Update on the context and situation of children

In 2023, Bangladesh battled to contain economic risks driven by declining foreign currency reserves, a depreciating local currency, and rising inflation (Bangladesh Bank, October 2023). Inflation stood at 9.9 per cent. A decline in remittances, export earnings, and foreign direct investment coupled with increasing debt obligations risk investment in children in the country. Budget allocations for health, education, and social protection all declined as a percentage of GDP, per UNICEF analysis based on Ministry of Finance data. The political environment was shaped by preparations for elections planned for January 2024. Opposition parties called for demonstrations and national shutdowns, which intensified in the fourth quarter of 2023. Despite the political tensions, UNICEF programming was not impacted.

The 2022 Population and Housing Census (Census) report showed Bangladesh’s population stands at 169.8 million, of which 36.9 per cent are children. Most of the population lives in rural areas (68.3 per cent). The country’s dependency ratio (the number of economically dependent people – under 15 and over 64 years of age – per each 100 economically productive people) was 52.6, which is advantageous to the country’s development. With this ratio expected to decrease in the coming decade, Bangladesh must prioritize investments in education, skills, healthcare, and job opportunities for the young while ensuring social protection for the most marginalized, including children.

New poverty statistics from the 2022 Household Income and Expenditure Survey show the prevalence of poverty in Bangladesh at 18.7 per cent and extreme poverty at 5.6 per cent, a decline from 26.5 per cent and 9.2 per cent, respectively, from 2016 statistics. Inequality, however, worsened: the income Gini Coefficient is now at 0.499, up from 0.482 in 2016. The World Bank’s Global Multidimensional Poverty Index suggested a marked decline in poverty from 54.3 per cent in 2010 to 30.6 per cent in 2022, meaning 30 million people were pulled out of poverty in the past 12 years. The Government of Bangladesh is finalizing its national multidimensional poverty estimates.

According to the 2022 Bangladesh Demographic and Health Survey (BDHS), stunting decreased from 31 per cent to 24 per cent between 2018 and 2022, with no change in underweight prevalence. However, during the same period, wasting increased from 8 per cent to 11 per cent, the number of women exclusively breastfeeding infants under six months dropped 10 percentage points to 55 per cent, appropriate feeding practices for children aged 6-23 months decreased from 35 per cent to 29 per cent, and the proportion receiving a minimally acceptable diet also declined.

The BDHS estimated the under-5 mortality rate to be 31 deaths per 1,000 live births. Neonatal mortality stands at 20 deaths per 1,000 live births. Sixty-five per cent of mothers deliver in health facilities. The number of mothers receiving at least one antenatal care visit from a medically trained provider increased to 88 per cent, up from 82 per cent in 2018, but declined for at least four visits from 46 per cent in 2018 to 41 per cent in 2022. Seventy-six per cent of children with diarrhoea received oral rehydration therapy, a decline from 83 per cent in 2018. Eighty-four per cent of infants are fully vaccinated, according to the 2019 Bangladesh Coverage Evaluation Survey.

Over 90 per cent of children aged 6-10 in Bangladesh are in primary education, with gender parity. However, the number of children in secondary education, especially those from poorer communities, significantly dropped. The Census showed that over 34 per cent of the population over the age of five (13 per cent male and 53 per cent female) are in neither education nor employment. The National Student Assessment Study of 2022 revealed a learning crisis: only half of students in grades 3 and 5 are proficient in Bangla, while just one-third of students demonstrate proficiency in mathematics. The
2023 Bangladesh Disability Survey revealed that 7.1 per cent of the population has at least one functional difficulty, with only 24.4 per cent of children with disabilities aged between 11-16 attending secondary school.

The 2022 BDHS showed that 59 per cent of households in Bangladesh have access to basic sanitation services. Basic handwashing facilities are available to 57 per cent of the population (a notable increase from 39 per cent in 2017–18), but with urban areas outpacing rural areas (69 per cent as compared to 52 per cent).

The 2022 National Child Labour Survey revealed that the problem of child labour in Bangladesh persists: 3.53 million children aged 5-17 (8.9 per cent) were working, with over one million exposed to hazardous conditions. The prevalence of child labour has barely moved in the past ten years. Child marriage did, however, decline: the proportion of women aged 20-24 years of age married before the age of 18 declined from 59 per cent in 2017/18 to 50 per cent in 2022, according to the 2022 BDHS. Yet this remains high: 24 per cent of women still become pregnant between the ages of 15 and 19.

