

Bangladesh

Update on the context and situation of children

Bangladesh's pace of economic growth and development slowed in 2020 with the unprecedented health and economic crises caused by the COVID-19 pandemic. Short-term economic losses affected domestic economic activities, business profits, household earnings, employment, international trade and investment.

A July 2020 study commissioned by UNICEF Bangladesh and the General Economics Division (GED) on the economic fallout of a high-impact COVID-19 scenario predicted: (a) 30 per cent decrease in annual export demand; (b) 1.1 per cent drop in annual growth in fisheries and livestock outputs; (c) 10.6 per cent underutilization of installed capital among industries and service sector; and (d) 18 per cent reduction in annual foreign remittances. Bangladesh Bureau of Statistics (BBS) provisionally estimated gross domestic product (GDP) per capita for 2019/20 as US\$1,970. The Asian Development Bank revised its initial prediction, forecasting that Bangladesh's GDP would grow in 2020 not by 8.2 per cent, as originally projected, but by 5.2 per cent. Multidimensional Poverty Index (MPI) analysis conducted by UNICEF, BBS and GED in early 2020 shows that more children (42.1 per cent) than adults (32.9 per cent) are multidimensionally poor. This situation would have certainly worsened as a result of the pandemic, although its full impact on people's socio-economic status is yet to be comprehensively measured.

Every child survives – reproductive and maternal health

Despite socio-economic gains in the pre-COVID-19 period, infant mortality remained comparatively high in 2019 (34 deaths per 1,000 live births). Antenatal care (ANC) visit coverage improved in 2019: 75 per cent of pregnant women had one or more visits, but 17 per cent had no ANC when last pregnant. Skilled birth attendance and health facility delivery rates increased in 2019 to 59 per cent and 53.4 per cent respectively. Yet one third of newborns received no post-natal check and only 5 per cent received immediate skin-to-skin contact (Multiple Indicator Cluster Survey [MICS], 2019). In 2019, 83 per cent of one-year-olds were fully immunized (Coverage Evaluation Survey, 2019). As of 2019, of infants born in facilities to HIV-positive mothers, only 64 per cent were tested. Most young people (88.4 per cent) lacked comprehensive HIV prevention knowledge (MICS, 2019).

In 2020, COVID-19 led to more births outside of medical facilities and without skilled birth attendance. This is likely to result in an increase in neonatal mortality. Mainstream media have also been reporting a rise in the abandonment and subsequent death of newborns. Bangladesh aimed to achieve 100 per cent coverage of early infant HIV diagnosis by end-2020.

Every child thrives – health, nutrition and development

While 98.5 per cent of newborns were breastfed in 2019, only 62.6 per cent were exclusively breastfed. Incidence of moderate/severe stunting among children under 5 years fell to 28 per cent in 2019, but the prevalence of wasting remained static (9.8 per cent). Among infants aged 6–23 months, only 27 per cent received the minimum acceptable diet. As of 2019, 76 per cent of households consume iodized salt (MICS, 2019).

Every child learns, from early childhood to adolescence

Preschool education coverage for five-year-olds increased to 87 per cent in 2019, but only 18.9 per cent of children aged 36–59 months attended early childhood education (ECE). Primary school net attendance rose to 85.9 per cent in 2019, while 57.8 per cent of adolescents attended lower secondary education. Quality of education remained a major issue.

COVID-19 has kept 21 million primary-aged children out of school since March 2020. Preliminary findings of a Population Council and UNICEF study on the status of adolescent girls during COVID-19 show that 1 in 10 girls may not return when schools reopen. School closures will exacerbate learning loss, which was already an issue pre-pandemic.

Every child is protected from violence and exploitation

Bangladesh's under-five birth registration rate rose sharply to 56 per cent in 2019. Widespread harmful

practices continued, however. Roughly 9 out of 10 children aged 1–14 years had been violently disciplined by a caregiver. Child labour affected 6.8 per cent of those aged 5–17 years. Child marriage remained widespread: 51.4 per cent of women aged 20–24 years were first married before the age of 18 years (MICS, 2019).

