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## United Nations Children's Fund

Executive Board

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Item 6 (a) of the provisional agenda\*

### Country programme document

#### Bangladesh

##### *Summary*

The country programme document (CPD) for Bangladesh is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$86,000,000 from regular resources, subject to the availability of funds, and \$220,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2022 to 2026.

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\* [E/ICEF/2021/23](#).



## Programme rationale

1. The 2022–2026 Government of Bangladesh-UNICEF country programme of cooperation builds on impressive socioeconomic development achieved by Bangladesh over the past few decades. It contributes to the country’s Eighth Five-Year Plan (8FYP) for 2020 to 2025, with its focus on rapid recovery from the coronavirus disease 2019 (COVID-19); inclusive growth that lowers poverty and improves economic and social equity; sustainable development resilient to disasters and climate change; the successful management of urbanization; the development of critical institutions; and attaining the Sustainable Development Goals. The programme will also contribute towards the goals of the United Nations Sustainable Development Cooperation Framework (UNSDCF).

2. The population of Bangladesh has been “ageing” very fast and the senior dependency ratio (number of senior dependents aged 65 years and older per person of working-age population of 15 to 64 years of age) will increase rapidly over the next few decades. Thus, prioritizing investing in today’s children is a prerequisite for ensuring the country’s sustainable development. In a total population of 171 million, children made up 34 per cent (57.8 million) in 2020, with 16.2 million of them (9 per cent) under the age of 5 years. The urban population comprises 37 per cent and is projected to increase very fast, making the urban slum areas a new frontier of poverty-reduction efforts.

3. Bangladesh has been one of the fastest growing economies over the last decades. An expected graduation from least developed country category in 2026 may attract more foreign direct investments, while introducing new challenges, including the possible loss of favourable trade terms, a decrease in official development assistance and reduced preferential access to grants from critical global health and education initiatives.

4. Bangladesh has reduced the proportion of its population living below the poverty line from 24.3 per cent in 2016 to 20.5 per cent in 2019.<sup>1</sup> However, the country’s income disparity, as measured by the Gini coefficient, has been rising since the 1990s. The COVID-19 pandemic has introduced significant risks for the reversal of the downward trends for both poverty and income disparity. Bangladesh ranks as 133 out of 189 countries regarding both human development and gender equality.<sup>2</sup> Resource allocations, as a percentage of gross domestic product, are the lowest in the world on health and the third lowest on education.<sup>3</sup>

5. Bangladesh has made climate adaptation and disaster response a central pillar of its 8FYP. Globally, Bangladesh is the seventh most-affected country by extreme weather events, particularly tropical cyclones.<sup>4</sup> Rising sea levels also impact people, inducing the migration of poor people to urban areas. Bangladesh has the worst air pollution in the world.<sup>5</sup>

6. Bangladesh reduced under-5 mortality from 58 deaths per 1,000 live births in 2013 to 40 deaths per 1,000 in 2019. Neonatal mortality, at 26 deaths per 1,000 live births, has stagnated and accounts for more than 60 per cent of all under-5 deaths.<sup>6</sup> The mortality rates are highest in rural areas, in the poorest households and among

<sup>1</sup> Asian Development Bank, Poverty data: Bangladesh. Available from [www.adb.org/countries/bangladesh/poverty](http://www.adb.org/countries/bangladesh/poverty) (accessed on 26 May 2021).

<sup>2</sup> United Nations Development Programme, Human development report (2020).

<sup>3</sup> UNICEF, *The State of the World’s Children* (2019).

<sup>4</sup> Germanwatch, Global Climate Risk Index 2020.

<sup>5</sup> IQAir, 2020 World Air Quality Report.

<sup>6</sup> Statistics here and in the subsequent sections: multiple indicator cluster survey 2019, unless otherwise indicated.

women with little education. Pneumonia remains the main cause of under-5 deaths. Essential newborn care remains low and the proportion of deliveries with skilled birth personnel (59 per cent) is among the lowest in the world. By the age of 12 months, 83.9 per cent of children are fully vaccinated. However, there are still pockets of significantly lower coverage levels in some districts and in urban slums.<sup>7</sup> Bottlenecks include sociocultural barriers, a lack of awareness, geographical inaccessibility, weaknesses in the health system, with more emphasis placed on in-patient curative care, and low expenditures on health care.

