Update on the context and situation of children

In 2022 the Bangladesh economy continued to demonstrate a strong recovery from COVID-19 induced shocks.[1] However, soaring global commodity prices, falling demand for Bangladesh's exports and a surge in imports in the year's second half resulted in accelerated inflation. Rising prices are likely to reduce the real income of the poor and could create a risk for the lower/middle income groups to fall into poverty. Adding to this, Bangladesh is continuing with low levels of social sector investment, while the shrinking fiscal space may create further pressure on social sector spending and is likely to continue.[2] Bangladesh's current Government is expected to complete its third term in office in December 2023. Protests in August 2022 in response to the Government's decision to increase domestic fuel prices by 50 per cent, indicates potential risks to the ruling party ahead of the election.

The threat of armed conflict remains low, but the possibility of isolated attacks by militant groups still exists.

Bangladesh continued to record an impressive Human Development Index (HDI) value of 0.661 for 2021-2022, above the regional average of 0.632.[3] However, Bangladesh's HDI value falls to 0.503 when adjusted for inequality, resulting in a loss of 23.9 per cent of its original HDI value. The current overall well-being of children in Bangladesh demonstrates concerning disparities around class, gender, and ethnicity. Poverty (28 per cent) and vulnerability (50 per cent) rates in households with children are higher than that of the national average (24 per cent and 47 per cent, respectively).[4]

The infant mortality rate remains high at 34 deaths per 1,000 live births[5], stunting dropped dramatically from 42 per cent in 2012 to 28 per cent in 2019. One in four women aged 20–24 years had a child before age 18, while 98.5 per cent of babies are breastfed (but only 62.6 per cent exclusively).[6] About 9 out of 10 children aged 1–14 years had received violent discipline from a caregiver while under-five birth registration rose to 56 per cent pre-pandemic[7].

Almost all households in Bangladesh (98.5 per cent) had access to an improved source of drinking water in 2022, but water quality remains low. Only 37.9 per cent and 44 per cent, respectively, of the urban and rural populations have access to an on-site arsenic-safe drinking water source. Poor WASH in schools (student-to-toilet ratio of 115:1, inappropriate hygiene) affected attendance and learning[8]. About 64 per cent of households have access to improved sanitation sources, and following the COVID-19 pandemic, handwashing behaviour has improved.

COVID-19 caused a serious education crisis, with Bangladesh experiencing one of the longest school closures worldwide – lasting 543 days until 12 September 2021. The 2021 UNICEF-Bangladesh Bureau of Statistics (BBS) survey showed a decline in children's ability to meet the foundational four numerical skills to 25.8 per cent (down from 27.9 per cent in 2019). As schools remained closed during the pandemic, girls were more likely to drop out of education and not return. Job losses and increased economic insecurity may also force families to marry their daughters to ease financial burdens. A UNFPA Bangladesh commissioned study revealed that lockdowns may have reduced child marriages in 2020, the first year of the pandemic but whether the overall trend in child marriage has changed or not is yet to be explored.

Households benefiting from social protection programmes rose from 12 per cent in 2005 to 30 per cent in 2020. However, children have been disproportionately affected by the low social protection budget allocations as children constitute nearly 37 per cent of the population and yet receive only 15 per cent of this allocation, with the lowest (2 per cent) for children aged 0-4 years.[9] And three-quarters of poor and vulnerable households remain outside social sector coverage.[10] Current social protection
measures do not follow a universal categorical approach, and most disadvantaged communities, such as tea garden workers, are not included in social protection programmes. Some existing selection criteria are exclusionary, for example the criteria for the Maternal and Child Benefit Programme (women aged 20-35 years with up to two children) exclude the mothers under 20 and women with more than two children.

For children with disabilities, 7.14 per cent of the population has at least one functional difficulty, according to a National Survey on Persons with Disabilities in 2021 (7.27 per cent males; 7 per cent female). The survey[11] also shows that only 24.36 per cent of children with disabilities aged 11-16 years are attending secondary school —22.67 per cent for male children and 26.64 per cent for female children.[12]

Bangladesh is the seventh most affected country in the world by extreme weather events, particularly tropical cyclones[13], with one in three children in Bangladesh, (nearly 20 million), affected by extreme weather and other environmental shocks driven by climate change. Rising sea levels have pushed poor people to urban areas while the country also suffers the worst air pollution in the world. [14]A catastrophic series of flash floods in May 2022 left an estimated 7.2 million people including 3.5 million children reeling in north-eastern Bangladesh.

