

A photograph of two children, a girl and a boy, sitting on a swing set. The girl is on the left, wearing a colorful floral dress and a green scarf, smiling broadly. The boy is on the right, wearing a brown hat and a light-colored shirt, also smiling. The swing chains are purple. The background is a blurred green landscape with trees. At the bottom of the image, there is a decorative graphic with yellow, orange, and green brushstrokes.

CHILD WELL-BEING REPORT FY- 15
WORLD VISION BANGLADESH

MESSAGE FROM NATIONAL DIRECTOR

Dear Readers, this is my immense pleasure to present this FY15 Annual Child Well-being Report of World Vision Bangladesh on behalf of our children, partners and employees.

In our third year of Child Well-being reporting, World Vision Bangladesh has focused on the impact and progress of our programming throughout FY15. This report highlights the achievement based on our country strategy (FY13-15) aligning with Child Well-being Targets. The report is an opportunity for the organization to appraise our accomplishments and move forward with our learnings. It gives us a perspective of Child Well-being through an evidence-based snapshot of identified interventions.

Therefore, the report is worth reading to a larger audience to get an overall picture.

WVB is impacting the lives of around 5 million people with various interventions through 66 ADPs and 9 Special Projects in 31 districts. Last year, WVB was awarded grants alongside sponsorship funding through five year Development Food Aid Program- Nobo Jatra worth USD 74 million and other small but significant grants. This is an indication of shifting sources of funding from sponsorship to grants.

This report provides an insight into six strategic impact areas against the Child Well-being target indicators in terms of health and nutrition, education, child protection, economic development, urban poverty and disaster management (Humanitarian Emergency Affairs). The progress and outcomes of each strategic impact area are reflected in this report with illustrations and contributing factors pertaining to Child Well-being along with learning and strategic recommendations.

WVB is committed to light a ray of hope by serving children in need regardless of religion, ethnicity and gender for their development, and full realization of their rights and potential particularly for the marginalized and most vulnerable children.

Finally, this report is an admirable level of coordination, team spirit and effort of employees that contributed to strengthening the integration for a positive change for the Child Well-being in Bangladesh. I do further encourage all of them to keep up the momentum of spirit and motivation.

I pray and look forward to continued meaningful partnerships and growth of World Vision Bangladesh.

David Montague

Interim National Director
World Vision Bangladesh



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ABBREVIATION

ADP	Area Development Programme	HH	Household
ANC	Antenatal Care	IA	Impact Area
BBS	Bangladesh Bureau of Statistics	IGA	Income Generating Activities
BDHS	Bangladesh Demographic and Health Survey	IMCI	Integrated Management of Childhood Illness
BEN	Bangladesh ECCD Network	IPHN	Institute of Public Health and Nutrition
BL	Baseline	ITT	Indicator Tracking Table
CAMPE	Campaign for Popular Education	IYCF	Infant and Young Child Feeding
CBDMC	Community Based Disaster Management Committee	KPI	Key Performance Indicator
CBHC	Community Based Health Care Project	LB	Literacy Boost
CBO	Community Based Organization	LLAP	Local Level Action Plan
CC	Community Clinic	LQAS	Lot Quality Assurance Sampling
CCA	Climate Change Adaptation	LSBE	Life Skill Based Education
CER	Central Eastern Region	MCHN	Maternal and Child Health and Nutrition
CFDRR	Children Friendly Disaster Risk Reduction	MDG	Millennium Development Goal
CFS	Child Friendly Space	MICS	Multiple Indicator Cluster Survey
C-GMP	Community Based Growth Monitoring and Promotion	MMR	Maternal Mortality Rate
CHCP	Community Health Care Plan	MoH	Ministry of Health
CHN	Child Health Now	MoPME	Ministry of Primary and Mass Education
C-IMCI	Community –Integrated Management of Childhood illness	MoU	Memorandum of Understanding
CLTS	Community Led Total Sanitation	MSE	Micro and Small Enterprise
CMAM	Community based Management of Acute Malnutrition Model	MSG	Mother Support Group
CMC	Child Management Committee	MVC	Most Vulnerable Children
CMG	Community Mother Group	NBR	Northern Bangladesh Region
CP	Child Protection	ND	National Director
CPC	Child Protection Committee	NFE	Non Formal Education
CVA	Citizen Voice Action	NGO	Non-Government Organization
CWB	Child Well-being	NO	National Office
CWBI	Child Well-being Indicator	PD/Hearth	Positive Deviance/Hearth
CWBO	Child Well-being Outcome	PE	Phase Evaluation
CWBT	Child Well-being Target	PHAST	Participatory Hygiene and Sanitation Transformation
DAP	Development Asset Profile	PNC	Postnatal Care
DGHS	Directorate General of Health Services	PNS	Private Non Sponsorship
DIP	Detail Implementation Plan	PQ	Program Quality
DME	Design, Monitoring and Evaluation	PSC	Primary School Certificate
DPA	Development Programme Approach	PSF	Pond Sand Filter
DRR	Disaster Risk Reduction	RC	Registered Children
EAD	Economic and Agriculture Development	RFO	Regional Field Office
ECCD	Early Childhood Care and Development	RO	Regional Office
EiE	Education in Emergencies	SAPO	South Asia Pacific Office
EPI	Extensive Program on Immunizations	SBR	Southern Bangladesh Region
FBO	Faith Based Organization	SIPC	School Improvement Program Committees
FGD	Focus Group Discussion	SMC	School Management Committee
FLAT	Functional Literacy Assessment Tool	SMT	Senior Management Team
FWA	Family Welfare Assistant	SO	Strategic Objective
FY	Fiscal Year	SSC	Secondary School Certificate
GMP	Growth, Monitoring and Promotion	TA	Technical Approach
GMR	Greater Mymensingh Region	TP	Technical Program
GoB	Government of Bangladesh	TVET	Technical and Vocational Education Training
HA	Health Assistant	UDMC	Union Disaster Management Committee
HEA	Humanitarian Emergency Affairs	WASH	Water, Sanitation and Hygiene
		WHO	World Health Organization
		WV	World Vision
		WVB	World Vision Bangladesh



EXECUTIVE SUMMARY

The Annual Child Well-being (CWB) Report of FY15 is a snapshot of progress, achievement, impact and contribution towards Child Well-being of World Vision Bangladesh (WVB) of 66 Area Development Programs (ADPs) and 9 special projects serving 5 million people and 178,273 registered children in 31 districts both in rural and urban areas in Bangladesh.

WVB prioritizes the key issues that affect and contribute to the Child Well-being such as health and nutrition, education, economic development, child protection, urban poverty and disaster management which are aligned with country strategic objectives. To address those significant issues, WVB is working with communities guided by Development Programme Approach (DPA) ensuring accountability to children, families, communities and partners.

Ministry Impact Area 1: Improve health status of mothers and children

In order to improve this impact area, adolescent girls and under five children, a total of 49,542 lactating mothers received health and nutrition education from community based staff/volunteers and 28,555 malnourished children are attending PD/Hearth sessions. In addition, 42,162 pregnant women received health and nutrition education from community volunteers and staff. Local and national level advocacy successfully mobilized 12.26 million people through the Child Health Now (CHN) campaign as part of Global Week of Action 2015 resulting the Government to allocate enough resources for reducing under five child mortality rate. A total of 290,313 children are receiving better health services from community clinics because of strengthening health service system in WVB working areas.

Ministry Impact Area 2: Improve access and quality to education

Educational support was provided to 260,713 children in FY 15. Combining all regions, 13,236 RCs participated in Primary School Certificate (PSC) examination. In FY 15, 893 ECCD centers were operated in 49 ADPs and a total of 19,063 children aged between 3 to 5 years participated in this program. A total of 15,050 (8,416 girls and 6,634 boys) children went through life skill based education and 3,209 out-of school children in 22 program locations participated in non-formal education.

Ministry Impact Area 3: Ensure children are protected and cared for

In the area of child protection 639 child forums are functioning across the country and 34,034 people have been oriented on child protection policies. A total of 9,078 children's protection is ensured and are learning in an interactive environment by attending child friendly spaces. In FY 15, 280 children with disabilities were included in sponsorship program. WVB, being a member of 'Government Committee to formulate Rules under Disability Rights Law' played a leading role in drafting the regulation which contributed in the process of approving "Rights and Protection of Persons with Disabilities Act 2013" in Bangladesh. WVB signed 50 Memorandum of Understandings (MoUs) with Union Parishad to strengthen child protect system at local level focusing on child marriage and birth registration.

Ministry Impact Area 4: Create economic opportunities for the poor

WVB operates Economic and Agriculture Development (EAD) programs in 57 locations of 27 districts aiming to increased income and ensuring women participation. A total of 61,696 people are involved in savings, 16,742 farmers are adopting improved agricultural practices and 2,997 households received non-farm assets and 3,286 women are participating in economic activities.

Ministry Impact Area 5: Address urban abject poverty

WVB intentionally considered emerging issues of urban context and applied urban programming approaches at Mirpur UDIP pilot learning site. In FY 15, around 200 staff working in urban context had undergone capacity building focused on urban programming to enhance their understanding and explore possibilities to adopt urban focused approaches in their program locations. In addition, WVB organized Urban Dialogue in August 2015, jointly with Urban NGO Forum on children's life experiences in the city.

Ministry Impact Area 6: Respond to disasters and impact of climate change

Community awareness building has been the focus of WVB for reducing vulnerabilities especially for the children as part of disaster preparedness. A total of 62,316 community people have been oriented on disaster management and 29,929 people received orientation on disaster preparedness through preparedness sessions at village/slum/family levels. As a result they know how to be prepared for disasters, cope with climate change and prepare and update contingency plans.



	Key Learning	Key Recommendations
Ministry Impact Area 1	Citizen Voice and Action (CVA) effectively changed the MCHN services (e.g. ANC/ PNC/GMP etc.) from government community clinics of Muktagacha and Fulbaria districts. So people are now receiving health care services from community clinics regularly.	Strengthen and Scale up of CVA approach to improve MCHN (e.g. ANC/ PNC/GMP etc.) services from community clinic. Strengthen partnerships with government entities specially Institute of Public Health and Nutrition (IPHN) and Community Based Health Care Project (CBHC) under the Ministry of Health and Family Welfare which can play an effective role in this regard. A tripartite MoU needs to be signed with IPHN and CBHC project for smooth implementation of Health and Nutrition interventions across the country.
Ministry Impact Area 2	From data analysis it is found that the better performance on school readiness happened due to effective implementation of ECCD programming.	The ECCD programming is bringing a significant engagement and motivation among community members. Hence, it is highly recommended to explore more ECCD programming and design ECCD as Technical Program for developing foundational life skill & school readiness skill at the early age.
Ministry Impact Area 3	Organization realized that Child Well-being can be achieved by following right based approach and the prime responsibility goes to the Government. So, advocacy on child rights issues should be focused more in the future programing in collaboration with government.	The paradigm of service based approaches should be shifted to right based approach while developing TPs. Management decision is also important in this regard.
Ministry Impact Area 4	Since increase in household income increases purchasing capacity and reduces malnutrition, this intervention strategy can be intensified and replicated.	WVB need to take these factors into considerations while developing and operationalizing forthcoming TPs.
Ministry Impact Area 5	Currently WVB is operating 22 ADPs in urban locations. There is scope for improvement to make the design more appropriate to address urban issues.	City wide approach can be adapted to break the silo approach and working better with partners to address the issues.
Ministry Impact Area 6 (Disaster Management)	Setting up appropriate set of interventions and integration with other sectors can bring better response to disaster and more impact for climate change related programming.	Urban and Rural specific TPs development and their integration with other sectors will help to prepare the community better in response to disasters and climate change related programming.
Program Accountability	Mainstreaming Program Accountability Framework will ensure effective DPA execution.	The visibility of Information provision mechanism and the structured way of practicing Complaint & Feedback Respond mechanism is essential for implementing DPA effectively.
Operationalizing DPA	Effective mobilization of community depends on good understanding of DPA among staff.	WVB need to emphasize on capacity building of staff for effective DPA implementation especially as we move towards LEAP 3 implementation

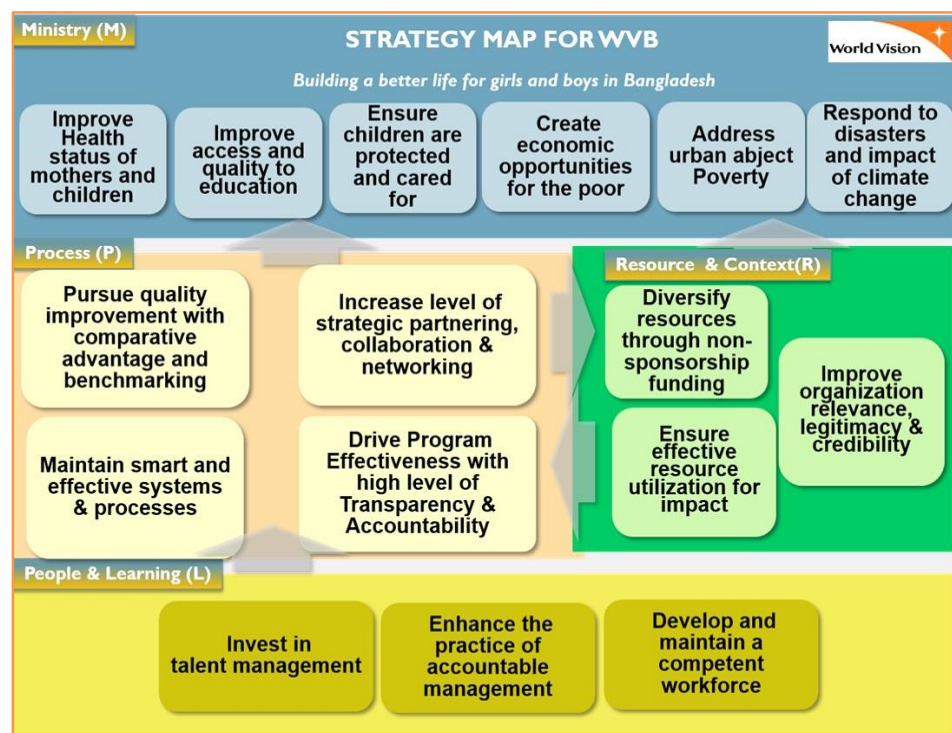


INTRODUCTION



Overview

The purpose of Child Well-being (CWB) report is to present evidence of impact, effectiveness and contribution of World Vision Bangladesh (WVB) programming towards Child Well-being. It demonstrates the progress achieved against set indicators and highlights sustainability of communities to ensure wellbeing of children especially the most vulnerable.



The six strategy impact areas of WV Bangladesh focused around health and nutrition, education, economic development, child protection, urban poverty and disaster management. These are aligned with partnership guided four Child Well-being targets and their indicators and are reported accordingly. The progress and impacts of each strategic impact areas and their objectives reflected on how they are correlated and contributed to Child Well-being targets and outcomes.

During the reporting period, WVB was working in 31 districts with its 66 Area Development Programs (ADPs) and 9 special projects. It is serving around five million people by service and addressing the communities with 178,273 as of

December 2015 (Source: Annual Report 2015, WVB) registered children.

Updates of Management Response to CWB Report, FY14

FY14 CWB report pointed out few recommendations which were put into action steps. Some key highlights include use of Development Asset Profile (DAP) tool that allows WVB to report on CWB Target 1 for the first time. Until mid April '16, five out of ten recommendations are fully and rest of the five are partially implemented which will be completed by end of May '16. Few of the recommendations were also taken into consideration as part of LEAP 3 readiness and are addressed through Technical Approaches and will be considered during Technical Program development.

Recommendations	Action Steps	Current Update (March 2016)
I. a. Strengthen monitoring and evaluation system for health and nutrition data b. Standardization of nutrition data collection process c. Monitoring needs to be in place	1. Identification of standardized data collection tools for nutrition measurements 2. Purchase of standardized data collection tools related to Nutrition measurements 3. Training of enumerators for data collection 4. Explore feasible software for nutrition data analysis	1. Standardized data collection tools identified 2. Data collection tools are available in ADPs that implement Nobokoli project. 3. Master Trainer Group formulated at regional Level 4. SKPI measurement was done. There is a plan to develop online reporting system to measure nutrition data.



Recommendations	Action Steps	Current Update (March 2016)
2. Wasting level is seriously high. WV Bangladesh needs to continue advocacy along with different stakeholders.	Ensure that during TA/TP development strategic partnership is included.	MOU with National Nutrition Service (NNS) & Community Base Health Care (CBHC) has been signed.
3. There is an opportunity to integrate Spiritual Nurture of Children in Life Skill Based Education and ECCD.	<ol style="list-style-type: none"> 1. Develop and provide guidance on LSBE and ECCD to AR producers and reviewers to ensure that outcomes are appropriately reflected. 2. Ensure TPs consider this and are developed in light of the recommendation. 	TA approved and TPs will consider this issue.
4. Theory of Change on Economic Development needs to be reviewed as well as the indicators	Ensure Economic Dev. & FS ToC is reviewed as part of TA development process.	Pathways of Change has been developed as part of Technical Approach.
5. Review of CWB indicators is needed to incorporate DRR indicators in the compendium of indicators.	<ol style="list-style-type: none"> 1. Incorporating Standard indicators in TPs while development of TPs 2. Conducting a Learning Workshop on DRR Toolkit use. 3. Roll-out of DRR Toolkit. 	<ol style="list-style-type: none"> 1. TPs will be developed incorporating standard indicators. 2. Learning Workshop Conducted 3. 4 ADPs applied the Learning in their redesign in Southern Bangladesh Region.
6. Mapping and planning of WVB programming for MVC has to be done.	<ol style="list-style-type: none"> 1. Pilot mapping with 4 ADPs 2. Collect information from all ADPs 3. Analyze and Prepare report 	Mapping exercise completed and report is available.
7. Assessment to determine current levels of accountability to communities is needed through ADP self-assessment and community survey.	<ol style="list-style-type: none"> 1. Conduct training on program accountability to communities at NO level 2. Conduct survey in targeted 15 ADPs to assess WVB performance on accountability to community 3. Monitor progress of implementation in 15 ADPs 4. Ensure accountability to community is considered during TP development 	<ol style="list-style-type: none"> 1. Training & Planning Workshop Conducted where 28 participants attended and developed Draft Plan to mainstream Community Accountability in regular Program.
8. Systematic collection and reporting of monitoring data needs to be reinforced in order to be useful for CWBR.	<ol style="list-style-type: none"> 1. Training for Monitoring and Evaluation personnel on Annual Program Management Report 2. Conduct indicator mapping exercise 	<ol style="list-style-type: none"> 1. Training was done for M&E staff 2. Indicator mapping was done and information sources were mapped.
9. Introduce and use DAP and FLAT tools to assess the CWBT I and 4.	<ol style="list-style-type: none"> 1. Conducting DAP orientation on Northern Bangladesh Region and 3 ADPs will use DAP in their redesign assessment. 2. Orientation on FLAT tool at NO level 	<ol style="list-style-type: none"> 1. DAP orientation conducted and 4 ADPs used DAP results in redesign.
10. There is a lot of alarming data presented about ADPs in Phase 3 and Phased Out stages where they remain to be in critical level. Suggestion to find out why and identify what needs to be done as soon as possible.	<ol style="list-style-type: none"> 1. Review twelve Phase Evaluation Reports of FY15 as part of quality checking process 2. Conduct meta-analysis on evaluation reports 3. Explore to bring in non-sponsorship funding to old ADPs to address issues such as malnutrition. (GAM) 4. Conduct study to find reasons for alarming data on Nutrition in relevant ADPs presented in FY14 CWBR. 	<ol style="list-style-type: none"> 1. Thirteen (13) FY 15 Phase Evaluation Reports were reviewed by NO PQ Team 2. Meta-Analysis on FY 14 Evaluation Reports were done and shared 3. WVB received non sponsorship fund for a project named "Enhancing Nutrition Services to Improve Maternal and Child Health (ENRICH)" worth approx. 3.4 Million USD.





INTERNAL FACTORS

- This report is the culmination of inter-departmental coordination, team spirit and intellectual alignment of WVB employees involved at different levels and technical sectors who contributed by providing data, information and guidance to accomplishment of CWB report of FY15.
- WVB started LEAP 3 journey towards the beginning of FY15. A core team was formulated composed of leadership representing different sectors and departments to assess readiness and provide strategic guidance to ensure systematic transition to LEAP 3 with Program Quality department leading and coordinating the process.
- WVB initiated campaign and advocacy at local, national and international platform in collaboration with government, NGOs, INGOs, community based organizations, and relevant stakeholders to influence policy makers and duty bearers as well as raising public awareness to stop child labour, bride not before 18 and to ensure child health, protection and well-being.