COVID-19 has increased the prevalence of violence and exploitation, with a substantially higher number of reports of child rape, child marriage and child deaths due to violence. The UNICEF-supported national child helpline received more calls in the first four months of 2020 than in the whole of 2019. An October 2020 U-Report survey revealed that 18 per cent of young people believe violence increased under the lockdown necessitated by the pandemic. On a positive note, birth registration in Cox’s Bazar, which had ceased with the latest influx of Rohingya refugees in August 2017, was resumed in 2020.

Every child lives in a safe and clean environment

Even before COVID-19, poor WASH in schools (student-to-toilet ratio of 115:1, inappropriate hygiene) affected attendance and learning (National Hygiene Survey, 2018). As of 2019, most Bangladeshi households (98.5 per cent) have access to an improved source of drinking water, but water quality remains very poor. Only 42.6 per cent of the population have access to a safely managed drinking water source that is on the premises, available when needed, arsenic-safe and free of E. coli. Roughly 64 per cent of households have access to improved sanitation that is not shared. One quarter of the population live in households lacking water and soap, and handwashing was very infrequent pre-pandemic (National Hygiene Survey, 2018; MICS, 2019).

COVID-19, Rohingya refugee crisis and other emergencies

The 862,277 Rohingya refugees (52 per cent children) hosted by Bangladesh have no legal status in the country, restricting their ability to access essential services beyond the Cox’s Bazar camps.

To reduce COVID-19 transmission in the camps, which have an extremely high population density, provision of services was drastically reduced to critical services only, and access by humanitarian personnel was also reduced by 80 per cent. As of 28 December, cumulative totals of confirmed cases and deaths due to COVID-19 in the camps were 367 and 10 respectively.

Major contributions and drivers of results

Every child survives – reproductive and maternal health

The early days of COVID-19 saw reductions in the availability and use of maternal, newborn, child and adolescent health (MNCAH) services in UNICEF-supported districts, e.g., availability of ANC and immunization services halved.

UNICEF technical support helped restore immunization services by June. Support focused on uninterrupted vaccine supplies; development of infection prevention and control (IPC) guidelines; and intensified communication efforts. Improved facility readiness and on-site quality improvement support increased uptake of quality MNCAH services in seven UNICEF districts: 57,241 sick newborns were treated in special care newborn units; 1,066 low birthweight babies received kangaroo mother care; and 12,467 children received pneumonia treatment. UNICEF support was critical to COVID-related system strengthening for hypoxaemia management, involving the supply of 2,000-plus oxygen concentrators, and to capacity building to introduce Bangladesh’s first paediatric standards in two hospitals.

UNICEF supported integration of prevention of mother-to-child transmission services for triple elimination (HIV, syphilis, hepatitis) in the broader MNCAH system. This continued support in 12 hospitals and 15 Cox’s Bazar camp health centres saw 62,000 pregnant women accessing HIV testing/counselling. Maintaining access to antenatal/post-natal care benefited 1.79 million women and newborns.

UNICEF initiated advocacy for an adolescent sexual and reproductive health and rights act, and finalized a costed action plan and training on adolescent health. Accreditation guidelines for adolescent-friendly health services were endorsed.

UNICEF supported civil society organizations (CSOs) to build capacity in psychosocial counselling on HIV. Improved services for vulnerable adolescent men who have sex with men, and transgender adolescents in four cities led to 41 per cent of targeted individuals accessing HIV testing/counselling; 18 per cent being screened for sexually transmitted infections; and 90 per cent receiving psychosocial/COVID-19 counselling.

Every child thrives – health, nutrition and development

Early in the pandemic, UNICEF – as part of the United Nations Country Team – provided technical assistance to the Government of Bangladesh to develop the Bangladesh Preparedness and Response Plan for COVID-19 (BPRP) and Immediate Socio-economic Response Framework (ISERF).

To address COVID-19, UNICEF supported the Directorate General of Health Services (DGHS) and Ministry of Health and Family Welfare (MOHFW) to train 5,200 service providers, ensure continuity of essential health services and establish triage systems in 59 health facilities. A 200-bed COVID-19 treatment facility built by UNICEF with donor assistance supports refugee and host communities in Teknaf, Cox’s Bazar.