The Rohingya's extreme vulnerabilities are further exacerbated by COVID-19, and large-scale hazards, including fires, and floods that hit the camps in 2022. Almost all 950,972 refugees (95 per cent) remain entirely dependent on humanitarian assistance with 52 per cent of families in host communities considered moderately to highly vulnerable now compared to 41 per cent in 2019.[15]

[1] Bangladesh Overview: Development news, research, data | World Bank
[5] ibid
[7] ibid
[8] National Hygiene survey 2018
[11] National Survey on Persons with Disabilities (NSPD) 2021 was designed by BBS with TA support from Unicef.

**Major contributions and drivers of results**

**Every child survives**

UNICEF advocated to accelerate Universal Health Coverage (UHC) through Primary Health Care (PHC) and is contributing to the development of the 5th Health Nutrition and Population Sector Programme (HNPSP). Technical support to government resulted in developing and updating seven national strategies and guidelines on maternal, newborn, child and adolescent health (MNCAH), immunization, urban health, disability, and medical oxygen system.
Delivery of quality and equitable health service has improved at district and sub-district level through capacity building of health workers on immunization and MNCAH and by improving readiness of facilities. COVID-19 vaccination exceeded the WHO target with 73 per cent (126.4 million) primary vaccination and the cold chain system was strengthened with UNICEF supporting the procurement and installation, including ultra-cold chain freezers. In 2022 routine immunization recovered to pre-pandemic levels: Measles-Rubella vaccination coverage remained at 97 per cent in both 2019 and 2022[1].

The PHC approach Reaching Every Mother and Newborn' strategy was initiated in eight low performing sub-districts through coordination of Directorate General of Health Services and Directorate General of Family Planning. 225,312 deliveries took place in 17 UNICEF supported districts, which is 25 per cent of the total delivery in all facilities in the country and supported 37 special Newborn Care Units) where 69,770 newborns were treated, 41 per cent female & 59 per cent male and 4,845 Newborns received Kangaroo Mother Care, which is 34 per cent of total. Health Information System of routine, COVID-19 and urban health care has been strengthened with around five million individual pieces of COVID-19 data collected through a national surveillance system in addition to data from 79 NGOs and six urban clinics. The Medical Oxygen System was strengthened with liquid medical oxygen in 30 district hospitals and manifold system in 60 Upazila Health Complexes.

Every child thrives
UNICEF's advocacy, technical assistance, and convening support have helped ensure nutrition priorities are reflected in the next 5th HNPSP. UNICEF's role in the universal salt iodisation programme has fostered motivation and buy-in of the Salt Millers Association to comply with the New Salt Act 2021. UNICEF supports the monthly Priority Nutrition Results Indicator data analysis ensuring tracking of national nutrition targets. A total of 62 per cent of all health facilities in 64 districts reported on all standard nutrition indicators exceeding target of 57 per cent and 68 per cent of pregnant women attending ante-natal care received nutrition counselling in supported districts against a target of 67 per cent.

To strengthen access to nutrition services, UNICEF supported the Government to develop and test a community-based engagement model. UNICEF's advocacy with the Directorate Secondary and Higher Education resulted in the scaling-up of the weekly iron folic acid supplementation and an essential nutrition for adolescent girls in 22,000 schools nationwide. 3,538,736 adolescent girls received folic acid supplementation, against a target of 4,193,650. In 2022 plan, UNICEF supported the development of two model designs for the integrated Early Childhood Care and Development (ECCD) programme, development of the ECCD strategy for 0-3-year children and drafting of an action plan under the leadership of Ministry of Health and Family Welfare (MoH&FW).

UNICEF's intensive advocacy efforts on community-based management of acute malnutrition led to the Government's endorsement of an effectiveness trial on the use of locally produced ready-therapeutic food (Sharnali) to treat wasted children aged 6-59 months. The one-year trial will be launched in the Rohingya camps, Cox's Bazar from January 2023 and will aim to reach 450 children with severe acute malnutrition (SAM) without complications.

Every child learns, from early childhood to adolescence

Around 58,206 children aged 3-6-years (29,259 boys and 28,947 girls) have benefited through UNICEF's Early Learning and Pre-Primary education (PPE) provision in Para Centres in Chittagong. Around 17,830 children (9025 girls and 8805 boys) enrolled in Grade 1 had attended UNICEF-supported ECE centres in previous years. Through UNICEF-supported early learning programmes,
another 4830 children (52 per cent girls) are benefiting from ECE. As a result of UNICEF’s continuous advocacy, the Government expanded PPE from one to two years.

