

Bangladesh

Update on the context and situation of children

Severe health, economic and social crises caused by COVID-19 slowed Bangladesh's economic growth and development in 2020, continuing into 2021. Gross domestic product (GDP) grew by only 3.5 per cent in 2019/20 – an 18-year low for Bangladesh. The impact has been most severe for children: according to a Multidimensional Poverty Index (MPI) analysis by UNICEF, Bangladesh Bureau of Statistics (BBS) and General Economics Division (GED) in 2020, more children (42.1 per cent) than adults (32.9 per cent) in Bangladesh are multidimensionally poor.

The second wave of the COVID-19 pandemic hit in March 2021, instigating a national lockdown that prolonged school closure, disrupted supplies and logistics (e.g., nutrition supplies, antiretroviral therapy [ART] stocks) and hampered field interventions such as training and in-person monitoring.

Signs of improvement emerged in late 2021, and the World Bank forecasts GDP growth of 6.4 per cent in 2021/22. Bangladesh remains on track to graduate from the United Nations list of least developed countries in 2026.

Despite significant socio-economic progress before COVID-19, infant mortality remained comparatively high (34 deaths per 1,000 live births: Multiple Indicator Cluster Survey [MICS] 2019). Early pregnancy among adolescents remains a growing problem for illiterate women and those from lower-income households. One in four women aged 20–24 years had a child before age 18 (MICS 2019). Furthermore, 46.4 per cent of births are at home.

Antenatal care visit coverage had improved pre-pandemic. In 2019, 75 per cent of pregnant women had one or more visits – although one third of infants had no post-natal care (MICS 2019). Most young people (88 per cent) lack knowledge of HIV prevention, but 39 per cent know the modes of mother-to-child transmission (MICS 2019).

In 2020, COVID-19 led to more births outside of medical facilities/without skilled birth attendance, with increased neonatal mortality likely. In 2021, lockdown, fear of infection, and suspended services reduced pregnant mothers' hospital attendance and service uptake. COVID-19 shutdowns negatively affected HIV testing and hindered HIV-positive pregnant mothers' access to ART.

Cold chain and human resources requirements for COVID-19 vaccination in 2021 initially strained routine immunization. Routine immunization coverage dropped to 84 per cent in July 2021, but was recovered to more than 92 per cent by October 2021 (Directorate General of Health Services [DGHS], 2021).

Stunting dropped dramatically from 42 per cent in 2012–2013 to 28 per cent in 2019. In 2019, 98.5 per cent of babies were breastfed (but only 62.6 per cent exclusively). Wasting reduction stagnated between 2012–2013 and 2019 (9.6 and 9.8 per cent respectively). Among infants aged 6–23 months, 66 per cent obtained the minimum meal frequency, but just 27 per cent received the minimum acceptable diet. In 2019, 76 per cent of households used iodized salt (MICS 2019).

COVID-19 restrictions affected distribution of emergency nutrition supplies in 2021. Essential maternal, infant and young child nutrition coverage declined from January to July but was reversed from August to October.

Pre-pandemic, primary school net attendance grew to 85.9 per cent; 57.8 per cent of adolescents

attended lower secondary education (MICS 2019). COVID-19 has caused a serious education crisis, with Bangladesh experiencing one of the longest school closures worldwide – lasting 543 days until 12 September 2021. Early learning facilities remain closed.

World Bank paper ‘A Simulation of COVID-19 School Closure Impact on Student Learning in Bangladesh’ (2021) predicts substantial learning loss, estimating that 76 per cent of children will not achieve minimum reading proficiency by Grade 5 because of the school closure (up from 58 per cent).

Under-five birth registration rose to 56 per cent pre-pandemic (MICS 2019). Birth registration resumed in Cox’s Bazar in 2020.

Preventable harmful practices against children remained common pre-pandemic: about 9 out of 10 children aged 1–14 years had received violent discipline from a caregiver; child labour affected 6.8 per cent of those aged 5–17 years; and child marriage was widespread, with 51.4 per cent of women aged 20–24 years first married before age 18 (MICS 2019).

Violence against women and children, including gender-based violence (GBV), has increased by an estimated 31 per cent during the pandemic (Manusher Jonno Foundation, May 2020).

Every day, 30 children die from drowning – Bangladesh’s second leading cause of under-five mortality. Drowning is preventable, and most cases occur within a child’s home community.