UNICEF coordinated the Risk Communication and Community Engagement (RCCE) Pillar of the national COVID-19 response. Through social media, the RCCE Pillar – comprising development agencies, non-governmental organizations, CSOs and private-sector entities – collectively reached 51.2 million people with preventive messages, viewed 3 billion times. UNICEF supported religious leaders in denouncing stigmatization of service providers and infected individuals. UNICEF social media posts countering misinformation recorded 73.6 million views.

UNICEF technical assistance supported development of National Nutrition Services Continuity Guidelines and the first National Maternal Nutrition Guidelines. UNICEF supported a demonstration programme on antenatal multiple micronutrient supplements; systematic review of early childhood care and development; and review of the community-based approach to nutrition.

UNICEF provided communication materials on nutrition and COVID-19, and resources for treating children with severe acute malnutrition (SAM). A UNICEF supported mid-2020 rapid assessment revealed that only 5 per cent of SAM facilities had a stock of therapeutic milk and 31 per cent had anthropometric materials, triggering an urgent request from National Nutrition Services. UNICEF supplied therapeutic milk and preparation kits, measuring tapes, height-length boards and weighing scales to all 380 SAM facilities. Bangladesh has now embarked on a comprehensive approach, guided by the Global Action Plan on Child Wasting.

165,700 girls and 36,500 boys aged 10–16 years received nutrition interventions, with iron and folic acid supplementation included for girls.

The four-week National Vitamin A Plus Campaign (NVAC+) reached 21.51 million children aged 6–59 months amidst the pandemic. The Dhaka Tribune reported: “This campaign was a model for how public programs should be in these times.” To reach Rohingya children, NVAC+ volunteers took a door-to-door approach. Ninety-seven per cent of the target population was reached in either case.

Every child learns, from early childhood to adolescence

UNICEF worked with the Ministry of Primary and Mass Education on a national education plan for the COVID-19 response. This was also the basis for securing Global Partnership for Education (GPE) funding.

About 94 per cent of targeted children benefited through ECE interventions directly funded by UNICEF, following successful advocacy to mainstream early learning for children aged 3–5 years through primary education.

Extensive technical and material support saw a unified national curriculum framework (pre-primary to Grade 12) endorsed. UNICEF technical assistance was instrumental in redesigning the potentially transformative framework to include a two-year pre-primary education structure and coordination mechanism.

Schools have been closed since March 2020 due to COVID-19, but remote learning was rapidly operationalized with UNICEF support. An estimated 17.46 million children aged 3–17 years were reached, including through televised lessons for 8.7 million pre-primary/primary children. Remote learning was designed for all children, including those in madrasa and technical education, with curricula adapted to television, radio and mobile phone. This mechanism could not, however, reach

poorer children lacking digital devices and internet connectivity. UNICEF provided technical support for the development and printing of home learning modules for Rohingya children; support to deliver the same low-tech solution for other children is under way. UNICEF has been in talks with the Government to ensure connectivity for all children and a blended learning approach post-COVID.

UNICEF supported implementation of the Fourth Primary Education Development Programme through technical and financial contributions to the Directorate of Primary Education, although COVID-19 severely hampered overall progress. Strengthening inclusion in education continued, with training for government officers on disability-inclusive planning via a joint UNICEF/United Nations Educational, Scientific and Cultural Organization (UNESCO) course. Efforts to keep girls in school included supporting local education authority planning and school leader training on menstrual hygiene management (MHM). UNICEF and the Asian Development Bank supported primary education data management system reform, including improvement in data disaggregation.

The Alternative Learning Programme, offering informal apprenticeships for marginalized adolescents, became a key strategy to reach Generation Unlimited (GenU) national targets.

Every child is protected from violence and exploitation

Advocacy by UNICEF and the Supreme Court Special Committee on Child Rights facilitated the release on bail of 1,000 children detained in overcrowded centres and their reunion with their families. Virtual court proceedings were established in response to COVID-19 and all children's courts suitably equipped. UNICEF supported the Government with an additional 127 social workers, who reached 306,000 vulnerable children. UNICEF added eight call centre agents to address the 40 per cent increase in child helpline calls triggered by the pandemic.

