

# **Bangladesh**

## **Country programme document 2012-2016**

The draft country programme document for Bangladesh (E/ICEF/2011/P/L.14) was presented to the Executive Board for discussion and comments at its 2011 annual session (20-23 June 2011).

The document was subsequently revised, and this final version was approved at the 2011 second regular session of the Executive Board on 15 September 2011.

<i>Basic data</i> <sup>†</sup> (2009 unless otherwise stated)	
Child population (millions, under 18 years)	61.1
U5MR (per 1,000 live births)	52
Underweight (% moderate and severe, 2007) (urban/rural, poorest/richest)	41 33/43, 51/26
Maternal mortality ratio (per 100,000 live births, reported)	194 <sup>a,b</sup>
Primary school attendance (% net, male/female, 2008)	85/86
Survival rate to last primary grade (% , 2005)	55
Use of improved drinking water sources (% , 2008)	80
Use of improved sanitation facilities (% , 2008)	53
Adult HIV prevalence rate (%)	<0.1
Child labour (% , children 5-14 years old, 2006)	13
Birth registration (% , under 5 years, 2006) (% , male/female, urban/rural, poorest/richest)	10 <sup>c</sup> 10/10, 13/9, 6/19
GNI per capita (US\$)	590
One-year-olds immunized with DPT3 (%)	94
One-year-olds immunized against measles (%)	89

<sup>†</sup> More comprehensive country data on children and women can be found at [www.childinfo.org/](http://www.childinfo.org/).

<sup>a</sup> Bangladesh Maternal Mortality and Health Care Survey (BMMS, 2010).

<sup>b</sup> 340 deaths per 100,000 live births is the 2008 estimate developed by the United Nations Maternal Mortality Estimation Interagency Group (WHO, UNICEF, UNFPA, the World Bank, together with independent technical experts), adjusted for underreporting and misclassification of maternal deaths. For more information, see [www.childinfo.org/maternal\\_mortality.html](http://www.childinfo.org/maternal_mortality.html).

<sup>c</sup> 53.6 % of children under five years of age registered (Bangladesh Bureau of Statistics, 2009).

## Summary of the situation of children and women

1. The population of Bangladesh — about 150 million people — is likely to increase by 50 per cent over the next half century, becoming predominantly urban in three decades. The urban population stands at 41 million people, increasing at 4 per cent annually. The poor migrate to cities, more in search of economic opportunities than of social services. According to the 2009 Multiple Indicator Cluster Survey (MICS), the social indicators of urban slums are worse than those of most rural areas.

2. Bangladesh has made good progress in poverty reduction, infant and maternal mortality reduction, gender equity in the education system up to secondary level, birth registration and potable water supply; however, major socio-economic challenges persist.

3. Forty per cent of Bangladeshi households are poor; over one quarter, extremely poor. Poverty has a profound impact on the lives of the country's 61 million children. Twenty-six million children live below the national poverty line, typically deprived of four out of seven of the following basic services: water,

sanitation, nutrition, education, health, information and shelter.<sup>1</sup> There is a correlation between social deprivation and income-expenditure poverty.

4. The latest data indicate that 65 deaths per 1,000 live births occur among children under 5 years of age, rising to 86 per 1,000 live births among the poorest income quintile (Bangladesh Demographic and Health Survey [BDHS, 2007]). Acute respiratory infections/pneumonia and diarrhoea remain the major causes of under-five morbidity and mortality. Over 80 per cent of children with diarrhoea receive oral rehydration therapy, and 24 per cent also receive zinc (BDHS, 2007). Immunization, control of diarrhoeal diseases as well as vitamin A supplementation, combined with a reduction in fertility rates and economic and social development, have contributed to the decline in child and infant mortality. Neonatal mortality accounts for 70 per cent of all infant deaths; its decline has been slower than that for child and infant mortality. Immediate causes include birth asphyxia, infections and low birthweight. Essential newborn care practices among caretakers are still not widespread.