Access to a safe environment has improved: 64 per cent of households (MICS 2019) can access improved sanitation facilities (56 per cent in 2012), and 98.5 per cent of households (MICS 2019) can access improved drinking water sources (97 per cent in 2012). Water quality problems include presence of arsenic: just 42.6 per cent of the population can access safe water. Quarter of the population lives in households lacking water and soap, and handwashing was very infrequent pre-pandemic (National Hygiene Survey 2018; MICS 2019).

Rural to urban migration, and multiple climate hazards overstretch water, sanitation and hygiene (WASH) services while the sector simultaneously moves from Millennium Development Goal service quality standards to the significantly more ambitious Sustainable Development Goal (SDG) standards. In 2021, COVID-19 restrictions plus fire hazards, acute watery diarrhoea (AWD) outbreaks and monsoon rains affected WASH facility construction in healthcare facilities, schools and communities and hampered community engagement.

Fifty thousand Rohingya refugees arrived in 2021. Bangladesh hosted over 907,000 Rohingya refugees (52 per cent children) as at October 2021.

The pandemic exacerbated the vulnerabilities of Rohingya refugees, who live in high-density camps with increased COVID-19 transmission risk. The Refugee Influx Emergency Vulnerability Assessment classified 96 per cent of Rohingya refugees as moderately/severely vulnerable by 2020, with over 60 per cent of Rohingya households multidimensionally poor (47 per cent in 2019) (World Food Programme, April 2021).

For the first half of 2021, service provision in camps was limited to mainly critical services; other services resumed later in the year. The cumulative COVID-19 case fatality rate among Rohingya refugees remained at about 1 per cent. In August, COVID-19 vaccination commenced for Rohingya refugees from age 55.

Major contributions and drivers of results

Every child survives – reproductive and maternal health

Uptake of maternal and child health services improved in 2021, with UNICEF technical support. This included capacity development on COVID-19 maternal, newborn, child and adolescent health (MNCAH) guidelines for 1,250 health staff; training on infection prevention and control (IPC) and COVID-19 case management; and behaviour change communication efforts. The Ministry of Health and Family Welfare (MOHFW) endorsed the costed Maternal Health Action Plan.

Routine immunization coverage dropped to 84 per cent for most antigens in July and August 2021 but was restored to above 92 per cent in October. To overcome competing logistics for COVID-19 vaccination and routine immunization, UNICEF helped increase cold storage capacity from 173,000 to 433,000 litres. Over 3.25 million children received all vaccines, and the measles-rubella vaccination campaign reached 36 million children (9 months to 10 years), cutting cases from 5,266 in 2019 to 63 in 2021.

UNICEF provided technical support for the roll-out of Bangladesh's first paediatric standards and training on oxygen therapy for hypoxaemia management in 104 facilities; 102,792 children under 5 years received pneumonia treatment. Across 36 UNICEF-supported special care newborn units, 75,731 sick newborns were treated, and 3,783 low birthweight babies received kangaroo mother care.

UNICEF supported integration of prevention of mother-to-child transmission (PMTCT) services (HIV, syphilis) in the maternal, newborn and child health system of 13 hospitals and 25 Cox's Bazar camp health centres. By October, 91,000 pregnant women/mothers accessed HIV testing/counselling. Weekly mobile phone communication was introduced to monitor HIV-positive pregnant mothers' physical and mental health, support ART supplies, and provide PMTCT/COVID-19 counselling.

UNICEF supported evidence generation to demonstrate an effective model for adolescent-friendly health services (AFHS) and ensured the scale-up of AFHS to 1,240 health facilities in 2021. By November, 257,530 adolescents received AFHS. Service providers in 62 health facilities were capacitated to deliver psychosocial counselling for adolescents, while 3.1 million users were reached via a website and mobile phone application with information on mental health, nutrition, reproductive health and GBV.

Every child thrives – health, nutrition and development

UNICEF supported the Government to implement the Bangladesh Preparedness and Response Plan for COVID-19 (BPRP).

UNICEF supported DGHS to develop the COVID-19 National Deployment and Vaccination Plan, the capacities of 45,000 vaccinators/cold chain personnel, and cold chain system functionality. Technical support was provided for COVID-19 surveillance, routine reporting and the national COVID-19 vaccination campaign. By 15 November 2021, 51,852,425 individuals (30 per cent of the population) had received one dose of COVID-19 vaccine; 33,406,208 individuals (19 per cent) had been fully vaccinated.