For the first time, UNICEF is providing technical and financial assistance to the Government to conduct the National Student Assessments to examine learning levels of children after COVID-19. Capacity building of government at various levels to use the Special Education Needs and Disability Framework is expected to benefit children with disabilities (CwD) and provide soft skills to other children and the school community.

To address learning losses and provide remedial education, UNICEF provided technical assistance to education ministries to develop content and materials that was rolled out across the country through 3662 television, 1080 radio, and 1600 internet lessons and printed kits distributed to 150,000 children from marginalized groups in 842 schools to aid their post COVID-19 learning recovery. Around 86,450 of the most deprived children are benefitting from UNICEF’s programmes for Out of School Children through over 2,500 learning centres. UNICEF has been providing technical assistance to the Bureau of Non-Formal Education to strengthen their capacity for designing and providing non-formal education to 770,879 learners (48.6 per cent girls) through 24,310 learning centres.

With UNICEF’s technical assistance a competency-based and gender-transformative National Curriculum Framework has been developed and approved to support the rollout of a secondary curriculum for 12 million students from 2023 onwards.

**Every child is protected from violence and exploitation**

Capacity-building initiatives within the justice sector led to > 4,500 children being released on bail and other non-custodial measures through police stations, children's courts, and certified institutions. Those released were supported with community-based care, including a designated social worker. Throughout 2022 the diversion rate[2] at police stations significantly increased from less than 10 per cent to over 23 per cent. -

Following continuous advocacy by UNICEF, the Department of Social Services (DSS) established a Child Protection Unit through various national and subnational initiatives. UNICEF launched a Social Work Promotion campaign nationwide that aimed to promote an understanding of social workers’ valuable and skilled role to the wider community and child protection stakeholders, reaching more than 30 million people. As a result of ongoing advocacy, the UNICEF supported 1st National Symposium on Child Protection held on 19 September 2022, the DSS increased the number of social workers to be recruited from 463 to 1,000, adding to the existing 3,454 social workers, who UNICEF will train. More needs to be done in this area given that approximately 45 million children facing violence,[3] and so more than 110,000 social workers are required.

With millions of children living on the street, the DSS, with UNICEF support, established three child protection service hubs in Dhaka City areas where these hubs reached approximately 2,924 (294 girls) children. Children received psychosocial support, recreational support, night-stay, food, health, and non-formal education, while 112 children were reintegrated back to their families. 32 social workers in Dhaka also begun outreach work in 8 out of 66 hotspots, reaching more than 5,000 children in just three months.

UNICEF supported to the Office of the Registrar General to improve and strengthen digital civil registration and vital statistics leading to more than 23 million being registered in 2022 (five times that of 2020). UNICEF also supported the national birth registration campaign reaching almost 70 million people.

Across 987 communities in the most vulnerable, including climate-affected areas, 9,387,938 children
(56 per cent female) and 3,782,607 parents/caregivers (60 per cent female) attended awareness sessions, and participated in village-level activities on preventing violence and other harmful practices through community-led child protection approach.

**Every child lives in a safe and clean environment**

UNICEF supported the development of the Hand Hygiene for All roadmap and costed implementation plan and national Menstrual Hygiene Management strategy—the milestone documents to improve the WASH situation in Bangladesh. The WASH National Planning, Monitoring & Reporting System development was initiated with Department of Public Health Engineering (DPHE) and the to drive evidence generation for equitable, resilient, and sustainable WASH service delivery.

UNICEF supported the development of a safe water and sanitation service delivery scalable model for government. Approximately 240,000 people (80 per cent of target) were reached with climate resilient, arsenic safe, water access through the arsenic safe union project. This model for achieving 'arsenic safe unions' benefits entire villages and unions with arsenic safe water, improved sanitation, and good hygiene practices. Following the project's successes, the Government of Bangladesh will invest $240 million to scale-up the programme targeting rural water supply with technical support from UNICEF to expand the well-developed "arsenic safe union model" nationwide.

UNICEF supported the SanMarks project—an approach that harnesses Bangladesh's private sector to deliver sustainable WASH solutions for low-income consumers through technical support in the areas of monitoring and mapping and by training local entrepreneurs to expand these services. 168,478 households (758, 151 people – 85 per cent of target) were provided access to basic sanitation in 2022.

UNICEF also facilitated the procurement of 20 million water purification tablets for the DPHE through UNICEF supply and procurement section using government funding. 340 water points and toilets in schools were renovated with UNICEF financial and technical support.