UNICEF-supported child protection case management reached 212,627 children (35 per cent girls). Case management in camps reached 4,836 individuals (74 per cent female), including child survivors of abuse, exploitation, and gender-based violence (GBV). UNICEF provided psychosocial support for 53,627 children, including 260 children with disabilities, and 14,916 parents. In camps, community volunteers assisted Rohingya children with mental health and psychosocial support; 4,496 children were supported with alternative care, and 171,820 adults, including 5,155 adults with disabilities, received psychosocial support.

In 2020, UNICEF supported Bangladesh's Office of the Registrar General to register 2,483,585 children under 18. Almost 95 per cent received a birth certificate. Messages promoting timely birth registration reached 9.2 million people. Birth registration of Bangladeshi children in Cox's Bazar resumed in September with UNICEF assistance.

UNICEF, the Government, and child protection and education clusters responded to monsoon flooding affecting almost 445,000 children and 3,960 schools. Non-food items were distributed and community-based messaging to prevent harmful practices was disseminated.

Ending Child Marriage: A profile of progress in Bangladesh was launched with the Government. Report data informed the revised national target for ending child marriage (ECM) for Bangladesh's 8th Five Year Plan 2021–2025. *Child Marriage in Humanitarian Settings in South Asia*, with its Bangladesh case study, was supported with technical assistance.

A consistently strong voice on child-related priorities raised awareness among key stakeholders, including children. UNICEF issued 37 press releases and received 21,762 mentions in mainstream media. Children connected with decision-makers through World Children's Day, the Children's Climate Summit and UNICEF Generation Parliament (1,030,000 followers at end-2020).

Nearly 112,800 adolescents (70 per cent female) engaged with life skills-based education, and messaging on ECM, violence against children and COVID-19 through 1,695 adolescent clubs (193 virtual). The National Adolescent Strategy and Standardized Adolescent Empowerment Package were developed. About 4,200 adolescents were trained to disseminate COVID-19 messages via a mobile application, with 132,846 adolescents, 27,962 parents and 63,517 other community members reached.

Over 13,500 parents, adolescents, child rights facilitators, social workers and caregivers received, through 966 Community-based Child Protection Committees, information on responding to violence against children.

Every child lives in a safe and clean environment

UNICEF engaged in the Climate and Environment Local Consultative Group (LCG) and revitalized thematic groups under the Water, Sanitation and Hygiene (WASH) LCG, serving as co-lead of the Climate Change/Disaster Risk Reduction (DRR) group. Developing the WASH sector Strategy Paper for COVID-19 helped leverage resources from international financial institutions and development partners for the national COVID-19 response. UNICEF helped develop the Hand Hygiene for All roadmap, aiming to make hand hygiene a pillar of all public health interventions in Bangladesh.

UNICEF directly reached an additional 600,000 people with safely managed water sources and 400,000 with safely managed sanitation facilities. UNICEF helped 95,934 people access improved water sources. Seven unions and 1,819 communities became open defecation free through the projects Arsenic Safe Unions (Sida) and Accelerated Sanitation and Water for All II (UK Foreign, Commonwealth and Development Office). In Sylhet and Rangpur, 7,000 people benefited from climate-resilient water points and 10 unions from a climate-focused water and sanitation programme.

Swiss Agency for Development and Cooperation support for the COVID-19 response saw 436,151 people benefit from community-led total sanitation; bucket chlorination; and installation of handwashing devices, including 101 pedal-operated devices in religious schools, early childhood development para centres and health care facilities. Also within the COVID-19 response, a waste management component was launched in Gazipur City Corporation, with Sida support. The extended sanitation marketing system project let 17,730 households purchase improved toilets. 60 households built disability-friendly toilets. Hygiene promotion training reached 600 front-line health workers. Overall, with UNICEF supporting the coordination, 8.9 million people (57 per cent female) were reached with water point repair/rehabilitation, water source disinfection, piped water chlorination and soap distribution.

UNICEF helped the Directorate of Secondary and Higher Education support 43 secondary schools with hardware and software interventions, WASH in Schools guidelines, and ‘three-star approach’ capacity building. A national MHM strategy was developed.

Across Cox’s Bazar, UNICEF and partners reached 521,335 people with safe drinking water and sanitation, and 424,778 people with hygiene promotion and behaviour change programming.