UNICEF co-led the Risk Communication and Community Engagement (RCCE) pillar of the national COVID-19 response, reaching 48 million people with prevention messages. UNICEF amplified its own prevention messaging to reach 53 million unique users. UNICEF supported capacity building for 10,000 religious leaders and female teachers on adapting social and behavioural change communication (SBCC) to the COVID-19 context.

UNICEF advocacy contributed to implementation of multisectoral nutrition activities coordinated by the Bangladesh National Nutrition Council (BNNC) and inclusion of early childhood care and development (ECCD) in the National Nutrition Services Operational Plan. UNICEF supported

implementation of the Second National Plan of Action for Nutrition and finalization of Bangladesh's first National Maternal Nutrition Guidelines.

Nutrition services coverage improved, with 2021 targets surpassed, thanks to 72 per cent of health/nutrition workers being trained in infant and young child feeding (IYCF) counselling. Nutrition counselling reached 1,809,017 pregnant women attending antenatal care (65 per cent, meeting target); National Vitamin A Plus Campaign reached 21,987,133 children aged 6–59 months (96 per cent, exceeding 90 per cent target); and IYCF counselling reached 3,757,771 caregivers of children aged 0–23 months (83 per cent, exceeding 60 per cent target).

UNICEF supported BNNC to develop the Bangladesh road map for the Global Action Plan on Child Wasting, and the 12 commitments submitted to the Nutrition for Growth Summit 2021. UNICEF advocacy saw the Iodized Salt Act 2021 endorsed.

Every child learns, from early childhood to adolescence

Sustained UNICEF advocacy contributed to schools reopening on 12 September 2021, for students at every level (except pre-primary) to attend in-person classes at least one day per week. Safe operations were supported through the development of school reopening guidelines and mobilization of hygiene supplies to reach 1.3 million children in 7,100 primary schools.

With UNICEF support, strengthened remote learning enabled continuity of education services during school closures, reaching 30 million pre-primary to secondary students in 2021. With all students not yet in classes full-time, UNICEF continues to play a key role in the national task force formed by the Ministry of Education (MOE) to develop a blended learning strategy and action plan.

A significant UNICEF contribution in 2021 was developing a primary-level, integrated Education Management Information System (EMIS), now ready for trial. At secondary level, a quick monitoring system was introduced to monitor school reopening using real-time data.

On 13 September 2021, Prime Minister Sheikh Hasina approved the revised National Curriculum Framework (NCF), which promises to create momentum for qualitative changes in teaching-learning processes and contribute to children's improved learning outcomes. UNICEF technical support to NCF included detailing the subject-based curriculum and developing teaching-learning strategies, materials and assessment for piloting from 2022; and supporting the Directorate of Secondary and Higher Education to design innovative pedagogy and formative assessment. School- and classroom-based assessment was piloted in 100 primary schools.

Direct provision of an accelerated primary education programme, through 100 learning centres, reached 4,300 of the most marginalized out-of-school children. UNICEF supported adaptation of psychosocial first aid for use in schools, to address adolescent mental health issues. Under the Skills4Girls initiative, dedicated efforts continued to be made to reach the marginalized out-of-school adolescent girls with trades, scaling up the Alternative Learning Programme (ALP) for diverse groups of out-of-school adolescents.

MOE and MOHFW jointly planned adolescent nutrition interventions to reach 6 million adolescents in 22,000 secondary schools and madrasas. UNICEF supported a baseline survey on nutritional knowledge, attitude and practice, and creation of online training on adolescent nutrition (completed by 60,000 teachers, managers and service providers).

UNICEF technical assistance facilitated approval of the Day Care Act 2021, based on the success of community-based day care centres. UNICEF and the Ministry of Women and Children's Affairs are now developing a national protocol to inform childcare in day care centres nationwide.

The Framework for Disaster Risk Reduction (DRR) in Education and Education in Emergencies (EiE) is being operationalized through review and approval of standard operating procedures. Ahead of monsoon rains in 2021, 343 EiE kits were pre-positioned for flood-prone schools, benefiting 10,290 children.