Bangladesh has one of the highest fatal rates of drowning in the world. Every year 14,400 children die from drowning, according to the 2016 Bangladesh Health and Injury Survey. Drowning remains one of the leading causes of death among children under five years of age, a figure which is expected to rise with the increase in flooding in the country.

The extreme vulnerabilities of 969,719 Rohingya refugees in Cox’s Bazar and Bhasan Char were exacerbated in 2024 because of the decline in funding, which impacted access to basic services. Food assistance was reduced by 34 per cent, which will heighten food insecurity and malnutrition, particularly among children. UNICEF remains a core partner in the joint response to address the priority needs of the Rohingya refugee population. Besides, rampant violent crimes, though not directed towards UN/UNICEF, at Cox’s Bazar Rohingya camps partially impacted programme delivery at times. Additional security measures were developed and implemented to enable programme delivery while ensuring staff security.

### Major contributions and drivers of results

**Every Child Survives – reproductive and maternal health:**

Health systems in Bangladesh were strengthened in 2023 through a combination of upstream guidance, capacity building, improved facility readiness, upgraded health equipment, strong procurement and distribution, and better monitoring. Immunization systems reached 3,474,787 infants with the Measles and rubella vaccine (MR1), with 103,535 zero dose and under-immunized children reached through extending access. The human papillomavirus (HPV) vaccine reached 1.5 million adolescent girls (88 per cent of the target), including vulnerable girls in Dhaka. The newborn mortality rate is 17, which needs to be reduced to 10 by 2035 as per the Bangladesh Every Newborn Action Plan target. 50 districts out of 64 (78%) have functional Special Care Newborn Units where a total of 121,875 small and vulnerable newborns were treated and 12,744 low birthweight babies and premature newborns were managed through Kangaroo Mother Care, which helps the physical and mental health of preterm babies. In 2023, a total of 29,433 pregnant mothers received antenatal care, 86.7 per cent received at least one visit by a medically trained provider, and 9.2 per cent received at least four.

Adolescent-friendly health services reached 265,279 adolescents, while outreach to schools was regularized. In urban slum areas, six urban primary healthcare centres, known as Aalo Clinics, targeted low-income communities and vulnerable and socially segregated people, providing free health services to 137,628 individuals. The Ministry of Health and Family Welfare (MoHFW) plans to scale-up these centres through the 5th Health Population Nutrition Sector Plan – the development of which was
UNICEF advocated for universal health coverage with the Prime Minister of Bangladesh, highlighting the need for universal coverage requiring increased funding and greater efficiency in healthcare finances. The investment case for immunization was developed to prepare the country for the transition out of Gavi support, demonstrating a return on immunization investment of 17.9 per cent. Evidence was also generated to improve water quality and non-communicable disease care for children in healthcare facilities.

Over 35 million Bangladeshi children have elevated levels of lead in their blood, causing damage to their brain and nervous system resulting in learning and behaviour problems. To combat this, UNICEF developed educational materials that reached 12 million people, including policymakers, health workers, teachers, private sector actors and communities.

Through UNICEF support, more than 900,000 children and 650,000 women affected by this year’s floods, cyclones, and dengue outbreak were reached with essential health services. The digitization of the Health Management Information System was accelerated through the improvement of an aggregate data system (DHIS2). Individual data systems (OpenMRS and OpenSRP) were integrated within the Shared Health Record, while the capacity to use data for decision-making was strengthened at all levels.

UNICEF/UNFPA/UNAIDS continued providing technical assistance to MoHFW, and as a result, triple elimination was included in the new sectoral plan. Training for Community Health Care Providers at Primary Health Care level for prevention of mother-to-child transmission services continued.

**Every child thrives – health, nutrition, and development:**

UNICEF provided technical assistance, built capacity, and strengthened the governance systems of the Government of Bangladesh, fostering multilevel, multisectoral coordination. This extended to development of the Strategic Investment Plan under the 5th Health, Nutrition, and Population Sector Plan. UNICEF also formulated 21 annual nutrition plans for ministries and 11 operational plans for the Directorate-General of Health Services.