7. Stunting among children under the age of 5 years has significantly decreased, from 42 per cent (2013) to 28 per cent (2019). Wasting, at 9.8 per cent, has stagnated. Stunting and wasting are significantly higher in the poorest households, among children whose mothers have little education, in urban slums and in some remote rural areas. Fifty-six per cent of girls (10–19 years) and 11 per cent of women (19–49 years) are underweight. Twenty-eight per cent of adolescent girls and 26 per cent of women are anaemic.<sup>8</sup> Just 1.8 per cent of pregnant girls received and consumed all prescribed tablets of iron and folic acid supplementation.<sup>9</sup> Underlying causes for malnutrition include poor access to and utilization of services, poor dietary awareness and practices and a weak preventive nutrition governance framework.

8. Currently, 18.9 per cent of children (3–5 years) attend an early childhood education programme, and 28.8 per cent are developmentally on track in literacy-numeracy, with a significantly lower level in the poorest quintile (16.7 per cent). A pre-primary education option (for children 4 years and older) has been adopted. Bangladesh has achieved a high primary net enrolment rate, at 98 per cent, with gender parity.<sup>10</sup> However, the net attendance rate in higher secondary education, at 48.1 per cent (girls 53.4 per cent and boys 43.1 per cent), and the completion rate, at 29.4 per cent, indicate high drop-out rates, especially among boys. Children with disabilities are seven times more likely to be out of school than other children, while married girls are over four times more likely to be out of school than unmarried girls.<sup>11</sup> Fifty-seven per cent of children aged 10 years were not proficient in reading even before the COVID-19 pandemic, while 75 per cent of secondary-school graduates did not attain basic competencies.<sup>12</sup> The barriers linked to access to and quality of education are further exacerbated by the extended closure of schools due to the pandemic, particularly for disadvantaged children.

9. Great progress has been made in access to improved drinking water. However, only 37.9 and 44.0 per cent, respectively, of the urban and rural populations have access to an on-site arsenic-safe drinking water source free from microbial contamination. The use of improved sanitation facilities has increased from 55.9 per cent (2013) to 64.4 per cent (2019), with a significantly lower level in the poorest quintile, at 46.5 per cent. In 2018, 40 per cent of households were aware that handwashing using water and soap was necessary before eating.<sup>13</sup> In response to the COVID-19 pandemic, handwashing behaviour has improved although many from rural (28 per cent) and slum areas (22 per cent) face barriers, such as the cost of soap.<sup>14</sup>

<sup>7</sup> Bangladesh coverage evaluation survey 2019.

<sup>8</sup> National Nutrition Services, “State of food security and nutrition in Bangladesh” (2019); Malay K. Mridha, et.al. “Factors associated with nutritional status and dietary practices of Bangladeshi adolescents in early pregnancy” (2018).

<sup>9</sup> UNICEF, “An assessment on coverage of basic social services in Bangladesh” (2017).

<sup>10</sup> Eighth Five-Year Plan (8FYP) July 2020–June 2025.

<sup>11</sup> UNICEF, “Ending child marriage: a profile of progress in Bangladesh” (2020).

<sup>12</sup> World Bank, Bangladesh Learning Poverty Brief, (2019); and National Student Assessment 2017.

<sup>13</sup> Bangladesh Bureau of Statistics, National Hygiene Survey (NHS) 2018.

<sup>14</sup> WaterAid, “Hygiene messaging and practice during COVID-19” (2020).

Bottlenecks include limited human and financial resources and persistent harmful social norms and behaviours.

10. Eighty-seven per cent of primary and secondary schools have basic or limited access to handwashing facilities and 22 per cent have separate toilets for girls with facilities for menstrual management. Thirty per cent of female students are absent from school during menstruation.<sup>15</sup> Seventy per cent of healthcare facilities have basic water services, 71 per cent improved and usable latrines, while 54 per cent have hand hygiene materials at the point of care.<sup>16</sup>

11. Despite a law against child marriage, 51.4 per cent of women (20–24 years) marry before the age of 18 years, among the highest rates in the world. Twenty-four per cent of women (20–24 years) give birth before the age of 18 years, with a significantly higher level among the poorest quintile (33.7 per cent). Child marriage and early pregnancies lead to many risks: school drop-out, inadequate nutrition, maternal mortality and violence. While corporal punishment is prohibited in schools, 89 per cent of children (1–14 years) experience physical punishment or psychological aggression by caregivers. Some form of child labour affects 6.8 per cent of children (5–17 years; (8.8 per cent boys and 4.6 per cent girls). Only 56.2 per cent of children under the age of 5 years were registered at birth. One functional difficulty affects 7.3 per cent of children (2–17 years). While there are 102 children’s courts, more than 23,000 cases of children are pending trials.<sup>17</sup> Underlying causes include inconducive societal norms, problems in the implementation of the existing legislation and a weak preventive system, with a social service workforce of only 3,545 compared to the required 110,000.<sup>18</sup>