5. In addition to deaths caused by infections and under-nutrition, drowning, road traffic accidents, burns and other injuries cause 38 per cent of deaths of children aged 1 to 17. With the decline of communicable diseases, the proportion of injury-related morbidity and mortality is rising.

6. The most recent maternal mortality data show a rate of 194 deaths per 100,000 live births (Bangladesh Maternal Mortality Survey, 2010), which represents a 40 per cent reduction over the last decade. Immediate causes of deaths include haemorrhage, sepsis, eclampsia, unsafe abortion and obstructed labour.

7. Only half of mothers receive antenatal care from skilled providers. Health care correlates with household wealth and educational background. Access is lower in poor urban and rural areas. The major health systems bottlenecks are: lack of access to health facilities, staff shortages, insufficient supplies, and inadequate supervision and monitoring. Economic barriers hamper the demand for and use of health services by the poor; lack of knowledge among caregivers is an underlying factor for this lack of use.

8. HIV prevalence remains low at 0.1 per cent. However, the population is at risk because of the proximity of Bangladesh to high-prevalence countries and because behavioural patterns exist that could fuel an epidemic. Injecting drug use is the primary factor for the spread of HIV. Another concern is the rising proportion of girls and women living with HIV. One contributing cause is the fact that only 16 per cent of girls and women aged 15 to 24 have comprehensive knowledge of HIV prevention.

9. Food security and nutrition are areas requiring further attention. Forty per cent of the population does not obtain the minimum level of dietary energy, according to the 2005 Household Income and Expenditure Survey. Forty-three per cent of children under five are stunted, and 41 per cent are underweight (BDHS, 2007). The rate of exclusive breastfeeding, at 45 per cent (BDHS, 2007), has been stagnant over the last 15 years; inadequate feeding and caring practices and food insecurity contribute to this high rate. Children aged 6 to 23 months have higher rates of under-nutrition than children aged 24 to 59 months, indicating inadequate feeding

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<sup>1</sup> Child Poverty and Disparities in Bangladesh, 2008.

practices (Institute of Public Health Nutrition, World Food Programme and UNICEF-Household Food Security and Nutrition Assessment 2009). Access to food is hindered by high under-employment and low household incomes, as indicated, for example, by the fact that child malnutrition is almost twice as high in the poorest than in the wealthiest quintile (UNICEF, 2009). Anaemia is of concern for all population groups, particularly pregnant women and children under two (Bangladesh Bureau of Statistics, 2004).

10. As a result of poverty one fifth of children of primary school age (6-10) never attend school en making them vulnerable to neglect, violence and exploitation. Many poor children work: 12.8 per cent of those 5 to 14 years old, according to the 2006 MICS. Almost 15 per cent of urban, and 23 per cent of rural, enterprises employ child workers.<sup>2</sup> Most employment opportunities for youth remain in the non-formal sector, and 76 per cent of youth work in agriculture, transport and production. Only 1 per cent are engaged in technical or vocational training (Bangladesh Bureau of Statistics report on the Labour Force Survey, 2005-2006).

11. Bangladesh has attained the Millennium Development Goals target for gender parity in primary and secondary education enrolment. The country is on track to achieve the targets related to child mortality, halting the spread of malaria and tuberculosis, and increasing access to safe drinking water. However, MICS 2009 data indicate considerable disparities between and within districts in terms of achieving the Goals.

12. There is no strong evidence of discrimination against females before puberty; however, gender bias persists thereafter. The low socio-economic status of women is reflected in the poor health services provided to them, their inadequate food intake and their limited decision-making authority. Thirty-nine per cent of girls are married before the age of 18; in rural areas, some 36 per cent of girls are married before age 15. Early marriage, dowry practices and sexual harassment, as well as violence against children and women continue because of social acceptance and gender norms. Social norms perpetuate the practice of child sexual abuse as well as exploitation and trafficking, and obstruct efforts to raise awareness of HIV and to ensure children access to services. Because of social norms, both girls and boys rarely have the opportunity to express their opinions or participate in making decisions affecting their lives.