Every child is protected from violence and exploitation

UNICEF partnership with the Supreme Court and Bangladesh Police enabled sustainability of virtual court proceedings introduced as a pandemic response, and reinforced non-custodial measures. Some 2,070 children were released through 102 virtual courts, with 847 children receiving cash grants to build family resilience. Training on effectively implementing the Children's Act 2013 and providing children's services reached 1,764 officials. The digital dashboard that analyses case data of children in conflict with law was upgraded for improved reporting.

UNICEF technical support to upgrade the national child helpline and strengthen Bangladesh's child protection system will contribute immensely to reaching vulnerable children, though COVID-19 restrictions challenged access in 2021. Child protection case management training reached 249 social workers. The helpline and social workers supported 200,000 children, including psychosocial support for 88,000 children (up from 53,627 children in 2020) and case management for 23,533 children. A helpdesk for women, children, elderly people and people with disabilities was established in 657 police stations. Some 3,770 children from Child Development Centres and safe homes were reunited with their families. Child Protection Service Centres served 5,804 urban-dwelling children.

UNICEF supported access to GBV risk mitigation, prevention and response interventions, reaching 361,667 women, girls and boys (78 per cent female); 582,161 beneficiaries (46 per cent female) were reached through community-based mental health and psychosocial support.

UNICEF and the Department of Social Services initiated a mapping of services for children with disabilities.

UNICEF provided technical and financial support to Bangladesh's Office of the Registrar General to train (virtually) 10,000 local government and health officials to register births using the new registration system developed in 2020. Joint messaging on timely birth registration reached 60 million people, with 1.2 million children under 5 registered from January to October 2021.

UNICEF supported the Ministry of Labour and Employment to observe World Day Against Child Labour, with messaging reaching 1 million people. UNICEF supported DGHS to observe World Drowning Prevention Day, reaching 200,000 people with messages.

UNICEF provided technical and financial support for SBCC interventions in ending child marriage (ECM) high-priority districts. UNICEF also supported national multimedia communication initiatives on ECM. #Raisethebeat4ECM campaign public service announcements reached 164 million people and engaged 87 million to foster public resistance to child marriage. UNICEF finalized the evaluation of UNICEF Bangladesh's ECM programming, giving actionable recommendations.

Despite pandemic restrictions, 49,325 adolescents (70 per cent girls) were reached with life skills training, the Standardized Adolescent Empowerment Package and COVID-19 prevention messages; 218,125 adolescents (70 per cent girls) received training on online safety. A positive parenting programme engaged 84,932 caregivers (46,713 mothers) while social media messages on positive parenting and violence prevention reached 7.2 million people.

UNICEF assessed 65 of its partners for risk of sexual exploitation and abuse. Over 50 per cent were

assessed as ‘high risk’ in early 2021; with technical support and capacity development, this fell to 5 per cent by December.

Every child lives in a safe and clean environment

To protect human health, UNICEF provided technical support to develop the COVID-19 WASH Strategy 2021 and supported provision of uninterrupted water supply for 4 million people (1.9 million females) through water point maintenance and disinfection.

UNICEF solutions directly helped 324,438 people (196,662 females) to access improved water sources and 703,150 people (421,890 females) to access basic and safely managed sanitation facilities. Through the sanitation marketing system project, 72,000 households purchased improved toilets. Thirty-three unions, 259 villages and 1,490 communities became open defecation free – with 148 of the villages and 10 of the unions also ‘arsenic safe’. UNICEF showcased the Arsenic Safe Union approach, mobilizing the Government to invest US\$240 million to scale up the model.

UNICEF provided technical support to revise the National Strategy for Water Supply and Sanitation and to develop a climate-resilient and safe sanitation services road map for Dhaka North City Corporation; developed the National Menstrual Hygiene Management (MHM) Strategy and costed road map to implement Hand Hygiene for All; implemented the Safely Managed On-site Sanitation Study to set measurable baseline indicators for SDG Target 6.2; and prepared the Water Quality Thematic Report using MICS data.

In primary education, 8,100 students (5,022 girls) across 18 schools were provided with access to safe drinking water, handwashing facilities and gender-segregated, disability-friendly toilet blocks, equipped for MHM. Using government guidelines developed with UNICEF support, another 15,300 students (10,710 girls) in 34 schools were oriented on COVID-related hygiene issues for school reopening.

At secondary level, 44,000 adolescents (29,000 girls) across 110 schools were educated on hand hygiene, MHM, safe water handling and safe sanitation practices, to achieve a healthy and hygienic institutional environment.