12. Progress has been made in social protection. However, the social protection programmes have high targeting errors, with the average exclusion error at 71 per cent.<sup>19</sup> Furthermore, social protection allocations are not adequately aligned to the demographic structure, putting children at a disadvantage, with no major programmes to support families with children.

13. The demographic transition analysis identified the need to place UNICEF assistance in a longer historical perspective, with the understanding that Bangladesh is (a) going through extremely rapid socioeconomic and demographic changes; and (b) experiencing rapid population ageing resulting in a short remaining demographic window of opportunity.

## Programme priorities and partnerships

14. The country programme is aimed at supporting Bangladesh to take maximum advantage of the remaining period of its demographic window of opportunity by making prioritized investments in children for the realization of child rights and sustainable development in Bangladesh.

15. The programme will contribute to achieving the goals under the 8FYP, with its focus on securing rapid inclusive growth that lowers poverty and supports economic and social equity as well as the Sustainable Development Goals. It has six sectoral components: health; nutrition; education; child protection; water, sanitation and hygiene (WASH); and social protection. It is aligned with the UNICEF Strategic Plan, the Gender Policy and Action Plan, the Bangladesh COVID-19 Preparedness and

<sup>15</sup> NHS 2018.

<sup>16</sup> World Health Organization and UNICEF, *WASH in Health Care Facilities: Global Baseline Report 2019*.

<sup>17</sup> Supreme Court Special Committee on Child Rights.

<sup>18</sup> UNICEF and Department of Social Services, Mapping analysis 2020.

<sup>19</sup> Based on Household Income and Expenditure Survey 2016–2017.

Response Plan and the UNSDCF, especially pillar 2, on basic services and social protection.

16. The overall theory of change is that if children and their caregivers benefit from inclusive and child-friendly policies; have access to and utilize quality, equitable and sustainable social services; and adopt appropriate behaviours and care practices, then the rights of all children in Bangladesh will be realized. The key assumption is that there will be more prioritization of social sectors, both politically and financially, in accordance with the 8FYP. The main risk is further shocks due to the COVID-19 pandemic or other emergencies.

17. The programme will help to address key barriers and bottlenecks through the following strategies:

(a) Realizing stronger linkages between government policies and programmes and their effective implementation, leveraging the UNICEF field offices, and piloting rigorous and evaluable models in the field to generate evidence for policy advocacy;

(b) Advocating for the universal coverage of relevant services and benefits (e.g., Universal Health Coverage, Universal Early Childhood Care and Development, Universal Mother and Child Benefit) as a proven strategy for reaching the most disadvantaged as well as for a high return on investment;

(c) Emphasizing prevention as well as community and system resilience as cost-effective ways of addressing child-rights issues;

(d) Partnering with children, adolescents, parents and communities to encourage demand, behaviour change and positive social norms;

(e) Addressing structural impediments for gender equity and negative gender norms throughout the life-cycle through gender-responsive programming;

(f) Strengthening humanitarian-development linkages, and supporting the national response to the COVID-19 pandemic with the aim of longer-term systems strengthening;

(g) Realizing functional and effective cross-sectoral coordination to address the needs of children holistically;

(h) Exploring innovative solutions, including the use of digital technologies;

(i) Strengthening the use of data for systematic and rigorous evaluations of intervention effectiveness and for conducting higher-quality analyses of programmatic topics to foster evidence-based programming and advocacy.

18. Using the results of the demographic transition analysis included in the 8FYP, UNICEF will advocate for and support prioritized investments in children, taking into account the finite demographic window of opportunity. The programme will also explore where market-based solutions are effective for scaling up services (e.g., sanitation), while benefiting from best practices and global experiences.