13. Frequent flooding, cyclones and droughts affecting large numbers of households threaten to hinder full achievement of the Millennium Development Goals. Bangladesh ranks as one of the world's most disaster-prone countries, with 97.1 per cent of its total area and 97.7 per cent of its population at risk of multiple hazards (World Bank, 2005). The country also has the second-highest absolute and relative mortality risk for floods (after India).<sup>3</sup> Low elevation, ecosystem decline and poor governance in urban areas make the population exceptionally vulnerable. In 2007-2008, two major floods, a cyclone and increased food prices exacerbated poverty and food insecurity. The coping strategies of the poor included: reducing food intake and health expenditures; withdrawing children from school; sending children to work and placing them into institutions such as orphanages; and taking

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<sup>2</sup> Bangladesh Bureau of Statistics (July 2006), Baseline Survey for Determining Hazardous Child Labour Sectors in Bangladesh. Bangladesh Bureau of Statistics, Dhaka.

<sup>3</sup> Global Assessment Report on Disaster Risk Reduction, *Risk and Poverty in a Changing Climate*, United Nations, 2009.

on debt. Preparedness for disasters requires decision-making and leadership, roles from which women are generally excluded.

14. Steps towards Change: The National Strategy for Accelerated Poverty Reduction II (2009-2011) presents an opportunity for promoting children's rights. However, policies and legislation are not always consistent with the principles of the Convention on the Rights of the Child or other international standards and they often lack adequate enforcement mechanisms. The major policy gaps pertain to justice for children, social welfare and improving the well-being of poor urban populations.

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

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## **Key results and lessons learned from previous cooperation, 2006-2011**

### **Key results achieved**

17. The programme generated a large volume of high-quality equity-focused analysis pointing to the need to realize the rights of all children in order to achieve the Millennium Development Goals with equity. Evidence-based advocacy and programming directly impacted and supported national policies, strategies, plans and practices across all sectors. Using the MICS 2009 data disaggregated to the sub-district level and several publications were produced focusing on child poverty, investing in vulnerable children, understanding urban inequalities, examining the national budget and providing a perspective on gender equality in Bangladesh. The analysis was particularly important for development of a Composite Deprivation Index based on education, literacy, health and sanitation indicators and which measured progress across the MDGs. The analysis highlighted the imperative of reaching urban slum dwellers to accelerate poverty reduction and pointed to the necessity for the entire United Nations System to target rural sub-districts and slums. Some evidence highlighted geographic isolation as a more significant factor in determining vulnerability than governance.

18. Examples of policy change and effective programming based on accumulated evidence include: models for cash transfer for orphans and vulnerable children; transformation of institutions housing children in contact/conflict with the law; alternative education for out-of-school children; school feeding for vulnerable children in under-performing sub-districts; enhanced quality and access to maternal and newborn services; and school-level investment plans.

19. Tangible results include: an increase in vitamin A coverage from 85 per cent to 96 per cent and an increase in utilization rates in emergency obstetric care from 27 to 47 per cent (Health Management Information System, Directorate General of Health Services, 2009). The achievement of an 89 per cent immunization rate of three doses of combined diphtheria/pertussis/tetanus vaccine (Coverage Evaluation Survey 2010) merited an award from the Global Alliance for Vaccines and Immunization. The decline in child mortality merited the UN Millennium Development Goal 4 award. Today, there are some 20 million people taking action to improve hygiene and sanitation practices and seeking quality services in health, water and child protection. Since 2006, the country has seen a fivefold increase in birth registration. There is also a close alignment of both the Children’s Act 2010, approved by the Cabinet, and the National Policy on Children with the Convention on the Rights of the Child; the government has been supported to develop a monitoring framework on recommendations of the Committee on the Rights of the Child. Equally important, are more frequent, meaningful interactions of children with policymakers.