UNICEF supported the government monitor maternal, infant, and young child nutrition programming. To enhance the coverage and quality of infant and young child nutrition (IYCN) and maternal nutrition counselling, UNICEF provided competency-based nutrition training to 5,500 (2,700 female and 2,800 male) healthcare providers in 24 districts. UNICEF expanded the community-based engagement (CBE) model by integrating growth monitoring and promotion into the expanded programme on immunization. Under the CBE model, 2,111 frontline workers and their supervisors were equipped with enhanced interpersonal communication skills to improve the quality of nutrition services.

To ensure coverage of IYCN services to children and mothers in urban areas, UNICEF supported the training of 283 health workers in key city corporations. Additionally, UNICEF supported the delivery of early childhood care and development (ECCD) models through primary healthcare services in two districts and ten garment factories, including six community-based daycare centers in Gazipur. Around 610 service providers were trained in ECCD, and 3,413 mother-child pairs benefited from play-based parenting sessions. 3,413 children were screened for developmental delays, and 12,496 mothers/caregivers benefited from counseling on positive parenting. The programme to prevent anaemia and other forms of malnutrition among adolescent girls benefited over four million school-age adolescent girls.

Bangladesh continues to grapple with a high burden of wasting, and the country’s response to treatment and care focuses primarily on in-patient management at health facilities. UNICEF supported
MoHFW provide in-patient severe acute malnutrition services in 436 health facilities: between January and October 2023, 11,153 children were treated. This was an increase in 2022 figures due to an improvement in programme coverage from 67 per cent in 2022 to 75 per cent in 2023. UNICEF advocated for the government to establish a comprehensive response for children needing treatment for severe wasting in the community, which resulted in the trial use of locally produced ready-to-use-therapeutic food.

UNICEF has led the provision of humanitarian services in the Rohingya refugee camps in Cox’s Bazar. 5,857 children with severe acute malnutrition (3,037 female, 2,820 male, 117 with disabilities) received treatment in the camps.

**Every child learns, from early childhood to adolescence:**

In 2023, over 229,800 children benefited from UNICEF’s catch-up programmes (ability-based accelerated learning) and non-formal education using multigrade and multilevel methods. Close to 7,000 adolescents were engaged via pathways for alternative learning, and 58,200 3-5-year-olds through early childhood education programmes.

UNICEF provided technical assistance to the government to revise the curriculum, materials, pedagogy, and teacher training packages to prepare and pilot two-year pre-primary education (PPE) in over 3,000 government primary schools, reaching 65,000 students. UNICEF is also conducting a feasibility study to prepare the government for the PPE scale-up. UNICEF supported the revision of the Early Childhood Development Policy (2013) to align it with the latest global commitments.

Along with other development partners, UNICEF provided technical assistance to the government’s programme on primary education. UNICEF steered the design, implementation, analysis, reporting, and dissemination of the National Student Assessment (2022), which provides evidence on the levels of learning crisis and its associated factors and will inform the design/implementation of programmes in primary education that will reach 17 million students.

UNICEF is providing technical assistance to enhance data management, with the primary education information management systems now active and providing real-time data, facilitating efficient data collection, improved data quality, safety and reliability, and reduced data duplication and gaps. UNICEF is undertaking a political economy analysis, focusing on learning achievements, teacher professional development, and the use of data in decision-making processes, as well as analysing the effectiveness of communication in education and the school-level improvement plan.

The competency-based, gender-transformative curricula, teaching-learning materials (TLM), experiential pedagogy, and formative assessment mechanisms – developed with UNICEF’s technical assistance – were rolled out in January 2023, transforming education for 4 million students, 55 per cent of whom were girls, in grades 6-7. The curricula and TLM for grades 8-9 are being developed and will be rolled out in the 2024 academic year. While 300,000 teachers were trained to implement the new secondary curricula through 600 master trainers (MT) in 2023, another 2,000 MTs trained 420,000 teachers in December 2023 to implement the curriculum in 2024. A teacher professional development framework and teacher competency framework have been drafted, and a learning enhancement strategy developed for secondary education.