**Equitable chance in life**

UNICEF provided technical assistance to strengthen coordination among the ministries implementing social protection schemes for children. UNICEF provided support to the Implementation Monitoring and Evaluation Division to establish four result monitoring units to monitor the effective coverage of basic social services.

Child budget analysis was conducted and policy dialogues with key stakeholders were initiated emphasizing the need for increased investment for children. UNICEF facilitated capacity-building training on child budgeting for 25 journalists and supported the parliamentary caucus to engage in debate on social sector priorities for children. Development of an expenditure-tracking system for the nutrition sector was also launched.

UNICEF supported the strengthening of social protection coverage and increased access to basic social services for children and women in 25 tea gardens. An assessment was conducted to understand the poverty impact of a universal cash transfer programme for children. The analysis revealed that reaching all children (0-4 years) in tea gardens would result in a decline in moderate poverty by 5 per cent. Also, an analysis was conducted to understand the targeting barriers of the social transfer schemes that target young children and adolescents.

UNICEF supported the Government in developing the Second National Action Plan to Implement the social protection strategy. 40 Officials of Sylhet Division received training on the National Action Plan of social protection facilitated by the Cabinet Division. UNICEF supported national surveys on street
children, disability, and impact of prolonged school closures and established a Data Lab at the BBS for the monitoring of SDG indicators. Five evaluations were completed including cash transfer, nutrition, water safety and two humanitarian programmes.

**Rohingya refugee crisis and other emergencies**

In June 2022, 7.2 million people (3.5 million children) were affected by floods in Sylhet in northeastern Bangladesh. UNICEF with partners, provided humanitarian assistance to over 1.7 million people (0.8 million children) across all key sectors for children. UNICEF provided 10 million water purification tablets, 4,600 hygiene kits, and 49,000 jerry cans and supported the rehabilitation and construction of water supply systems and latrines along with hygiene message dissemination. Over 168,716 vulnerable children and adolescents were reached with mental health and psychosocial support.

Essential medicines and supplies were provided to 12,463 people affected by flooding in Sylhet. 1,397 out of school children received additional immunization. UNICEF provided Infant and Young Child Feeding counselling to 50,041 pregnant and lactating women, 24,083 pregnant women received folic acid and 263 children were treated in the SAM unit. UNICEF reached 24,576 children with individual learning, and 9,375 students and 186 teachers benefited from school renovations.

**In Cox's Bazar district** including the host community, UNICEF Child Protection -targeted children and primary caregivers reached 347,889 people (170,005 Female, 4,482 PWD) with direct child protection services. 40,645 people (33,083 Female) accessed GBV risk mitigation, prevention, and response interventions and/or were referred to specialised services.

The health response in the camps and in the host communities, 30,051 children received Pentavalent-3 while 97,536 children under five received medical consultations. UNICEF piloted the Myanmar Curriculum (MC) in 250 Learning Centres across 30 refugee camps, supporting 10,914 children and adolescents with secondary education. In total, 162,260 (80,367 girls) children are now following the formal MC in UNICEF-supported facilities. A total of 216,093 (101,574 girls, 114,519 boys, 1,278 CwD) learners have been reached by Early Childhood Development, MC, Accelerated Learning Programme, and Multi-Purpose Centres in Bhasan Char. UNICEF repaired over 700 WASH facilities and 317 learning centres after monsoon and fire incidences within the camps and ensured quality WASH services to 277,211 refugees including 1,965 Person with Disability (PwD) in and Bhasan char. In Cox's Bazar host communities, UNICEF supported 96,322 people (306 PwD) with safe drinking water and 94,754 people (557 PwD) with improved latrines.

Over 359 million doses of COVID-19 vaccines were shipped to Bangladesh, of which 125 million were delivered through UNICEF. UNICEF also responded to a cholera outbreak in Dhaka division by delivering 4.7 million doses of cholera vaccines and reaching two million people.

**Programme Effectiveness**

UNICEF supported a baseline study on Knowledge Attitude Practice and Norms on Harmful Practices that produced evidence that has informed an ongoing national Violence Against Children and End Child Marriage campaign. Rapid assessments on vaccine acceptance in different locations informed communication that addressed vaccine hesitancy and COVID-19. A midline study on knowledge of religious leaders on 15 key childcare practices showed acceptance of religious leaders as credible sources of information on childcare.