19. The country programme document does not include programming related to the Rohingya crisis. The strategic objectives, actions and budget for the Rohingya are in the joint response plan for the Rohingya humanitarian crisis, which is issued on an annual basis.<sup>20</sup>

<sup>20</sup> The Government of Bangladesh refers to the Rohingya as “Forcibly Displaced Myanmar Nationals (FDMN).” The United Nations system refers to this population as Rohingya refugees, in line with the applicable international framework. In the joint response plan 2021, both terms are used, as appropriate, to refer to the same population.

**Health**

20. This component is aimed at ensuring that all children, adolescents and women have equitable access to and use quality, high-impact health services and adopt appropriate healthy life practices. It supports the achievement of the 8FYP health targets, guided by the Ministry of Health and Family Welfare

21. The focus is towards Universal Health Coverage through support for policies, strategies, investment cases, fiscal space analyses and delivery models for primary health care within the COVID-19 response. Innovative technology will support the strengthening of the health management information system for an integrated data warehouse for improved decision-making.

22. Support will be provided to the district health administration to provide inclusive and high-quality preventive and curative maternal, newborn, child and adolescent health and immunization services. This includes support to evidence-based district/urban health planning, quality improvements, an equity focus for immunization and the leveraging of investments for the COVID-19 response to support systems strengthening. Attention will be given towards strengthening partnerships between researchers, health-care workers and the private sector.

23. A focus will also be directed towards strengthening the linkages between community health systems and primary health care and all service delivery platforms for the delivery of an essential-service package supported by a social accountability system, community engagement and demand generation. Emergency preparedness and response will be strengthened, and awareness will be raised on environmental health issues, including climate change.

**Nutrition**

24. This component is aimed at ensuring that children under 5 years of age, adolescents and women of reproductive age access and utilize quality nutrition services in an equitable manner and adopt appropriate nutritional behaviour and care practices. It supports the achievement of the 8FYP nutrition targets, guided by the Bangladesh National Nutrition Council, which coordinates nutrition-related actions by 22 different ministries and is headed by the Honourable Prime Minister.

25. Support will be provided to strengthen evidence-based policy development; multisectoral planning and coordination; public-private partnerships; advocacy; and tracking systems to monitor nutrition outcomes and investment levels.

26. Maternal, infant, young child and adolescent nutritional well-being will be promoted, including in urban slums, through multisectoral platforms to encourage increased community awareness; improved accessibility, coverage, utilization and quality of antenatal and postnatal care services; the integration of growth monitoring and promotion in regular immunization activities; enhanced capacity of service providers to achieve universal early childhood care and development; the distribution of iron and folic acid to adolescent girls, and proactive counselling for positive adolescent nutrition practices.

27. Efforts will be made to scale-up the prevention of wasting through early detection and treatment, especially among children (0–2 years). This will include: the strengthening of community-based outreach and facility-based screening; the development of a standardized community-based nutrition model for scale-up; the establishment of and referrals to Integrated Management of Childhood Illness and Nutrition (IMCI-Nutrition) Corners; and making the existing nutrition-related services disaster-resilient.

## Education

28. The education component is aimed at ensuring that all girls and boys (4–18 years) access, participate in and learn from quality and inclusive education. It supports achieving the 8FYP education targets, guided by the Ministry of Primary and Mass Education for primary education and by the Ministry of Education for secondary education. Disaster risk reduction, climate change adaptation and education in emergencies will be integrated, while remedial education in the context of COVID-19 will be pursued, including through new technologies.

29. The piloting and scale-up of the 4 plus pre-primary education will be supported in partnership with the Government and relevant stakeholders for improved coverage, resource allocations and policy adoption and implementation. Support will be provided towards the revision of the national curriculum.

30. The delivery of quality and inclusive primary education will require flexible strategies to reach out-of-school children. Their learning deficits will be addressed through a competency-based curriculum. Governance systems strengthening will include quality-monitoring mechanisms; data systems for informed decision-making; decentralized accountability systems; and teachers' professional development.

31. Assistance will be provided to institutionalize flexible learning options for out-of-school children, together with evidence-based policy advocacy and resource mobilization. The acquisition of skills for life and livelihood will be facilitated through strengthened education-to-work transition programmes in partnership with the Government and the private sector. Transferable skills will be an integral part of the revised national curriculum, whose delivery will be strengthened by the adoption of active-learning pedagogy, interdisciplinary approaches and formative assessments in education.

## Child protection

32. This component is aimed at ensuring that all children including adolescents are better protected from all forms of violence, abuse, exploitation, neglect and harmful traditional practices. It supports the 8FYP focus on costing and implementing the 2013 Children Act and promotes the establishment of a child protection partners' group, maintaining minimum standards for child protection under the leadership of the Ministry of Women and Children Affairs.