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

Advocacy for child protection has resulted in a significant expansion of the universal child protection system, enhancing access to protection services for children in Bangladesh. The Children's Court accomplished a remarkable 23 per cent diversion rate, diverting over a fifth of children from detention through community alternatives, such as bail.
Under the Justice for Children initiative, the implementation of virtual courts has been enshrined in legislation, leading to the release of thousands of children from detention. Notably, 5,937 children were released in 2023, and less than 0.5 per cent have reoffended, thanks to a comprehensive reintegration package designed by UNICEF.

The Department of Social Services expanded case management, increasing the number of dedicated child protection social workers to over 960. The DSS Child Helpline reached over 190,000 children from January to October, representing a 58 per cent increase from 2022. Additionally, 17,670 children were rescued from extreme forms of violence, abuse, and exploitation.

The Office of the Registrar General advocated for birth registration in camps. Acknowledging the support received at the global and regional civil registration and vital statistics meetings in 2023, by the end of October 2023, approximately 6.6 million births had been registered through improved systems, which were supported by UNICEF. Notably, there was a 44 per cent increase in registrations within 45 days compared to 2022.

Through community outreach efforts and the establishment of village-based child protection community hubs, government partners, reached a substantial number of beneficiaries. From January to October 2023, 15,619,862 children (54 per cent female) and 6,375,245 parents/caregivers (63 per cent female) were reached across all districts and divisions.

These achievements underscore the programme's commitment to creating a robust child protection framework, ensuring justice, social services, and support for children in need while also emphasizing the success of innovative approaches in response to emerging challenges.

Every child lives in a safe and clean environment:

UNICEF supported the development and revision of key sectoral policies, strategies, and guidelines, including the National Menstrual Hygiene Management Strategy (and costed action plan); the Hand Hygiene for All Road Map 2030; the National Operation and Maintenance Guidelines; the National Hygiene Promotion Strategy; the Road Map to Achieving SDG 6.2; and the National WASH accounts; the Climate Rationale for the WASH Sector and update of the National Water and Sanitation Policy (1998) to incorporate climate-resilient WASH services. UNICEF supported the development of a national planning system and the creation of a comprehensive interactive water dashboard (ASMITAS) to facilitate information sharing on WASH services and highlight communities most in need.

UNICEF worked closely with the government to scale-up technical innovations, including climate-resilient WASH services, the arsenic-safe village approach, nature-based solutions to treat wastewater in dense urban settlements under the city-wide inclusive sanitation approach, sanitation marketing, and demand creation for safely managed water and sanitation services. The sanitation marketing project expanded to 25 districts, with more than 886,000 additional people benefiting from mobilization and training activities.

Over the course of 2023, UNICEF supported the delivery of at least basic water services to more than 221,137 people, and basic sanitation services to 94,630 people, including those reached during the flood response in Chittagong and Cox’s Bazar. UNICEF supported the delivery of sanitation services to more than 94,630 people, including in the flood response. In 2023, several extreme events occurred, including cyclones and extensive flash flooding in the Chittagong Hill Tracts and Cox’s Bazar. UNICEF supported the Department of Public Health Engineering to deliver climate-resilient WASH services to flood-affected households. UNICEF engaged over 200 Youth Volunteers in Kurigram district to support riverine island communities in understanding climate change impacts and adaptive approaches, sharing early warnings, and providing support during extreme events like floods.
Throughout 2023, UNICEF supported the development and dissemination of messages relating to dengue, hand hygiene, and menstrual hygiene management. In response to an unprecedented dengue outbreak across the country, UNICEF supported the government in implementing a national dengue campaign, which reached more than 795,000 people directly across all 64 districts using more than 5,000 volunteers. The campaign is estimated to have reached 5 million people across all communication channels.

Equitable Chance in life:

In collaboration with the Department of Women’s Affairs, UNICEF piloted the cash-plus approach in Sathkhira, one of Bangladesh’s most climate-vulnerable districts, linking the national Mother and Child Benefit Programme (MCBP) cash transfer beneficiaries to health, nutrition, and birth services. The cash-plus approach contributes to improved maternal and child outcomes, improved breastfeeding, better utilization of antenatal care and postnatal care services, reduced stunting and wasting, and increased birth registration. A data-sharing mechanism with health and birth registration systems is in place to track these results, jointly supported by the World Food Programme. In 2024, piloting will be extended to seven more locations to build a model for the nationwide rollout.