Social Behavioral Change Communication (SBC) interventions on immunization, MNCAH and nutrition services targeted high-risk groups. Local youth groups and adolescent clubs were engaged on sexual reproductive health rights, while 59.8 million people were reached with routine immunisation and COVID-19 messages.
A drama series and SBC activities on various adolescent issues received over 14 million views and the U-Report crossed a milestone of 1 million U-reporters during 2022. Extensive support was provided to generate demand for COVID–19 vaccination reaching over 66 million people across the country while radio and community media reached 1,857,600 people with information on prevention of violence against women and children, child marriage, prevention of drowning and of child separation in emergencies.

The GenU ImaGen Ventures Youth Challenge on Climate Change encouraged youth in six divisions to participate in divisional bootcamps via a social media and face to face campaign reaching some 8 million adolescents and youth. A total of 340 participants were selected to work in teams on their chosen pressing problems and design local solutions on climate change impact. Twenty teams with the most innovative solutions were incubated with support from seed funds and dedicated mentorship.

Audiences were reached through social media (83 million people) and mainstream media (13,780 UNICEF mentions were generated). 8.8 million children were engaged through country office channels and the Generation Parliament platform.

[2] Social rehabilitation initiatives in exchange for charges brought against children to avoid judicial procedure
UN Collaboration and Other Partnerships

UNICEF actively collaborated with UN agencies and others to deliver the Rohingya response in Cox's Bazar and Bhasan Char. UNICEF leads the WASH and Nutrition clusters, the Child Protection Sub-Sector, co-leads the Education cluster with Save the Children and participates in the Humanitarian Coordination Task Team, Inter-Sectoral Coordination Group and Government Disaster Management Committees. In Cox's Bazar, UNICEF partnered with the Ministry of Agriculture and WFP to provide nutrition services for mothers and children under five and with UNHCR, through their Building Blocks system, to register refugees, distribution, and monitoring of supplies, in the camps. It should be noted however that partnering in this complex, fast-moving environment is challenging, especially as resources continue to shrink, and UNICEF needs to remain agile and proactive to retain its profile.

During the International Lead Poisoning Prevention Week, UNICEF convened senior government and non-government officials to share evidence and call for an end to lead pollution. Key industry stakeholders, government counterparts and international NGOs were key partners to generate evidence on the status of Blood Lead levels in Children in four districts, based on which a joint action plan was developed to respond to 35 million children with high Blood Lead Levels.

Partnership with the private sector strengthened in 2022. UNICEF engaged 128 businesses to integrate children's rights into their operations reaching 136,500 children. Partnerships with Bangladesh Knitwear Manufacturers and Exporters Association and Bangladesh Garment Manufacturers and Exporters Association led to the expansion of the Mothers@Work programme to 140 member factories covering an estimated 280,000 female workers of reproductive age and their children with strengthened maternity protection and breastfeeding in the workplace.

Generation Unlimited (GenU) Bangladesh expanded its public and private sector partnerships platform to include youth as partners with voice and action by establishing a GenU Bangladesh Youth Action Team (BYAT). The BYAT is a diverse group of eighty youth (ten per division) who will work directly with the National level Steering Committee and in GenU taskforces to help address the current gap in youth skills leading to employment, entrepreneurship, and social impact.

Partnering to advance evidence generation and social protection coverage was also critical. UNICEF worked with UN, government (General Economic Division, Cabinet Division, and Implementation Monitoring and Evaluation Division) and finance institutions to strengthen social policies and increase investment in children. UNICEF partnered with WFP, the EU, and World Bank to support MoWCA while partnerships with ILO-UNFPA and UN Women strengthened social protection for tea workers. UNICEF collaborated with ILO and UNDP to support the second National Social Protection Strategy, in collaboration with a think tank and research entities, resulting in knowledge products to influence policy and resource planning.

UNICEF also partnered with Dhaka North City Corporation to develop the "Climate Resilient, Sustainable and Safely Managed Sanitation" roadmap to improve inclusive sanitation services and freshwater pollution reduction in and around Bangladesh's large cities. The outcome of zone wise public hearings led to the development of a "Sanitation Compliance Guideline" to generate evidence for safe sanitation technological solution design.

Lessons Learned and Innovations

Transforming education for quality learning outcomes requires more than a linear process, it needs time, commitment in partnership, and a consistent effort from the Government. UNICEF and other partner's engagement with Government need to be adjusted to consistently emphasise a long-term approach coupled with continuous testing and scaling up of Alternative Teaching and Learning Models
before scaling up. These pilots when evaluated periodically, contributes to enhanced sustainability and ownership from the government. Strengthening data, evidence generation and knowledge management are also crucial for evaluating past and ongoing education programmes and for designing future programmes as demonstrated by UNICEF’s partnership with EdTech Hub and Agami Education Foundation which explored emerging technology-enhanced education systems in Bangladesh. The partnership with Agami will improve education outcomes through digital knowledge-based skills and competencies.