EXTERNAL FACTORS

- | | |
|------------------|---|
| Policy | <ul style="list-style-type: none"> • Government of Bangladesh passed “Domestic Welfare and Protection Policy 2010” in national cabinet in 2015. This policy is a major step for the benefit of the children who are domestic workers. WVB also mobilized 10 organizations who are working for Child Domestic Workers at national level to pass the Domestic Welfare and Protection Policy 2010. • The Government of Bangladesh announced Children Budget in National Budget for Financial Year of 2015-2016 which address the well-being of children aged 0-18 including the most vulnerable children. The local government i.e. Union Parishad allocated budget for children for the FY15-16 and strengthening Child Protection System for the first time in Bangladesh by the contribution of the parliamentarian standing committee on Women and Child Welfare affairs. • Government of Bangladesh approved the Rules of the "Rights and Protection of Persons with Disabilities Act 2013". World Vision Bangladesh was one of the members of the “Govt. Committee to formulate Rules under Disability Rights Law” and led the drafting process. |
| Child Protection | <ul style="list-style-type: none"> • October 2015, a special supplement has been published in the most well-known newspaper of the country <i>Prothom Alo</i> about child protection issues with a view to create mass awareness and enhance responsibilities of different stakeholders involved. • Bangladesh Government developed (draft) a National Plan of action to address early child marriage. WVB along with a coalition (Girls Not Brides) and Child Forum mobilized community people and national stakeholder to negotiate with local and national policy makers for developing the National Plan of Action and incorporate Child Marriage in the Sustainable Development (SDGs). Children especially girls under 8-18 years and 66% children who are at risk for early marriage will be benefitted by SDGs and National Plan of Action. WVB initiated media mobilization on TV and Radio to combat child trafficking which is crucial impediment for Child Well-being in Bangladesh. • Government of Bangladesh is concerned on the child murder occurred in different parts of the country and is working to bring criminals under justice. |

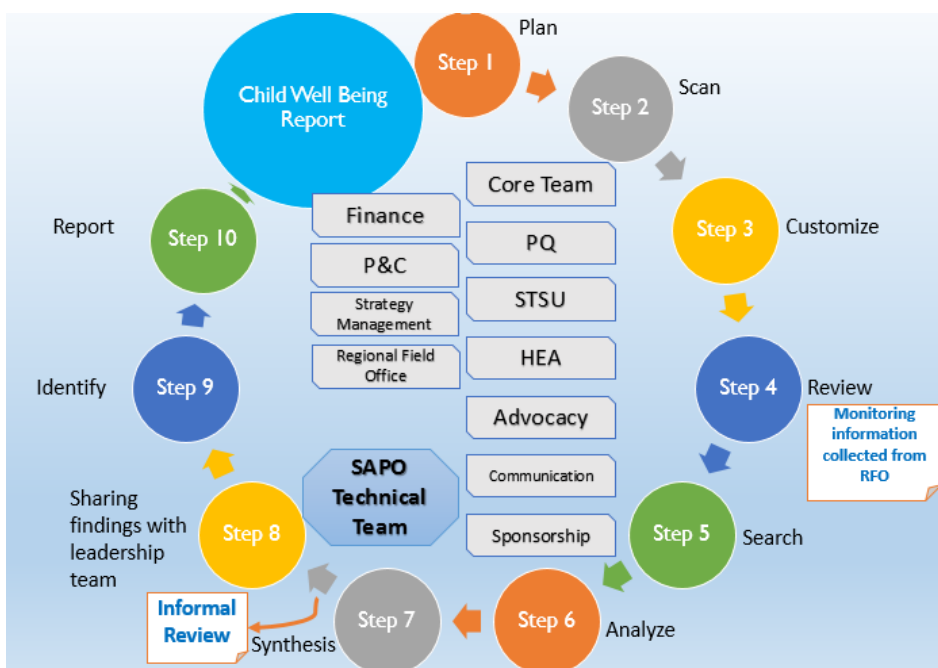




Reporting Process

CWB reporting process started with an initial plan on taking different steps to gather information and generate report. A scan was done to go through all available data sources and other relevant data sources were selected. Data were extracted from different sources and monitoring data collected from Regional Field Offices (RFOs) which then were compiled by core team. Analysis was done upon compilation to show change and progress of the FY 15 Child Well-being status as a snapshot.

At all steps, CWB reporting core team worked collaboratively with Program Quality team (PQ), Strategic Technical Support Unit



(STSU), Advocacy, Humanitarian Emergency Affairs (HEA), Sponsorship, Strategy management, Communication, Finance and People & Culture teams along with Regional Field Offices. During data collection, analysis and synthesis all the team members were consulted and engaged as relevant to their subject of expertise. Additionally, number of Focused Group Discussions (FGDs) was conducted aiming to gather qualitative evidence to support quantitative findings. The core team, in collaboration with relevant teams incorporated feedback provided through informal review process by SAPO. Two rounds of sharing with Senior Management Team took place where in the first round, findings were shared aiming to draw key learnings and formulate recommendations for the office. In the second round, the draft report was shared, feedback taken and incorporated before finalization and submission to partnership.

Data Sources

Primary data	Secondary data
<ul style="list-style-type: none"> FY15 Phase Evaluation Reports- 13 ADPs FY15 Baseline Reports- 12 ADPs FY15 Annual Programme Management Reports- 69 ADPs KPI Assessment Data FY14 and FY15- 62 ADPs DAP Reports- 12 ADPs Different department reports (Health and Nutrition, Education, Economic Development, Advocacy, HEA, Sponsorship, P&C, Urban) Annual Report 2015 (Communication) 	<ul style="list-style-type: none"> Bangladesh Demographic and Health Survey 2014 Multi Indicator Cluster Survey 2013 Millennium Development Goal: Bangladesh Progress Report Annual Primary School Census 2014, Ministry of Primary & Mass Education, Bangladesh WHO/UNICEF Joint Monitoring Report-2015 Bangladesh National Hygiene Baseline Survey-2014 Peer reviewed Journals

Data Validation Process

- Sample basis Phase Evaluation, Monitoring and KPI data validation process was done by CWB reporting core team
- 100% data checking and sample basis data validation process was done by Regional Field Offices
- 100% data checking and validation was done by ADPs



WVB's approach to evaluation and outcome monitoring

	Approach/Method	Sampling Approach
Evaluation (Baseline and Phase Evaluation Reports FY 15)	Mixed method approach - Qualitative and Quantitative method	30-Cluster Sampling Method considering 95% confidence with 5% marginal error was used to collect baseline and program evaluation
Outcome (Regular) Monitoring (Annual Reports FY15)	Mixed method approach - Qualitative and Quantitative method	
Strategy KPI Assessment (KPI report FY 15)	Mixed method approach - Qualitative and Quantitative method	Lot Quality Assurance Sampling (LQAS)
FLAT tool		Lot Quality Assurance Sampling (LQAS)
DAP tool		Simple Random Sampling technique
Analysis		
<ul style="list-style-type: none"> Data were analyzed using IBM-SPSS statistics ver-20, WHO Anthro-2008 for child nutrition data, MS-Excel was used to analyze DAP & KPI assessment data Literature review for secondary information Data analysis was done with reference to standard indicators along with some additional indicators as appropriate and basic statistical analysis done to assess significant change among indicator values of baseline & evaluation data. 		

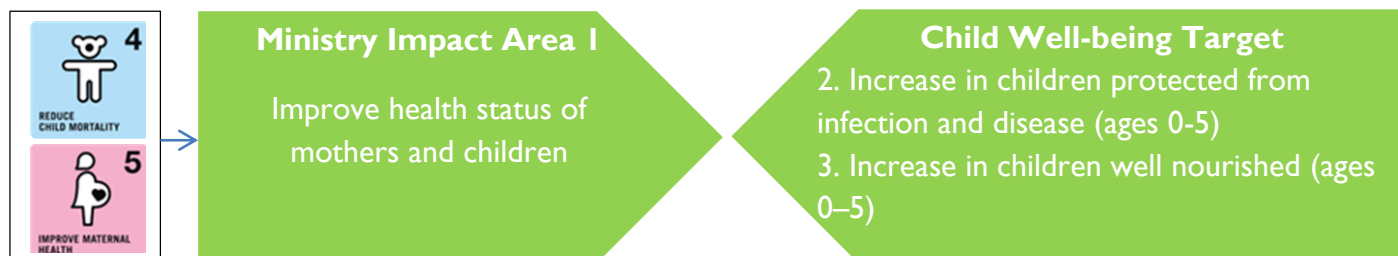
Limitations

- It is difficult to demonstrate full alignment between strategy KPIs and CWB targets. For example, the linkage between economic development and CWB targets.
- National Office improved in collection and presentation of disaggregated data. However, it was available only for health & education sectors.
- It is only a snapshot at a given time period and not a consolidated contribution of WVB in achieving CWB.
- A number of indicators were changed during implementation by programs in consultation with relevant stakeholders making it difficult to measure change as baseline and evaluation indicators are different. Indicator standardization process for Horizon 3 implementation also contributed in this misalignment.



MINISTRY IMPACT AREA I: IMPROVE HEALTH STATUS OF MOTHERS AND CHILDREN

Strategic Linkage



Bangladesh is considered as one of the best performing countries in achieving health-related MDGs. Significant progress in improving health outcomes are attained, including maternal and child care. Despite significant reduction in maternal mortality and child mortality, Bangladesh remains one of the countries with the highest level of malnutrition among the developing countries.

On MDG 5, the country aimed to reduce maternal mortality by 143 per 100,000 live births by 2015. However, only 31.2% of women who had live births in the last three years have at least 4 ANC's, failing to reach government target of 50% (BDHS 2014). On Child Health, Bangladesh achieved its target for MDG 4 on reduction of child mortality rate to 48 deaths under 5 per 1000 live births in 2015. However, comparing infant, neonatal and under 5 mortality, progress in reducing neonatal mortality remains slow. As of 2014, 61% of the under 5 mortality is due to neonatal mortality (BDHS 2014). This attributed to the high percentage of home delivery and unskilled birth attendance. Malnutrition (32.6%) remains a major public health issue in Bangladesh along with stunting and wasting are 36% and 14% respectively in 2014, are classified as high public concern by WHO standards.

Key Facts

Health:

Neonatal Mortality Rate (per 1,000 live births) ¹: 28
 Infant Mortality Rate (per 1,000 live births) ¹: 38
 Under-5 Mortality Rate (per 1,000 live births) ¹: 46
 Prevalence of Low Birth Weight: 36⁵
 Maternal mortality Ratio (per 100,000 live births) ²: 194
 Coverage of Antenatal Care (four or more than four from any provides) ¹: 31
 Coverage of Postnatal Care (within 42 days after delivery) ¹: 36

Nutrition:

Prevalence of underweight (Weight-for-age) ¹: 33
 Prevalence of stunting (Height-for-age) ¹: 36
 Prevalence of wasting (Weight-for-height) ¹: 14
 Percent of children under 6 months who are exclusively breastfed (based on 24 hour recall) ¹: 55
 Percentage of children 6-23 months fed with appropriate infant and young child feeding practices ¹: 23

Water, Sanitation and Hygiene (WASH):

Proportion of the population using an "improved" source of drinking water ³: 89
 Proportion of the population using an "improved" sanitation facility ³: 63
 Proportion of mother/female caregivers washes their hands with soap ⁴: 57

Source:

1. Bangladesh Demographic and Health Survey-2014
2. Bangladesh Maternal Mortality Survey-2010
3. WHO/UNICEF Joint Monitoring Report-2015
4. Bangladesh National Hygiene Baseline Survey-2014
5. National Low Birth Weight Survey – 2003-04

WVB Context

The root causes of poor health and nutrition status of mother and children are- poor access to quality health and nutrition services, poor health care seeking practices especially for pregnant and postnatal women, improper infant and young child feeding practices and limited number of service delivery points to treat severe acute malnutrition with/without medical complication. Lack of policy implementation and guidelines targeting malnutrition and inadequate food security remains remarkably challenging for underprivileged communities.

The first ministry impact area of WVB is to improve the health and nutrition status of mothers and children. Under this impact area, WVB is addressing the Child Well-being target 2 and 3 where Maternal Child Health and Nutrition (MCHN) and WASH are important areas to improve the health and nutrition status of pregnant & lactating women,



adolescent girls and under five children. To achieve WVB’s Child Well-being target, World Vision Bangladesh operates its MCHN and WASH activities in 66 ADP locations across the country, thus complementing the government’s efforts for improving health & nutritional status to reduce mortality of mother and children.

MCHN & WASH sector are implementing several health, nutrition and WASH project models and approaches such as Community Based Growth Monitoring and Promotion (C-GMP), Infant and Young Child Feeding (IYCF) practices for children aged 0-23 months, Promotion of child feeding practices for proper nutrition including PD/Hearth, Safe Motherhood Initiative, Community –Integrated Management of Childhood illness (C-IMCI), 7-11 interventions for mother and children, Citizen Voice and Action (CVA), Behavioral Change Communication (BCC) for health and nutrition improvement, Participatory Hygiene and Sanitation Transformation (PHAST), Community Led Total Sanitation (CLTS) and WASH in School (WINS).

Key Information

Project Participants	Project model	Budget	# of Technical staff	Key partners
Direct Beneficiaries: 6,98,450 Indirect Beneficiaries: 12,77,771	PD Hearth, C-IMCI, C-GMP, IYCF, 7-11 Approach, PHAST, CLTS, WINS	\$\$ spend: 9,790,138	72	Department of Public Health & Engineering (DPHE), NGO Forum for Public Health WASH cluster, ICDDRDB, IPHN (Institute of Public Health and Nutrition) & CBHC (Community based Health Care)

Health related Advocacy Initiatives

	Advocacy Initiatives	Children impacted	Approach/ Model
National Level	Global Week of Action 2015	Mobilized 12.26 million people to influence Government to allocate enough resources for reducing under five child mortality rate and incorporate the issue in the SDGs	CHN
Local Level	Strengthen local level health service system at Community Clinics	290,313 Children are getting better health services from those Community Clinics of 26 ADPs.	CVA

Results and Analysis

The progress and change of the Ministry Impact Area I has been summarized as follows:

Ministry Impact Area	Child Well-being Target	CWB target Indicators	Additional Indicators
Improve health and nutrition status of mothers and children	3. Increase in children well nourished (0–5 years)	<ul style="list-style-type: none"> Prevalence of underweight in children under 5 years of age Prevalence of stunting of children under 5 years of age Prevalence of wasting of children under 5 years of age Proportion of children exclusively breastfeeding until 6 months of age 	Prevalence of underweight in children under five years of age by Region
	2. Increase in children protected from infection and disease (0-5 years)	<ul style="list-style-type: none"> Proportion of population using improved sanitation facilities (for defecation) Proportion of HHs using an improved drinking water source Proportion of children under 5 with diarrhea who received correct management of diarrhea 	Monitoring indicators



Indicator: Prevalence of Underweight in children under five years of age (CWB Target 3 Indicator)

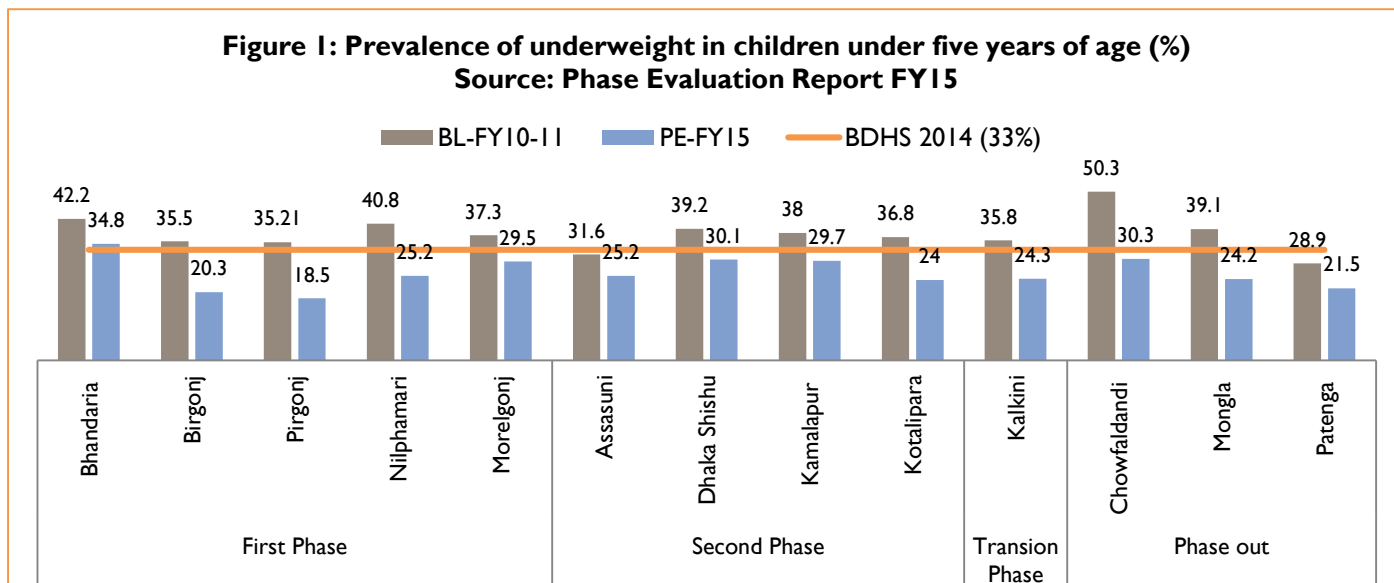


Figure 1 above represents that the prevalence of underweight in 13 mentioned ADPs had decreased in phase evaluation FY15 compared to baseline in FY10-11. Out of 13 ADPs, 12 ADPs underweight prevalence is less than the national prevalence (33%) with significant reduction. Statistically it shows that there are highly significant change in prevalence of underweight (Weight-for-age % < -2SD) among children under-five with the mean difference of 11.78 % among 13 ADPs. (Methodology: paired sample t-test has been done to test the significant improvement at 95% CI; p-values of underweight is 0.000 < 0.05 at 95% CI 9.13, 14.43)

In phase out ADPs the underweight reduction rates are comparatively higher and the impact is taking place gradually. The reasons behind these significant changes are that most of the ADPs followed strategically and technically sound approaches like PD/Hearth, Growth Monitoring and Promotion, Promotion of Infant and Young Child Feeding Practices, awareness program at household level with caregivers and promotion of Antenatal and Postnatal care for pregnant and postnatal women. According to a community mother (FGD 2016) “It is easy to practice preparing balanced food with available local vegetables for my child. The ingredients are cheap but nutritious”. Besides, micronutrients provided by ADP and BRAC and EPI program of local government are also contributing to reduce the underweight status of children in these areas.

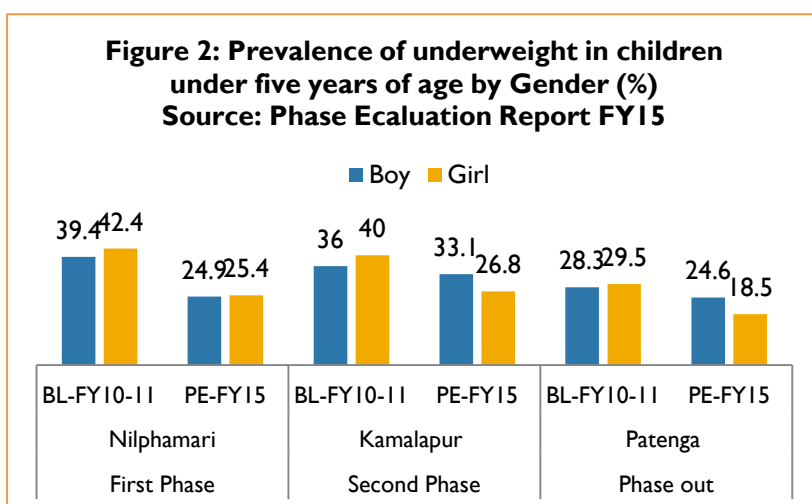


Figure 2 represents reduction rate of underweight among boys and girls between baseline and phase evaluation. The ratio and status between boys and girls of phase evaluation is displaying a good trend of reduction compared to baseline in all the ADPs which indicates that the interventions like PD hearth, promoting child feeding practice for proper nutrition etc. are effectively implemented. Besides, increasing trend of community involvement, awareness and wariness of parents and participation in the interventions of WVB ensured to keep the balance between boys and girls participation.



