and strengthening coordination with other UN agencies and key partners for consistent messaging and the mainstreaming of social norm change processes into all behaviour change communication strategies.

Advocacy with district-level administration representatives and community-level influencers led to the establishment and capacity development of systems at local levels to initiate and sustain processes for social norm change. At least 46 per cent of all functional Ward Development [child welfare] Committees in 7 of the 20 UNDAF districts facilitated at least one community dialogue on child marriage, indicating strong signs of commitment and leadership capacity for social change at community levels. All Committee members acquired knowledge on child rights, basic ‘facts for life’ messages and dialogue facilitation skills. This initiative is in direct support of the amended Union Parishad Act of 2009, which calls for empowering local communities to own development initiatives.

Partnerships with sub-national government workers and community workers created opportunities for intensified local action planning and counselling in select communities within seven UNDAF districts, home to an estimated five million persons. These efforts contributed to improvements in several household practices as reflected in both facility-based and NGO data. Noticeable increases were recorded over the past year in the practices of 4 ANC visits and birth registration within 45 days, both of which increased by over 100 per cent in all intervention areas.

**On-track**

**IR 5070/A0/04/003/001** By 2016, key GoB and C4D partners implement behaviour and social change interventions that increase knowledge and commitment to 7 key household practices (KHHP) among 60 per cent of community members in 3 upazilas of each of the 20 UNDAF districts

**Progress:** UNICEF supported systematic and intensive behaviour and social norm change interventions addressing harmful household practices to increase parental knowledge of appropriate practices for children under five and adolescents. As a result, in all the intervention communities in 7 (out of the 20) UNDAF districts, NGO and government facility data recorded improvements in knowledge and practices over the past year above the 30 per cent target.

Mass media programming intensified around special events such as Safe Motherhood Days, World Breastfeeding Week and Global Handwashing Day. According to the mass media, an estimated 60 million people were reached through radio programmes or television spots on key ‘facts for life’ messages.

Efforts were made to monitor the impact of the behaviour change approach used by the programme. Based on NGO data, the majority of adolescents in partner-intervention areas knew that lack of hand washing with soap could cause diarrhoea (89 per cent, Bhola) and that 18 years is the minimum legal age of marriage for girls (77 per cent, Bhola). However, at the practice level, only 24 per cent of households where the adolescents live had soap near the toilet for hand washing (Bhola).

**On-track**

**IR 5070/A0/04/003/002** By 2016, at least six key national institutions and select community-based social networks facilitate discourse and promote changes in key social norms and issues related to violence against children and women (child marriage, corporal punishment and child labour)

**Progress:** In an effort to set up lasting local-level systems for open discourse and to publicise local evidence of positive deviance as well as carry behaviour change activities forward, UNICEF and partners supported the establishment of Ward Development Committees for child wellbeing in over 1,000 communities in 7 of the 20 UNDAF districts in 2013. Almost half (46 per cent) of the 1,602 Committees facilitated at least one community dialogue on child marriage, suggesting that community gatekeepers are poised for further improvements in child wellbeing, complementing achievements in reducing child mortality that are being celebrated countrywide.

NGO data from the seven districts recorded increases in the number of child marriages prevented since 2012, indicating increasing open deviance to this harmful norm. The increase in the numbers of marriages prevented varies between 56 per cent and 180 per cent in endemic child-marriage districts.

As a result of UNICEF’s advocacy, the Government is in the process of developing guidelines to facilitate the functioning of the National Social Norm Change Forum and District and Upazila Social Norm Change Chapters. These bodies are coordinating both national and sub-national activities of civil society partners in ending child marriage, corporal punishment and child labour.

Technical and financial support from UNICEF led to the production and ongoing broadcast of a 78-episode television drama serial that is sensitising society to the condition and rights of out-of-school children. It also ensures that issues about these children’s rights remain on the national policy agenda.
By 2016, at least 2 national institutions, the GoB and C4D partners use data from sentinel sites in 3 upazilas in each of the 20 districts to support the planning and implementation of C4D interventions

**Progress:** UNICEF’s advocacy and technical and financial support led to the generation of evidence on bio-security practices by processors of poultry in live bird markets. The findings and recommendations from the Avian Influenza C4D Initiative to Improve Biosecurity in Live Bird Markets were discussed during a technical session involving senior management of the MoHFW, the Ministry of Agriculture, the Ministry of Livestock and Fisheries and Ministry of Information UN agencies (FAO, WHO) to collaborate and increase support to the Ministry of Livestock in order to address the infrastructural and service barriers preventing the practice of appropriate biosecurity measures.

As co-chair of the Communicating with Communities in Emergencies Working Group, UNICEF continued to support the establishment of an emergency e-message library for Bangladesh by helping emergency clusters streamline their emergency messages.

In partnership with the Bangladesh Center for Communication Programs, an affiliate of Johns Hopkins University, UNICEF supported capacity development of the Ministry of Information and NGO partners on the basics of C4D and on research methodology in strategic communication programmes.

---

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

**On-track**

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

**Progress:** The processing of the MICS 2012-2013 data was completed by the BBS with technical assistance from UNICEF. The UNICEF partnership provided capacity development for BBS and its personnel in survey methodology, data processing and quality assurance measures. The MICS 2012-2013 report, to be released in early 2014, will generate quality baseline data for the 20 UNDAF districts and the other 44 districts on indicators related to health, nutrition, education and water and sanitation, including drinking water quality, disaggregated by categories to facilitate equity analysis.

UNICEF continued nationally led policy analysis partnerships with key institutions and think tanks to profile multiple disparities faced by children in the country and promote equity-based policies for children. In this regard, UNICEF, BIDS and BBS jointly completed the analysis of the 2011 census data to produce the first-ever Child Equity Atlas: Pockets of Social Deprivation in Bangladesh. The document details progress made during the last decade in regard to specific social outcomes for children, youths and women, and maps the pockets of social deprivations at the sub-district levels. It provided policy makers and development organisations with evidence for equity-focused policy reform and programme and resource allocation to realise the rights of most-deprived children. Three key policy issues – child marriage, out-of-school children and child labour – were highlighted by the Child Equity Atlas for further analysis and policy advocacy in 2014.