Cyclone Amphan and monsoon flood responses provided hygiene promotion for 340,000 people, water source access for 218,722 people, and latrine access for 3,761 people with disabilities.

UNICEF and Pure Earth launched Protecting Every Child’s Potential, to reduce lead pollution, with an awareness raising campaign and country assessment. Sida-funded work on climate-resilient health systems continued.

A Children’s Climate Declaration was presented to Members of Parliament on World Children’s Day, following engagement of 1 million children through Bangladesh Debate Federation.

Equitable chance in life

UNICEF-supported communication activities helped generate substantial demand for essential MNCAH and infant and young child feeding services.

Social protection spending for children reached 1.2 per cent of GDP in 2020 (0.83 per cent in 2013),

the increase largely allocated to COVID-related programmes and financial support. Indicators linked to fulfilment of child rights were added to annual performance agreements so that social sector ministries invest more for children. Children's diverse needs were better reflected in local plans, thanks to community participation in 22 programme districts. All of the districts – plus 76 per cent of sub-districts; 50 per cent of unions – now have plans for children that integrate health, education, protection and other sectors. In 160 unions, communities identified priorities for children, shaping advocacy at the highest levels.

UNICEF supported the Government to implement e-monitoring for effective social services coverage; online surveys to understand whether services are reaching those most in need; an exercise to determine the full extent of available data; analysis of MICS 2019 data; and the set-up of new data platforms, including to track Sustainable Development Goal (SDG) progress. These efforts helped improve understanding of multidimensional vulnerabilities and risks for children and women owing to COVID-19, and highlight socio-economic/geographical vulnerabilities for the forthcoming Country Programme Document.

The July study on the COVID-19 economic fallout assessed how its impact may worsen households' existing vulnerabilities. A UNICEF study highlighted an effective, community-based birth registration model to policymakers, and 25 Government officials were trained to evaluate development projects, including to ensure inclusion. UNICEF supported studies to inform Bangladesh's 8th Five-Year Plan, including on child-sensitive social protection programmes; development of a Bangladesh/child-sensitive MPI; and urban governance for women and children.

UNICEF worked with multiple partners to improve adolescent engagement initiatives, including life skills education and media participation, which is fostering empowerment among adolescents and their communities. UNICEF re-established a task force for inclusion of children and adolescents with disabilities in Bangladesh. UNICEF inclusion work was mapped and a situation analysis of the target population conducted. A 2021 workplan was developed, following discussions with young people with disabilities which seeks to ensure that UNICEF is inclusive in its operations, culture and programming.

COVID-19, Rohingya refugee crisis and other emergencies

In preparing the new United Nations country documents, UNICEF played a key role in linking humanitarian and development programming in the Common Country Analysis. A child-sensitive COVID-19 preparedness and response plan was developed. Government response and service continuity were strengthened by the provision of multisectoral supplies worth US\$18.74 million.

UNICEF supported the Government, CSOs and media partners in implementing community-based communications/interventions to promote compliance with COVID-19 preventive measures. Through evidence generation, advocacy, partnerships and innovation, UNICEF addressed adolescent vulnerabilities created by lockdown and school closures.

U-Report was used to rapidly assess the situation and inform 533,000 adolescents, youth and other community members. Fifteen U-Report surveys shaped COVID-19 prevention campaigns. Adolescents and youth were engaged via mobile technologies in community activities on COVID-19 and development programming.

In Cox's Bazar, emergency preparedness and response capacity were strengthened to maintain support to 862,277 Rohingya refugees and 444,000 host community members. UNICEF ensured access to safe water and sanitation for 240,000 Rohingya refugees in eight camps. Of 40 planned solar-powered water networks, 25 are operational; 88 faecal sludge management sites empty 15,000 latrines.

In January 2020, the Government granted approval to introduce Myanmar's curriculum in camps.

UNICEF and other education actors are preparing for its launch to 10,000 students (Grades 6–9) when education services reopen.

As well as its DRR and resilience contributions, UNICEF supported the Government and humanitarian community to deliver quality integrated services to adolescents in Cox's Bazar. UNICEF and partners operate 142 multi-purpose centres offering services ranging from vocational training to psychosocial support, reaching 16,354 adolescents in camps and 1,744 in host communities. Eighteen safe spaces for females mitigate GBV risk.