### **Lessons learned**

20. Programming through the equity lens depends upon robust subnational data, including on slums. Such programming needs to involve government at the initial stages, emphasize policy and legislative reform, and aim to strengthen government ownership and institutional capacity.

21. Within the broader context of the Government – Development Partners’ Joint Cooperation Strategy aimed at enhancing aid effectiveness, a robust United Nations Development Assistance Framework (UNDAF) process led to agreement on thematic priorities, geographic targeting and division of labour. Further downstream, the Reach Every District immunization strategy boosted coverage dramatically, but the balance between demand creation and the supply side of service delivery is not easily achieved. Behavioural change strategies aimed at excluded groups need to be carefully tailored to their specific needs.

22. Another lessons learned is that implementing programmes in most of the 64 districts makes monitoring challenging, disperses efforts as well as resources, and creates obstacles for inter-sector complementarity and synergy. Working through local government institutions to improve the quality and outreach of services requires major investments in capacity development. Non-governmental organizations (NGOs) are most effective at the community level to enhance knowledge, change behaviour and social norms, and to improve demand for and access to services. Strategic partnerships within the United Nations, international financial institutions and bilateral institutions, and with civil society are essential for scaling up projects and programmes.

## **The country programme, 2012-2016**

### **Summary budget table**

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources</i>	
Social services for children and	54 200	321 000	375 200

<i>(In thousands of United States dollars)</i>			
<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
women			
Social policy, planning, monitoring and evaluation	12 000	2 500	14 500
Advocacy, communication and partnerships for children	6 500	2 500	9 000
Local capacity-building and community empowerment	17 500	5 000	22 500
Cross-sectoral costs	22 210	2 000	24 210
<b>Total</b>	<b>112 410</b>	<b>333 000</b>	<b>445 410</b>

### **Preparation process**

23. The midterm review of the country programme (2008) suggested that UNICEF needed to strengthen partnerships relating to disaster management, Communication for Development (C4D), governance, capacity-building, and urbanization. The new programme would need to further emphasize equity, synergy and sustainability. An important step towards synergy is the convergence strategy, focusing on 20 districts selected by the United Nations Country Team for the UNDAF 2012-2016 on the basis of a vulnerability analysis. Alignment to the UNICEF Medium Term Strategic Plan was integrated as part of the programme design.

24. The Situation Analysis (2009) highlighted capacity gaps and the immediate, underlying and root causes impeding the realization of child rights and the *Child Poverty and Disparities in Bangladesh (2009)* provided additional insights into issues of equity. The study also clearly linked the deprivation of social services to income-expenditure poverty, which suggests the need to address poverty.

25. The United Nations Country Team agreed that a full Common Country Assessment was not required, given the analytical work of the Millennium Development Goals thematic groups, a series of dialogues with the Government on the Goals and the Sixth Five-Year Plan. The *MDG Bangladesh Progress Report, 2009*, largely determined the selection of priorities for the UNDAF, 2012-2016. The Strategic Prioritization Retreat of August 2010 produced a clear set of priorities including gender and the urban poor as well as identification of lead agencies. The importance of child participation was also factored into the strategic discussions.

### **Programme and component results and strategies**

26. The UNICEF programme is designed to achieve results for the poorest children, their families and communities, demonstrating the impact of a complementary, synergistic and inter-sectoral development model to achieve the Millennium Development Goals. The new country programme also seeks to model a strong and child-sensitive social protection system. In this context, the UNICEF **Social services for children and women** programme component contributes to the UNDAF 2012-2016 pillar on Social Services for Human Development and aims to ensure more equitable utilization of quality health, nutrition, education and water, sanitation and hygiene (WASH) services for the most deprived populations in 20 selected districts and slum areas. It also focuses on social protection policies and

services related to abuse, neglect and exploitation. It additionally addresses changes in behaviour and social norms as well as creation of demand for services. This component is the key source of evidence for two additional programme components: social policy, planning, monitoring and evaluation, and advocacy, communication and partnerships for children. These components complement each other in collecting, analysing, using, managing and disseminating evidence and knowledge to help to change policies and laws that protect the rights of the most vulnerable children.