UNICEF supported the completion and public release of the Child-Focused Budgeting Framework: Investing for the Equitable Realization of the Rights of Children in Bangladesh, undertaken jointly with nine social sector ministries and the PRI. The Ministry of Finance committed to initiating child-focused budgeting from the 2014 fiscal year. As part of a social sector policy analysis towards child-sensitive social protection reform in Bangladesh, UNICEF and the Directorate of Education of the MoPM and the Power and Participation Research Centre produced the Bangladesh Primary Education Stipends: A Qualitative Assessment, due to be released in February 2014, which will contribute to the Education Sector MTR.

---

**On-track**

**IR 5070/A0/04/005/001** By 2016, high quality quantitative and qualitative research and equity analysis for evidence-based advocacy for child rights conducted

**Progress:** UNICEF supported the collection, processing and analysis of data for the MICS 2012-2013 across 64 districts covering more than 55,000 households in the country. This data provided baseline information for the 20 priority (most socially deprived) districts of the UNDAF. In addition, survey data will, for the first time, provide national and sub-national estimates of the quality of drinking water used by households with regard to the arsenic and microbial content. The programme took the opportunity of managing the MICS survey to enhance the technical and institutional capacity of the BBS in data processing, cleaning and analysis including survey quality assurance.

A Child Equity Atlas: Pockets of Social Deprivation in Bangladesh was produced by BIDS, BBS and UNICEF based on secondary analysis of the national housing and population census 2011 data. The Child Equity Atlas brings out the social disparities and deprivations faced by children at the sub-national level. It serves as a tool for the Government, development institutions and corporate sector to better target resources to address social inequalities in geographically deprived areas.

UNICEF supported national capacity building in tracking the wellbeing of children and women through the analysis and reporting of the SVRS. The tool provides important time series estimates on demographic indicators on child and maternal mortality, fertility and migration.
**Progress:** UNICEF pursued its effort to ensure national ownership of, and coordinated and shared commitment to, child-sensitive policy analysis and action. Long-term partnerships were maintained with six national organisations to profile multiple disparities faced by children and promote evidence-led, equity-based policies for children, particularly those who are most marginalised in Bangladesh.

A framework for child-focused budgeting, prepared jointly with nine social sector ministries and the PRI, was developed and publicly released in 2013. This effort resulted in the Ministry of Finance’s commitment to systematically introduce child-focused budgeting, encompassing social budgeting, and evidence-led budgeting in the 2014 fiscal year.


UNICEF supported the review of the stipend programme, which currently covers about 7.8 million children, as part of the new phase of the education sector-wide programme. The primary education stipend programme study, as well as the policy brief entitled Bangladesh Primary Education Stipends: Achievement and Challenges, which was completed in 2013, will help policy makers undertake appropriate policy reforms in primary education.

**On-track**

**IR 5070/A0/04/005/002 By 2016, evidence-informed, and equity-based policies and frameworks in place for social sector budget allocations and programmes specifically targeted for children**

The Ministry of Planning’s IMED, with technical assistance from UNICEF, is finalising a capacity building partnership to track, report and use knowledge of bottlenecks to increase effective coverage of social services for children using the latest ICT tools from trial to scale up in early 2014.

**On-track**

**IR 5070/A0/04/005/003 By 2016, national partners have the capacity to generate and use information and knowledge to inform child-sensitive social policies and budgets**

UNICEF supported the review of the stipend programme, which currently covers about 7.8 million children, as part of the new phase of the education sector-wide programme. The primary education stipend programme study, as well as the policy brief entitled Bangladesh Primary Education Stipends: Achievement and Challenges, which was completed in 2013, will help policy makers undertake appropriate policy reforms in primary education.

**On-track**

**IR 5070/A0/04/005/004 By 2016, results-based management for institutional learning and accountability, an information and knowledge management system for enhanced integration, sharing and use of experiential knowledge, good practices, lessons learned and innovations, institutionalised in UNICEF**

UNICEF continued participating in the ongoing forums (termed Tanahashi Rounds), jointly organised with the James P. Grant School of Public Health of BRAC University to dialogue, share knowledge, identify and overcome critical bottlenecks in providing effective coverage of social services with equity for children and women in Bangladesh. Five Tanahashi Rounds held in 2013 fostered discussion, research and analysis for increased effective coverage of various services.
The GoB-UNICEF joint monitoring visit to a northern district in Bangladesh led by ERD assisted in fostering the partnership approach to monitoring the progress of programmes and identifying challenges to address effective and efficient implementation of programmes.

The Joint Government-UNICEF Country Programme Mid-year Review and Annual Review 2013 led by ERD reviewed the progress of planned results of all key implementing partners in 2013 and used lessons learned to inform reprioritisation for the year 2014.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCR</strong></td>
<td>On-track</td>
</tr>
<tr>
<td><strong>5070/A0/04/006</strong></td>
<td>Increased capacity of local, regional and national media to advocate for realisation of child rights, and the enhancement of investment in children with special focus on equity</td>
</tr>
</tbody>
</table>

**Progress:** Over 13,226 stories related to children’s issues were published in national daily newspapers from January to November 2013. UNICEF was mentioned in 551 stories, with the equivalent advertising value being US$311,853. This is 24 per cent higher than the same period in 2012 (10,527), with most articles covering education, WASH and child marriage.

Two public service announcements were produced and distributed to six television media houses under the one minute free air time partnership agreement that focuses on children with disability and violence against children to create a better understanding of children’s issues.

“Meena Live” is the first live show on national radio where popular cartoon characters Meena, Mithu and Raju as presenters are interacting with children nationwide on issues affecting their lives. By transferring the pilot programme from a private radio station to national station Bangladesh Betar, the audience reach increased from 20 million to 127 million listeners.