33. A child-friendly justice system will be promoted by strengthening the diversion system and restorative justice; the availability and quality of administrative data; the capacity of judiciary and children's court judges, police, probation officers and social workers; and by adopting a systemic approach to prevention, including the decriminalization of minor offences.

34. A child-friendly social service system will focus on expanding a professional-level social service workforce with a clear mandate to protect children, including adolescents through: identifying, preventing and managing risks; responding to vulnerability and harm; integrating child protection responsive frameworks in education and health systems; promoting a shift from harmful practices through engagement with children, families and communities; and providing support in areas affected by emergencies and vulnerable to climate change.

35. Approaches to prevent child marriage will rely on the latest global evidence and best practices. Behavioural change communication and partnerships with adolescents and families are expected to shift negative social and gender norms and harmful practices while increasing girls' access to health, education and social protection services.

**Water, sanitation and hygiene**

36. This component is aimed at ensuring that all children and women have access to and utilize quality, equitable, resilient and sustainable WASH services and adopt appropriate hygiene behaviours and care practices. It supports achieving the 8FYP WASH targets, guided by the Ministry of Local Government, Rural Development and Co-operatives.

37. Evidence generation will support: defining geographic adequacy and performance patterns; predicting budgetary needs through an equity lens; advocating for policies and regulations to respond to climate change and gender barriers; and advocating for increased human and financial assets.

38. Enhanced access to sustainable and safely managed climate-resilient water services in households and facilities will be supported (particularly in urban slums and poor rural areas) through systems strengthening and private-sector partnerships. The successful arsenic- and climate-safe village model will be scaled-up. Enhanced and inclusive access to affordable and climate change-resilient sanitation services will be supported through pro-poor and market-based solutions and through the school sanitation programme. The 2019 sanitation industry study, the success of sanitation marketing and the willingness-to-pay review will guide the development of improved facilities, payment plans and toilet options and menstrual hygiene management awareness and facilities.

39. The global World Health Organization-UNICEF Hand Hygiene For All campaign, triggered by the COVID-19 pandemic, will bring together partners to support the availability of affordable products and services, while promoting a preventive hygiene culture in communities, health-care facilities, schools and public institutions.

**Social protection and social policy**

40. This component is aimed at ensuring that all children benefit from quality, integrated, adaptive and child-sensitive social protection services. The 8FYP and the National Social Security Strategy will guide the component, implemented in partnership with the Ministry of Women and Children Affairs, General Economic Division and other concerned ministries.

41. Policy analyses and advocacy will promote social policies and budgets that are both higher and also more child-sensitive, are aligned with the demographic structure and support families with economic vulnerability caused by COVID-19 and other shocks. Evidence generation, and capacity building will facilitate social policy and legal reform, improved targeting and investments in a universal shock-responsive services and programmes.

42. Support to the design and scale-up of social protection programmes targeting children will include a link to basic social services and demonstrate the efficiency and effectiveness of a comprehensive and universal social protection programme. The governance and implementation will be supported through human resources development; an integrated management information system; grievance mechanism and right-focused awareness raising of social protection benefits.

**Programme effectiveness**

43. This component is aimed at ensuring that the country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children, including through efficient operational support and coordination among the different programme sections and between the Dhaka Office and UNICEF field offices. It facilitates systematic coordination for



cross-sectoral issues, such as early childhood development, adolescence, gender, disability, child participation and youth engagement and the prevention of sexual exploitation and abuse as well as partnerships with the private sector, climate change, innovation and urban issues. The traditional UNICEF strengths of communication, advocacy and behavioural-change communication cut across all programme areas, while also focussing on the promotion of child rights among the general public.

### Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health	6 500	78 000	84 500
Nutrition	7 000	27 000	34 000
Education	7 500	46 000	53 500
Child protection	9 000	23 000	32 000
Water, sanitation and hygiene	8 000	26 000	34 000
Social protection and social policy	8 000	7 000	15 000
Programme effectiveness	40 000	13 000	53 000
<b>Total</b>	<b>86 000</b>	<b>220 000</b>	<b>306 000</b>

### Programme and risk management

44. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are described in the organization's programme and operations policies and procedures.