Additional Indicator: Prevalence of underweight in children under five years of age by Region

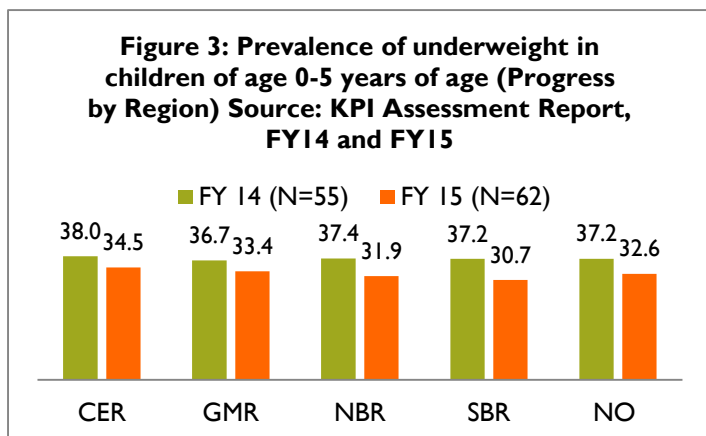
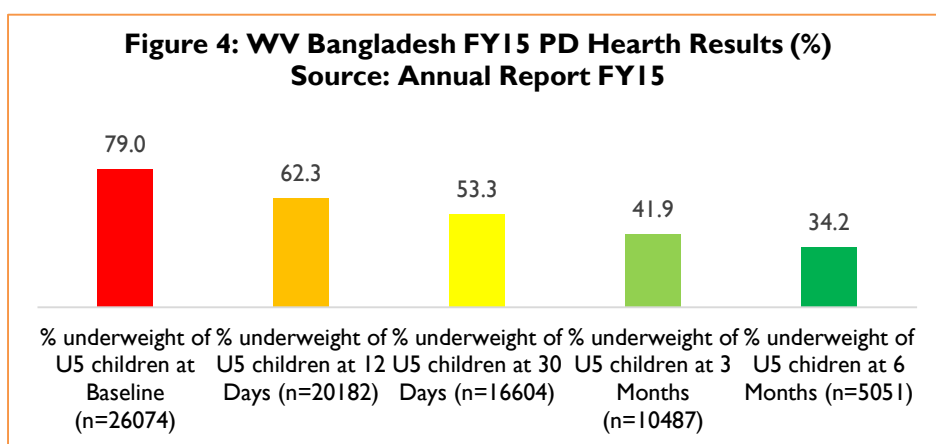


Figure 3 is presenting the progress regarding prevalence of underweight of four Regional Field Offices (RFOs): Southern Bangladesh Region (SBR), Northern Bangladesh Region (NBR), Greater Mymensingh Region (GMR) and Central Eastern Region (CER) from FY 14 to FY 15. In all regions, the prevalence trend is descending. All regions' underweight rates have reduced progressively from last year (4.7% overall) and nutrition status improved steadily. At this point, constant progress of WVB PD/Hearth program and coordination work with government and other community partners are the main reasons of decreasing the prevalence of underweight

among children.



In FY 15 PD/Hearth result of WVB shows that 28,555 children have been admitted to PD/Hearth program in 51 ADPs. The prevalence of underweight is decreasing gradually and 41.9% of children were graduated after 3 months (Fig. 4). Besides, PD/Hearth program local advocacy initiatives like strengthening community clinic services, referral systems, child health now campaign etc. are meaningfully contributing not only to

reduce malnutrition level but also ensuring health care for pregnant and lactating mother.

The success of making Community Clinic functional

Ranishimul Community Clinic (CC) is situated under Ranishimul village at Shribardi sub-district of Sherpur district. More than 11,225 people live here and take health care services from this CC, however the service was not satisfactory. In this situation, WVB took some local advocacy initiatives with CVA aiming to strengthen health service system to enhance community clinic activities. CC activities like CHCP, FWA attendance, inactivation of CC committees, limited number of patients, unhygienic latrine are the main problems. Pregnant & lactating mothers are not conscious about ANC, PNC service and also CC meetings are irregular here. Therefore, Upazila health and family planning officer and ADP decided to work together to make the CC functional. ADP revised its health program activities considering local landscape aligning with WVB national strategy and engaged one Nutrition Promoter for each 300HHs and Health Facilitator for every 10 Nutrition Promoter. Nutrition Promoters & Health Facilitators facilitated to raise awareness, counseled and mobilized CC management committee, community support group and local elites to ensure the services. WVB staff arranged regular CC meeting, raised fund, increased referral service, ensured CHCP, FWA, HA attendance as per government rules. ADP simplified orientation program for CC staff on online data entry on CC monthly child report, CC monthly maternal health report, etc. WVB Nutrition Promoter visited regularly door to door to counsel and promote pregnant & lactating mother, U5 children's mother on ANC, PNC, IFA consumption, hand washing, importance of iodized salt, immunization, exclusive breast feeding, infant and young child feeding practice specially for malnourished children. The CC committee committed to sustain the services in their community for well-being of most vulnerable people. As a result, remarkable increase in CC service delivery was observed than before. Now most of the people including lactating and pregnant mother of Ranishimul know about the CC health service facilities and come to CC for ANC, PNC check-ups, immunization, TT Vaccination, Growth Monitoring & Promotion (GMP), family planning, general patients for primary treatment.



Indicator: Prevalence of stunting in children under five years of age (CWBT 3 indicator)

Figure 5: Prevalence of stunting in children under five years of age (%)

Source: Phase Evaluation Report, FY15

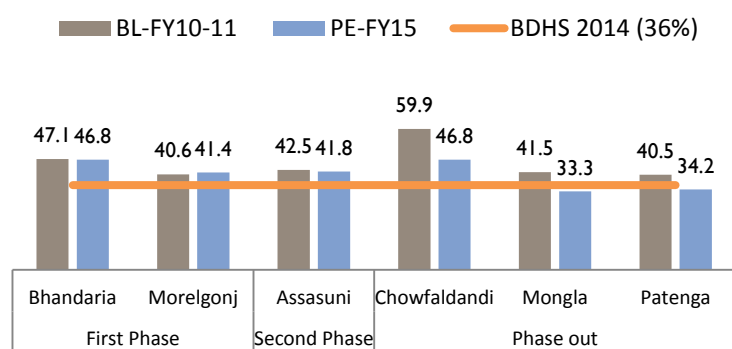
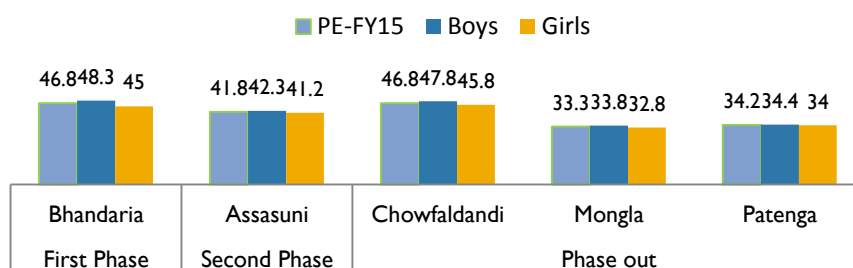


Figure 5 is represents the stunting situation of 6 ADPs. Most of the ADPs are showing reducing rate of stunting where the two ADPs' (Mongla and Patenga) stunting prevalence rates are even below national rate showing positive impact as phased out ADPs (Chowfaldandi-CI:41.7,51.9; Mongla-CI:27.5,39.2 and Patenga-CI:28.8,39.6). Community mobilization is more effective in phase out ADPs which contributed to significant positive changes. In the graph, slight reduction has happened in first and second phase ADPs (Assasuni-CI: 36.6, 46.9 and Bhandaria-CI: 41.6, 52.0) as time is required to see the significant improvements of stunting.

Figure 6 displays the sex disaggregated data of stunting in 5 ADPs of different phases. Variations between boys and girls are not very noteworthy; however, the number of boys seems a bit higher than girls. No major changes are recognized from different phases of ADPs. The reason is that the child selection procedure to participate in WVB interventions maintained gender balance and ensured the equal participation of boys and girls.

Figure 6: Prevalence of stunting in children under five years of age by Gender (%)

Source: Phase Evaluation Report, FY15



Indicator: Prevalence of wasting in children under five years of age (CWBT 3 indicator)

Figure 7: Prevalence of wasting in children under five years of age and gender disaggregation (%)

Source: Phase Evaluation Report, FY15

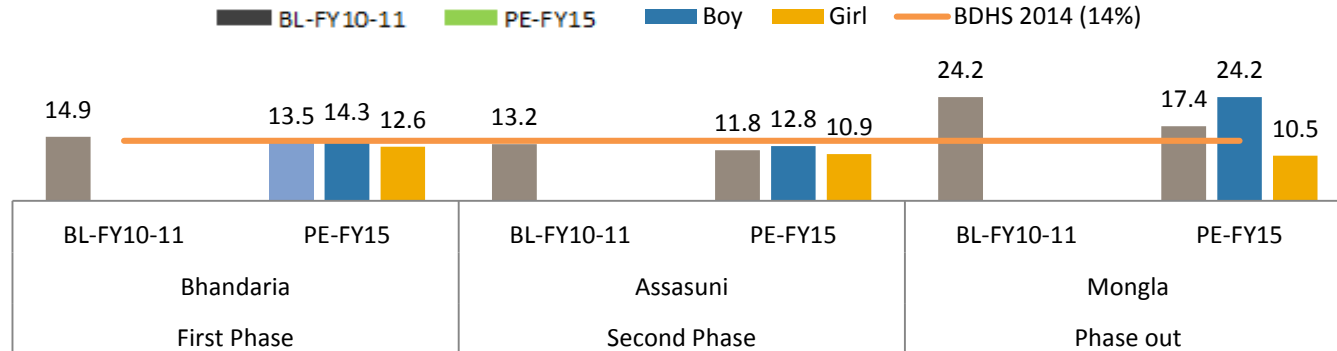
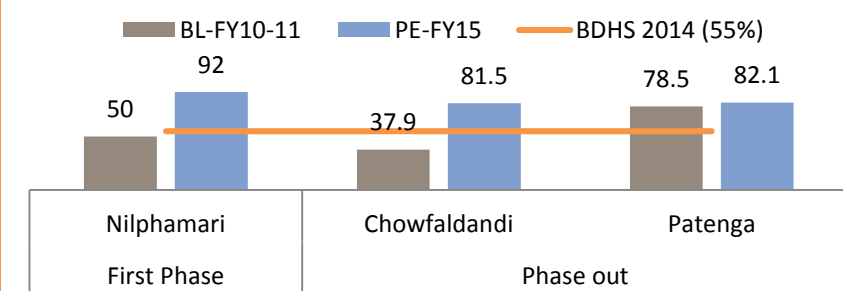


Figure 7 presents the reducing rate of wasting of different ADPs and the rate is also close to BDHS data (14%). However, the major reduction has occurred in the phased out ADP (Mongla-CI: 12.6, 22.1). During redesign, the long term community involvement and working with mothers and under five children in an intensive way are the reasons for reduction in wasting rate in Mongla ADP. The graph also shows gender disaggregation where in every case the reductions among girls comparing to boys are higher. In this case the reason is putting special effort on girl child in WVB interventions while selecting target children.



Indicator: Proportion of children exclusively breastfed until 6 months of age (CWBT 3 indicator)

Figure 8: Proportion of children exclusively breastfed until 6 months of age (%) Source: Phase Evaluation Report, FY15



Positive trends regarding breast feeding found in all three ADPs presented in figure 8. Despite of being in the first phase, Nilphamari has shown substantial changes in breast feeding whereas; Patenga ADP despite of being a phase out ADP has not shown major changes. Increasing of women participation in income generating activities in Patenga (15.08% PE FY 15) and allocating less time for exclusive child breastfeeding is one of main reasons of not showing large changes. National Prevalence of EBF rate is 55% (source:

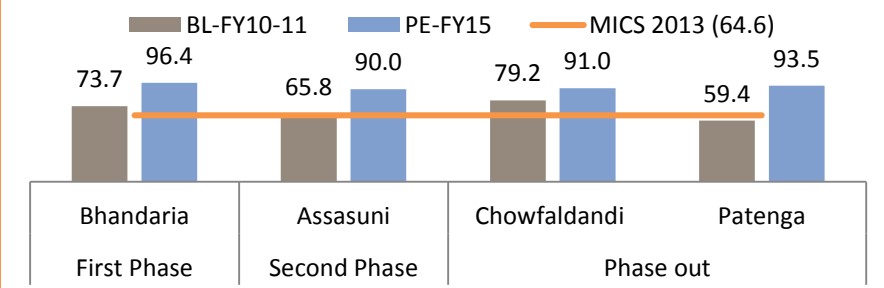
BDHS 2014, however the prevalence of EBF in 2011 was 64%). The number of female employment has increased throughout the years, therefore, exclusive breastfeeding time for the children are decreasing. According to Female employment and labor law (maternity leave) by Bangladesh government, female workers should get enough time allocation for exclusive breastfeeding for their children. However, the law is not properly followed by many employers. Currently Government is trying to enforce the full implementation of breast feeding act 2013.

Some key achievements related to CWB target 3 and Health and Nutrition are highlighted below:

Monitoring Indicator	Target	Achievement	Total # ADPs
# of pregnant women who took iron/folic acid in the last 24 hours	6289	6596	15
# of lactating mothers (LM) received health and nutrition education from community based staff/volunteer	41225	49542	38
# of lactating mothers received Vitamin A capsule within 6 weeks of last childbirth.	2888	3034	7
# of malnourished children (WAZ <-2SD) who are attending PD/Hearth sessions have gained 400g weight in one month	35003	28555	51
# of PD/Hearth centers are established and functioning	2356	2384	48
# of pregnant women (PW) received health and nutrition education from community based staff/volunteer	42939	42162	40

Indicator: Proportion of children under 5 with diarrhea who received correct management of diarrhea (CWBT 2 indicator)

Figure 9: Proportion of children under 5 with diarrhoea who received correct management of diarrhoea (%) Source: Phase Evaluation Report, FY15



It is visible from figure 9 that all four ADPs revealed higher proportion of children with correct diarrhea management in phase evaluation than both baseline and compared with national data (MICS 2013). The positive changes resulted from increasing community involvement, public health enhancement and also awareness of parents.



Indicator: Proportion of population using improved sanitation facilities (for defecation) (CWBT 2 indicator)

Figure 10: Proportion of population using improved sanitation facilities (for defecation)
Source: Phase Evaluation Report, FY15

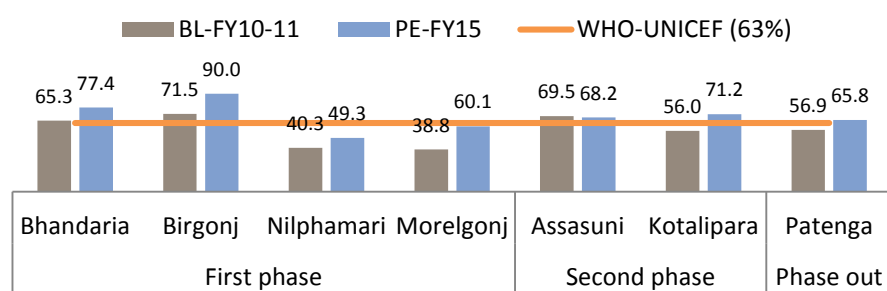


Figure 10 represents the comparison between baseline and phase evaluation study regarding improved sanitation facilities. Most of the ADPs have shown positive changes except Assasuni ADP. From the field observation it was found that community people of Assasuni ADP did not continue to practice hygienic behavior and usage of improved latrines. Assasuni is an area with scarcity of daily usable water. Therefore, the community people

have the tendency of using limited water in daily activities including for sanitation and hygiene practice. Continuation of this tendency, community people break water seal of the pit latrine because they think this would require less amount of water after defecation. Their inadequate knowledge regarding importance of water seal and tendency of limiting water use are the reasons behind it. Therefore improved latrines become unimproved. At the same time, water table is severely intruded with salinity that reduces the longevity of rings of pit/offset latrines as well. Therefore, the status of Assasuni has degraded. Other ADPs have changed significantly over the years. It is statistically tested that there has been highly significant improvement in the percentage of household with improved sanitation facilities in the program areas by 11.97% of mean increase among 7 ADPs with evaluation data. (Methodology: paired sample t-test to test the significant improvement at 95% CI: 5.06, 18.8 and P-value 0.005<0.05). It is positive to see that all the phases of ADPs have shown sound changes due to using CLTS model widely in the community. It may also be noted that, all 7 ADPs evaluated in FY15 indicate a positive change due to collaborative efforts by ADPs and communities that aligned its activities to the government's WASH services. These efforts are helping to protect not only the children but also the community free from infections and diseases.

Indicator: Proportion of households using an improved drinking-water source (CWBT 2 indicator)

Figure 11: Proportion of households using an improved drinking-water source
Source: Phase Evaluation Report, FY15

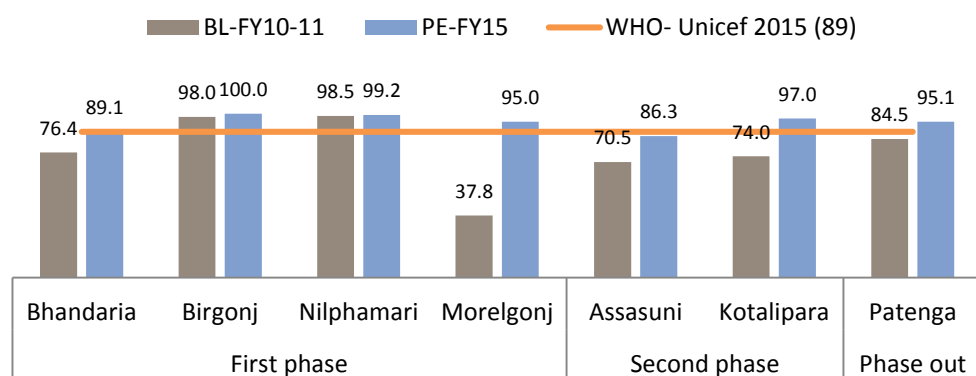


Figure 11 is representing the change of household with improved water drinking sources. Specific changes have been observed among first, second and phase out ADPs. The changes are less in first phase ADPs and noteworthy changes have been observed in phased out ADP. Increasing awareness about using safe drinking water within the community is influencing to improve drinking water sources. Besides, people are becoming

more aware about hygienic situation followed by awareness sessions and arranging Pond Sand Filter by WVVB in the program intervention areas. Evaluation data of 7 ADPs shows that the community people have access to sufficient drinking water from different improved water sources in the program areas. The evaluation result indicates the positive increase against baselines in all 7 ADPs. It is statistically proven that there has been significant improvement in the proportion of households with sufficient drinking water from an improved source throughout last five years by 15.73% of mean increase among 7 ADPs. (Methodology: paired sample t-test, to test the significant improvement at 95% CI: 2.11, 31.7; P-value 0.051<=0.05). Out of 7 evaluated ADPs, none came under the national level (89.0%) in FY15 except Assasuni ADP. Being a coastal area, Assasuni ADP has the scarcity of drinking and daily use water along with high level of salinity, therefore, having comparatively slow improvement. All 7 reporting ADPs have reported to improve access



to water among target households in the program area. Government intervention and budget allocation, WVB intervention and other NGO interventions contributed to increase improved water sources.

Monitoring Indicator	Target	Achievement	Total # of ADPs
# of school has adequate sanitation facility (for defecation)	112	88	11
# of school has safe drinking water facility	224	224	11
# of sanitary/hygienic latrines installed	4474	5035	24
# of tube-well installed	492	348	12
# of WASH committee functioning	826	848	51
# of facilitators/volunteers /promoters/lead mothers or other community based volunteers who are trained on MCHN and WASH	8897	17820	45
# of peer educators (trained on MCHN & WASH) conducting health/nutrition/WASH sessions in the community	5321	5803	16
# of trained CBO members conducted health/nutrition/WASH education session for their community	4248	6218	8

Most Vulnerable Children

Based on the Most Vulnerable Children (MVC) framework developed by WVB, a mapping exercise was done at all program locations. The framework has four dimensions and a number of categories under those dimensions. The following table and subsequent MVC tables under each ministry impact area section presents the information from the mapping exercise.