One hundred and twenty journalists were trained on ethical reporting on children for broadcast media. To reach prospective journalists at the beginning of their career, ethical reporting is now part of the journalism course at three universities, thereby potentially accessing 150 students in the new academic year.

As a result of a 4-day workshop for 20 national broadcast journalists in Dhaka and 4 refresher sessions for 80 district broadcast journalists to improve their reporting of children’s issues, there were 70 reports on the primetime news, covering child rights, education, nutrition and child protection.

Workshops to promote children’s rights and business principles (CRBP) continued with business managers from the garment, pharmaceutical, construction and ICT sectors who will now seek ways to ensure their business operations are in line with CRBP. Champions in the ICT sector are now disseminating information about CRBP to their business contacts, thereby creating more awareness.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IR</strong></td>
<td>On-track</td>
</tr>
<tr>
<td><strong>5070/A0/04/006/001</strong></td>
<td>By 2016, capacity of media professionals and civil society members improved to generate information on and knowledge of child rights</td>
</tr>
</tbody>
</table>

**Progress:** Radio Today with its live show ‘Picchi Kotha’ (children’s talk) is reaching a daily audience of 20 million and helping to create better dialogue on children’s issues.

The baseline study conducted by UNICEF on children’s participation in broadcast media highlighted the issue of child participation at different stages of programme production. It was found that only a few programmes enable children to engage in certain aspects of the production process. Among different shows broadcast by television and radio, only five TV shows and one radio programme involved children in the production process. Dedicated children’s news bulletins on regular news programmes provide the biggest opportunity for children to participate.

The leading English and Bangla newspapers published 11 features on various issues, including 21 years of the iconic cartoon character Meena; UNICEF’s global campaign ‘A Promised Renewed’; children with disabilities; children and politics; drowning; children in tea gardens and girl children living in the slums; as well as findings of the Children’s Opinion Poll. These articles reached around three million readers per issue and were referenced to reinforce advocacy messages in policy and potential donor dialogue.

The number of hits on the UNICEF website increased by 27 per cent from 2,033,010 in 2012 to 2,579,158 in 2013. Presence on social media improved with 7,395 ‘likes’ on Facebook and 4,748 followers on Twitter. Website and social media activity signifies greater interest and awareness of child rights issues.

A total of 15 press releases were issued by UNICEF to national media, generating 243 articles by journalists on children’s issues that reached nearly 15 million readers.

The ninth annual Meena Media Award for national media generated 498 entries this year, with 33 media professionals receiving an award for excellence in child rights reporting.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IR</strong></td>
<td>On-track</td>
</tr>
<tr>
<td><strong>5070/A0/04/006/002</strong></td>
<td>By 2016, empower and increase the capacity of vulnerable and marginalised children, with specific attention to girls, to participate in policy advocacy (media, parliament)</td>
</tr>
</tbody>
</table>
Progress: For the first time, children from the 20 most-deprived UNDAF districts are gathering and feeding news to a 'Children's Online News Service' targeting mainstream media. To reach more potential young journalists, the programme was expanded to reach children from the other 44 districts and those living abroad.

Open-air events and discussions at the district level on World Breastfeeding Week, Safe Motherhood Day and Birth Registration Day reached more than 30,000 people, including vulnerable and marginalised children.

National radio station Bangladesh Betar produced 549 news, entertainment and drama programmes reaching a potential audience of 140 million. These programmes generate more awareness on children’s issues, triggering policy dialogue and increasing child participation.

The national television station BTV broadcast 32 'edutainment' programmes, including two dramas on child marriage and urban slum children, as well 64 news reports, thereby creating greater awareness of children's issues among viewers and reaching an audience of 127,500,000 million. The five ‘Voice’ talk programmes for children featured top policymakers, Government ministers and renowned personalities.

Thirty-eight media professionals and 145 children, particularly from the 20 most-deprived UNDAF districts, were trained on programme production and techniques of child participation in the media. Moreover, 66 children received training on participation and anchoring on television.

'Shishuder Chokhe' (eyes of children), a primetime television news segment on ATN Bangla, aired 41 news items produced and presented by children, reaching 10 million viewers per show. This has encouraged two more television satellite stations to introduce similar programmes.

More than 75,000 children participated in the 6th International Children’s Film Festival, which exposed them to international productions on child rights. Filmmaking workshops at the festival facilitated by renowned filmmakers contributed to the cognitive development of 125 children.

IR 5070/A0/04/006/003 By 2016, facilitate the process to influence the Government to increase resources directly allocated to children

Progress: A partnership was initiated in 2013 with private news-based television station Ekattor (71) TV to create and support an evolving national conversation between decision makers and people who can influence public opinion with the children of Bangladesh, where children (aged between 14 and 18 years) from all walks of life will be able express their views about the 'state of children in Bangladesh.' A 45-minute twice-a-month debate programme will be aired that will potentially reach 18 per cent of the total population, mainly those living in urban and semi-urban areas.

An opinion poll conducted by UNICEF in partnership with the Ministry of Information and leading national and international child rights organisations on 'children's expectation of political leaders on the socio-economic rights of children' was completed and publicised through the media, reaching a potential audience of 10 million people. Through the opinion poll, children (aged 15 to 18 years) were given the opportunity to feed into the election manifesto preparation of the major political parties.

The Child-Focused Budgeting Framework launched jointly in July 2013 by the GoB and UNICEF received widespread national and international media coverage. This framework, together with the Child Equity Atlas, formed the basis for media, including economic journalists, civil society organisations, development actors and children themselves to engage in social budgeting to promote quality spending in favour of children.

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

PC 4 - Local capacity-building and community empowerment

On-track

PCR 5070/A0/04/004 PCR 4. Capacity Building & Community Empowerment of Civil Society Organisations, in particular those in 20 selected districts, are more effective in ensuring the realisation of the rights of children and women with equity

Progress: UNICEF through its six Zone Offices is strengthening local-level planning and monitoring to achieve and sustain outcomes for children with equity in 20 low-performing districts in the country.