45. The Economic Relations Division, Ministry of Finance, will be responsible for overall coordination and will support work-plan development with relevant line ministries and other partners. UNICEF will continue to strengthen its management systems for improved governance, effectiveness and efficiency, including through the enterprise risk management tool and the harmonized approach to cash transfers.

46. Early warning mechanisms include the monitoring of financial and programme indicators. Risks of shocks due to COVID-19 will be mitigated by proactive risk reduction and resilience enhancement by supporting the National Plan for Disaster Management (2021–2025), for which UNICEF co-leads the nutrition, wash, education and child protection sectors. Another key risk is the anticipated reduction of funding, which should be mitigated by: reprioritization; the deployment of high-impact cost-effective strategies; advocating for increased government resource allocation for children based on investment cases; and an enhanced mobilization of public and private funding opportunities.

## **Monitoring and evaluation**

47. The results and resources framework, the costed evaluation plan and the Integrated Monitoring and Evaluation Plan will form the basis for outcome and output monitoring and reporting, and are aligned with UNSDCF, the Sustainable Development Goals and the 8FYP Development Results Framework. Annual reviews with the Implementation Monitoring and Evaluation Division, Economic Relations Division, sectoral ministries, partners and rights holders will take stock of the results achieved, identify opportunities and risks and make appropriate programming adjustments.

48. Together with other United Nations funds and programmes and partners, UNICEF will support the Bangladesh Bureau of Statistics (BBS) and sectoral management information systems to produce, analyse and disseminate high-quality data to: track equity and gender disparities; inform policy development; and support the General Economics Division to monitor progress towards the Sustainable Development Goals. Weaknesses in real-time monitoring mechanisms and systems interoperability will be addressed by taking advantage of the latest technologies. The Emergency Management Information System and other anticipatory risk management tools will be supported for early warning and information collection and analysis in emergency settings.

## Annex

### Results and resources framework

#### Bangladesh – UNICEF country programme of cooperation, 2022–2026

**Convention on the Rights of the Child:** Articles 2–7, 11–15 (except article 14, para. 1), 17–20, 23–24, 26–30, 32, 34–37, 39–40 and 42

**National priorities:** Eighth Five-Year Plan priorities (Table 6.1): 1–8, 11–12 and 14–15

**Sustainable Development Goals:** 1–6, 8, 10–13 and 15–17

**United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:** (i) Inclusive and Sustainable Economic Development; (ii) Basic Services and Social Protection; (iii) Sustainable, Healthy and Resilient Environment; (iv) Transformative, Participatory and Inclusive Governance; and (v) Gender Equality and Eliminating Gender-based Violence

**Outcome indicators measuring change that reflect UNICEF contribution:** proportion of population living below the national poverty line; maternal mortality ratio; prevalence of malnutrition among children under 5 years of age; proportion of population using safely managed drinking water services; proportion of children and young people (a) in grades 2/3, (b) at the end of primary, and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex; percentage of women (20–24 years) who were married before age 18; proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months; proportion of population covered by social protection

**Related UNICEF Strategic Plan Goal Areas:** 1–5

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<b>1. Health</b> By 2026, all children, adolescents and women have equitable access to and use quality, high-impact health services and adopt appropriate healthy life practices.	Percentage of children (0–59 months) with symptoms of pneumonia that were taken to an appropriate health provider (total; girls; boys) B: 46.4%; 46.0%; 46.8% T: 60%; 60%; 60%	Multiple indicator cluster survey (MICS)	1.1 The Government and partners have increased capacity nationally and subnationally to provide a better financed, responsive and resilient health system for Universal Health Coverage.  1.2 The Government and partners at the district and	<b>Government:</b> Ministries of Health and Family Welfare (MoHFW); Women and Children Affairs (MoWCA); Finance (MoF); Social Welfare	6 500	78 000	84 500