UN Collaboration and Other Partnerships

- UNICEF worked closely with other United Nations agencies and Bangladesh line ministries to help formulate ISERF and support development/operationalization of the BPRP and 8th Five-Year Plan. For the RCCE Pillar of the BPRP, UNICEF helped coordinate 49 partners from the Government, private sector, civil society, academia, United Nations and bilateral organizations.
- As a member of the IPC and Case Management Pillar of the national COVID-19 response, UNICEF helped streamline technical assistance to DGHS. To support the MOHFW COVID-19 preparedness and response plan, UNICEF provided technical assistance for capacity building and facility preparedness, including development of guidelines and training, use of personal protective equipment/oxygen therapy equipment, 20 million water purification tablets and development of IPC information, education and communication materials in 57 facilities of seven districts, including Cox's Bazar.
- UNICEF worked with the International Labour Organization, United Nations Development Programme, World Bank and BRAC to address the pandemic's impact on the GenU agenda. The multi-stakeholder GenU Bangladesh Steering Committee drafted a 2021 workplan focused on testing innovative models for connecting youth to employment post-COVID-19.
- UNICEF worked with 115 business entities to achieve programme results benefiting 170,745 children in total: 22,700 children through Mothers@Work; 70,000 through Better Business for Children; 58,000 through the Bangladesh Tea Association partnership; 20,000 through an online safety programme; and 45 children with disabilities through the Bangladesh Steel Re-Rolling Mills partnership.
- UNICEF assisted the University Research Corporation and National Institute of Preventive and Social Medicine to establish a learning network model for a quality improvement system.
- UNICEF worked with Chatham House to produce policy paper 'Universal Health Coverage and Financing Options', also used in formulating the 8th Five-Year Plan.
- UNICEF worked with MOHFW and the Institute of Health Economics to develop an urban primary health care (general practitioner) model.
- UNICEF worked with UNDP and UNESCO on remote learning provision. UNDP facilitated expedited funds transfer to Access to Information (a2i), the project entity, with no institutional cost recovery. UNICEF and UNESCO collaborated to set up remote learning options, education sector assessment and sector plan for the GPE application and a regional rapid assessment of the pandemic's impact on education.
- UNICEF worked with a2i and the World Bank to generate evidence to combat COVID-19.
- UNICEF worked with various United Nations agencies, humanitarian organizations and government entities in Cox's Bazar to provide essential basic services to Rohingya refugees and host communities with strong donor support.
- UNICEF worked with United Nations agencies through the Operations Management Team to jointly initiate the:
 - o establishment a COVID-19 medical treatment facility in Cox's Bazar for United Nations staff, dependants, and humanitarian and front-line workers.
 - o COVID-19-related service agreement with the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b; testing); Praava Health (telemedicine and testing); and Impulse Hospital (treatment and admission of confirmed cases).
 - o development and finalization of the Business Operations Strategy in support of more effective programme delivery on the 2030 Agenda for Sustainable Development through common services.

Lessons Learned and Innovations

The COVID-19 pandemic has once again taught us the importance of disaster preparedness, including to 'think of the unthinkable' (e.g., 'Global Level 3' emergency and the difficulty of expecting support

from outside the country); continuously monitor how the situation develops; and adjust actions accordingly and in a timely manner. To keep operations running smoothly and efficiently under extremely challenging circumstances, the country office adjusted its work processes and internal control mechanisms. The new ways of working, using information technology and networks, has proven to be effective. In terms of programming, the unprecedented COVID-19 crisis accelerated the development, deployment and implementation of several innovative solutions that support service delivery, monitoring and communication with beneficiaries.

Agility and flexibility in how UNICEF operates is critical. Thanks to relative flexibility in resources and geographical presence, UNICEF could respond swiftly to the rapidly changing context of the global pandemic, leveraging opportunities and influencing strategic direction to ensure the protection of children's rights. UNICEF supported the Government of Bangladesh in establishing/strengthening real-time data systems to enable faster, evidence-based decision-making to respond to COVID-19. Under UNICEF coordination, the RCCE Pillar for the national COVID-19 response conducted over 42 evidence generation activities, including U-Report mobile-based polling, online and observation surveys. Results of the data collection and analysis were shared to inform RCCE strategies, messaging and activities, and to adjust them continuously in the manner of a 'learning organization'.