The government agreed on the multidimensional poverty analysis for Bangladesh in 2023. UNICEF worked with the Oxford Poverty and Human Development Initiative to develop the multidimensional poverty index (MPI) for Bangladesh using the Bangladesh Multiple Indicator Cluster Survey (MICS) 2019 data; the national MPI was completed for publication in 2024. The evidence will be used to sharpen equity in budget allocations as reflected in the 8th National Five-Year Plan.

In collaboration with the Bangladesh Bureau of Statistics, two nationally representative surveys were published, including the 2022 survey of children’s education in Bangladesh and the 2022 survey of street children, as well as an analysis report on child marriage and mortality using MICS 2019 data. This data and analysis will add to the understanding of the situation of children and the tracking of their results.

In 2023, UNICEF produced five policy briefs related to the national budget and investments for children. Using this evidence, UNICEF promoted media engagement in child-focused budget monitoring and supported parliamentary debates on budgets for children. Two policy briefs were developed to advocate for increased financing for the MCBP to meet coverage targets and adjust benefits to inflation. UNICEF facilitated children's engagement with members of parliament, supported parliamentarians in scrutinizing the 2023/24 budget and fostered dialogue among policymakers, government officials, development partners, civil society organizations (CSOs) and media.

UNICEF supported the development of a public finance tracking system for nutrition. Once established, the tracking system will improve coordination and will help institute coherent and complementary budgeting among relevant ministries and government departments. To this end, a Public Expenditure Review on Nutrition was drafted in 2023 and is under review before publication.

Rohingya refugee crisis and other emergencies:

UNICEF provided humanitarian assistance to 1.7 million people (51 per cent of the total revised 2023 Humanitarian Action for Children (HAC) target, including 70 per cent children, 56 per cent female) through integrated multisectoral interventions. UNICEF strengthened the disaster risk reduction, emergency preparedness and response capacities of 323 Disaster Management Committee members, including UNICEF Staff.

UNICEF Bangladesh is piloting a climate and disaster risk finance mechanism (Today and
Tomorrow), which provides critical funds to support vulnerable women and children affected by cyclones. UNICEF also successfully mobilized the Central Emergency Response Fund (CERF) for the flood emergency in southeastern Bangladesh, targeting 72,000 people in need of humanitarian assistance.

A CERF-funded Anticipatory Action mechanism (in which UNICEF Bangladesh began participating in 2021), was expanded to incorporate cyclones and new sectors such as education, social behavior change, and social protection, targeting 300,000 vulnerable people in three of the most cyclone-prone divisions in Bangladesh. UNICEF supported the government in addressing a severe outbreak of dengue, with 276,495 test kits (adequate for up to 2,764,950 tests) and the capacity of dengue case management strengthened for 1,500 medical practitioners.

In Cox’s Bazar, UNICEF completed the pilot of the Myanmar Curriculum (MC) in 250 learning centres across 30 refugee camps, bringing secondary education to 10,914 children and adolescents (1,803 girls). 200,425 children (95,831 girls and 1,225 children with disabilities) have been enrolled in the MC (both at the primary and secondary levels) in UNICEF-supported facilities, with 15,000 more children reached through other education interventions. In Bhasan Char, 2,504 children (1,281 girls and 35 children with disabilities) have been educated in the Myanmar Curriculum. UNICEF provided WASH services to 290,903 refugees, including 1,721 persons with disabilities, in the Rohingya camps in Cox’s Bazar and Bhasan Char.

The current flare-up of violence along the Bangladesh-Myanmar border, approximately 30-40 km, is expected to result in an increase in the number of refugees seeking safety in Cox’s Bazar. A contingency plan for an estimated 20,000 new refugee influx has been prepared.

Programme/Operation Effectiveness:

Behavioural evidence generated in health, Nutrition, WASH, and education programmes ensured the relevance and effectiveness of social and behaviour change (SBC) interventions, including a multiyear, multilevel SBC capacity-building strategy and implementation plan that promises scaled and targeted SBC capacity building in 2024. UNICEF, in collaboration with the Islamic Foundation, enabled capacity building and empowerment of Imams and female mosque teachers and community engagement/dissemination of messages on 23 childcare practices and HPV nationwide.