Equitable chance in life

Partnerships with the World Bank, a2i and BBS enabled almost real-time monitoring of the COVID-19 impact on children and the socio-economic situation.

UNICEF supported GED to establish an SDG dashboard with MPI/Child Multidimensional Poverty Index (CMPI), and the Government’s commitment was secured to use these data to monitor public expenditure for children.

UNICEF strategically used its voice to raise awareness of child rights and UNICEF action for impact: UNICEF received 10,000 mentions in mainstream media; the country office has 11.1 million social media followers and had 3.6 billion page impressions.

UNICEF technical assistance to Cabinet Division supported the Child Sensitive Social Protection Policy Guidance Unit’s establishment.

UNICEF continued to prioritize engaging adolescents and amplifying their voices to shape programming and create opportunities for adolescent participation in society. News content produced by 480 UNICEF child journalists generated strong audience responses. Over 1 million children were engaged through Generation Parliament. UNICEF supported children to advocate for Parliament to call

on the 2021 United Nations Climate Change Conference delegation to highlight climate change as a child rights issue. Through 1,170 adolescent clubs, UNICEF empowered 118,802 adolescent girls and boys with life skills. Through digital platforms, 400 adolescent radio listeners groups and a network of 576,000 U-Reporters, adolescents were reached with information on mental health, violence against children, ECM and education and their feedback gathered to inform future content. UNICEF provided support to consult with young people in the new United Nations Sustainable Development Cooperation Framework (UNSDCF).

A gender strategy to facilitate achievement of gender-transformative results was developed for the Country Programme Document (CPD) 2022–2026.

Rohingya refugee crisis and other emergencies

In Cox’s Bazar refugee camps and host communities, UNICEF and partners reached 1.1 million people with COVID-19 prevention and vaccination messages, supported full COVID-19 vaccination for 33,386 Rohingya refugees aged 55 and over (86 per cent) and provided supplies including 12,830 masks, 1,800 gowns, 880 litres of hand sanitizer and 26 infrared thermometers.

UNICEF and partners maintained access to quality health services, covering 250,000 Rohingya refugees in 10 camps. Pentavalent vaccine (third dose) was administered to 34,402 infants (48 per cent girls). Deworming tablets reached 97,830 children aged 24–59 months (97 per cent of target).

UNICEF provided nutrition supplies, equipment, tools, ECCD kits and micronutrients, strengthening multisectoral nutrition programming. Support for Comprehensive Competency Training on Nutrition strengthened capacity of 251 government health supervisors and health workers. Twenty-seven UNICEF-supported nutrition facilities in camps treated 81 per cent of targeted children under 5 with severe acute malnutrition; 95 per cent of Rohingya children aged 6–59 months received vitamin A supplementation.

Direct school improvement support benefited 180,000 children in 657 Cox’s Bazar primary schools. While learning centres were closed, caregiver-led home education benefited 350,000 Rohingya children (48 per cent girls). Learning centres reopened in September, letting 119,444 Rohingya refugee children (55,749 girls) attend in-person learning (four days a week) through 2,587 learning centres.

Information on GBV prevention and risk mitigation reached 51,940 Rohingya refugees (35,480 females) and 7,945 host community members (5,459 females).

Through UNICEF support, critical WASH supplies and services reached 259,992 Rohingya refugees and 439,128 vulnerable people in host communities.

Through Accountability to Affected Population/community engagement interventions, 18 UNICEF-supported information and feedback centres received and addressed 14,432 complaints, comments and queries on COVID-19; 62 rumours were tracked, informing COVID-19 messaging.

UNICEF continued to prioritize prevention of sexual exploitation and abuse with orientations for practitioners and information for all, including how to recognize and report incidents. Across 28 camps, 655,554 people (202,569 females; 9,178 people with disabilities) engaged in 571,646 interpersonal communication sessions on major campaigns – including COVID-19 prevention, AWD and girls’ education.

UNICEF joined other United Nations agencies in an anticipatory action framework for improved monsoon flood preparedness, providing life-saving support for 130,000 vulnerable people in Rangpur. For the Rohingya refugee response, UNICEF secured resources for an enhanced disaster preparedness

and multi-hazard response plan, to reach 200,000 people.