Convergence Coordination Committees at the district, upazila and union levels in 17 of the 20 programme districts were established and linked with the sectoral departments at the central level. In what is still a highly centralised governance structure, these decentralised committees enhance inter-sectoral coordination and integration, especially where child-focused interventions from different sectors share the same delivery platform.

Through relevant training, the skills and competencies of district committees were developed for participatory monitoring and planning of measures to improve effective coverage of services and practices for children. Similar training of community groups in these districts resulted in increased community participation in the micro-planing process. The evidence base for planning in the districts was
strengthened through bottleneck analysis of gaps in service delivery for children in 24 unions.

Based on a vulnerability assessment of the local situation, 99 union-level disaster preparedness plans were developed and integrated with the union development plans for implementation with locally available funds across 20 districts. In the three CHT Districts, where development departments were fully devolved to the Hill District Councils, the Councils took ownership and improved delivery of services for children with support from the CHT Board and UNICEF. The ‘one stop centre of services for children in the community’ is now available in 68 per cent of villages (3,800 centres) in CHT after the establishment of 300 new para centres (community centres) in hard-to-reach areas.

**On-track**

**IR 5070/A0/04/004/001** By 2014, local government/civil society organisation partners in 60 upazilas of the 20 UNDAF districts have improved coordination mechanisms and resources to ensure synergy and complementarity in programme delivery to children and their families with focus on equity.

**Progress:** The Office took advantage of its field offices to develop strategic partnerships with key stakeholders at the local level. The establishment of Convergence Coordination Committees in 17 districts, 34 upazilas and 134 unions, composed of officials from social sectors, civil society and elected members, provided an enabling environment to advocate and raise awareness on child right issues.

The capacity enhancement of implementing partners resulted in the development of district- and upazila-level plans that facilitate monitoring of interventions in 17 districts. In addition, synergy and complementarity among interventions and services targeted at children and women was promoted through improved coordination and convergence at the district and upazila level in the 20 focus districts.

UNICEF supported the organisation of decentralised reviews and monitoring of the programme. This includes the organisation of mid-year and annual review meetings organised with the participation of all key stakeholders, including the communities, in all the seven divisions. Evidence generated from various assessments enabled stakeholders to identify the barriers in service delivery for children and plan corrective action.

In the CHT, the enhanced collaboration with the Hill District Councils resulted in the creation of 300 para (community) centres in addition to the existing 3,500 centres that serve as the ‘one stop centre of services for children in the community.’ Monitoring of services at the grassroots level was ensured through engagement of 4,100 community-level para workers.

**On-track**

**IR 5070/A0/04/004/002** By 2016, local government and civil society organisation partners in 60 upazilas use improved capacity for bottom-up planning and monitoring, advocacy and resource mobilisation

**Progress:** In 2013, UNICEF continued strengthening Government capacity to plan and monitor programmes for children at the sub-national level through the implementation of an inclusive capacity enhancement plan enabling local governments and communities in 60 upazilas to prepare bottom-up participatory plans on interventions and services for children. Comprehensive training manuals on bottom-up planning for ensuring rights of children were developed and included in the curriculum of the National Institute of Local Government for decentralised governance at the district and sub-district levels.

UNICEF supported the training of six District Coordination Committees in bottom-up planning and monitoring of services for children. This resulted in an increased understanding of the gaps and engagement of all stakeholders in the implementation of services for children.

A comprehensive assessment and analysis of bottlenecks in 24 select unions across districts equipped policy makers and district officials with skills that enable them to analyse and identify the barriers in service delivery for children. Action plans with appropriate corrective actions at various levels were developed and are being implemented to ensure effective coverage of services to all children. The MoRES tools adapted to the country situation will be used at regular six-month intervals to assess the changes in the bottlenecks and improvement in the coverage of services for children.

The capacity development of partners in bottom-up planning is already producing results as two upazilas prepared integrated plans for children and leveraged funds for implementing these plans through community participation.

**On-track**

**IR 5070/A0/04/004/003** By 2016, communities in 60 upazilas use improved capacity to identify their needs and participate effectively in micro-planning for development initiatives and disaster risk management

**Progress:** Building on lessons learnt and evidence from community-level initiatives, issues related to women and children during disasters were incorporated in the national training curriculum.

In addition, UNICEF supported capacity development of Disaster Management Committees made up of government officials, elected local-government representatives and key members of civil society, on vulnerability assessments focusing on issues related to children during disaster.

As a result, 27 of 34 upazilas and 99 community groups (unions) in these upazilas developed their own emergency preparedness plans. The plans are specific to each context and would be funded by the Government in case of emergency. Furthermore, 3,500 community members acquired better knowledge and skills through participatory training programmes and simulation exercises.
Communities displayed their increased capacity in dealing with emergencies when a tornado hit the country in March and after Tropical Storm Mahasen in May 2013. Over 5,600 families affected in 4 districts received UNICEF family kits containing essential items of daily necessities for children. The affected communities were supported by local NGOs identified and trained by UNICEF in emergency response for children.

**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:** The Country Management Team (CMT) remains the central management body for advising the Representative on policies, strategies, programme implementation, and keeping human and financial resources focused on planned results. The three management teams – the programme management team, operations management team, and field management team – held regular monthly meetings where performance at the technical level was closely monitored and reviewed and corrective measures taken on weaknesses and identified underperforming areas. The regular meetings further strengthened the management oversight functions as well as processes and procedures in the overall management of the Office.

The rolling annual management plan (AMP) was updated and reviewed by the CMT in 2013, clearly defining and providing guidance on Office priorities and establishing the separation of accountability and oversight mechanisms to manage risks. The search and relocation of the Dhaka Office to a location that meets UN security standards remains a challenge and a top priority for management. An interim emergency office located in the diplomatic enclave area continues to serve as a backup site during restricted movement periods, such as country-wide strikes and blockades due to political unrest.