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	<p>Percentage of births attended by skilled health personnel</p> <p>B: 59.0% T: 72%</p>	MICS	<p>sub-district levels have increased capacity to provide improved and equitable access to high-impact, quality maternal, newborn, child, adolescent health care and immunization services, with a focus on the most vulnerable, including in emergencies.</p> <p>1.3 Children and women have improved access to an essential service package and knowledge about appropriate healthy life practices, with a focus on the most vulnerable, including in emergencies.</p>	<p>(MoSW); and Local Government, Rural Development and Cooperatives (MoLGRDC)</p> <p><b>United Nations:</b> World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP)</p> <p><b>Others:</b> Development partners (DPs), civil society organizations (CSOs), research institutions</p>			
	<p>Percentage of children (&lt;12 months) fully immunized (total; girls; boys)</p> <p>B: 83.9%; 84.0%; 83.8% T: 98%; 98%; 98%</p>	Coverage Evaluation Survey					
<p><b>2. Nutrition</b></p> <p>By 2026, children under 5 years of age, adolescents and women of reproductive age access and utilize quality nutrition services in an equitable manner and adopt appropriate nutritional behaviour and care practices.</p>	<p>Percentage of children under 5 years of age who are:</p> <p>(a) stunted B: 28% T: 20%</p> <p>(b) wasted (total; girls; boys)</p> <p>B: 9.8%; 9.2%; 10.4% T: 7%; 7%; 7%</p>	MICS	<p>2.1 The Government at the national and subnational levels has increased capacity for evidence-based planning, budgeting, monitoring and evaluation of multisectoral programmes and partnerships for nutrition.</p> <p>2.2 The Government at the national and subnational levels has increased capacity to deliver equitable, gender- and age-responsive quality maternal, infant, young child and adolescent nutrition and universal access to early</p>	<p><b>Government:</b> MoHFW, MoLGDRC, Ministries of Agriculture; Labour and Employment (MoLE); Industries (MoI); Education (MoE); Primary and Mass Education (MoPME); and Disaster Management and Relief (MoDMR),</p>	7 000	27 000	34 000
	<p>Percentage of children (36–59 months) who are on track in at least three of four development domains</p>	MICS					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B: 74.5% T: 80%		childhood care and development.	Institute of Public Health Nutrition, Bangladesh National Nutrition Council  <b>United Nations:</b> World Food Programme (WFP), Food and Agricultural Organization of the United Nations (FAO), UNDP, WHO, International Labour Organization (ILO)  <b>Others:</b> DPs, CSOs, private sector			
	Percentage of ever-married adolescent girls (15–19 years) with low body-mass index (<18.5 kg/m2)  B: 24.3% T: 15%	Bangladesh Demographic and Health Survey	2.3 The Government and partners at the national and subnational levels have increased capacity to deliver equitable, gender-responsive and evidence-based programmes for the early detection and treatment of child wasting in all settings.				
<b>3. Education</b>  By 2026, girls and boys (4–18 years) access, participate in and learn from quality and inclusive education.	Participation rate in organized learning one year before the official primary entry age (total; girls; boys)  B: 77.4%; 78.8%; 76.1% T: 100%; 100%; 100%	MICS	3.1 The MoPME, relevant Government agencies and partners have increased capacity to deliver uninterrupted, high-quality and inclusive early learning opportunities for girls and boys (4–6 years), with a focus on the most deprived and children in humanitarian situations.  3.2 The MoPME, relevant government agencies and partners have increased capacity to provide access to quality, inclusive primary education for all eligible children (6–10 years), with a	<b>Government:</b> MoWCA, MoE, MoSW, MoPME; National Skills Development Authority; Ministries of Chattogram Hill Tracts Affairs (MoCHTA); and Foreign Affairs (MoFA)  Bangladesh Bureau of Statistics  <b>United Nations:</b> United Nations Educational,	7 500	46 000	53 500
	Children at the end of primary level achieving at least a minimum proficiency level in core subjects  Grade 5: (total; girls; boys)  B: Bangla: 44%; 44%; 43% Math: 32%;34%;32%	National Student Assessment					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	T: Bangla: 60%;60%;60% Math: 50%;50%;50%		focus on the most deprived and children in humanitarian situations.	Scientific and Cultural Organization, UNDP, ILO			
	Net attendance ratio, upper secondary school (total; girls; boys) B: 48.1%; 53.4%; 43.1% T: 75%; 75%; 75%	MICS	3.3 The MoE, relevant Government agencies and partners have increased capacity to provide uninterrupted, high-quality, inclusive, relevant and flexible education and skilling opportunities for adolescents (11–18 years) with a focus on the most deprived and children in humanitarian situations.	<b>Others:</b> World Bank, Save the Children, other DPs, CSOs, research institutions and private sector			