Categories	Measures taken to address the most vulnerable children	No. of children addressed
Malnourished Children	WVB implemented PD/Hearth model to address this most vulnerable group of children in 51 ADPs and showing significant reduction of malnourishment in FY 15. Nobokoli project is intensively working on this model to address this MVC group.	In 51 ADPs, 28,555 malnourished children were addressed by PD/Hearth program. Additionally, Nobokoli project addressed 14,626 malnourished children.
Children affected by chronic diseases	WVB oriented and organized awareness sessions to increase the knowledge level of parents about correct management of diarrhea through which the children affected by chronic diseases received proper treatment during diarrhea.	In FY 15, 232 children were addressed by WVB interventions and received treatment.
Vulnerability Dimension: Extreme Deprivation		

Sustainability

Drivers	Evidence
Local Ownership	Local ownership is being developed to meet the health and nutrition status of children and families through active participation of community based organizations, involvement of partners, and participation of community based volunteers. ADPs have signed Memorandum of Understanding (MoU) incepted with various levels of social actors and committees such as, CBOs, WASH committees, public health departments, and respective city corporations to continue routine immunization programs and child health services. WVB and partners contributed to raise the awareness of local communities so that communities have access to quality health and nutrition services from respective government health service providers. The local communities are maintaining relationship with government health departments, community clinics, and other public and private health service providers. Under the leadership of CBOs and WASH committees, local communities are implementing and monitoring child immunization, child health services, and continuously raising their voices to get public health services for the well-being of child health. For an example, in Laksam ADP, local ownership is being developed through village level WASH committees who are participating to repair and maintenance work of Community Based Arsenic Removal Units (CBARUs). They collected money from the CBARU water users and deposited it



Drivers	Evidence
	to their own bank account for the future maintenance of the CBARU. They organize monthly meetings, discussion on their plans, problems and other issues (Source: Laksam ADP Annual Report, FY15) for safe drinking water.
Transformed Relationships	ADPs have developed the capacity of caregivers in preparing nutritious food following PD/Hearth model amongst the people of different background such as, ethnicity, caste, religion and social stratification that encouraged caregivers to practice in their own household levels, and they have organized hearth sessions by their own management in the community. At the same time, they oriented caregivers and local communities are using their knowledge and skills in hygiene practices at household level which contributed in reduction of incidence of primary diseases and will lead them to ensure Child Well-being. These are applicable to all ADPs where PD hearth program and WASH activities are being implemented.
Local and National Advocacy	The rural ADPs have initiated advocacy activities on child health issues particularly to strengthen the local government community clinics in order to get quality child health and nutrition services from the public health service providers. At the same time, urban ADPs have taken advocacy initiatives through CVA to ensure access to safe water at urban slum areas. The slum dwellers have placed their demands to protect children from water-borne diseases. The local communities and WASH committees have strengthened their linkages with WASA, city corporations, and government service providers. The local WASH committees are active in monitoring services and paying water bills to the respective authority for continuous access to safe water.

Key Learning and Recommendation

Key Learning	Recommendations
1. Citizen Voice and Action (CVA) effectively changed the MCHN services (e.g. ANC/ PNC/GMP etc.) from government community clinics of Muktagacha and Fulbaria districts. So people are now receiving health care services from community clinics regularly.	1. Strengthen and Scale up of CVA approach to improve MCHN (e.g. ANC/ PNC/GMP etc.) services from community clinic. Strengthen partnerships with government entities specially Institute of Public Health and Nutrition (IPHN) and Community Based Health Care Project (CBHC) under the Ministry of Health and Family Welfare which can play an effective role in this regard. A tripartite MoU needs to be signed with IPHN and CBHC project for smooth implementation of Health and Nutrition interventions across the country.
2. It has been observed from Nobokoli Project implementation areas that integrated/multi-sector approaches like integrating health & nutrition with economic development is more effective to reduce malnutrition.	2. Proper integration of health and nutrition programming with the Economic and Agricultural Development sector and food security interventions will be taken into account, with special attention to DRR while developing and implementing TA and TPs.
3. It has been observed that functional WASH committee has a vital role for sustainability of improved Water and Sanitation services.	3. Work in collaboration with local government towards making WASH and water management committees functional which will ensure sustainability of WASH program.
4. WVB is not addressing directly acute malnutrition as an example, 'wasting' across the country. Baseline, Phase Evaluation and Monitoring data indicate that acute malnutrition is one of the big concerns for Child Well-being in Bangladesh as well as WVB's implementation areas which demonstrates necessity to include it directly in the intervention and strategy KPI assessment.	4. Program interventions should include addressing acute malnourished children by admitting in PD/Hearth program and refer severe acute malnourished children with/without medical complication to the nearest health facilities for initial treatment. A tripartite MOU needs to be signed with IPHN and CBHC project for smooth implementation of Health and Nutrition interventions across the country.



MINISTRY IMPACT AREA 2: IMPROVE ACCESS AND QUALITY TO EDUCATION

Strategic linkage



Overview of Education Programming

World Vision Bangladesh has an outstanding community-led programming approach, with strong relationships between field staff and the community, local government administration, and local NGOs operating in the same areas, so field-level implementation generally functions very well. WVB has established excellent relationships with authorities at the Upazilla level and gradually developing in the District level which enables smooth implementation of education programs. WVB recognizes the importance and is prioritizing the development of a MoU with the Ministry of Primary and Mass Education (MoPME) to cover WVB's literacy as well as Early Childhood Care & Development (ECCD) initiatives. Currently, WVB has official partnerships – in the form of MoU – with two non-governmental organizations. The first is BRAC (a strategic partnership agreement for NFE) and the second is Save the Children Bangladesh specifically for Literacy Boost (LB).

In terms of collaboration at the network level, WVB has membership in various coalitions and networks. At the National Level, WVB is an active member of Campaign for Popular Education (CAMPE), Bangladesh ECCD Network (BEN), and Education in Emergencies (EiE). It also works with different level of government education offices (i.e. District Primary Education Office) on primary school issues, and at sub-district level for secondary education with District Education Office. Literacy Boost was initiated by WVB in two ADPs in FY15. High level of stakeholders' participation and structure for project implementation is in place. Through the Child Labor Project (Grant Funded Special Project), WVB partnered with two local NGOs in Dhaka and Chittagong (two major cities of Bangladesh).

Programing Focus

“Improve Access and Quality to Education” is the second ministry impact area of WVB strategy. The education program has prioritized the children who are subject to extreme deprivation, serious discrimination, experienced abusive or exploitative relationships and disaster/catastrophes. Besides that special attention has been given to children with disabilities or with disabled parents, children of ethnic or religious minority families and children of teenage mothers. Target groups also include teachers, parents and children of pre-school age through primary education, vocational students and under educated youths.

Education Interventions by WVB

WVB education programming has focused on improving children's access to education in target communities. WVB identified root causes that affect children's access to education and improving learning outcomes across life cycles. In FY15, a total of 260,713 children received education support with stationaries and notebooks (Source: FY15 Annual

Key Facts

HOME ENVIRONMENT: Only 8.8% of children under-5 have three or more children's books at home and only 60.3% of children under-5 have two or more types play things available (MICS 2012-13).

ACCESSING ECD: Only 13.4% of children aged 36-59 months are attending an early childhood education program (MICS 2012-13).

OUT OF SCHOOL CHILDREN: About 1.5 million children aged 5 years and 3.8 million children aged 4 years are still out of school mostly due to poverty. (Source: CAMPE- *Education Watch*, 2013).

PRIMARY SCHOOL ENTRY AGE: 33.1% children of school entry age who enter the first grade of primary school. (MICS 2012-2013)

SECONDARY SCHOOL ENTRY AGE: just 46% children of secondary school entry age enter secondary school (MICS 2012-13).

DROP OUT RATES - About five million of children are still out of school either because they did not enroll in school or dropped out very early; 6 percent of children stop at the pre-primary level, another 6 percent complete only grade 1, and 24 percent complete grade 5 but never enroll in secondary education- (*Seeding Fertile Ground: Education That Works for Bangladesh*, Sept. 2013).








Reports). A total of 13,236 RCs from all four Regions participated in public examination of Primary School Certificate (PSC) examination at the end of the academic year of 2015. A total of 12,885 RCs passed PSC examinations compared to national pass rate of 98.52%. A total of 94,067 and 40,482 registered children who enrolled in primary and secondary school respectively were assisted to continue their formal schooling. The National enrolment rate at primary school for girls is 50.1% and boys 49.9%. The RCs of primary school ages show almost closer enrolling rate in primary education.

Through ECCD programming World Vision Bangladesh supports parents to be their child's first educator and ultimately make choices that promote positive Child Well-being. During the reporting year, a total of 893 ECCD centers operated in 49 ADPs. Total of 19,063 children of ages 3 to 5 attended the ECCD program. Among them 9,203 were boys and 9,860 girls (Annual report-FY15). The significant achievement of the ECCD programming is to orient the parents to behave more positively in their daily support to children for their holistic development. WVB education programming supports adolescents to achieve greater success in their academic tenure. During the reporting year, WVB under its education program supported a total of 4,619 children (2,244 boys and 2,375 girls) who participated Secondary School Certificate (SSC) examinations. A total of 2,034 children passed which is around 87% and among them 1,946 were boys and 2,088 were girls and the achievement is close to the national pass rate (87.04%) of SSC in 2015.

Education is largely a matter of a learning process that involves interaction between teacher and learner. In FY 15 Annual Report, a total of 1,792 (784 female and 1,008 male) teachers were trained through the interventions undertaken by the education program of WVB. In addition, a total of 2,496 (female 813 and 1,683 male) School Management Committee (SMC) members were trained for ensuring quality management of the schools education and ensuring child friendly environment into schools. A total of 4,102 Parent Teachers Association (PTA) members were mobilized through awareness and capacity building trainings, which constitutes 3,710 parents and 392 teachers. The Life Skill Based Education builds the capacity to raise credible voices of the children on the issues, solving problems, protect rights on various aspects in wider coverage through peer education. During the reporting period, a total of 15,050 (8,416 girls and 6,634 boys) children went through the Life Skill Based Education (LSBE), in addition to their academic courses. Also, a total of 11,499 parents received orientation on the importance and uses of life skills for their children. A total of 64 schools independently started their own LSBE program for their students.

In FY 15, WVB education programming rendered non-formal education to a total of 3,209 out-of- school children. A total of 525 children living in ADP areas received technical and vocational education from World Vision and graduated successfully. Among those that graduated, 335 boys and 190 girls were acquired skills on tailoring.

Key information

Project Participants	Project model	Budget	# of Technical staff	Key partners
				
Beneficiaries: Target: 531,873 Achievement: 542,612	Early Childhood Care and Development; Literacy Boost, Life Skill Based Education, Technical and Vocational Education and Training	\$6,952,519	48	Campaign for Popular Education (CAMPE), Bangladesh ECCD Network (BEN), Education in Emergencies (EiE), BRAC (a partnership agreement for NFE), Save the Children Bangladesh



Education related Advocacy initiatives

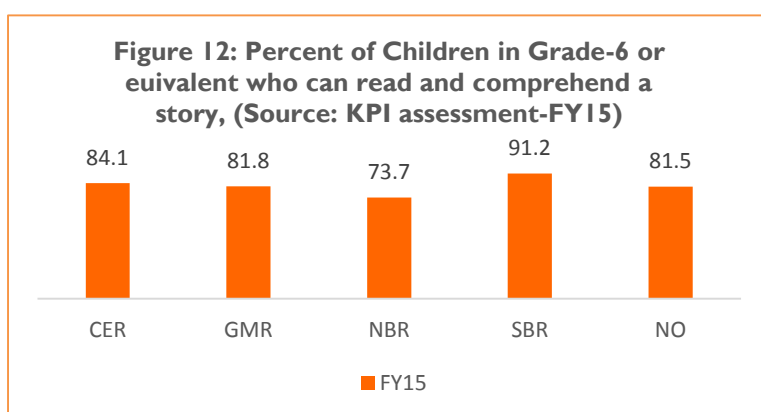
Advocacy Initiatives in FY15	Children Impacted	Model/ Approaches
National Education Policy 2010	By ensuring the policy implementation, 23,090 children are getting quality education and safe drinking water at school is ensured. Additionally, teachers are taking classes properly, monthly coordination meeting of SMCs are taking place.	CVA

Result and Analysis

The progress and impact of Strategic Impact Area 2 has been summarized as follows:

Ministry Impact Area	Child Well-being Target	CWB target Indicator	Additional Indicators
Improve access and quality education	4. Increase the percentage of the children who can read (age 11)	<ul style="list-style-type: none"> Proportion of children who are functionally literate Proportion of children (6-11 years) currently attending school Proportion of out of school children (12-18 years) attending a structured learning activity 	<ul style="list-style-type: none"> Proportion of children who demonstrate they are ready for school.

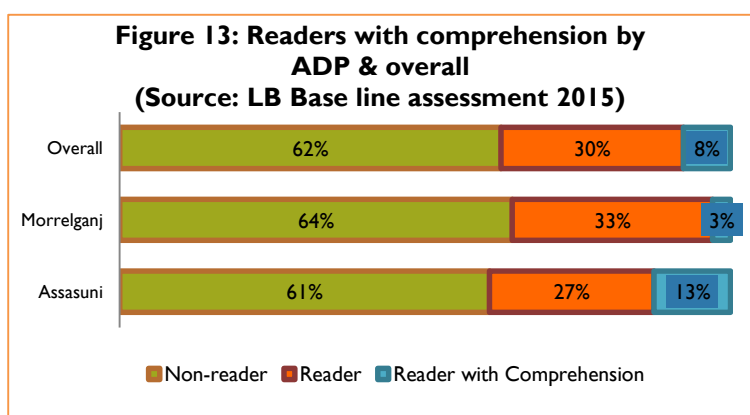
Indicator: Proportion of children who are functionally literate (CWBT indicator)



Functional Literacy is one of the highly recommended indicators as WV aims globally to ensure that children are functionally literate when they complete primary school. During FY 15, WV used the FLAT tool in KPI assessment followed by LQAS method to collect data. If a child reached the highest level they must be able to read with comprehension. Figure 12 depicts that overall 81.5% children in grade 6 can read and comprehend a story during assessment.

Literacy Boost Partnership Program: An Initiative for strengthening reading skills

WV has taken initiatives to implement Literacy Boost programme in Assasuni and Morelgonj ADP (Southern Bangladesh Region) in partnership with and having technical assistance of Save the Children. Literacy boost is an evidence-based model for improving early reading literacy for young children of grades I & II. Literacy Boost classifies students into four different categories. Emergent readers are those students who were not tested on the reading passage (nonreaders). Beginner readers are those students who were tested on the reading passage (readers) but who answered less than 75% of the reading comprehension questions correctly.



Readers with comprehension are those readers who could answer at least 75% of the reading comprehension questions correctly.

Figure 13 presents a snapshot of the state of how many students are achieving the overall goal of reading comprehension. Literacy Boost program is evident to empower teachers, community volunteers, and parents to build on students' foundational reading skills while all the time linking these basic skills with comprehension. The figure is presenting the status of the children reading capacity with comprehensions.

Indicator: Proportion of children (6-11 years) currently attending school (CWBT indicator)

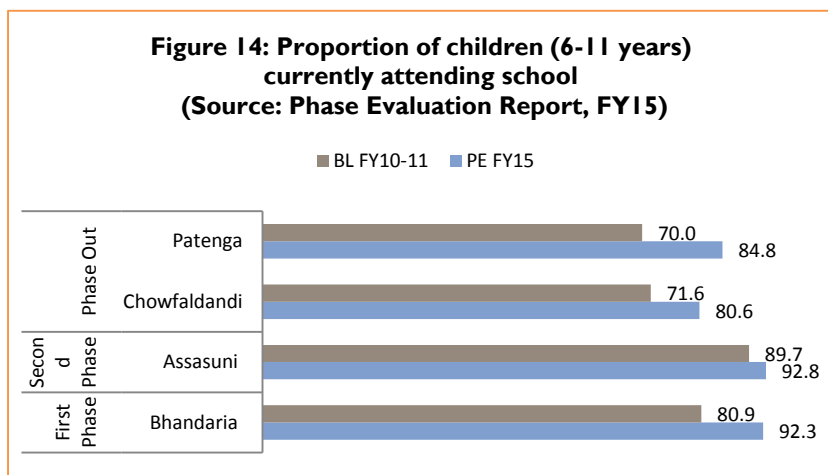
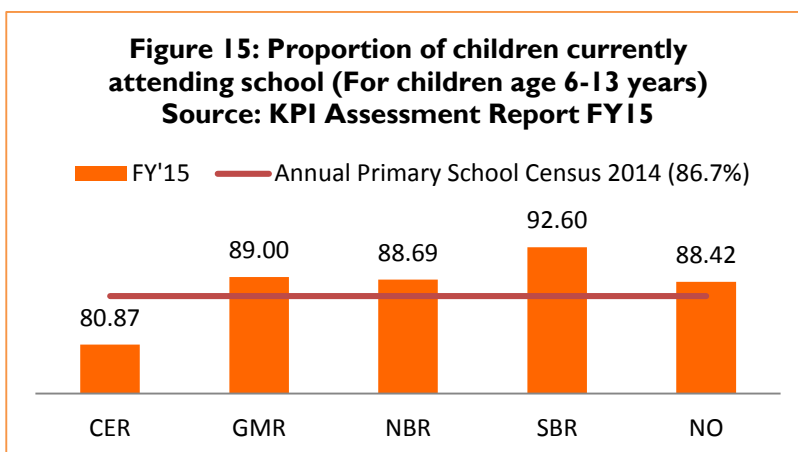


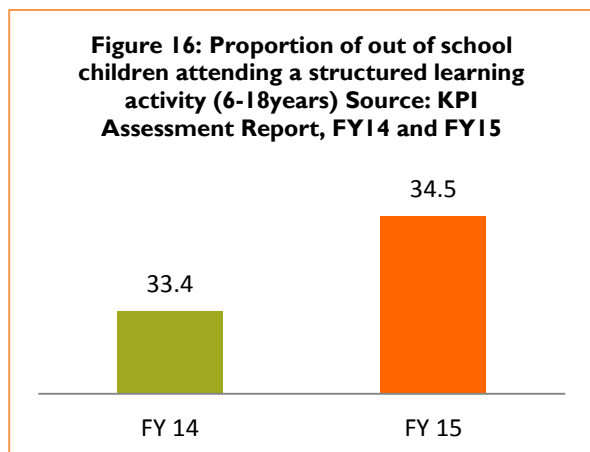
Figure 14 depicts that children's attendance in the schools has increased in four ADPs during the reporting period. Some success factors include parent's awareness, enriching child learning environment and for good teaching learning methods used by teachers trained by WVB. SMCs were also trained by WVB throughout the entire phase of the ADP. The average attendance in school in these ADPs is 82% which is bit lower than the National status of 86.7% (Boys 86.6% and Girls 86.8%) (Source: Annual Primary School Census 2014, Ministry of Primary & Mass Education, Bangladesh). The ADPs which are going to be phased out over the next one or two years

will continue giving emphasis on attendance throughout their intensive education programming.

Figure 15 states the result of KPI Assessment report of FY15 (LQAS method followed) which indicates clear statistics and the strategic placement of World Vision education programming regarding the proportion of children in the ADP programme areas who are attending school regularly. Data shows 88.4% attendance of schooling in FY15 comparable to the National status of 86.7% (Source: Annual Primary School Census 2014, Ministry of Primary & Mass Education, Bangladesh).



Indicator: Proportion of out of school children attending a structured learning activity (CWBT indicator)

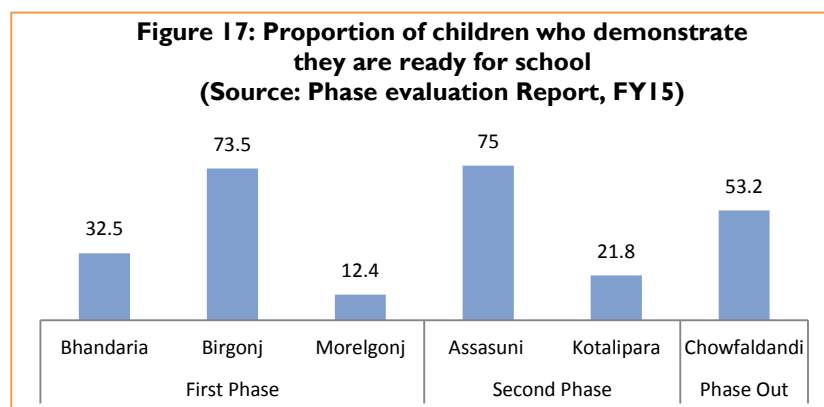


Proportion of out of school children attending structured learning activity has increased from 33.4% to 34.5% according to KPI assessment. The reason for out of the school children is linked and affected by the poverty and the report of Household Income and Expenditure Survey 2010 states that 16% children are out of school and 13% children never enroll in or never complete grade I. (Source: Bangladesh Bureau of Statistics, Ministry of Planning, Bangladesh). WVB is working on child labour and initiated four special projects which contributed to increase attendance of out of school children in structured learning activity.