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

An emergency management and response plan based on UNICEF’s Core Commitments for Children remains in place and was updated in 2013. Prepositioned emergency response supplies (totalling US$1.5 million) were placed and maintained in locations prone to seasonal flooding and natural disasters. UNICEF remains committed to supporting Government line ministries and other implementing partners to strengthen their capacity in financial management and in efficient and effective use of UNICEF resources.

| On-track |

**IR 5070/A0/04/800/001 Effective and Efficient Governance and Systems**

**Progress:** UNICEF Bangladesh fully updated its business continuity plan (BCP) in April 2013 with a view to maintaining and/or strengthening its operational response capacity during crisis situations affecting its operational capacity.

Due to the frequent political unrest throughout 2013, which took the form of country-wide strikes, blockades of roads, railways and waterways, sit-in agitations or similar activities, the Office developed business continuity management procedures specifically for times of strike, which supplemented the overall BCP document. The procedures provided clear guidelines to staff on how to conduct critical UNICEF operations and functions based on programme criticality while ensuring staff safety and security during times of political unrest. Security risks were assessed on a near-daily basis and actions taken as required to keep staff, premises and equipment safe, while assuring programme continuity.

The Office maintained a standing level of readiness for emergency through an emergency communication system, radio communication, security information and structure, a zone warden system, Senior Management Team (SMT) meetings and security clearance procedures, and security incident reporting. The Country Office also maintained a minimum readiness level stock for 20,000 families for emergency response.

The Office undertook a comprehensive review exercise of VISION (Virtual Integrated System of Information) transactions that led to revised work processes and creation of a VISION transaction business centre.

The harmonised approach to cash transfers (HACT) remains a key risk management mechanism. All NGO partners are assessed by external professional auditors for financial, supply and programmatic risks. Risk mitigation plans are prepared for the concerned implementing partner. The cash transfer modality is identified based on the risk level.

| On-track |

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

**Progress:** UNICEF Bangladesh operates with an agreed HACT assurance plan, which includes programme monitoring and financial spot-checks to ensure that UNICEF funds were utilised for the intended purpose and in accordance with the activities outlined under respective partnership agreements. In accordance with the HACT guidelines, UNICEF Bangladesh carried out an in-depth analysis of common risk areas in the disbursement of cash assistance and developed strategies to mitigate them. Micro-assessments were carried out for most implementing partners that had ongoing activities with UNICEF through partnership cooperation agreements (PCAs). The
Office established long-term agreements (LTAs) with three audit companies for carrying out micro-assessment exercises, and with an additional three to carry out spot checks. In 2013, 42 micro-assessment exercises and 83 spot checks were carried out, with an additional focus on addressing capacity gaps. UNICEF took the lead role in the UN operations management team HACT sub-group, which is spearheading macro-assessments of Government line ministries.

The platform for the implementation of the electronic banking services, Bangladesh Electronic Fund Transfer Network (BEFTN) was rolled out and implemented in early 2013. Vendor data was updated to ensure Office compliance and conformity with local e-banking requirements. The new implementation of e-banking services will dramatically increase efficiency, taking the payment time to partners from the current average of 14 days to 48 hours, regardless of the receiving bank.

UNICEF Bangladesh made huge strides in liquidation of outstanding direct cash transfers to partners, ending the year with US$600,000 remaining, a sharp 86 per cent drop from 2012 figures.

On-track

IR 5070/A0/04/800/003 Effective and efficient management of human capacity

**Progress:** In 2013, UNICEF Bangladesh remained committed to ensuring that staff members are empowered to deliver effective results for children and women. This was achieved by utilising a results-based approach to understanding staff capacity and identifying skills gaps. Various staff training and development activities in line with UNICEF and UN staff member support frameworks addressed gaps throughout the year.

A total of 19 positions (6 international professionals, 10 national officers, and 3 general staff) were recruited in 2013. Attracting qualified female candidates for national positions continued to be a challenge as management attempted to prioritise the closing of the gender parity gap amongst staff members.

On average, the majority of staff attended more than two training sessions in 2013, with a total of 418 cumulative participants attending training activities in 2013. These training events strengthened the competencies of existing staff by equipping them with the necessary skills to implement Office and organisational priorities. Nine of the 13 planned corporate priority training activities were organised and implemented in 2013. These included staff team-building workshops, executive coaching, orientation for newly recruited staff, and training on HIV/AIDs awareness, security awareness, ethics, emergency preparedness and response, and media.

In addition to corporate training activities, 134 staff members (82 male and 52 female) received basic first aid training, country security briefings and VHF handheld radio training. To provide a better understanding of internal UNICEF staff support processes and procedures, open orientation sessions were offered on the Performance Appraisal System, leave management, medical evacuation and medical insurance. Mandatory online training on HIV in the workplace and UN integrity awareness was completed by all staff to reaffirm the importance and accountability of all staff members in the workplace.
Effective Governance Structure

The CMT remains the central management body for advising the Representative on policies, strategies, programme implementation, and keeping human and financial resources focused on planned results. Three other management teams support the CMT: the programme management team, the operations management team and the field management team. These teams held regular monthly meetings, during which performance indicators were closely monitored and corrective measures taken as appropriate.

The rolling AMP was updated in 2013. The plan assigns a risk tolerance level to each objective and includes an assessment of the risk areas, together with the Office’s risk response and appropriate action plans.

The move of the Dhaka Office to a location that meets UN security standards remains a challenge. An interim emergency office located in the diplomatic enclave continues to serve as back-up site during periods of restricted movement, such as country-wide strikes and blockades due to political unrest.

UNICEF conducted a participatory and comprehensive review of transaction processing procedures. This review led to the recommendation to establish a centralised transaction processing centre. The implementation of this centre will generate greater effectiveness and efficiency gains.