Social media content on ending child marriage and violence against children prevention reached over 400,000 people, and 361,000 people viewed a dengue prevention video on YouTube. Over 10 million people were reached by SBC interventions nationwide, which contributed to an 88 per cent uptake in the human papillomavirus (HPV) vaccine by the end of November 2023. Over 4 million people were reached with content promoting positive childcare practices through community-based media. GenU focused on building youth capacity in eight divisions of Bangladesh with trained youth facilitators training 1,189 youth in peer-to-peer approaches, digital literacy, leadership skills, and gender mainstreaming.

Education, health, and protection sectors contributed to the operationalization of service points and community-based protection mechanisms that are more responsive to the needs of girls, and the behavioral change communication reached 729,445 people.

To further sharpen the effectiveness of gender equality programming, UNICEF continued to focus on developing a stronger understanding of gender norms in different sectors. In health, research on gender norms was conducted; in education, UNICEF advocated for integrating Gender Equality content into the national curriculum; and in child protection, innovative methodologies like sports for development were implemented to challenge the prevailing gender norms on girls’ participation. Additionally, a women’s rights network called Naripokhkho was supported for organising campaigns. UNICEF further
strengthened systems to prevent and respond to Sexual Exploitation and abuse by with additional staffing capacity, completing capacity re-assessments of the CSOs following the UN Harmonized Toolkit, and empowering the internal staff and implementing partners staff with the launch of audience-specific and contextualized capacity building initiative.

UN Collaboration and Other Partnerships

In 2023, UNICEF Bangladesh cultivated robust partnerships across all sectors. It collaborated extensively with the MoHFW in healthcare, immunization, disease control, healthcare infrastructure, and environmental health. Cross-sectoral engagement included ministries related to environmental health, urban healthcare, and adolescent health. UNICEF also partnered with other UN agencies, international financial institutions, national and international think tanks, and CSOs to foster strategy development and implement programmes. Private sector partnerships assisted with lead elimination and the expansion of environment friendly practices. UNICEF and the Islamic Foundation Bangladesh developed the urban healthcare programme, which introduced Aalo Clinics into the urban health landscape, while the National Heart Foundation provided training on non-communicable disease prevention to urban healthcare providers.

In nutrition, UNICEF collaborated with a range of ministries and government bodies to support nutrition governance. To develop and implement the Fifth Health Population Nutrition Sector Programme, UNICEF collaborated with other UN agencies, the World Bank, the Asian Development Bank, and a range of key donors, including the US, UK, EU, and Canada more effectively. UNICEF worked closely with MoHFW in over 400 health facilities to care for severely wasted children and partnered with the International Centre for Diarrhoal Disease Research, Bangladesh (icddr, b) to trial locally produced therapeutic foods in Rohingya refugee camps. In Cox’s Bazar, while jointly leading the nutrition cluster with the MoHFW’s National Nutrition Service, UNICEF collaborated with a range of civil society actors, international non-governmental organizations, and government departments.

To further education in Bangladesh, UNICEF partnered with a range of government entities, including the directorates of primary, secondary, and higher education, the National Curriculum and Textbook Board, the National Academy of Education Management, and the Bureau of Non-Formal Education. The collaboration extended to development partners, including UNESCO, the World Bank, the Asian Development Bank, the UK, EU, Japan and the Republic of Korea development agencies, and key foundations and private donors, including the Cle de Peau Beaute, Anjuman, the Aziz Charitable Trust, Grameenphone and German NatCom. UNICEF also partnered with a range of national partners in the implementation of educational programmes.

In child protection, UNICEF collaborated with government ministries, including the ministries of law and justice, home affairs, social welfare, women and children affairs, local government, youth and sports and labour and employment. UNICEF actively engaged with other UN agencies and strengthened partnerships with non-government entities, including the Office of the Registrar General, Bangladesh Supreme Court, Police Headquarters, Judicial Administration Training Institute, National Legal Aid and Services Organizations, Police Academy, National Human Rights Commission and Dhaka, Sylhet Shahjalal and Rajshahi universities.

To promote WASH, UNICEF worked with numerous government bodies, academic institutions, and the World Health Organization (WHO), addressing water quality, implementing the WASH Facility Improvement Tool, and working toward meeting the sustainable development goals. UNICEF collaborated with the United Nations Population Fund (UNFPA) to advocate for a stronger menstrual hygiene management strategy and with the private sector for safe service delivery.