27. In terms of strategies, UNICEF and the United Nations system agencies will focus evidence- and knowledge-based advocacy on accelerated efforts needed to achieve the Goals and to reduce disparities between and within districts. A central thrust of advocacy will emphasize that addressing issues of equity is far more effective in reducing poverty than pursuing economic growth alone. It will also emphasize that the reaching of middle-income status for the country will not guarantee the realization of the Government's poverty reduction targets and human rights.

28. A capacity development framework will serve to strengthen systems at central and subnational levels, create demand for services and provide humanitarian-related support. Emphasis will be placed on behaviour and social change. Service delivery in deprived urban and rural areas will be used to model innovative initiatives that can be taken to scale and reinforce the linkages between ground level realities and the upstream policy and legal environment.

29. Risks to be mitigated include potential declining levels of official development assistance and the likelihood of national resources being directed more towards building infrastructure than strengthening social services. The pace of the new programme will depend on the process of devolution to local government and civil service reform. A UNICEF 2010 risk analysis indicated high-risk factors associated with the management of supplies, safety and security, and vulnerability to natural disasters. It was noted that innovative approaches could be piloted with minimum risk. Factors mitigating risks include a robust UNDAF focused on the most deprived populations and geographic areas, with a clear division of labour among United Nations agencies, including disaster risk reduction (DRR) and potential response through the Inter-Agency Standing Committee (IASC) Cluster Approach. A cohesive United Nations action plan and fundraising strategy; persistent evidence-based advocacy to leverage equitable allocation of government and international financial institutions' resources as well as solid UNICEF internal controls mechanism further mitigate risks. An increase in UNICEF's human resources structure in the field from 32 to 80 staff is also positive.

### **Relationship to national priorities and the UNDAF**

30. The Government's vision is to achieve middle-income status by 2021, sustain food self-sufficiency, meet energy and infrastructure demands, achieve the Millennium Development Goals, and reduce poverty from 40 per cent to 20 per cent by 2021. The interrelation between this vision, the targets of the Goals and the UNDAF was carefully designed. The **Social Services for Human Development** pillar of the UNDAF is at the heart of national prioritization and covers several Goals including those elaborated in the Nutrition & Population, Health, as well as the Education sectors. It is around this pivotal pillar of the UNDAF that the



proposed UNICEF-assisted country programme is mainly constructed. In addition to nutrition, UNICEF has much to contribute to the other mutually reinforcing priorities of the UNDAF– such as Disaster Risk Reduction, improving the well-being of the urban poor and gender equality. This proposed programme grew out of shared outcomes and collective strategies between the Government and the United Nations agencies.

32. Subsequent to the Government’s submission of its third and fourth progress reports to the Committee on the Rights of the Child in 2008, an action plan was developed with UNICEF support to implement some 100 recommendations of the Committee. This pragmatic child rights framework complements the priorities of the programme and is specifically tied to the UNDAF pillar on Democratic Governance and Human Rights.

### **Relationship to international priorities**

33. The Millennium Development Goals are the main driver of the UNDAF, and by extension, of the proposed Bangladesh-UNICEF programme of cooperation. Emergency health, nutrition, WASH, education and child protection interventions will be integrated within a national Disaster Risk Reduction plan focused on the establishment of early warning systems, a community awareness that creates a culture of safety and resilience, and preparedness for effective response. The latter will be delivered through the cluster approach of the Inter-Agency Standing Committee, in which UNICEF leads in WASH and nutrition, and co-leads in education.