<b>4. Child protection</b> By 2026, all children, including adolescents, are better protected from all forms of violence, abuse, exploitation and neglect and harmful traditional practices	Percentage of child cases presented to the police diverted from the formal justice system B: N/A T: 50%	Ministry of Home Affairs	4.1 All children, including adolescents, have increased and equitable access to strengthened laws and policies and improved child-friendly, gender-responsive services across the justice system, including in climate-affected locations and other humanitarian settings.	<b>Government:</b> MoWCA, MoSW, MoLGRDC, MoDMR, MoFA, MoLE, MoCHTA, MoE/MoPME, MoHFW, MoHA; Ministries of Law, Justice and Parliamentary Affairs; and Youth and Sports, Supreme Court, National Human Rights Commission, Police Parliament  <b>United Nations:</b> UNFPA, United Nations Entity for Gender Equality and the Empowerment of	9 000	23 000	32 000
	Percentage of children (1–14 years) who have experienced any physical punishment and/or psychological aggression by caregivers (total; girls; boys) B: 89%; 89%; 89% T: 69%; 69%; 69%	MICS	4.2 All children, including adolescents, have increased equitable access to a strengthened and responsive social service system, including in climate-affected locations and other humanitarian settings.				
	Percentage of women (20–24 years) married before the age of 18 years B: 51.4% T: 30%	MICS	4.3 All children, including adolescents, families and their communities, have increased knowledge and understanding of violence against children and women and are empowered to				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
			prevent violence and other harmful practices, including in climate-affected locations and other humanitarian settings.	Women (UN-Women) <b>Others:</b> DPs, CSOs, research institutions and private sector			
<b>5. Water, sanitation and hygiene</b> By 2026, all children and women have access to and utilize quality, equitable, resilient and sustainable WASH services and adopt appropriate hygiene behaviours and care practices.	Percentage of population using safely managed: (a) drinking water services B: 42.6% T: 70% (b) sanitation services B: 64.4% T: 80%	MICS	5.1 The MoLGRDC and line departments have strengthened capacity for evidence-based policy development, planning, coordination and budgeting for improved, equitable, sustainable and climate-resilient WASH services including in emergencies.	<b>Government:</b> MoLGDRC, MoHFW, MoWCA, MoE, MoPME  <b>United Nations:</b> WHO  <b>Others:</b> Oxford-REACH, Stockholm International Water Institute, other DPs, CSOs, research institutions and private sector	8 000	26 000	34 000
	Percentage of population with handwashing facilities with soap and water at home  B: 74.8% T: 84.8%	MICS	3.2 Relevant government agencies and the private sector have strengthened capacity to provide environmentally sustainable, affordable and safely managed water and sanitation services to communities, households and institutions in urban and rural areas.  3.3 Communities and children in all settings with a focus on the most vulnerable have appropriate knowledge of hygiene practices and expanded access to hygiene related services and supplies including menstrual health and hygiene management.				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
<p><b>6. Social protection and social policy</b></p> <p>By 2026, all children and their families benefit from quality, integrated, adaptive and child-sensitive social protection services.</p>	<p>Number of children living in poverty according to national multidimensional poverty lines</p> <p>B: 43 million T: <sup>a</sup></p>	United Nations	<p>6.1 The Government has strengthened capacity for evidence-based social policy and progressive financing for children.</p> <p>6.2 The Government has strengthened systems and coordination mechanisms to deliver and monitor expanded and integrated social protection to all children in Bangladesh, particularly to the most disadvantaged children (0–4 years).</p>	<p><b>Government:</b> MoWCA, Cabinet Division, MoSW, MoLGRDC MoHFW, BBS</p> <p><b>United Nations:</b> UNDP, UNFPA, WFP and ILO</p> <p><b>Others:</b> Brac University, Oxford Poverty and Human Development Initiative, DPs, CSOs and other research institutions</p>	8 000	7 000	15 000
<p><b>7. Programme effectiveness</b></p> <p>The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children</p>	<p>Percentage of key performance indicators meeting scorecard benchmarks</p> <p>B: 80% T: 90%</p>	Scorecard/Insight	7.1 UNICEF staff and partners are provided guidance, tools and resources for effective: planning and monitoring; communication, advocacy and partnerships; social policy advocacy; addressing cross-cutting issues; and for prevention of sexual exploitation and abuse.	<b>Government:</b> Ministries of Information and Broadcasting; and Finance, Economic Relations Division, Implementation Monitoring and Evaluation Division	40 000	13 000	53 000
<b>Total resources</b>					<b>86 000</b>	<b>220 000</b>	<b>306 000</b>

<sup>a</sup> In progress, to be agreed with the Government of Bangladesh.