Additional Indicator: Proportion of children who demonstrate they are ready for school.

This indicator measured children of the age group 5+ years who graduated from the ECCD center. Figure 17 depicts the variations of findings in different ADPs regarding the status of school readiness of the children due to some key reasons. The school readiness of a child has relationship with the background of a family particularly on socio-economic status, home literacy environment of a family. In 2015 Literacy Boost Assessment study (study done on reading skill of grade I & II children in Assasuni & Morelgonj ADP) demonstrated



that the family who are with low socio-economic status, 69% of their children become non-reader or are not able to perform well in the school. The Literacy Boost (LB) study also shows that the children who went through the ECCD programming even with low socio-economic status can prove themselves or could demonstrate their skill and knowledge that is required as school readiness. Evaluation reports also prove that Birgonj and Assasuni resulted higher than others evaluated ADPs due to strong scale of ECCD in the ADP area. However, compared with the national status of school readiness as per MICS (Multiple Indicator Cluster Survey 2013) report, only 43% of children go through school readiness program before they enter into formal schooling.

Emerging need of ECCD center

Bania Para, a village in Thakurgaon had no facilities to take care of children ages 3-5 years. Residents work as day laborers to make their living. So the little ones were left alone or their elder siblings were forced to drop out of school to look after them. The mothers of rural areas are able to spend little time to take care of children than urban areas and have little ideas about the appropriate way of caring for the children.

Thakurgaon ADP initiated 23-community led ECCD centers in FY 15. Bania para ECCD center is one of them. This center was developed with the support of community people and the ADP provided supplies and salaries of teachers. Now the children are learning to read and write in a loving and caring environment. They are getting different co-curricular learning from here such as dancing, drawing picture, singing songs, learning alphabets & numbers and arithmetic skills both in Bangla and English. After graduation from ECCD center 179 children admitted in primary schools in January 2015 and now 575 children are learning in ECCD centers who are both RCs and Non RCs.

Teachers are selected from the same villages, so parents have trust on them. Sabita Rani, one of the ECCD teachers work long hours to convince villagers to send children to ECCD centers. Every month ECCD teachers and ADP staff meet with the parents to share the progress of children.

Now Parents' attitude has changed and they are more interested to educate their children. 'I make ready my children just on time to go to ECCD center' said mother of a child attending Bania para ECCD center. Residents of Bania para are determined to continue their efforts to keep spirit in future. All the children will join Primary Schools at the end of the year.

Monitoring Indicator	Target	Achievement	Total # ADPs
# of children graduated from ECCD centers enrolled in formal schooling	13517	10578	39
# of children enrolled and attending in ECCD programme	19950	19444	48
# of children currently enrolled and attending a structured learning institution	7722	7550	30
# of out-of-school children are attending to non-formal education	3436	3209	22



Most Vulnerable Children

Categories	Measures taken to address the most vulnerable children	No. of children addressed
Out of school children	Out of school children was the main MVC category of education. Therefore, in addition to sponsorship projects, there are several special projects that are working for this group of children, for example, Notun Jiboner Asha, EWC, RCLP project. These projects' interventions like LSBE and TVET helped children to acquire non formal education.	Notun Jiboner Asha project addressed 982 children, EWC project addressed 1000 children.
Vulnerability Dimension: Extreme Deprivation		

Sustainability

Drivers	Evidence
Local Ownership	The ECCD learning centers are established by ADPs and local communities to raise awareness on literacy for parents and caregivers of children aged 4 to 5 years in order to access and enhancement of quality primary education. The communities contribute to build ECCD centers by providing required land, labour and infrastructural costs. They are actively monitoring the function of ECCD centers in terms of presence of students and teachers and quality of education as well as sharing the maintenance costs of ECCD centers on their own. In many places, ECCD centers are still functional by the contribution and management of local communities even after withdrawal of WVVB support.
Local Partnering	A formal local partnership is developed with CBOs, School Management Committees (SMC), local government education departments and local NGOs for improvement and ensuring quality education. MoUs are signed with different partners especially with CBOs and local NGOs focusing child protection and creating friendly spaces that engage children from diverse background for the enhancement of their skills through LSBE programs. The local partners are actively involved to establish education centers, monitoring quality education, keeping educational centers functional, and contributing and sharing maintaining costs and required resources for the sustainability of education centers.
Transformed Relationships	To ensure rights and quality education for children, WVVB in collaboration with partners and local communities put much effort to bring together people of diverse background regardless of caste, religion and ethnicity including the most vulnerable and disabilities. Teachers, students, SMC and local partners' attitudes have been changed and all children including out of school children, children with disabilities, and children from disadvantaged communities are accessing education services. In terms of educational attainment, the local communities and partners realized that education is not for any particular community but for all.

Key Learning and Recommendations

Key Learning	Recommendations
1. From data analysis it is found that the better performance on school readiness happened due to effective implementation of ECCD programming.	1. The ECCD programming is bringing a significant engagement and motivation among community members. Hence, it is highly recommended to explore more ECCD programming and design ECCD as Technical Program for developing foundational life skill & school readiness skill at the early age.
2. Boosting up children's functional literacy at early grade enhances achieving reading with comprehension at the age of 11.	2. For improving the early literacy the evidence and effective Literacy Boost program is recommended to expand and develop TP focused on it.



MINISTRY IMPACT AREA 3: ENSURE CHILDREN ARE PROTECTED AND CARED FOR

Strategic linkage



Bangladesh is a country of 150 million people, one of the populous countries in the world. Children, the foundation of a nation, constitute approximately one third, about 32.3% (CIA World Fact book) of the total population. Children are the hope of a nation, however, recently it is found that often children are becoming victims of various forms of abuse, exploitation and neglect because of their vulnerability in Bangladesh. Considering the present situation of children in the society of Bangladesh where children suffer severe deprivation of their right and protection, it is very difficult to track whether children's rights are being protected or not since less than 31% of children are registered at birth (UNICEF, 2015 & MICS 2013) in Bangladesh. Thousands of girl children cannot flourish with proper education, since 65% girl children are getting married before the age of 18 (UNICEF, 2015 & MICS 2013). The country is striving to decrease the 7.4 million economically active children, of them 3.2 million are working children and 1.3 million are engaged in worst forms of child labor. Pockets of Social Deprivation in Bangladesh (October 2013) showed that the prevalence of real child workers is higher in the urban areas 9.0% than in the rural areas 5.1% (BBS 2011). The proportion of real child workers of age 10-14 years old in the Dhaka City Corporation was higher 17.4% than the national level 6%. Higher rates exist for boys 18.1% and girls 16.6%. The boy child workers are concentrated in the old city where small engineering workshops are largely concentrated and girl child workers are more in slums and in the garments industry. Considering these issues Bangladesh government and WVB is working to ensure children are protected and care for.

Government Initiative

Government of Bangladesh is striving hard to improve the quality of education to build the future citizens of the country capable of facing the challenges of 21 century. At present the education system is producing a good number of graduates of different level though they are not becoming sufficiently skilled to compete with the children of the globe. Here lies the significance of incorporating the child protection issues in both curriculum and textbooks of the secondary level. The Government is committed to children's rights and development under the UN Convention on the Rights of the Child (CRC). The Medium Term Budgetary Framework gave importance to children's education, health and nutrition, safe environment, drinking water and sanitation, child protection, and children's development through public investment in line with the Sixth Five-Year Plan. Budget Speech FY 2014-15: "There are demands being raised from various quarters for separate child budget. Some concrete recommendations are there as well to make it operational. We expect to implement it on pilot basis from FY 2015-16" – Finance Minister in his speech in the Bangladesh budget FY 2014-15. It was proposed to allocate Tk. 500 million for the projects for children welfare in the budget. It was observed that direct allocation in the national budget for child labor is minimal and some programs (e.g. Eradication of hazardous child labor) have already been ended and new programs are yet to be launched. For example, allocation toward child labor elimination decreased in 2014-15 in the Ministry of Labor and Employment since all the projects related to child labor elimination ended in 2013-14.






World Vision Initiatives

World Vision Bangladesh has implemented several Advocacy activities significantly to address the Child Protection issues in FY15 across all program and special projects areas. In last year, WVB mobilized media to influence policy makers and create mass awareness to emphasize the child rights and protection issues in every ministry impact areas; organized dialogue with high level policy makers like parliamentarians, Ministers, Secretaries, City Mayors to ensure child participation in decision making; mobilized 10 organizations who are working for Child Domestic Workers at



national level to pass the Domestic Welfare and Protection Policy 2010. This advocacy initiative is running under the 'Empowering Working Children' project funded by AUSAID. WVB won an advocacy award within partnership for this initiative. Besides, ADPs are implementing 5 special projects in which around 50000 child labour are addressed. Another special project to combat human trafficking focusing on women and children is also under implementation.

Key information

Project Participants	Project model	Budget	# of Technical staff	Key partners
				
Project beneficiaries are the same beneficiaries under ministry impact area 1, 2, 4, 5, 6	Public advocacy through a campaign model; Citizen mobilization model expressed in the Citizen Voice and Action (CVA) model; Policy influence model, known as TD+.	\$\$ spend: 11,465,809	Advocacy Staff: 8 Child Protection staff: 70	Aparajeyo Bangladesh, Torongo, Bride Bangladesh, CSID, Dhaka Ahsania Mission, Center of Policy and Budget under University of Dhaka, National Human Rights Commission, Ministry of Social Welfare, Ministry of Women and Children Affair, Ministry of Labour and Employment.

Child Protection related Advocacy initiatives

	Advocacy Initiatives	Children impacted	Approach/Model
National Level	Domestic Welfare and Protection Policy 2010 passed by the cabinet	420,000 (BSAF-2015) Children who are working as domestic workers will be benefitted and they'll have social legal protection.	Coalition/networking
	Media mobilized to influence policy makers to pass the Domestic Welfare policy. 1 MoU with 'Ekattor TV'	10 million mobilized through this media campaign (Advocacy campaign report FY15)	Partnership approach
	Budget for Children and strengthen CP system in Upazila Parishad (UP)	140,106 including our 2820 Sponsor Children will be benefitted (Source: PSM report, FY '15)	System Approach
Local Level	Strengthen Birth Registration in UP	1104 RC children got the birth registration certificate (Source: PSM report, FY '15)	System approach
	50 MoUs signed with 50 Union Parisdad.	This initiative strengthening Child Protection System at Union Level	Partnership

Results and Analysis

The progress and impact of Ministry Impact Area 3 has been summarized as follows:

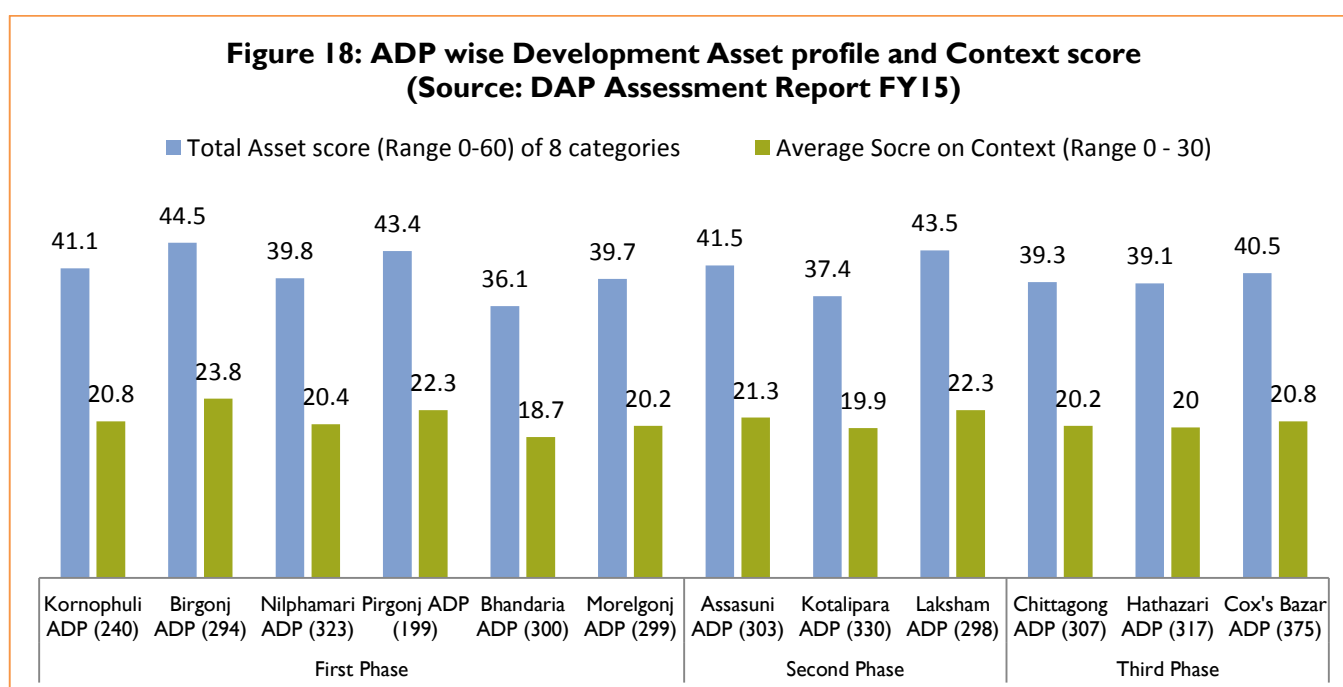
Ministry Impact Area	Child Well-being Target	CWB Target Indicator	Other Indicators
Ensure children are protected and cared for	1. Children report an increased level of well-being	The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age (DAP tool)	1. Children live a life free from neglect, violence and abuse 2. Children actively participate in decisions that affect their lives 3. Proportion of parents and caregivers able to provide well for their vulnerable children



Indicator: The strength of the assets and the contexts in which youth live, learn and work, as reported by youth 12-18 years of age (CWBT I indicator)

This indicator has been measured by DAP tool. The main purpose of DAP is to assess and strengthen children’s wellbeing of ‘internal and external assets’ and intended to strengthen the external structures and support systems of the young children, as well as their values, skills, commitment and beliefs of young people. This assessment helps ADPs to identify level of assets that can be strengthen and to make plan of activities for young people to secure the well-being of youth in the communities.

With the technical support of SAPO Regional Office, WVB has launched and contextualized Development Asset Profile (DAP) tool in FY 15. Therefore, WVB is presenting the status of Children’s wellbeing this year. DAP surveys were carried out in 12 ADPs with 3585 children aged 12-18 years. DAP measures the internal and external assets that a child perceives in eight categories. Context categories are also taken into account while measuring DAP. Following graph is representing the total assets and context scores of all categories in 12 ADPs (Number of ADPs is mentioned within bracket). A table has been provided below the figure with the interpretation of ranges of scores on total assets of both internal external categories.



Internal (30) Assets + External (30) Assets Score = Total assets 60 (Range 0-60)	Interpretation	Context Score (Range 0-30)	Interpretation
52-60	Excellent or abundant assets	26-30	Excellent or abundant assets
42-51	Good or moderate assets	21-25	Good or moderate assets
30-41	Fair or borderline assets	15-20	Fair or borderline assets
0-29	Low or depleted assets	0-14	Low or depleted assets

Among 12 ADPs, 3 ADPs (i.e. Birgonj, Pirgonj & Laksham) scored higher than others and reached to ‘good or moderate’ status. Interestingly 2 ADPs among them are from the first phase. Rest of the ADPs is with ‘Fair or borderline’ status. The reason of ‘Good or moderate’ status of first phase ADPs is the implementation of DPA where child participation has been emphasized therefore children are responding more effectively.

The contexts categories of DAP varied in line with asset categories which indicates that the context categories are closely linked to asset categories and has significant influence on having variations in asset categories. 4 ADPs scored between 21 and 25 which is ‘Good or moderate’ in context categories. Rest of the ADPs has fallen into the status of ‘fair or borderline’ in context categories. The ADPs in the first phase have relatively higher scores in both categories and context views than ADPs in other phases. The reason behind this is DPA adaptation in the first phased ADPs where community involvement and child participation is more emphasized in the design and implementation phase. For example, Birganj ADP has the highest score (44.5 out of 60) among all 12 ADPs which is due to increasing



participation of children in child forum to raise their voice regarding their needs. The context score is also high in this ADP that influenced the asset categories to be improved.

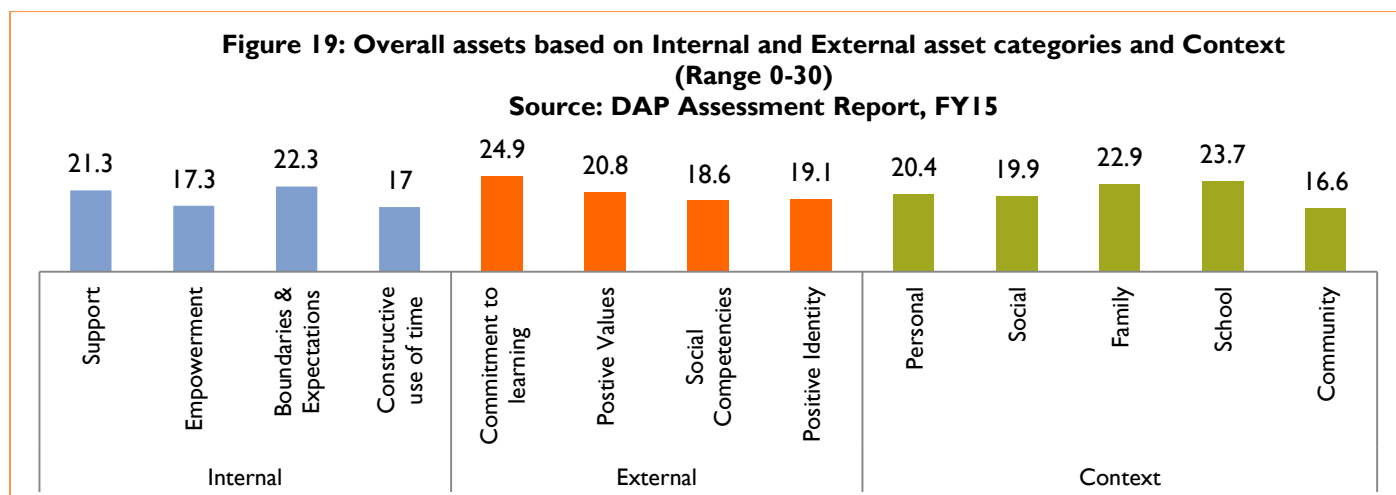
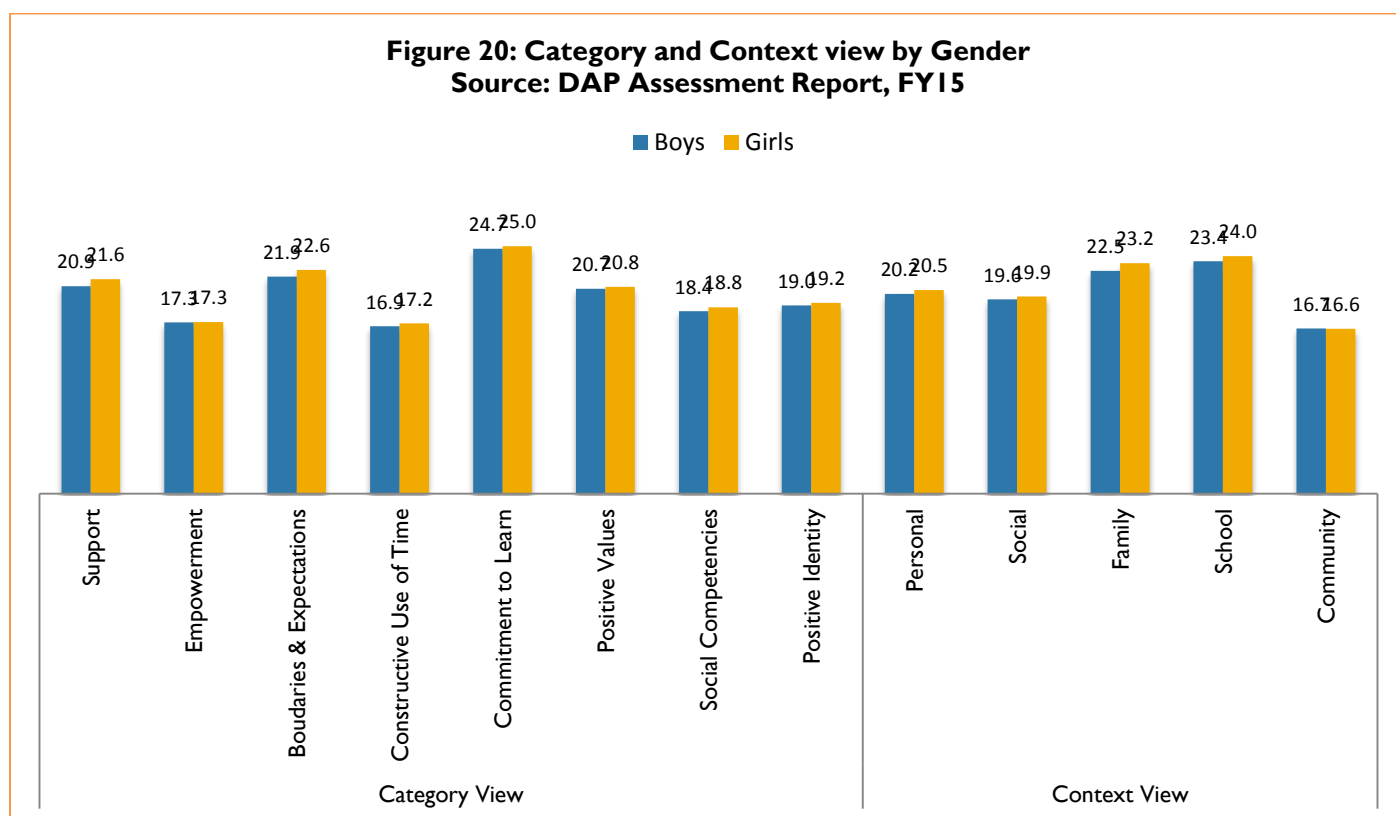


Figure 19 presents the scores of all internal and external assets and context categories. Boundaries and expectations as internal category and commitment to learning as external category scored higher than other categories and falls to ‘Good’ status. In context, family and school scored high. The reason is that the children spend most of their times in school and with family which influence them to discuss about their expectations with family and enhance their enthusiasm to learn with commitments.