34. All areas of the UNICEF medium-term strategic plan, 2006-2013, are relevant to the proposed programme. Despite falling child and maternal mortality figures, UNICEF needs to support national efforts to sustain capacities and systems relating to maternal and newborn health. The key result area relating to improving child nutrition merits special attention. The scale-up of WASH services is required in the 20 convergent districts in a sustainable and equitable fashion. Despite significant achievements in education, including in gender parity, issues of quality and equity persist. UNICEF will therefore support efforts to ensure that children in pre-primary and primary school complete the cycle with nationally defined competencies and then enrol in secondary education. Despite the low HIV prevalence, UNICEF needs to support the monitoring of trends and a rigorous prevention agenda. Given the high levels of exploitation, violence and abuse, child protection remains an ongoing imperative. The new programme will continue the current programme’s successful policy advocacy and coordination of services for both prevention and response through partnerships.

### **Programme components**

35. The five programme components aim collectively to invest and leverage resources to reach the poorest, most excluded populations by targeting the 20 convergent districts and urban slums identified by the UNDAF and reduce growing social and economic disparities. The programme component **social services for children and women** comprises six sub-components designed to be implemented in a geographically targeted, complementary and synergistic manner for maximum impact. The other four components are all designed to facilitate,

support or draw evidence and knowledge from the former to reduce inequalities while making progress towards the Goals.

36. The **social services for children and women** component brings together strategic and interrelated interventions (sub-components) in health, nutrition, WASH, education, child protection and C4D. Capacity-building of government duty bearers and facilities will be complemented with interventions to change critical behaviours and social norms as well as enhance demand for services. It will also generate the evidence required for knowledge acquisition, analysis and dissemination as well as advocacy.

37. The health sub-component aims to scale up cost-effective, evidence-based maternal, newborn and child health interventions along a continuum of care, including support to injury prevention, in order to accelerate equitable achievement of Goals 4 and 5. It will strengthen the health system through decentralized planning, budgeting, implementation and monitoring at district and sub-district levels, while creating demand for services. Lessons learned will be used to develop policies and plans, and to leverage resources. UNICEF will continue to provide leadership within the sector-wide approach.

38. The nutrition sub-component aims to support government efforts to scale up nutrition interventions and make progress towards the hunger target in Goal 1. An overarching multi-sectoral nutrition policy will be developed, and strategic partnerships established for scaling up preventive nutrition interventions for adolescent girls, pregnant and lactating women and children under 2 years of age, and the treatment of severe acute malnutrition among young children. UNICEF will facilitate the local production and use of nutrient-rich, ready-to-use therapeutic foods, especially for the poor.

39. The WASH sub-component aims to support the achievement of Goal 7 targets by promoting the use of clean toilets and handwashing with soap through the leveraging of government resources and the promotion of relevant policies. This will also be accomplished by aiming to reach the poorest households, communities and child-related institutions in areas prone to floods and cyclones and those affected by arsenic and salinity and dropping water tables as well as urban slums.

40. The education sub-component aims to support the new national education policy to achieve Goals 2. Equitable access to quality early learning, including injury prevention, pre-primary, primary and equivalent non-formal education for marginalized children aged 5 to 14 will be the main driver of change. Policy support will be provided to the integration of life skills-based education in the secondary curriculum. UNICEF will continue to provide leadership in the education sector-wide approach to leverage resources for the most marginalized children.

41. The child protection sub-component aims to enhance the protective environment for children and adolescents, particularly females, against violence, abuse and exploitation by strengthening the national child protection system that encompass appropriate laws, policies and services, and through social change. With a focus on prevention, including injury prevention, action will aim to promote positive behaviour, minimize vulnerability, address known risk factors, and strengthen children's and adolescents' own resilience. Modelling will be used to build capacity, ensure quality services supported by legal processes, promote family-based care and gather evidence to influence policy.