UN Collaboration and Other Partnerships

In 2021, public and private partners contributed US\$329.8 million in resources to UNICEF to address critical life-saving interventions for development and humanitarian response, including the COVID-19 response.

Key partnerships focused on a multisectoral approach for resilience building to strengthen the capacities of vulnerable children and communities.

- UNICEF worked with the World Health Organization (WHO) and other United Nations entities and worked closely with Gavi, United States Agency for International Development (USAID) and World Bank to support the Government to implement the BPRP and restore access to quality essential services during the pandemic.
- UNICEF provided strategic technical support and worked with the United Nations Resident Coordinator's Office and all other United Nations agencies to develop UNSDCF 2022–2026. UNICEF led Strategic Priority II on Equitable Human Development and Well-being with eight subgroups on Health, Nutrition, WASH, Education, Social Protection, Protection of Children and Youth, Food Security and Migration Services. UNICEF also collaborated with other United Nations agencies to capture and reflect young people's voices in UNSDCF 2022–2026. Children's issues and priorities are thus well reflected in both UNSDCF and CPD 2022–2026.
- UNICEF led other United Nations agencies in developing a costed road map for the Global Action Plan on Child Wasting.
- UNICEF partnership enabled Mothers@Work to expand into 25 more ready-made garment factories (113 in total).
- UNICEF partnered with the Department of Primary Education on school reopening; the National Curriculum Textbook Board on national curriculum reform; and the Government and a2i on expanding the remote learning system and technical support to subcommittees of the National Task Force for Blended Learning Framework.
- UNICEF deepened partnerships with donors including the Foreign, Commonwealth and Development Office (UK), Global Affairs Canada and USAID to reach the most marginalized children affected by COVID-19.
- UNICEF partnership with the Supreme Court, National Human Rights Commission of Bangladesh, Parliament and relevant ministries and departments enabled results for children's protection.
- UNICEF entered a partnership with KTH Royal Institute of Technology to enhance private sector capacity for scaling up access to safe drinking water, and policy and systems strengthening.
- UNICEF partnered with the Government to implement AFHS nationwide, with the United Nations Population Fund (UNFPA), WHO, Obstetric and Gynaecological Society of Bangladesh, BRAC and non-governmental organization (NGO) partners supporting with technical content development, supervision and monitoring of AFHS.
- UNICEF worked with UNFPA and Bangladesh Betar for the National Action Plan to End Child Marriage, including developing multimedia communications.
- In Cox's Bazar, UNICEF worked with the office of the Refugee Relief and Repatriation Commissioner, District Commissioner's Office, Inter Sectoral Coordination Group, other United Nations agencies, NGO partners and donors to provide critical services to Rohingya refugees and host communities, including COVID-19 vaccination.
- Generation Unlimited Bangladesh launched a COVID-19-sensitive road map for achieving 17 million education, employment and entrepreneurship opportunities for youth by 2025.

Lessons Learned and Innovations

Lessons learned

COVID-19 vaccination and routine immunization efforts competed for health staff and system capacity, including cold chain storage and vaccine distribution. To overcome this, UNICEF installed additional cold-chain equipment, hired cold space and refrigerated vehicles and introduced vaccine and logistics management in DHIS2. Adopting a facility-based COVID-19 vaccination strategy enabled routine immunization to continue. UNICEF managed risks of handling procurement services for essential and life-saving commodities, particularly vaccines, with respect to in-country logistics and last-mile delivery, as high volumes of sensitive shipments arrived with great intensity. Undercapacity of Government to ensure smooth and timely receipt of vaccines, poor infrastructure, and bureaucracy will be considered in future supply chain management.

Multisectoral coordination was critical to deliver the COVID-19 response in Bangladesh. Putting in place WASH facilities and guidelines laid the groundwork to safely reopen schools in September. Multisectoral collaboration was also essential to plan adolescent nutrition interventions and reach adolescents with in-school nutrition services, linking with the education curriculum to enhance adolescents' knowledge and practices on healthy diets.

Integrated urban interventions for improved nutrition further strengthened multisectoral collaboration. A randomized controlled trial integrated nutrition-sensitive interventions, such as in WASH and social protection, with nutrition-specific interventions, accompanied by strong SBCC. A proof of concept will now be developed for integrated interventions to improve complementary feeding practices and reduce environmental enteropathy among vulnerable urban children.