In gender viewpoint, girls are seeing themselves as having more development assets than boys despite the fact that they are more vulnerable regarding child protection and wellbeing issues. However, their perceptions regarding asset categories and context view have the similar flow. The reason of having high scores in commitment to learning in development assets and school, family in context might is spending more time to interact with others in school and family environment. The reason of scoring low in other categories is to get less opportunities and exploration to other context and discussion.



Figure 21: Percentage of children's perception on safety (N=3565)
Source: DAP Assessment Report FY15

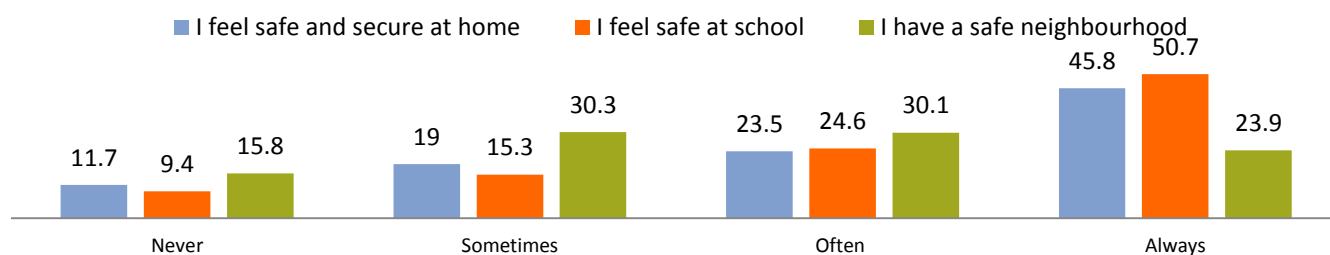
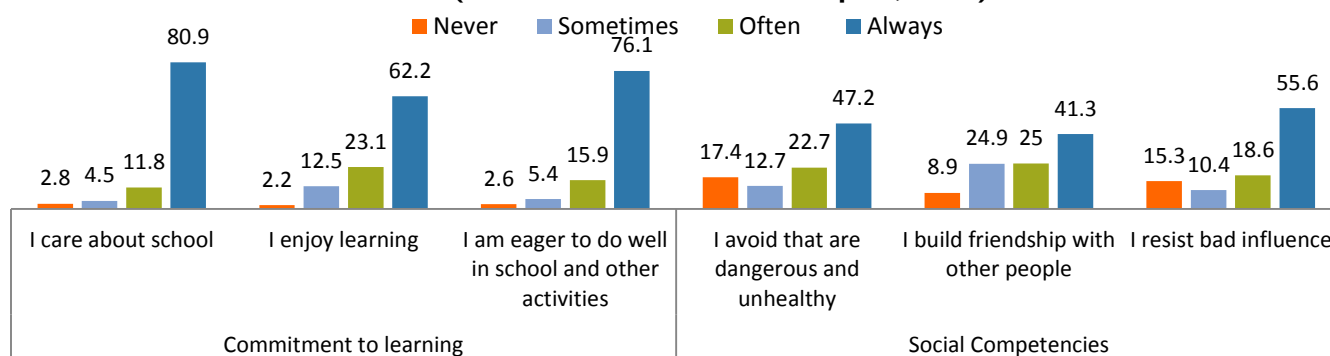


Figure 21 shows the children’s perception on safety where majority claims always being safe at home and school but sometimes/often within the neighborhood which is a matter of concern. In FGD ‘16, it was revealed that family supports children in education, food, clothes and above all care a lot which make them feel safe at home. Also they get cooperation, guidance and opportunities from school teacher which made 50.7% children to feel safe at school always. However, it is also a matter of concern that 9.4% never feel safe at school and 11.7% never feel safe at home. The children of these categories expressed that in home, parents engage them in hazardous work to earn money and punish physically for making mistakes and in school, physical punishment and noncooperation in study are some reasons of feeling unsafe. Corporal punishment and child labour issues are reflected here. In neighborhood, only 23.9% children feel safe but due to community conflicts, provocation of unethical activities, wicked languages rest of the children never or sometime feels safe.

Figure 22: Percentage of children's perception on commitment to learning and social competencies
(Source: DAP Assessment Report, FY15)

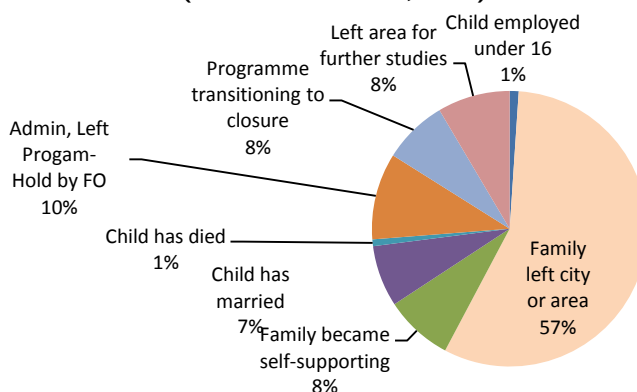


In figure 22, majority of the children care about school, enjoy learning and eager to do well in school. Majority of children also perceives social competency through avoiding unhealthy things, building relationships and resisting bad influence. The concern needs to put on the group of children who often think about this commitment of learning and social competency but not really keeping pace with the flow always due to getting punishment for inattentiveness, no scope to play or being tortures always by teachers and family members.

Major Reasons of drop out RC children

The total number of registered children as of September 2015 is 178273. It is found (Source: STEP data, FY 15) that during the FY 15 total of 10890 (5.76% of total) RC dropped. The reasons of drop out include family migration, child marriage, child labour etc. To address those issues, World Vision Bangladesh is taking several special projects focusing on child marriage and child labour. Few major reasons of dropout are represented in the graph.

Figure 23: Major drop out reasons of register children
(Source: STEP Data, FY15)



Additional Indicators: (Strategy Key Performance Indicator)**Children live a life free from neglect, violence and abuse****Children actively participate in decisions that affect their lives****Proportion of parents and caregivers able to provide well for their vulnerable children**

Figure 24 is representing the progress towards ensuring children protected and cared for in FY 14 and FY15 against its key performance indicators (KPI). All the KPIs are showing a positive trend (around 2%) from last year. Therefore, the progress of ensuring the child protection and child care are showing improvement. The rights of the children to protect from physical and emotional harm are ensured through taking several initiatives for example special projects about Child Safety Net, Child Labour, Child Protection Advocacy and by forming child protection committee, developing system of incident and reporting and referring etc. in local and national level. These initiatives help children to live a life free from neglect, violence and abuse. Children are participating in decision making and accessing the needs they supposed to get from government. For example: Child representative in government committees, advocacy and dialogue about allocation of budget especially for children, safe city dialogues with city mayor candidates etc. are ensuring the active participation of children in their life changing decision making process.

The living conditions and access to basic services of street children along with other vulnerable children are improved through ADP projects and also through some special projects pursuing its different interventions such as including them into formal and informal education, LSBE, vocational training and establish linkage with job providers. In this regards, parents become well aware about the vulnerability of their children and trying to provide well to ensure their wellbeing. Through several interventions, CFS (Child Friendly Space), Child forum, parents gathering help to increase awareness among parents so that they are able to provide well to meet the needs of their children and the number of these parents has increased to 3.4% from last year in the program areas as well.

Monitoring Indicator	Target	Achievement	Total # ADPs
# of children including most vulnerable actively participated in Child Friendly Space	8864	8320	11
# of Children and youth participate meaningfully in community decision making.	9261	9804	17
# of children with birth registration	89045	86327	30
# of CMC/CPC are in place and functioning.	358	365	43
# of people oriented on Child Protection Policy (CPP)	30615	34034	43
# of Child Forum (CF) formed and functioning	628	639	55
# of children with disability are included in sponsorship	283	280	20

Most Vulnerable Children

Categories	Measures taken to address the most vulnerable children	No. of children addressed
Child Labor	WVB is working on child labour to help them get back to education. Three projects are working on child labour named EWC, RCLP and combating child labour project.	Total 5304 child labours have been addressed from these projects and these children are getting both formal and non-formal education.
Children with disability	WVB is working on mainstreaming the issue of children with disability in programming.	This year WVB included 280 children with disability of 20 ADPs in sponsorship program
Child Marriage	WVB along with a coalition (Girls Not Brides) and Child Forum mobilized community people and national stakeholder to negotiate with local & national policy makers for developing the National Plan of Action and incorporate Child Marriage in the SDGs. Four campaigns are running at national level which is Bride Not before 18 to end Child Marriage.	
Vulnerability Dimension: Abusive or Exploitative Relationships, Serious Discrimination		



Drivers	Evidence
Local Ownership	Community led child care and protection is one of the important essentials of sponsorship in programming where the local Child Well-being Committees (CWBCs) play a vital role in child monitoring with emphasis on child selection for sponsorship including most vulnerable children. Along with CWBCs, the local communities are involved in developing child selection criteria and participate in child protection activities. WVB in collaboration with local law enforcement agencies continuing to provide effort to develop the capacity of CWBCs on child protection issues. They also organize and conduct child rights sessions focusing on child marriage, child trafficking and Child Well-being issues as well as monitor child protection issues. In many ADPs, CWBCs extend their helping hand to support poor student's financial aid.
Local and National Advocacy	The local communities, partners and child forum members are actively involved in advocacy at local and national level focusing on compulsory birth registration for children, creating awareness amongst households and communities on child rights and protection issues, and raising voice on increasing public budget for Child Well-being, strengthening local level child protection initiatives. Through these advocacy initiatives public awareness have been raised and the child protections issues are given importance by the local communities, partners as well as the law and enforcement agencies. A national Child Rights Advocacy Coalition is strongly operational where WVB is leading Child Labour and Child Marriage issues at all level.

Key Learning and Recommendations

Key Learning	Recommendation
<ol style="list-style-type: none"> 1. Organization realized that Child Well-being can be achieved by following right based approach and the prime responsibility goes to the Government. So, advocacy on child rights issues should be focused more in the future programing in collaboration with government. 2. Improvements can be made in addressing CP issues by approaching it in a coordinated manner. Complementary activities should be carried out. 3. It was observed that, use of school premises for DAP assessment is not appropriate because, the students feel uncomfortable and it seems like an examination to them. 4. In few cases competitive tendency was observed among the children at the time of DAP assessment. Children wanted to score higher than others without understanding of real meaning of individual items. 5. It is sometimes difficult for children to understand actual meaning of the DAP items and rating themselves within the limited time. 	<ol style="list-style-type: none"> 1. The paradigm of service based approaches should be shifted to right based approach while developing TPs. Management decision is also important in this regard. 2. We should design a common plan considering priority and focus on particular issue on CP in cluster. 3. Ensure more safe and compatible environment to express children's views and skills during DAP assessment survey in the communities. Also ensure proper administration of the assessment.



MINISTRY IMPACT AREA 4: CREATE ECONOMIC OPPORTUNITIES AND INCREASE PRODUCTIVE ASSETS FOR THE POOR






Strategic linkage



WVB economic and agriculture development program seeks to achieve Ministry Impact Area “Create economic opportunity and increase productive assets for the poor”. This ministry impact area is covering ‘Food and Livelihood Security Theme’ of CWB target 3.

The Economic and Agriculture Development (EAD) program seeks to improve the economic well-being and quality of life for a community by creating employment, growing household incomes and increasing access to food. World Vision (WV) Bangladesh operates its EAD programs in 57 locations of 27 districts in Bangladesh, working to achieve the economic development by increasing income and ensuring women participation in economic activities and complementing the government’s efforts towards poverty reduction. The primary targets for EAD program are households living below poverty line, particularly those with children under five, pregnant and lactating women, youth and disabled members. The targeted households are empowered to increase their agricultural production, income, assets and access to foods, thus ensuring nutrition for their children and family members and enhanced capacity to pay for their children’s schooling and health expenses, ultimately contributing to increased Child Well-being. Economic and Agriculture Development (EAD) program is serving beneficiaries by providing training, technology transfer and input assistance. Savings and Value chain models were also used in this regard. Asset transfer, skill training and facilitating producers by linking service providers and actors for better market access are some of the interventions for economic development. Besides, diversify (agricultural production and non-farm) income earning sources of households through technology practices, savings and loans are some other interventions. Livestock projects, Urban Value Chain projects such as Nobo Jibon (New Life), Nobo Shuchona (A fresh start) and so on are being implemented for economic development. These programs are building capacity to operate agriculture and non-farm MSEs and start up assets transferred with services. In addition, each program is establishing saving groups and increasing market access by involving people in bulk inputs and products selling to develop economic opportunities. Economic development of households has direct benefit towards child health and overall Child Well-being.

Key Information

Project Participants	Project model	Budget	# of Technical staff	Key partners
 Direct Beneficiaries: 192,412 Indirect Beneficiaries: 453,901	 Local Value Chain Development, Savings Groups and Graduation Approach	 \$\$ spend: 8,547,034	 81	 BRAC, TMSS, Ahsania Mission, CARITAS, Winrock International, Bangladesh Agricultural Research Institute, Bangladesh Agricultural University and business companies and dealers.

Economic Development Related Advocacy Initiative



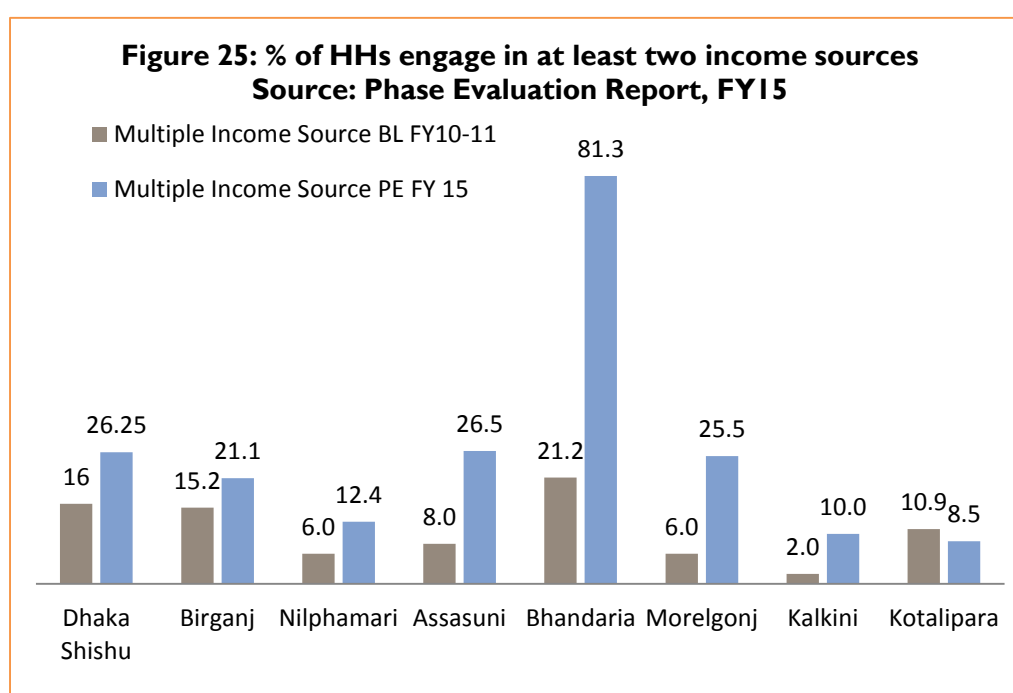
Advocacy	Children impact	Approach/Model
Right to food Campaign	Under progress	Coalition/Networking
Advocacy Research on increasing women labour wage in agricultural sector	Women empowerment	Advocacy with government

Results and Analysis

The progress and impact of Ministry Impact Area 4 towards CWBT3 has been summarized as follows

Ministry Impact Area	Child Well-being Target	CWB target Indicator	Other Indicators
Create economic opportunity and increase productive assets for the poor	3. Increase in children who are well nourished (ages 0-5) Theme: Food and Livelihood Security	Theme supported indicator: <ul style="list-style-type: none"> Proportion of Households engage in at least two income sources Prevalence of underweight in children under five years of age 	1. % of women participating in economic activities

Indicator: Proportion of Households engage in at least two income source (CWBT theme indicator)