Strategic Risk Management

The Office adopted a risk-based approach, grounded on the UNICEF Enterprise Risk Management Policy, as an essential part of the Office governance and accountability structure. The Rolling Management Plan 2012-2013 was revised in 2013 to optimise its risk-consciousness dimension, ensure a streamlined approach to risk management for the achievement of the programme objectives, and strengthen its operational response capacity during crisis situations.

Strategic risk management is articulated around the following six components developed in a logical manner: i) internal environment, ii) objective setting, iii) risk assessment, iv) control activities, v) information and communication, and vi) monitoring/evaluation.

In 2013, particular emphasis was placed on defining the risk appetite – and related risk tolerance levels – of the Office in a national context characterised by high levels of political instability and social unrest. The Office updated its BCP to factor in political instability and social unrest. The BCP provides clear guidelines to ensure that staff do not take unnecessary risk and that their work is focused on critical activities during hartals (general strikes or shutdowns), blockades or similar political unrest. Security risks were assessed on a near-daily basis by the UN Department of Safety and Security (UNDSS) during the 230 days of hartals/blockades in 2013 (UNDSS estimate). Actions were taken as required to keep staff, premises and equipment safe, while assuring programme continuity.

The Office maintained a standing level of readiness for emergency through an emergency communication system, radio communication, security information and structure, a zone warden system, SMT meetings, security clearance procedures, and security incident reporting. All pre-positioned emergency supplies, including a minimum readiness level stock for 20,000 families, are strategically located in the two warehouses managed by WFP on behalf of UNICEF in Kulhna and Gaidandha Districts. Support and leadership in interagency clusters was ongoing, particularly in nutrition, WASH and education, for which UNICEF is the lead agency.

HACT remains a key implementation strategy that requires assurances activities to mitigate risks. HACT replaces a system of rigid controls with a risk-management approach to cash transfers to implementing partners. It aims to reduce transaction costs by simplifying rules and procedures, strengthening partners’
capacities and helping to manage risks. HACT includes two types of risk assessments – a macro-assessment of the country's financial management system, and micro-assessments of the individual implementing partners (both government entities and NGOs). HACT also requires assurance activities regarding appropriate use of cash transfers. These include spot checks of partner implementation, including reviews of financial management procedures, programmatic monitoring, annual audits of partners receiving a certain level of funds, and (where required) special audits.

Beyond the Office statutory committees mentioned under governance structure, a number of staff meetings were organised throughout the year, mostly on information exchange on new policies and guidelines, key partnerships, critical programme events, and initiatives or issues arising from changes in the programming environment.

**Evaluation**

The project completion review of the SHEWA-B project was undertaken by a team of independent assessors, managed jointly by the UK Department for International Development (DfID) and UNICEF, with the project receiving a positive rating. The review will serve as an input to the final evaluation in 2014. The terms of reference for the final project evaluation of the BEHTRUWC project were finalised and reviewed by education sector partners and UNICEF Regional Office for South Asia.

The 2012 evaluation recommendations and related management responses and actions were brought to a successful close in 2013. Both the SHEWA-B and BEHTRUWC projects will end in 2014 and will be evaluated jointly by UNICEF and the respective donors.

Bangladesh was one of the seven UNICEF country case studies in the global formative evaluation of UNICEF’s MoRES corporate strategy. The final report will be available for implementation in 2014. Similarly, Bangladesh participated in the multi-country external mid-term evaluation of the Maternal and Young Child Nutrition Security Initiative (MYCNSIA) jointly undertaken by The European Commission and UNICEF. The Office developed and adopted management responses to its recommendations as part of the Nutrition Sector Workplan with the Government.

To increase national evaluation capacity in Bangladesh, UNICEF and the James P. Grant School of Public Health, BRAC Institute of Global Health of BRAC University held a one-week Evaluation of Development Programmes course in March 2013 and trained 28 technical officials from the Government, academia and NGOs. The Ministry of Planning’s IMED jointly coordinated the participation of the social sector ministries in the course, in line with its monitoring mandate of the 6th Five Year Development Plan of Bangladesh. Finally, there is growing interest in evaluation in the country, evidenced by the recent formation of the "Community of Evaluators- Bangladesh," which was registered as an independent body under the Companies Act XVIII, 1994. UNICEF will explore further collaboration between these bodies to firmly establish evaluation as an approach to promote human rights and accountability for good governance. The ongoing partnership with the James P. Grant School of Public Health/BRAC University, with which UNICEF co-hosts the Tanahashi Rounds for knowledge sharing on bottlenecks for increasing effective coverage of services for children, will be expanded to other academic institutions in the country.

**Effective Use of Information and Communication Technology**

UNICEF ICT operations were sustained and further enhanced, with additional emphasis placed on ensuring continuity of ICT services during mass political activities, such as hartals and blockades.

UNICEF implemented a complete site-to-site backup strategy, allowing the Office to have data replication for disaster recovery and business continuity modalities. Completing the virtualisation of servers and data storage capacity, with their respective redundancy and fall-back mechanisms, assisted UNICEF in further reducing its hardware footprint. Improved ICT infrastructure resulted in increased internet capacity and enhanced data connectivity speeds for all Office locations.
Fund-raising and Donor Relations

In 2013, UNICEF Bangladesh received a total of US$92 million in funding. The full ceiling of US$24 million in Regular Resources was received, in addition to US$37 million in new funding (Other Resources - Regular), and a carry-over of US$31 million from 2012. The utilisation rate of total funding for 2013 was 90 per cent. As was the case in 2012, the largest donor contributor for UNICEF Bangladesh in 2013 was DfID, followed by the Swedish International Development Agency (SIDA). UNICEF Bangladesh put mechanisms in place to monitor funds for the purpose of avoiding extensions or refunds, a monthly 'Management Scorecard’ mechanism that serves as a monitoring tool is provided with information to assist management in making evidence-based decisions on expenditures. A total of 53 donor reports were submitted 2013, with only one overdue.