In social protection, UNICEF actively participated in the Social Protection Development Forum,
working with other UN agencies, the World Bank, and the EU. UNICEF leveraged this platform to promote the social protection cash-plus model, which supports the MCBP. UNICEF also collaborated with the Department of Women and Children’s Affairs to develop the cash-plus model and enhance health and nutrition service linkages. Research and evaluation capacity was strengthened through partnerships with the Global Alliance for Gender and Evidence and academic institutions.

In field services, UNICEF intensified its collaboration with the Ministry of Disaster Management and Relief and partnered with a range of UN agencies. UNICEF contributed to disaster risk reduction and emergency response efforts, including mobilizing a US$1.5 million contribution for flood-related disasters. Several UNICEF sections collaborated on anticipatory action for cyclones.

In 64 districts, over 5,000 volunteers mobilized communities to eliminate dengue-carrying mosquito breeding sites. An estimated 795,000 people were reached directly and almost five million indirectly by this campaign, supported by the Ministry of Local Government, Rural Development and Cooperatives, and Dhaka City Corporation. UNICEF’s WASH section collaborated with the WHO and UNICEF’s education, social and behaviour change, health, and communication sections to support this campaign.

In 2023, UNICEF collaborated with UNFPA through the Global Programme to End Child Marriage to design Phase III (2024 to 2030), which aims to implement scalable, evidence-based programming to empower adolescent girls, strengthen systems and mobilize communities to end child marriage. In this phase, social norms and beliefs will be targeted, focusing on altering underlying gender norms and power structures by engaging men, boys, and community leaders as allies. UNICEF continued its partnership and support to the Ministry of Women and Children Affairs to integrate monitoring tools for the National Plan of Action to End Child Marriage through enhanced coordination among 23 relevant ministries. Partnerships with the Ministry of Social Welfare and the Ministry of Education and Health drove a reduction in child marriage by keeping girls in school and increasing adolescent-friendly health services and social workers.

Warehouse optimization led to better stock visibility. Collaboration with key government partners allowed for the optimization of warehouse space. Through the support of nutrition and health programmes, discussions were initiated with the relevant ministries and departments to explore areas in the supply chain that the government could gradually take over. Fleet management now focuses on efficiency and impact. A UN carpooling initiative is being finalized, with UNICEF being present in all UN Working Groups.

UNICEF’s community engagement, social and behaviour change (CE-SBC) efforts involved partnerships with national entities, including the Ministry of Information and Broadcasting, Ministry of Religious Affairs, Ministry of Women and Children Affairs, National Institute of Local Government, and the Bangladesh University Grants Commission. Collaboration with programme sector partners focused on health, primary education, and the National Nutrition Service. NGOs and CSOs assisted in CE-SBC planning and implementation. For dengue prevention, UNICEF partnered with the Centers for Disease Control and Prevention and the National Institute of Preventive and Social Medicine. UNICEF worked with Google to disseminate key messages related to this on YouTube.

Lessons Learned and Innovations

Lessons Learned:
In 2023, UNICEF in Bangladesh learned valuable lessons in health programming. The rural Reaching Every Mother and Newborn (REMN) programme, which incorporates geographic information systems (GIS) mapping and individual tracking systems, such as OpenSRP, demonstrates that change is possible but requires leadership at the national level. The urban Aalo Clinics, leveraging OpenMRS
and gender-balanced general practitioners, deliver quality urban public healthcare at an affordable cost.

UNICEF's support for reviewing and preparing annual work plans across 21 ministries has been instrumental in establishing connections with such ministries to implement nutrition-related strategies. Multisectoral collaboration has been found to be essential for effective nutrition-sensitive interventions. Building the capacity of the Bangladesh National Nutrition Council strengthens multisectoral governance and coordination, facilitating policy implementation. This support has enabled the operationalization of the National Nutrition Policy and the Second National Plan of Action for Nutrition (NPAN2: 2015-2025). Efforts have also been made to empower communities by engaging elected representatives.

Support to the programme teams in terms of digitization has resulted in the use of RapidPro through SMS integration in multiple programmes, the establishment of real-time monitoring and tracking systems for the education, health and nutrition sectors, the development of the learning management system, and the enhancement of management information systems for multiple programmatic areas.