The anticipatory action (a forecasting-based) approach, facilitated by OCHA and the RCO in 2021 and 2022 for monsoon flood response, proved effective in motivating government agencies and partners to open new funding windows and include them in sectoral programmes. This approach strengthens community resilience and flood mitigation capacity. UNICEF will build on the experiences from this pilot in expanding this approach beyond the flood response to incorporating it as a key component of WASH-Humanitarian response programming in Bangladesh from 2023 and beyond.

The introduction of real-time monitoring reduced the gap in implementation and results data allowed the programme to respond quickly to challenges through the mobile data collection platforms. UNICEF received results on the agreed indicators at the lowest administrative and facility levels, including beneficiary data disaggregated by age, gender, and disability.

UNICEF’s advocacy with Directorate Secondary and Higher Education and Ministry of Health and Family Welfare helped to steer political leadership to introduce a universal adolescent nutrition programme and the CO learned that the establishment of partnerships with private sector and non-conventional stakeholders requires time and persistent advocacy to be successful. Coordinating the different operational plans of the Ministry of Health led to the finalization of a community-based engagement model and the development of ECCD Strategy for 0-3yr age. Continuous advocacy with the government led to the initiation of an effectiveness trial of locally produced ready-to-use therapeutic food to treat severe wasted children without complications in the home/community. Innovative approaches including Real Time Monitoring, and inclusion of hard-to-reach areas led effective coverage of Vitamin A Supplementation.

During 2022, UNICEF worked to expand and strengthen the child protection system [EB1] in line with national and UNICEF Global Strategy. Through a process of advocacy, capacity building, and investments, UNICEF was able to reach more than 13 million people with some form of child protection intervention. The community led and community focused approach enabled a larger reach while reducing per beneficiary costs. The aim is to continue to push this approach with government while they increasingly take ownership and accountability of the system. In 2022 we have already seen some progress on ownership including the Government taking steps to expand the social service workforce and the creation of the child protection unit.

The COVID-19 pandemic and recent floods further reiterated the importance of systemic nationwide adaptive social protection[EB2] . UNICEF continues to strengthen coordination mechanisms and monitoring support to partners for efficient humanitarian responses; and provide informative and accurate data to continue informing and influencing the decision-making process.

The extensive reach of COVID-19 vaccination and equally the birth registration campaign was made possible with robust communication and effective community engagement[EB3] . In the case of the COVID-19 vaccine the District Information Offices and religious leaders played a key role in vaccine communication reaching isolated areas.

Innovation
In Bangladesh, UNICEF focused on harnessing innovations to efficiently respond to and recover from the COVID-19 pandemic by maximising the use of information technology for improved programme
delivery. Face-to-face capacity development was replaced with online and offline modules for maximising reach. For example, the online training on Operational Guidelines for Implementing Adolescent Nutrition Interventions reached 83,507 participants who completed the e-course and received an e-certificate. The widespread response led to the expansion of weekly iron folic acid supplementation for girls in all secondary schools.

An oxygen management information system was adopted based on UNICEF Oxygen System Planning Tool, piloted, and adopted for implementation covering 30 Health Facilities. UNICEF designed an Interactive Audio Instruction application to deliver lessons in the classroom and other camp settings in Bangladesh, providing teachers with professional development and children with high-quality instruction. For Rohingya children, this application is an enduring source of continuing education in their native language while helping to build a resilient education system that can continue in the face of pandemics, natural disasters, and/or conflict.

UNICEF supported the Ministry of Women and Child Affairs to adopt a national violence and harmful practice prevention programme following the sustainability and scalability strategy to ensure direct implementation by the Ministry, leading to an increase in outreach equivalent to 71 times that of 2021 (6,461,026 children reached in 2022 and 117,000 children in 2021) and a decrease in cost per beneficiary [EB4] from US$75 per child to less than US$1.

In Cox's Bazar, UNICEF supported 18 Information and Feedback Centres using real-time online/offline mobile based apps [EB5], facilitating continuous feedback integration into humanitarian response facilitating 46,796 complaints, feedback, and queries to be processed, and responses analysed and used to incorporate the beneficiaries needs and feedback into programme implementation.