Due to the volatile and unpredictable political situation in Bangladesh, only two UNICEF National Committee corporate partner visits and one media visit were supported in 2013: an annual visit by Swedish retailer H&M; Kantar, the UK-based media company; and the national German television station ZDF.

UNICEF and the Government of Canada joined forces to improve health and nutrition for hard-to-reach mothers and young children. With a $20.2 million contribution from Canada covering 2013 to 2018, UNICEF will be able to further improve the health of mothers and young children living in areas of Bangladesh who are currently not easily accessed by health care providers. Canada’s support to UNICEF will help strengthen immunisation efforts through the introduction of new vaccines, as well as improve the coverage of other essential health and nutrition services to over 7.3 million people.

Supported by UNICEF Bangladesh, UK-based retailed Marks & Spencer became the first major company to sign up to UNICEF’s new carbon offset project. The initiative will improve the health and lives of vulnerable children while cutting carbon emissions that cause climate change. UNICEF will kick start the project in early 2014 by providing funds for 40,000 fuel-efficient, low-pollution cook stoves to be manufactured, sold and maintained by local entrepreneurs in Bangladesh. This innovative financing for development partnership brings together business and the international development sector to tackle both climate and health issues that directly affect the world’s most vulnerable children.

Advocacy with the private sector to promote CRBP moved ahead in 2013 through dedicated workshops with business managers and sharing materials with business leaders. Together with Save the Children and the Corporate Social Responsibility (CSR) Centre (local secretariat of UN Global Compact), concrete effort were made to gather knowledge on current practices. A mapping of the ICT and garment sector led by Save the Children with regard to children rights, expected to be completed by the end of 2013, will help to better inform work on CRBP with these industries.

Management of Financial and Other Assets

The platform for the implementation of the electronic banking services BEFTN was rolled out and implemented in early 2013. Vendor data was updated to ensure Office compliance and conformity with local e-banking requirements. The new implementation of e-banking services will dramatically increase efficiency, taking the payment time to partners from the current average of 14 days to 48 hours, regardless of the receiving bank.

During 2013, UNICEF Bangladesh continued to apply HACT assurance activities, such as spot checks and programmatic monitoring of activities of implementing partners.

In accordance with the HACT guidelines, UNICEF Bangladesh carried out an in-depth analysis of common risk areas in the disbursement of cash assistance and developed strategies to mitigate them. Micro-assessments were carried out for most implementing partners that had ongoing activities with UNICEF through partnership cooperation agreements (PCAs). The Office established LTAs with three audit companies for carrying out micro-assessment exercises, and with an additional three to carry out spot checks. In 2013 a total of 42 micro-assessment exercises and 83 spot checks were carried out, with an additional focus on addressing
capacity gaps.

UNICEF took the lead role in the UN operations management team HACT sub-group, which is spearheading macro-assessments of Government line ministries. UNICEF Bangladesh serves as the Chair of the UN HACT team.

**Supply Management**

Supply constituted a critical component of the Country Programme in 2013, with a throughput value of US$12.5 million. UNICEF Bangladesh’s supply operations supported the attainment of the objectives of the Country Programme through the procurement of learning materials and school kits, vaccines and injection devices, cold chain materials, vitamin A supplements and pharmaceutical items, equipment to expand the BRIS and child-sensitive social protection projects, and medical equipment for SCANUs.

Procurement of services for supplies in the health sector significantly increased in 2013 (US$80 million) compared to 2012 (US$48 million). UNICEF provided technical support on issues of logistics and distribution to ensure no interruption or stock outs in the distribution of vaccines and other medical supplies for health centres in Bangladesh.

The 2013 annual supply planning process was finalised during the first quarter of 2013, with the plan being periodically reviewed and adjusted throughout the year to reflect funding realities/availability and actual costs of goods in local markets. Responsive and effective implementation of the supply plan was a key management priority for 2013.

Key initiatives undertaken in 2013 to continuously improve the supply function included the establishment of a number of LTAs for regularly used supplies and services. The benefits realised during the year from the use of these local LTAs included reduced transaction time, shortened lead-time/delivery period, uniform quality and improved relationship with suppliers. Priority was given to the timely delivery of supplies and supply-related services for both local and offshore procured goods.

### Breakup of Bangladesh Procurement

<table>
<thead>
<tr>
<th>Description</th>
<th>Obligated Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Supplies including Off-Shore</td>
<td>$3,500,002</td>
</tr>
<tr>
<td>Procurement Services</td>
<td>$81,359,381</td>
</tr>
<tr>
<td><strong>Total Programme Supplies including PS and GAVI</strong></td>
<td><strong>$89,939,463</strong></td>
</tr>
<tr>
<td>Services</td>
<td>$4,169,645</td>
</tr>
<tr>
<td>Construction</td>
<td>$1,401,561</td>
</tr>
<tr>
<td><strong>Total Services</strong></td>
<td><strong>$5,571,206</strong></td>
</tr>
<tr>
<td>Total Operational Supplies</td>
<td>$595,083</td>
</tr>
<tr>
<td>Total value of Procurement by BCO including GAVI</td>
<td>$96,105,752</td>
</tr>
<tr>
<td>Total value of Procurement by BCO excluding PS</td>
<td>$14,746,371</td>
</tr>
</tbody>
</table>

**Human Resources**

In 2013, UNICEF Bangladesh remained committed to ensuring that staff members are empowered to deliver effective results for children and women. This was achieved by utilising a results-based approach to understanding staff capacity and identifying skills gaps. Various staff training and development activities in line with UNICEF and UN staff member support frameworks addressed gaps throughout the year.

A total of 19 positions (6 international professionals, 10 national officers, and 3 general staff) were recruited
in 2013. Attracting qualified female candidates for national positions continued to be a challenge as management attempted to prioritise the closing of the gender parity gap amongst staff members.