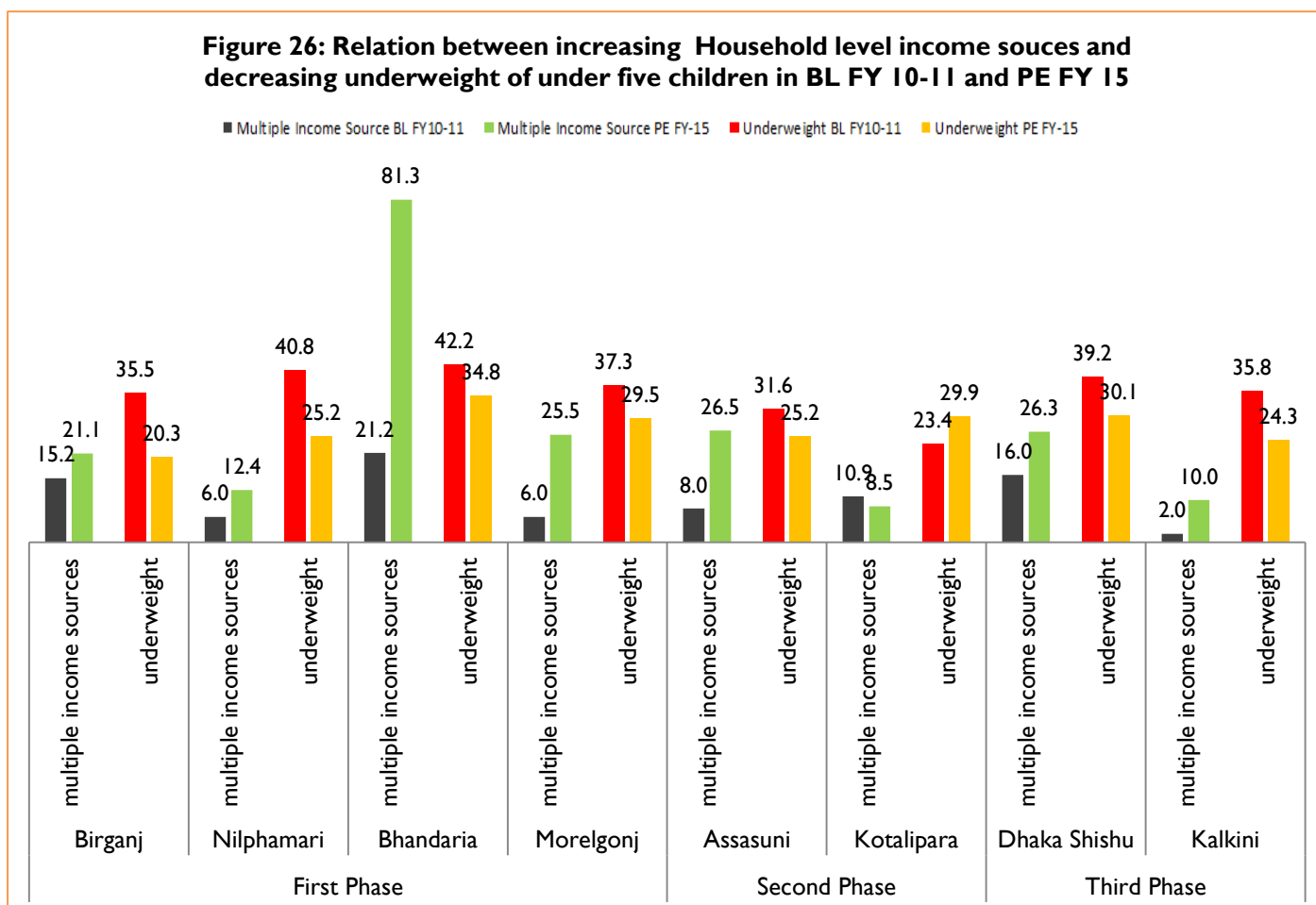


From figure 25, it can be seen that the multiple income sources at household level of all ADPs have been increased in phase evaluation time (FY15) than its baseline (FY 10-11). The reasons of increasing multiple income sources at household level are mainly related to involvement of community people in the alternative income generating activities along with an increasing level of women participation. World vision developed diversified income generating opportunities for example, cow rearing, fingerlings, training on sewing machine, modern vegetable cultivation, fish culture along

with some vocational trainings as well. Bhandaria and Morelgonj is showing very significant increase of income 81.3% and 25.5% respectively due to implementing an food security focused special project named CBAS (Community-Based Action towards the Sustainability) in these areas. Bhandaria and Morelgonj were disaster affected areas (Aila cyclone, 2009) while the baseline studies were conducted, therefore, the percentage of household level multiple income sources were low in these areas. The evaluation report of CBAS project indicates that the project areas have achieved remarkable change regarding creation of alternative income sources and increasing household income through several Alternative IGA interventions. As a result, Bhandaria and Morelgonj ADP showed very high impact in increasing household level income. In addition, two local NGOs named CCDB (Christian Commission for Development in Bangladesh) and Sukh also worked in these areas on alternative income generating activities and provided inputs, assets and training. Therefore, the impact on increasing multiple income sources showed high achievement.



Relation between increasing households' income sources and prevalence of underweight in children under 5 years of age



WVB recognized that if multiple sources of income increase in household level, child nutrition status improves and makes children well nourished. WVB has observed the data from phase evaluation and baseline, and found the positive trend of relation between increasing multiple income sources in household level and decreasing underweight status of children (age 0-5) represented in the above graph. All ADPs have shown in the graph an increasing level of household income sources and decreasing level of underweight among under five children. Contrarily, in Kotalipara, household level income sources have decreased, therefore, underweight rate has increased. Increase of household income increases purchasing capacity of the family and children can have nutritious food which reduces underweight prevalence and improve nutrition status. According to Webb et. al. (2012), reduction of poverty supports increase of nutrition level¹. Empirical evidence study (Deolalikar, 2005) suggest that non-profit organization interventions can reduce poverty of the poor and malnutrition simultaneously.² WVB EAD interventions are working to reduce poverty and also to reduce child malnutrition. So, EAD program interventions increases household level income under food security and livelihood theme of CVB target 3. Study says, "Increases in income at the household and national levels imply similar rates of reduction in malnutrition."³ It establishes the argument that WVB interventions are increasing household level income sources and decreasing prevalence of underweight so that children can be well nourished. In addition, a study was conducted in Nobokoli (special) project during FY 15 which is a good evidence to show the relation between increasing household level incomes and reducing malnutrition.

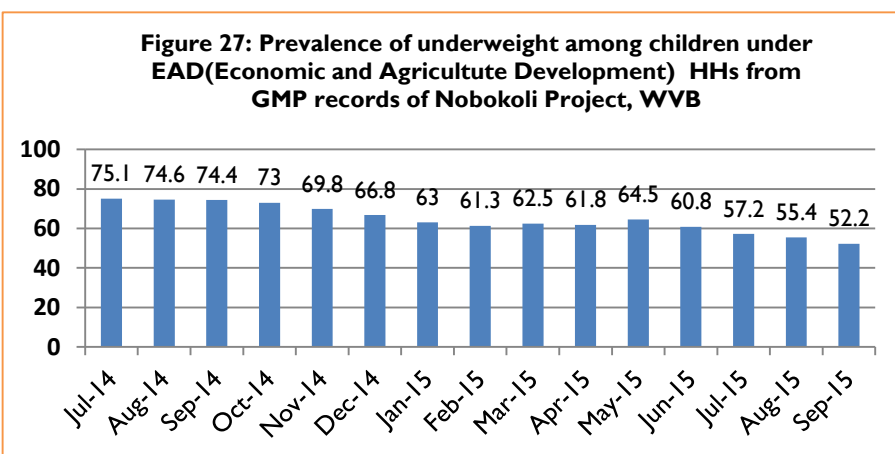
¹ Webb, P., & Block, S. (2012). Support for agriculture during economic transformation: Impacts on poverty and under nutrition. *Proceedings of the National Academy of Sciences*, 109(31), 12309-12314.

² Deolalikar, A. B. (2005). Poverty and child malnutrition in Bangladesh. *Journal of Developing Societies*, 21(1-2), 55-90.

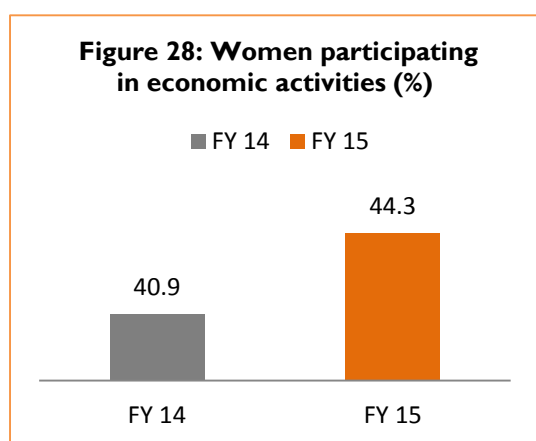
³ Haddad, L., Alderman, H., Appleton, S., Song, L., & Yohannes, Y. (2003). Reducing child malnutrition: How far does income growth take us? *The World Bank Economic Review*, 17(1), 107-131.



Nobokoli Project is implementing an integrated health, nutrition, WASH and economic development interventions in 18 ADPs in Northern part of Bangladesh. Project followed up around 4254 malnourished children (underweight) from poor and ultra-poor households over 15 months. The mentioned children's households received both economic benefits (e.g. seeds, sapling, chicken, goat and relevant training) along with other health/nutrition/WASH support. After 1.5 years follow up, it was found that the prevalence of underweight decreased from 75.1% in July 2014 to 52.2% in September 2015.



Indicator: Percentage of women participating in Economic Activities



Women participation is reflected in several phase evaluation studies which also contributed additionally to food and livelihood security in household. In phase evaluation we have got some information regarding women participation in several evaluated ADPs. In the FY 15 Phase Evaluation reports of 6 ADPs, it was found that the average women participation in economic activities is 17%.

KPI data shows some indication of how the income source increased due to increasing micro and small enterprises profitably and also shows the trend of increasing women participation in economic activities of respective ADPs.

Figure 28 is showing the increasing trend of women participation the intervention areas. This is justifying the increasing rate of women participation in the economy for which the income sources of the respective areas are increasing as well. The changes we have found in the previous graph, this data is supporting to show the increasing nature of the women participation as well as income.

Monitoring Indicator	Target	Achievement	Total # ADPs
# of savers	63144	61696	32
# of households operating micro enterprises profitably	2326	3353	25
# of farmers (households) adopting improved agricultural practices	17176	16742	37
# of people (households) received non-farm assets	3186	2997	20
# of registered CBOs functioning independently	327	325	37
# of producers (entrepreneurs) receiving embedded services	1045	940	10
# of women participating in economic activities	3925	3286	19



Most Vulnerable Children

MVC Categories	Number of total MVC	No of supported MVC by WVB
Children from less income families	60509	35662
Children of Unemployed parents	28434	3352
Children with insufficient access to food	21191	11404
Children of HH who live under the poverty line as defined by Bangladesh poverty map	163942	111634

Sustainability

Drivers	Evidence
Transformed Relationships	The participation of women in economic activities both on-farm and off-farms have changed their traditional role and position in the society due to their direct contribution in increasing household income. The women are valued and respected in the families and communities because of their involvement in economic activities. For an example, the women of Sherpur ADP especially from the most vulnerable are earning monthly minimum \$6.46 (BDT500) and maximum \$193.55 (BDT15000) that increased their family income.
Household and Family Resilience	The savings of households have increased due to their rise of income from both farm and non-farm sources. The accumulated savings of the families play safe-guard during financial crisis and adverse situations at any time of the year. Besides, the capacities of the local communities have increased to respond during disasters and emergencies. As for an example, Fulbaria ADP was able to make aware 81.43% and 79.09% of the local communities on the early warning signs and know how to react appropriately during emergency for flood and cold wave respectively and also it increased their capacity in adopting and practicing climate adaptive livelihoods.

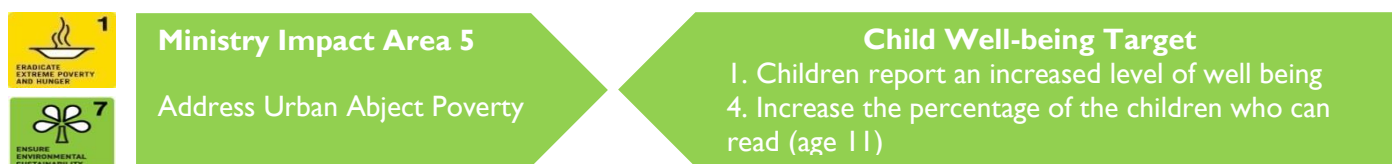
Key Learning and Recommendations

Key Learning	Key Recommendations
<ol style="list-style-type: none"> 1. Since increase in household income increases purchasing capacity and reduces malnutrition, this intervention strategy can be intensified and replicated. 2. Intentional targeting of women in program ensures women participation and empowerment. Therefore, investing on those fields where women are participating to increase their skill and become empowered is needed. 	<ol style="list-style-type: none"> 1. WVB need to take these factors into considerations while developing and operationalizing forthcoming TPs.








MINISTRY IMPACT AREA 5: ADDRESS URBAN ABJECT POVERTY

Strategic linkage



In Bangladesh, 28% of the population lives in urban areas, out of which 38% live in slums. It is projected that half of the country's population will live in the urban areas by 2030 (UNDP 2015). Rapid urban expansion due to rural-urban migration and unplanned extension of city's administration boundaries are contributing factors for urban poverty. Besides, limited employment opportunities, degraded environment, poor housing, lack of access to water and sanitation services for the urban poor are escalating poverty in urban areas. Considering all these issues, World Vision Bangladesh has extended its urban programming in all the major cities of the country. Urban programming covers Dhaka, Chittagong, Khulna, Rangpur, Dinajpur, Bogra, Mymensingh and Barisal. The other cities include Satkhira, Pirojpur, Faridpur and Sunamganj. To address urban poverty, strengthening and institutionalization of Urban Disaster Risk Reduction, improve and access to Water, Sanitation and Hygiene (WASH) for urban poor, community and school based waste management system, protection of urban children from exploitation, child labor and urban hazards, support for competency based education systems for out of school children (slum and street) and economic development for the marginalized population are the key intervention areas. For identifying urban adaptive project models, build organizational capacity on urban programming, develop best practices and scaling up of the practices into new areas, World Vision Bangladesh established an Urban Learning Site in Mirpur in 2012. At every stage of project planning, implementation, monitoring and evaluation, the community participation is a core focus of learning site.

Key information

Project Participants	Project model	Budget	# of Technical staff	Key partners
 61,674	 Community Based Disaster Preparedness (CBDP) model in Urban Disaster Risk Reduction, City wide approach	 \$\$ spend: 879,757	 200	 University of Dhaka, Action Contre La Faim (ACF), Concern Worldwide, Concern Universal, Islamic Relief, Habitat for Humanity, PLAN International, Save the Children, Swiss Contact, OXFAM, Water & Life and World Renew.

Results and Analysis

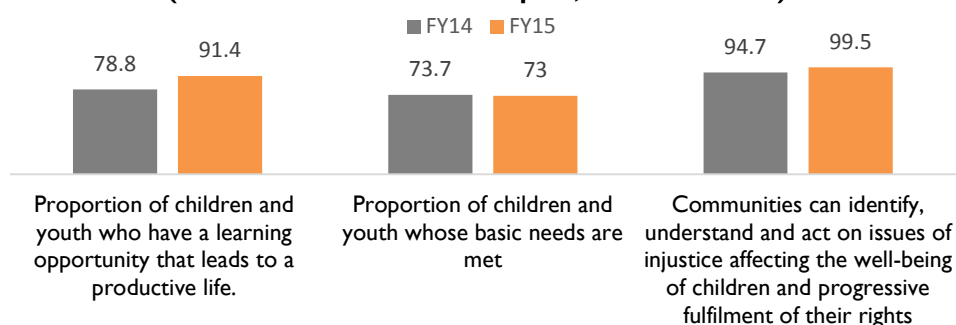
The progress of impact area 5 is summarized below:

Ministry Impact Area	Child Well-being Target	CWB target Indicator	Additional Indicators
Address Urban Abject Poverty	1. Children report an increased level of well being 4. Increase the percentage of the children who can read (age 11)	No direct indicators	KPI 5.1.1 Proportion of children and youth who have a learning opportunity that leads to a productive life. KPI 5.2.1 Proportion of children and youth whose basic needs are met KPI 5.3.1 Communities can identify, understand and act on issues of injustice affecting the well-being of children and progressive fulfillment of their rights



Indicator: Progress on addressing urban abject poverty (Source: KPI Assessment Report, FY14 and FY15)

Figure 29: Progress on addressing urban abject poverty (Source: KPI Assessment Report, FY14 and FY15)



Data from KPI Assessment Report FY14 and FY15 shows that there is continuous progress of indicators through WVB urban programming. The graph indicates the progress related to education, livelihood and child protection. The trend of progress is positive from the previous year which reflects that Child Well-being regarding these indicators is improving.

Achievement in Urban Programming

- In 2015, WVB organized 5 batches of Training of Trainers for developing Master Trainers on urban programming in order to build the capacity of more than 200 urban program staff.
- In 2015, WVB achieved the role of Secretariat of Urban INGO Forum, Bangladesh while significantly contributed at the Bangladesh Urban Forum.
- WVB organized Urban Dialogue in August 2015, jointly with Urban NGO Forum. In the dialogue, WVB hosted two sessions on Urban WASH and Waste Management and a side event on children's life experiences in the city.
- WVB organized dialogue with the proposed candidates for Mayor of Dhaka City Corporation (month-year?), where children from different parts of the City, Child Forum members, child right activists and service providing agencies took part and raised their issues to candidates who then addressed their concerns and commitment into action.

“Now I use toilet thought I have not used toilets for 14 year”.

Family members of Saleha begum were used to practice open defecation from 1998. At first, there was no toilet at Beguntilla. Even after the construction of toilet they did not use it as the number was quite inadequate. The toilets were far from their house and often remained muddy.

In 2013, Saleha Begum and her husband attended several workshops and awareness related activities by WVB. By this time the construction is completed and they are using the toilets.

Urban programming related Advocacy initiatives

	Advocacy Initiatives in FY15	Approach
Local	Waste management in Mirpur ADP	CVA

Monitoring Indicators	Target	Achievement	Total # ADPs
# of youth completed technical & vocational certificate course and have related job.	217	192	6
# of community people participate in child care and protection	183267	195199	11

Key Learning and Recommendations

Key Learning	Key Recommendations
<ol style="list-style-type: none"> Currently WVB is operating 22 ADPs in urban locations. There is scope for improvement to make the design more appropriate to address urban issues. Urban specific project model can work better for the effective change of the life of the community. 	<ol style="list-style-type: none"> City wide approach can be adapted to break the silo approach and working better with partners to address the issues. Urban specific project model and approach should be adopted considering specific geographical context and need of community. For example, implementing WASH intervention, it is necessary to consider PHAST model in urban location instead of CLTS.







MINISTRY IMPACT AREA 6: RESPOND TO DISASTERS AND IMPACT OF CLIMATE CHANGE – DISASTER MANAGEMENT

Strategic linkage



Bangladesh is a disaster prone country. Almost every year, people of Bangladesh experience some common natural disasters in multiple forms such as, cyclone, tornado, cold wave, draught, flood, and flash floods. WVB has a potential disaster management department called Humanitarian Emergency Affairs (HEA) which responds to both Disaster Risk Reduction (DRR) and Disaster Responses. To address the diverse forms of disasters and emergency situations in Bangladesh, disaster management issues have been incorporated in the National Strategy as one of the important impact areas of WVB.

Key information

Project model	Budget	# of Technical staff	Key partners
			
Disaster Risk Reduction (DRR) and Climate Change Adaptation, community-based disaster risk management processes	\$1,481,469	19	UDMC, UzDMC, WDMC, DDMC built networking with GO, INGO and other actors

Economic development related advocacy initiative

	Advocacy	Approach/Model
National	Day observations were happened nationally, national disaster preparedness day, international day for disaster reduction in collaboration with govt.	Event
Local	Roll out campaigns of Disaster management Act in local level	Campaign

Disaster Risk Reduction (DRR): Focusing Areas

- Under this scheme, an extensive trainings programs and activation of disaster management committees have been conducted during the reporting period. For an example, Upazila Disaster Management Committees (UzDMC), Union Disaster Management Committees (UDMC), Ward Disaster Management Committees (WDMC) and Community Disaster Management Committees (CDMC) have been revitalized in working areas. To strengthen those committees, a wide range of programs such as, workshops, trainings, day observations, meetings, risk and resource mapping and Local Level Action Plan (LLAP) development have been initiated. Through these capacity building initiatives, the resilient community people are supported to be capable to update their LLAP, confront





disasters and climate change impacts, and reduce their vulnerability and get ready for emergency responses accordingly.

- The community people, volunteers and children have been trained on disaster management to take the disaster preparedness and early warning dissemination which indicates the sustainability of disaster management.
- The community people including the government officials have been trained on disaster management where climate change adaptation issue was prioritized in discussion.
- A numbers of simulation exercises on possible disasters following Emergency Management System (EMS) conducted at each Regional Field Office level where WVB staff participated. Another simulation exercises conducted at community level where students, volunteers and other community people participated. The purpose of the simulation was to demonstrate and highlight communities/organization's strength for emergency response and at the same time to identify the weakness for further improvement.
- During the reporting period, 250 urban volunteer are trained by Fire service and Civil Defense (FSCD) at 5 locations namely, at Dhaka, Chittagong, Khulna, Mymensing and Dinajpur to build capacity of urban volunteers to respond during earth quake, fire, and other disasters on how to rescue, camp management, provide first aid in collaboration with government.
- The Village Preparedness Sessions are conducted at households level where people became more aware on disaster management issues
- A working relationship has been established with Government (Department of Disaster Management), INGOs (ex. INGOs URBAN FORUM MEMBER), and UN Cluster/ NGOs through networking, liaison and collaboration.
- The disaster management programs have been integrated with other technical sectors like climate adaptive livelihood (flood tolerant crop varieties, saline tolerant crops and livelihood varieties), Emergency in WASH, Education in Emergency, Child Protection issue etc. for raising awareness on disaster management and climate change issue.