Integration of SBCC in multisectoral programming enabled better results for children and adolescents. Local advocacy and partnerships enlisted local leaders' responsiveness and community action to prevent child marriage and connect referrals to services. It is necessary to scale innovative SBCC approaches such as U-Report, which reached and gathered feedback from adolescents.

Monitoring results during COVID-19 and other emergencies was challenging. BNNC can enhance accountability of multisectoral nutrition efforts by establishing interoperable data and financial tracking systems for increased, equitable investments for nutrition. Monitoring of WASH in schools via existing EMIS is key and strategic, as is a framework for clearer roles and responsibilities regarding construction and operation and maintenance (O&M) of WASH in schools. Ensuring safe and sustained services also involves substantial and recurrent funding and adequate O&M systems.

Real-time monitoring and reporting for the vitamin A campaign facilitated immediate follow-up and a timely supply response to achieve coverage targets.

Reaching locked-down adolescents was critical. With service uptake reduced, the health and child protection systems adopted alternative modalities to reach adolescents, like online platforms, peer education with physical distancing, a sexual and reproductive health and rights digital platform, and RCCE. Conducting activities online raised challenges, however, including how to reach target audiences in remote locations lacking continuous internet connectivity or the many adolescents without mobile phones. Inclusion of adolescents with disabilities has been particularly difficult during the pandemic.

The prolonged COVID-19 crisis has further emphasized the importance of a systemic and adaptive social protection mechanism for children. More evidence on promising practices in social protection must be generated for aggressive advocacy for policy reforms, combining efforts with other development partners.

The pandemic has demonstrated how flexible resources are essential to ensure that UNICEF can provide communities with long-term support to build resilience and also respond quickly and effectively to sudden emergencies. Programmatic follow-up and reporting were strengthened across the country office to ensure activities were implemented as planned or reprogrammed to meet COVID-19 restrictions and population needs.

Innovations

DHIS2 surveillance for COVID-19 was a breakthrough innovation for Bangladesh. Comprising notification of positive cases by text message, follow-up phone call, and outcome tracking, the system became an example for other countries.

A maternal and newborn health and routine immunization e-tracker in DHIS2 was developed and piloted. Capacity development took place to improve reporting rates, data quality, and use of data through upgraded national health data dashboards.

The oxygen crisis during the pandemic's second wave was a critical challenge for MOHFW. UNICEF supported a situation analysis of the country's oxygen ecosystem and MOHFW endorsed the resulting *National Oxygen Landscape Report*. It provides deep analysis of system gaps and illustrates a strategic pathway for MOHFW to ensure an effective oxygen security system. Additionally, a liquid medical oxygen system, with oxygen lines and staff training in 30 facilities, was established to support hypoxaemic COVID-19 patients.

Insufficient human resources posed challenges elsewhere in health facilities, with medical personnel still overburdened by demands of treating COVID-19. To improve service quality, 16 medical officers were recruited to mentor, monitor and orient staff on MNCAH services, IPC and COVID-19 case management. Timely distribution of UNICEF-supported oxygen equipment was hindered by port clearance processes. This was resolved through advocacy by UNICEF for DGHS and MOHFW to support budget allocation for customs duties and Value Added Tax.

Lessons learned during the pandemic have paved the way to reimagine how education is delivered, including for children who struggle to access learning even in normal times. UNICEF-supported remote learning modalities ensured learning continuity for most children despite school closures. UNICEF is partnering with the Government to establish a blended education strategy to improve coverage and effectiveness of remote learning through low-tech modalities. In support, the Ministry of Primary and Mass Education plans to install Wi-Fi connectivity in all 65,000 schools.

UNICEF continued its efforts to diversify the ALP, adding online and blended modalities to connect out-of-school adolescents and young people with wage employment, self-employment and entrepreneurship. A pilot of the informal apprenticeship, digital skills training and entrepreneurship training modalities commenced among 3,100 out-of-school young people.

Technological innovations saw the nationwide measles-rubella campaign reach 36 million children. Weekly communication by mobile phone was introduced for HIV-positive pregnant women amid COVID-19 restrictions on movement.

The transformation to virtual court proceedings and enhanced coordination among Children's Courts, detention centres, police and probation officers marked a new era for children in contact with the law. Virtual courts have been enacted in law, so children will continue to benefit from swifter trials and exemption from the courtroom, as well as the growing preference for non-custodial measures.