A total of 418 staff attended training activities in 2013. These training events strengthened the competencies of existing staff by equipping them with the necessary skills to implement Office and organisational priorities. Nine of the 13 planned corporate priority training activities were organised and implemented in 2013. These included team-building workshops, executive coaching, orientation for newly recruited staff, and training on HIV/AIDs awareness, security awareness, ethics, emergency preparedness and response, and media.

First aid training was provided to 134 staff members (82 male and 52 female). Security briefings and VHF handheld radio training were also provided. Orientation sessions on the Performance Appraisal System, leave management, medical evacuation and medical insurance were offered to all staff. Mandatory online training on HIV in the workplace and UN integrity awareness were completed by all staff.

**Efficiency Gains and Cost Savings**

The Office recognises that value for money is a key factor to equity- and evidence-based programming towards achievement of the programme objectives. Efforts were made to strengthen the linkage of resources and the results articulated in the rolling work plan by, whenever possible, piloting and/or scaling up innovative approaches that ensure cost efficiency in key aspects for the realisation of the rights of the most deprived children.

Using technological innovations, mobile phones were used to collect and process data on the functionality of water sources and water quality in a timely and cost-efficient manner. Data was efficiently collected by field technicians through mobile phones and collated into a nationwide database. The establishment of the national database facilitates the efficient uploading and downloading of data by partner agencies, ensuring that partners do not waste resources on surveys where information is already available. In addition, it helped ensure that partners are aware of areas of poor water quality and can choose the appropriate technology.

Moving forward in sustaining efforts to better use human and financial resources, the Country Office conducted a major review of programme support staff’s job descriptions to establish a Business Support Centre. The objective would be to recruit dedicated staff trained and equipped with knowledge and skills enabling them to perform transactions in VISION in a timely manner and with a limited number of errors. The establishment of the business support centre in Bangladesh was approved by the Programme and Budget Review (PBR) and its implementation is pending further information on the roll out of the single Global Shared Service Centre.

UNICEF’s active contribution to the development of SOPs for “delivering as one” led to the review of harmonising payment of honoraria, allowances and other expenses for workshops, seminars and training to Government officials.

**Changes in AMP & CPMP**

Development and humanitarian work is fraught with risks, which, if well managed, can lead to extraordinary results. Yet inadequate management of risks can jeopardise the achievement of significant results. The largest development and emergency programmes are in countries with weak governance mechanisms, fragile states, and those emerging from years of conflict, where the needs are the greatest and the risks to any investment are the highest. Even in stable countries that have made good progress towards achieving the MDGs, the programme environment is usually complex. Many problems affecting children cannot be solved by doing “more of the same,” and call for new and innovative approaches and flexibility, often involving additional risk. In order to ensure that the risk consciousness dimension of the AMP in Bangladesh is optimised, two important changes were introduced in this update of the rolling AMP:

- Alignment of the structure of the plan with the UNICEF enterprise risk management policy framework and the Committee of Sponsoring Organisations of the Treadway Commission’s three-dimensional enterprise risk
management matrix; and
· Clarification of the Office's risk management philosophy, risk appetite and risk tolerance.

As in 2012, the objective of the 2013-2014 rolling AMP is to establish governance, risk management and control processes over the Bangladesh Country Office to provide reasonable assurance that:

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

Hence, the Office prepared a risk-informed rolling AMP 2013-2014 by first re-examining risk profiles for key functions, procedures and priorities against best practice benchmarks. Further, prior-year performance of the 2012-2013 rolling AMP was reviewed for its strengths, weaknesses, opportunities and threats at the first CMT meeting in January 2013. This participatory exercise defined the "what, how and who" in the AMP – a process to be repeated in 2014, leading up to the MTR of the Country Programme jointly with the GoB.

The UNCT has yet to decide on the conduct of an MTR of the UNDAF. The UNDAF Pillar Three on Human Development for Social Services, led by UNICEF, has 12 contributing UN agencies. To the extent possible, the GoB-UNICEF Country Programme MTR will be undertaken with sector and UNDAF partners. Changes arising from the MTR, where necessary, will be included in the subsequent rolling AMP.

### Summary Notes and Acronyms

**Acronyms**

**AMP** — Annual Management Plan
**ANC** — Antenatal Care
**ART** — Anti-retroviral Treatment
**ARV** — Anti-retroviral
**BBS** — Bangladesh Bureau of Statistics
**BCP** — Business Continuity Plan
**BDHS** — Bangladesh Demographic and Health Survey
**BEFTN** — Bangladesh Electronic Fund Transfer Network
**BEHTRUWC** — Basic Education for Hard-to-Reach Urban Working Children Project
**BHBE** — Better Health Better Education
**BIDS** — Bangladesh Institute of Development Studies
**BNFE** — Bureau of Non-Formal Education
**BRAC** — Bangladesh Rural Advancement Committee
**BRIS** — Birth Registration Information System
**C4D** — Communication for Development
**CCT** — Conditional Cash Transfer
**CFS** — Child-Friendly School
**CHT** — Chittagong Hill Tracts
**CMT** — Country Management Team
**CRBP** — Children’s Rights and Business Principles
**CRC** — Convention on the Rights of the Child
**DFID** — Department for International Development
**DRR** — Disaster Risk Reduction
**ECCD** — Early Childhood Care and Development
**ECD** — Early Childhood Development
**ECL** — Each Child Learns
**EmONC** — Emergency Obstetric and Neonatal Care
**EPI** — Expanded Program on Immunisation
Document Centre
### Other Publications

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Child-Focused Budgeting Framework: Investing for the Equitable Rights of Children in Bangladesh</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> Child Equity Atlas: Pockets of Social Deprivation in Bangladesh</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> Baseline Assessment of Nutritional Status of and Related Key Indicators among Women and Under Three Children of MYCNSIA Interventions in Selected Rural Sub-Districts of Bangladesh</td>
<td></td>
</tr>
</tbody>
</table>