Improve Child Focused Disaster Risk Reduction (CFDRR) initiatives

WVB has arranged training, orientation, workshop, and simulation, campaign on DRR and CCA for the children in working areas. A total of 2742 participated in these programs including the children with disability. The Child Forum leaders have developed 50 DRR plans and demonstrated street dramas on earthquake. The early warning sessions were conducted among the school children including boys and girls. Through these initiatives, they have been transformed as an agent of resilient and realized their responsibilities to protect themselves in emergency. At this moment, the children are sharing their knowledge with their family members as well on what to do in emergency situations. Consequently, their parents and family members have also been made aware on disaster preparedness. Moreover, the children are encouraged to share their opinions on disaster preparedness and mitigation in CBDMC meetings as an associate member of Community Based Disaster Management Committees (CBDMCs) in the working areas of WVB.

Results and Analysis

Ministry Impact Area	Child Well-being Target	CWB target Indicator	Additional Indicators
Respond to disasters and impact of climate change	Disaster Management	<ul style="list-style-type: none"> • Disaster Risk Reduction • Disaster response 	<ul style="list-style-type: none"> • Proportion of disasters receiving timely and effective response • Proportion of communities are aware of the early warning signs and know how to react appropriately during emergency • Proportion of household adopting and practicing climate adaptive livelihoods



Additional Indicators:

- Proportion of disasters receiving timely and effective response
- Proportions of communities are aware of the early warning signs and know how to react appropriately during emergency
- Proportion of household adopting and practicing climate adaptive livelihoods

The figure describes the progress of WV Bangladesh in terms of disaster management against the strategic indicators across country during the reporting period. It indicates that the proportion of timely and effective responses increased to 79.5% from 69.9% of last year, awareness on early warning signs and react to emergency increased to 2.8% compared to last year. This has been possible because a total of 1,44018 people from community, stakeholders, government officials and children have been oriented and became aware on disaster management and climate change adaptation activities and they are capable to take disaster preparedness, early warning dissemination, update local level action plans and even they are ready to confront disasters. During the reporting period, several hazardous situations were encountered by ADPs such as cyclone, flood, fire, and earthquake. For reducing vulnerabilities of targeted people especially for the children round the year, WVB has given emphasis for community awareness rising on disaster preparedness, risk reduction through capacity building of local structure and disseminated early warning message, publicize coping mechanism and stimulate rapid response system. However, proportion of households adopting and practicing climate adaptive livelihoods decreased slightly to 0.80% from last year. This happened due to taking slow pace in practice level.

Monitoring Indicator	Target	Achievement	# of ADPs
# of Community People received training/orientation on Disaster Management.	62712	62316	42
# of Community volunteer/facilitators received training/orientation on Disaster Preparedness.	1233	1253	22
# of targeted HH knows about disaster preparedness (at least three disaster coping strategies).	32097	31582	16
# of trained volunteers are ready to serve.	970	972	17
# of people receive orientation on disaster preparedness through Village Preparedness Session (VPS)/Family Preparedness Session (FPS)/Slum Preparedness Session (SPS).	27063	29929	18
# of DM Committee member built networking with GO, I/NGO and other actors.	661	653	10
# of Disaster Management Committee (CBDMC, CFDMC) formed.	182	181	15
# of Disaster Management Committee functioning.	363	362	31
# of Risk and resource map (R&R map) developed and displayed in public place.	59	59	13
# of Contingency Plan/Local level Action Plan/Disaster Management Plan is prepared and updated.	143	143	16
# of Awareness campaign arranged/conducted/organized.	560	560	13
# of workshop on Disaster management held with Child Forum and/or CBO.	63	62	10

Effectiveness of the DRR approach

Historically, Bangladesh is one of the most disaster prone countries in the world which encounters various natural and human induced hazards. The geographical location, characteristics of land (different land terrain), multiplicity of rivers and the monsoon climatic factors contributed to highly vulnerable to natural hazards in Bangladesh. In addition, human induced disasters caused by deforestation, environmental degradation, exploitation of natural resources and unplanned urban structures has further aggravated the socio-economic environment. Considering multiple forms of disasters, frequency and growing hazards, a strong demand is placed for implementing of a harmonized model to strengthen capacities of local, district and national institutions for working on disaster risk reduction and management. The Central Eastern Region (CER) experiences frequent natural and human induced hazards such as cyclones, floods, earthquakes, fire, infrastructure collapse, water logging and land slide which increase the vulnerability of the coastal dwellers. The drought in northern part of Bangladesh slows down the process of social and economic development. The common hazards in urban areas in Chittagong, Dhaka and Sylhet are earthquake, fire and water-logging. To reduce the risk of



disasters, WVB has organized the communities by the engagement of Community Base Disaster Management Committee (CBDMC). The CBDMC members are representing in UDMC on behalf of community, demonstrating social initiatives such as message dissemination, maintaining emergency savings and conducting meetings according to their development plan. World Vision Bangladesh is also sensitizing educational institutions through children who are functioning well with family level disaster preparedness through messages dissemination. They are also taking part in simulation and exercises drill programs. It is observed that the student brigade members are working as change agents to their schools, families and communities as well.

Key learning and Recommendations

Key Learning	Key Recommendations
<ol style="list-style-type: none"> 1. Setting up appropriate set of interventions and integration with other sectors can bring better response to disaster and more impact for climate change related programming. 2. Community children are acting as change agents on disaster preparedness. Due to CFDRR initiatives, they learn about disaster risk reduction. Representations of child forum members in CBDMC contribute to develop their leadership and able to lead Disaster Management (DM) program in future. 3. Simulation is a strong exercise to identify organization's strength and improvement areas to ensure better preparedness for responses. 4. If we continue the advocacy for institutionalization of WDMC at both urban and rural areas and ensure representation of CBDMC members in the Local level DM committee, this will harmonize collaborative approach for better DM and institutionalization at community levels. 5. The creation of emergency fund can contribute for immediate response during emergencies. 	<ol style="list-style-type: none"> 1. Urban and Rural specific TPs development and their integration with other sectors will help to prepare the community better in response to disasters and climate change related programming. 2. Strengthening the institutionalization process of DM especially at schools and community based organizations. 3. Scale up and extend simulation exercise in national, RFO and ADP level.



WORLD VISION'S DEVELOPMENT PROGRAM APPROACH

Program Accountability

World Vision Bangladesh contemplates 'Accountability to Community' as a process and non-negotiable component during program implementation. WVB is working with community through its DPA approach, which places an emphasis on working with communities through processes which are equitable and empowering. Program Accountability Framework (PAF) is the minimum standards of WVB to work with community and WVB thus practices to mainstream this framework in all the ADPs. In line with this aim, 'Program Accountability' is included in the country strategy of WVB under process in Program Quality Department and it sets a KPI for process monitoring in FY'15 strategy review. After incorporating this KPI, 35 ADPs were brought under plan to mainstream the framework in their program as a process and will start practicing all the 4 areas of PAF in a structured way in FY'16. The remaining ADPs will incorporate these standards in FY'17. The systematic implementation of all 4 areas of PAF will start from the very beginning of FY'16. Besides these, 3 ADPs (Bhandaria ADP, Morelganj ADP and Assasuni ADP) has incorporated Program Accountability Indicator at output level in the Log Frame during their redesign in FY'15 which has a key focus on 'Feedback and Complaint Respond Mechanism'.

A 3 days residential training was organized in FY'15 with support of partnership to enhance the understanding of Accountability theoretical discourse, assessment processes and the structured way of PAF inclusion in the program. A total of 28 relevant staff received this training and is supporting the roll out of 'Community Accountability mainstreaming in ADPs' all over Bangladesh.

Framework	Evidence
Providing Information	<ul style="list-style-type: none"> 35 ADPs developed their PAF mainstreaming action plan in FY'15 35 ADPs have developed plan in FY'15 for establishing Information Provision Mechanism in ADP working Area and implementation will start from FY'16 PAF Assessment of 35 ADPs will be done in FY'16 and followed by the remaining ADPs in FY'17
Consulting with communities	<ul style="list-style-type: none"> 'Accountability to Community DME Guideline' has been developed at the end of FY'14 and shared the guideline with the relevant program implementation team in FY'15. 35 ADPs developed plan to conduct PAF assessment in consultation with the communities in FY'16.
Promoting participation	<ul style="list-style-type: none"> During PAF assessment, 35 ADPs already planned to ensure the participation of the community for developing information provision and Feedback & Complaint respond mechanism in FY'16 An appropriate system yet to be developed.
Collecting and acting on feedback and complaints	<ul style="list-style-type: none"> 35 ADPs developed their PAF mainstreaming action plan where developing a feedback & Complaint respond mechanism is a core priority area. ADP wise (35 ADPs) appropriate System yet to be developed by FY'16 3 ADPs incorporate Indicator at output level during their redesign in FY'15

Key Learning	Recommendations
1. Mainstreaming Program Accountability Framework will ensure effective DPA execution.	<ol style="list-style-type: none"> The visibility of Information provision mechanism and the structured way of practicing Complaint & Feedback Respond mechanism is essential for implementing DPA effectively. All Technical Approaches and Technical Programs need to mainstream PAF and to address 'Program Accountability' as a non-negotiable component. Contextualize tools for PAF assessment and Accountability Baseline.



Participation of children in program design and M&E

WVB had given efforts to implement programs in alignment with DPA in 31 ADPs up to FY 15. In all ADPs children especially the most vulnerable were considered as one of the key stakeholders and ensured their participation in collecting information using different tools in different steps of DPA critical path. In developing program design, information provided by the children was taken into account and in choosing interventions for their well-being. Some ADPs kept provision of 'Kids Project' in the program design which was suggested by the children during community engagement.

In implementing 'Kids Project' ADP first trained children on 'how to write application and develop small proposal' for developing their life skill. Having training, a group of children wrote small proposal. Once the proposal is agreed by the ADP, CWB committee and children implemented the project under the leadership of children. Children implemented the project on school holidays. They collected data and provided those to the ADP. Similarly they followed up and monitored of the other children.

Working with Partners

Partnering is one of the important parameters of DPA and from the very beginning of community engagement it has been given special emphasize. All ADPs have some form of collaboration with local stakeholders and organizations like CBOs, Integrated Village Development Committee, NGOs, community based committees, local government and children forums in an informal way in most cases. Considering the local partnering aspect ADPs are working in collaboration with the mentioned partners through information sharing, planning, technical expertise sharing and in some cases monitoring. However, there is room to develop and improve in partnering starting with clarifying concept among staff and give special emphasize on how to work with partners effectively in light of DPA partnering guideline.

Key Learning and Recommendation on operationalizing DPA

Key Learning	Recommendations
<ol style="list-style-type: none"> 1. Effective mobilization of community depends on good understanding of DPA among staff. 2. To ensure sustainability through partnering staff need to move away from the role of implementers and become facilitators of collaboration. 	<ol style="list-style-type: none"> 1. WVB need to emphasize on capacity building of staff for effective DPA implementation especially as we move towards LEAP 3 implementation. 2. Expose staff on good partnering practices and ensure understanding of local partnering through training is essential.



LEARNING FROM CWB REPORTING PROCESS

What Changes were made?	What were the results of the change?
<i>Involvement of Technical Staff and others sectors</i>	
Technical specialists and different departments' early engagement at various steps of report production and analysis increased and was ensured.	Increased ownership of the contribution to CWB is observed. Better analysis of results is anticipated as the report is being finalized.
<i>Collection of Monitoring and Evaluation data</i>	
Indicator mapping exercise was conducted to determine the sources of monitoring data much earlier than the actual data extraction took place. This allowed the team to be aware of the scale of information to be dealt with. During actual data collection regional field office staff contributed in data extraction.	Due to use of one data template, uniformity of information could be maintained. Data validation was possible at three levels- ADP, Regional Field Office and National Office. Increased ownership and accountability observed among staff in providing relevant information.
It was difficult to establish arguments for quantitative analysis which resulted in conducting number of FGDs.	It was possible to incorporate qualitative information during analysis for changes and find rationale as stated by communities and stakeholders at program implementation locations.
<i>Use of CWB Report learning</i>	
A reflection was conducted upon completion of last year's report among those who were core contributors to the report. This helped the core team to better prepare and plan for this year's report.	Process changes were made and plan was formulated based on learning and reflection of last year's report. This contributed to improve quality and completeness of Child Well-being report for FY15.



I. World Vision Bangladesh Operation Map

World Vision Bangladesh Working Location



Support Country	Special Project Name	icon
Hong Kong	Reducing Child Labour Through Competency Development & Social Mobilization Project(Cic)-CTG	
AUSAID/World Vision Australia	An Inclusive Approach to Empowering Working Children-DHK	
BGDO	SWOP	
AUSAID/World Vision Australia	HPA DRR Project at Dhaka East ADP	
Mixed	Nabokoli Project	
WV USA	Nice Life (Sundar Jobon)	
Germany	Natun Jiboner Asha Project (The Hope for New Life)	
Hong Kong	Vulnerable Child Well Being Project	

WV Canada, WV USA & WV Hongkong	Safety Net project	
WV USA	Nobo Suchona Project	
	Nobojatra	



2. List of Phase Evaluation and Baseline Reports FY15

Type of Reports	Name of Programme/Project
Baseline	Dhaka East ADP
	Mirpur UDIP
	Gowainghat
	Sylhet Sadar
	Sunamganj
	Tahirpur
	Karnaphuli Urban
	Joypurhat
	Agailjhara
	Muksedpur
	Nandail
	Empowering Working Children Project
Evaluation	Dhaka Shishu ADP
	Kamalapur ADP
	Chowfaldandi ADP
	Patenga ADP
	Birganj ADP
	Pirgonj ADP
	Nilphamari ADP
	Assasuni ADP
	Mongla ADP
	Morelgonj ADP
	Bhandaria ADP
	Kalkini ADP
	Kotalipara ADP
	Dinajpur Vulnerable CWB Project
DS Urban Value Chain project	
DAP Assessment	Assasuni ADP
	Bhandaria ADP
	Morelgonj ADP
	Kotalipara ADP
	Chittagong ADP
	Cox's Bazar ADP
	Hathazari ADP
	Laksham ADP
	Kornophuli ADP
	Birgonj ADP
	Nilphamari ADP
	Pirgonj ADP



3. List of FY15 Annual Reports

Regions	Sl.#	ADP Name	Support Office	Start Date	End Date	Cycle
Central Eastern Region	1	Dhaka East	HK	Oct. 2009	Sept. 2023	II
	2	Dhaka Shishu	US	Oct. 1997	Sept. 2017	I
	3	Kamalapur	US	Oct. 1999	Sept. 2017	I
	4	Mirpur Urban ADP	NZ & AUS	Oct. 2011	Sept. 2026	I
	5	Gowainghat	CAN	Oct. 2012	Sep. 2027	I
	6	Sylhet Sadar	USA	Oct. 2012	Sep. 2027	I
	7	Sunamganj	NDL	Oct. 2012	Sep. 2027	I
	8	Tahirpur	USA	Oct. 2012	Sep. 2027	I
	9	Bandarban	NDL	Oct. 1999	Sept. 2018	III
	10	Chittagong	HK	Oct. 1999	Sept. 2018	III
	11	Chowfaldandi	UK	Oct. 1999	Sept. 2015	Closed-FY15
	12	Cox's Bazar	AUS	Oct. 1999	Sept. 2017	III
	13	Hathazari	US	Oct. 1999	Sept. 2018	III
	14	Laksam	KOR	Oct. 2005	Sept. 2021	II
	15	Patenga	CAN	Oct. 1999	Sept. 2015	Closed-FY15
	16	Karnophul Metro ADP	AUS	Oct. 2013	30 Sept. 2028	I
	17	Tongi	AUS	Oct. 2014	30 Sept. 2028	Assessment
	18	Hazaribag	AUS	Oct. 2014	30 Sept. 2028	Assessment
Northern Bangladesh Region	1	Bogra	KOR	Oct. 2000	Sept. 2019	II
	2	Dhamoirhat	KOR	Oct. 2008	Sep. 2026	II
	3	Godagari	TWN	July. 2007	Sept. 2026	II
	4	Joypurhat	US	Oct. 1999	Sept. 2018	III
	5	Paba	TWN	Apr. 2007	Sept. 2025	II
	6	Panchbibi	UK	Oct. 2006	Sept. 2020	II
	7	Tanore	TWN	July. 2009	Sept. 2026	I
	8	Biral	JPN	I Octt. 2007	30 Sept. 2026	II
	9	Birampur	HK	I Oct. 2007	30 Sept. 2022	II
	10	Birganj	JPN	I Oct. 2010	30 Sept. 2025	I
	11	Dinajpur	KOR	I Oct. 2011	30 Sept. 2026	I
	12	Fulbari	HK	I Aug. 2006	30 Sept. 2022	II
	13	Ghoraghat	UK	I Oct. 2008	30 Sept. 2022	II
	14	Kaharole	JPN	I Mar. 2010	30 Sept. 2026	I
	15	Kishoregonj	KOR	I Oct. 2010	30 Sept. 2026	I
	16	Mithapukur	NZ	I Jan. 2010	30 Sept. 2026	I
	17	Nilphamari Sadar	NZ	I Oct. 2010	30 Sept. 2025	I
	18	Pirgonj	NZ	I Oct. 2010	30 Sept. 2025	I
	19	Rangpur	CAN	I Oct. 2012	30 Sept. 2028	I
	20	Thakurgaon	GER	Oct-13	30 Sept. 2028	I
Southern Bangladesh Region	1	Assasuni	AUS	I Oct. 2005	30 Sept. 2020	II
	2	Kachua	Honk	Oct, 2012	Sept,2027	I
	3	Mongla	US	I Oct. 1996	30 Sept. 2015	Closed-FY15
	4	Morelgonj	CAN	I Oct. 2010	30 Sept. 2025	I
	5	Pirojpur	TWN	Oct,2012	30 Sept. 2027	I



Regions	Sl.#	ADP Name	Support Office	Start Date	End Date	Cycle	
	6	Satkhira	AUS	1 Oct. 1999	30 Sept. 2018	III	
	7	Sundarban	KOR & SIN	1 Oct. 1997	30 Sept. 2016	III	
	8	Agailjhara	US	1 Oct. 1999	30 Sept. 2016	III	
	9	Barisal	CAN	Oct, 2012	30 Sept ,2027	I	
	10	Bhandaria	CAN	1 Oct. 2010	30 Sept. 2025	I	
	11	Faridpur	GER	Oct. 1996	Sept. 2016	II	
	12	Kalkini	CAN	1 Oct. 1999	30 Sept. 2015	Close	
	13	Kotalipara	US	1 Oct. 2004	30 Sept. 2019	II	
	14	Muksedpur	AUS	1 Oct. 1999	30 Sept. 2018	III	
	Greater Mymensingh Region	1	Bhaluka	GER	June. 2004	Sept. 2021	II
		2	Jalchatra	SWZ	Oct. 1999	Sept. 2016	III
		3	Dhobaura	AUS	Oct. 1999	Sept. 2017	III
		4	Durgapur	CAN	Oct. 2001	Sept. 2015	II
		5	Fulbaria	JPN	Apr. 2007	Sept. 2026	II
6		Haluaghat	CAN	Oct. 1999	Sept. 2016	II	
7		Jhinaigati	CAN	2008	sept. 2022	II	
8		Kalmakanda	JPN	Oct. 1999	Sept. 2016	III	
9		Muktagacha	SWZ	Oct. 2008	Sept. 2025	II	
10		Muktagacha South	ITA&USA	Oct. 2009	Sept. 2026	II	
11		Mymensingh	US	Oct. 1999	Sept. 2020	III	
12		Nalitabari	UK	Oct. 1999	Sept. 2016	II	
13		Nandail	GER	Oct-13	Sept. 2029	I	
14		Nazirpur	FRA	Oct. 2004	Sept. 2021	II	
15	Phulpur	US	Oct. 1999	Sept. 2018	II		
16	Purbodhola	KOR	June. 2006	Sept. 2021	II		
17	Sherpur	AUS	Oct. 2006	Sept. 2021	II		
18	Shribordi	CAN	Dec. 2005	Sept. 2021	II		



Annual CWB Reporting FY15 Team

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