UNICEF's technical assistance and co-creation of innovations with partners have influenced educational transformations. Being agile and flexible in engagement, prioritizing system strengthening and maintaining a non-political stance has been essential to leveraging opportunities. UNICEF's technical assistance has established data and evidence systems in the education sector, building government capacity for data analysis and policy development. The impact of innovative service delivery models benefiting disadvantaged young people should inform government programmes for out-of-school children.

Despite increased investment in the WASH sector, climate-resilient services remain limited due to a lack of understanding of climate hazards and suitable technological solutions. UNICEF supports climate-informed solutions, including double-platform water sources and raised latrines, to address climate hazards, including flooding.

Over the past six years, UNICEF's continued engagement in multidimensional poverty has led to the development and revision of the Multidimensional Poverty Index (MPI). Finally, in 2023, consultations resulted in the final revisions and technical clearance of the MPI measures. Sustained advocacy has resulted in interest from the government in producing regular estimates using periodic data sources.

Lessons from anticipatory action have encouraged government and development partners to seek funding opportunities and expand into other sectors. Incorporating accountability to affected people (AAP) into project/programme planning during emergencies is crucial, ensuring the voices of vulnerable communities are heard, and their wishes and priorities are reflected in programme design.

Coordinating disaster risk reduction (DRR) and emergency response at the community level requires competent sub-national structures managed by staff with relevant skills. Integrated multisectoral responses are critical for efficiency and effectiveness in emergencies. To address this, rationalization of sector activities is ongoing, focusing on the promotion of partnerships to fill in gaps and improve the quality of service delivery, standardization of service delivery, and encouragement of joint partnerships with Implementing Partners (IPs), making it more cost-efficient with staff and cost-sharing between UN agencies, and harmonization of approaches particularly staffing structure, roles, and volunteer ToRs to enhance efficiency and operational effectiveness of the Rohingya response. In addition, there is a need to identify new funding streams to cover funding gaps and maintain quality programming.

Enhancing partner capacity for strategic community engagement, social and behaviour planning, implementation, and monitoring is essential for quality results. Expanding the digital space into social listening offers opportunities for increased population reach and engagement, monitoring myths and responding to emerging issues. Existing community structures and resources, including religious
leaders and local elected leaders, play a crucial role in community engagement and mobilization.

Daily activities have gradually shifted to more strategic operations, with an emphasis on supporting programme delivery in a nimbler way, adding value through the streamlining of existing processes for increased transparency, efficiency, and accountability through innovation. The 10-day Lean Initiative Project, which was a result of the Global Shared Services Centre mission in September, for which Bangladesh is a pilot country, has led to the identification of key areas where transactional activities can be reduced (or at times eliminated) and/or transferred to other parts of the organization. This will accelerate UNICEF Bangladesh’s efforts to shift from process-intensive, risk-averse approaches in our operations and programme delivery to more efficient, agile, and risk-informed working modalities.

Innovations:
UNICEF has seamlessly integrated innovation and technology for development (T4D) across its work. Sector-specific initiatives are tracked and monitored through the T4D monitoring dashboard and INVENT platform. Of these initiatives, half focus on education and health, with 85 per cent successfully implementing their proof-of-concept systems. About 35 per cent of these initiatives are a continuation of work done in 2022, aiming to improve their proof of concept, while 65 per cent have introduced new concepts or scaled up existing innovations.

The rural public healthcare model, REMN, incorporates GIS mapping and individual tracking systems such as OpenSRP, while the urban Aalo Clinics, leverage OpenMRS – demonstrating the value of harnessing T4D in public health, especially for children and mothers.

Digital innovations, including the health management information system (HMIS) and Shared Health Records, support the online registration for human papillomavirus (HPV) vaccine, the birth registration database, routine immunization microplanning, and the ongoing development of an electronic vaccine intelligence network system (eVLMIS) application.

The development of virtual courts in Bangladesh, supported by UNICEF, represents a transformative step in the judicial landscape for children in contact with the law. Virtual courts leverage digital technology to conduct legal proceedings remotely, offering a secure and accessible platform. This innovation addresses challenges, such as transportation, reduces exposure to formal court settings and expedites legal processes, benefiting children. Virtual courts provide a child-friendly and less intimidating environment, aligning with international juvenile justice standards, ensuring access to swift justice, and promoting rehabilitation. In 2023, this led to the release of more than 5,900 children from detention and their support in the community.