During lockdown, 45 million children (under 14 years of age) in Bangladesh were trapped in homes where the use of physical violence is rife (MICS, 2019). This highlighted a clear need to expand and strengthen the social services workforce to ensure that an active child protection case management system is available when children need help. Currently, Bangladesh has less than 20 per cent of the required social service workforce.

The initiation of virtual court proceedings for children in conflict with the law served as an innovation for countries across the South Asia region. This approach provided the opportunity to expedite cases and trials involving children and to minimize their exposure to the negative court environment while also reducing logistics and transportation costs.

The devastating impacts of the COVID-19 pandemic have reiterated the importance of implementing a systemic and comprehensive approach to social protection for children. Having such an approach in place in Bangladesh prior to COVID-19 would have assisted millions of children in 2020. UNICEF continues its policy advocacy to prioritize an emergency universal child benefit programme for caregivers of children aged 0–5 years. There is also a need to strengthen the existing administrative and delivery structures of the social protection system to better implement crisis response measures.

With icddr,b, KTH Royal Institute of Technology and the University of Oxford, UNICEF designed action research entitled 'Detection of SARS-CoV-2 elements in wastewater and development of wastewater-based epidemiological (WBE) surveillance protocol'. Proof of concept and collaboration with the government Institute of Epidemiology, Disease Control and Research (IEDCR) have been established to further pursue the possible utility of this approach for early detection of pathogens, including COVID-19, in wastewater, particularly in urban areas.

It is critical to further speed up the cycle of (a) obtaining large-scale quantifiable data on the situation of children and women to make informed decisions; (b) developing effective and scalable interventions based on that data/evidence; and (c) continuously monitoring the situation on a real-time basis to see the impact and the possible need for course correction. The system to enable this must be established during non-emergency time and should be useful in both development and humanitarian contexts. U-Report partly filled this role during the pandemic in 2020 and can be further improved upon.

Innovations

UNICEF supported the development and introduction of the COVID-19 Dashboard – an online surveillance system that provides the latest data on the situation in Bangladesh. With up-to-date information on the number of tests, confirmed cases and deaths, and other data on the status of COVID-19 in country, the online dashboard is the primary reference point for government officials

and partners. UNICEF also provided technical assistance to the IEDCR Coronavirus COVID-19 Dashboard (<<http://103.247.238.81/webportal/pages/covid19.php>>) which has been widely used as a reference source for monitoring, public information and media reporting.

UNICEF supported the design of the remote learning for all children during the school closures caused by COVID-19, using television, radio and mobile phones as platforms for home-based education. The use of RapidPro enhanced the coverage of nutrition services and monitoring via mobile phones. For example, comprehensive competency-based training in nutrition modules were digitalized, and nutrition-focused text messages were sent to adolescents' mobile phones using RapidPro open-source software. With UNICEF advocacy, virtual court proceedings were introduced to expedite children's cases and trials, protecting children's health and rights and improving operational efficiency at the same time. To ensure the continuity of health and nutrition services, UNICEF supported DGHS to initiate telemedicine to provide expert advice and counselling from a distance.

Through the expansion and strengthening of the national child helpline, children and adolescents requiring assistance were able to receive urgent referrals and support. Thousands of emergency rescues occurred during lockdown.

Adolescent and youth engagement was promoted through various technological tools and platforms including virtual adolescent clubs, the national multimedia ECM campaign, UNICEF Generation Parliament Facebook groups and U-Report.

Arsenic screening created a huge demand for safe water within the area of the Strengthen and Scale Up Drinking Water Safety in Bangladesh project. This has prompted the communities in the project area to put pressure on local government representatives to ensure the provision of safe water. A study of safely managed on-site sanitation identified that to reach SDG target 6.2, the WASH sector must focus more on the sanitation service chain rather than chiefly on sanitation coverage.

The Shishu Evidence Platform was developed to enhance the high-frequency data collection under the partnership with the World Bank. Additionally, a dashboard was created for undertaking predictive data analysis with a2i to strengthen informed decision-making processes in the fight against COVID-19.