42. The C4D sub-component aims to support interventions in health, nutrition, WASH, education and child protection by promoting life-saving, protective behaviours. C4D will create demand for and improve the quality of services, promote individual behaviours and collective social norms that improve the social status of children and address gender discrimination and traditional practices that hamper the development of children. C4D will support: (a) households to practise improved parenting skills and child-friendly teaching; (b) the enhanced status and role of children; (c) the prevention of early marriage; and (d) planning for safe maternal delivery, hand-washing, protection from injury, disaster preparedness and HIV/AIDS prevention. C4D will generate evidence to inform national and subnational policies.

43. The HIV and AIDS response for children will be cross-cutting. Evidence-based advocacy will leverage resources, facilitate equitable access of children, adolescents, youth and women to appropriate HIV prevention, treatment and care services, and aim to reduce stigma and discrimination.

44. The **local capacity-building and community empowerment** component aims to address weak capacity at subnational levels and to seize opportunities offered by recent (and possible future) efforts at decentralization. The capacity of local government institutions and civil society and community-based organizations will be enhanced to ensure inclusive bottom-up participatory planning across the different programme components in the targeted areas, strengthen coordination mechanisms and enhance inter-sector synergy.

45. The programme component **advocacy, communication and partnerships for children** will promote and protect child rights with the aim of ensuring that children and women are increasingly consulted, heard and featured at the centre of national policies and plans. Parliamentarians, civil society organizations and think-tanks will be engaged, the capacity and awareness of media professionals enhanced, and initiatives that promote public discourse on children's and women's rights supported.

### **Major partnerships**

46. UNICEF will build on close collaboration with the Government and forge stronger partnership with local government institutions. Implementation will continue to require the collective and coordinated actions of multiple civil society partners to scale up interventions in mother-and-child health, in the area of therapeutic feeding, and in the strengthening of rural health centres and communication networks. Partnerships with a large number of local NGOs will continue in the areas of early learning activities and non-formal education, WASH and child protection. UNICEF will continue to play a convenor role vis-à-vis several development partners and NGOs, including some very effective international NGOs, in addressing specific challenges related to achieving the Millennium Development Goals as well as humanitarian response.

47. The United Nations System will pursue synergy, shared results, accountability and joint fundraising. Continued partnerships and substantial support are expected from donors. Non-earmarked ("other") resources will provide UNICEF in Bangladesh with a high degree of liberty to undertake research, invest in surveys and develop policy papers to facilitate advocacy.

### **Monitoring, evaluation and programme management**

48. Key monitoring indicators are described in the Summary Results Matrix, which will serve as the five-year database for the integrated monitoring and evaluation plan (IMEP). The IMEP will incorporate research, monitoring and evaluation activities, and will be consistent with the UNDAF IMEP.

49. To assess the overall effectiveness and equity focus of the programme, UNICEF will track changes in the Composite Deprivation Index, which monitors net attendance ratios in secondary school, sanitation coverage, adult literacy, and skilled attendance at birth. Districts and sub-districts will continue to be ranked so that the progress can be assessed in the 20 convergence districts relative to the other 44 districts, or the 66 convergent sub-districts relative to the 415 other sub-districts and slums. Changes in the standard deviation of specific indicators over time will also be used to assess progress towards reducing inequalities.

50. UNDAF annual programme reviews, joint United Nations field visits, the UNICEF midterm review in 2014 and end-of-cycle evaluations in 2016 will monitor progress at subnational level against planned results, and distil and disseminate lessons learned. National impact results surveys include MICS in 2012 and 2015; annual output-focused surveys will be conducted in the 20 convergence districts; Demographic and Health Surveys are planned for 2011 and 2015; and a Household Expenditure and Income Survey is planned for 2015.

51. Partnership with the Bangladesh Bureau of Statistics will be strengthened. The integration of DevInfo into the government system for monitoring the Goals will be supported. Data will be disaggregated by gender, age and other vulnerability factors, including geographic location.

52. The Ministry of Finance's Economic Relations Division has the overall responsibility for the coordination of the UNICEF-assisted programme and will provide leadership for planning, implementation, monitoring and periodic reviews.

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