

World Vision



# CHILD WELL BEING REPORT FY15

World Vision Sri Lanka

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Area Development Programmes	ADP	MV	Multi-dimensional Vulnerability
Additional Indicator	AI	MVC	Most Vulnerable Children
Acute Respiratory Infections	ARI	NGO	Non-Governmental Organizations
Area Rehabilitation Programme	ARP	NRC	Non Registered Children
Community Based Organizations	CBO	P	Poor
Child Development Centre	CDC	PAF	Program Accountability Framework
Child Friendly Spaces	CFS	PD/ Hearth	Positive Deviance/ Hearth
Confidence Interval	CI	PFA	Programme Focus Area
Child Protection and Advocacy	CPA	PLSR	Participatory Living Standard Ranking
Citizen Voice and Action	CVA	PNS	Private Non Sponsorship
Child Well-Being	CWB	PoP	Poorest of Poor
Child Wellbeing Outcomes	CWBO	RC	Registered Children
Child Wellbeing Targets	CWBT	RI- WASH	Rural Integrated Water, Sanitation and Hygiene
Children with Disabilities	CWD	S&ME	Small and Medium Entrepreneurs
Developmental Assets Profile	DAP	SAM	Sanitation Advocacy Model
Disaster Management Coordination Units	DMCU	SDC	School Development Committees
Disaster Risk Reduction	DRR	SI	Standard Indicator
Divisional Secretariat	DS	SL&ME	Sustainable Livelihood and Micro Entrepreneur
Economic and Agriculture Development	EAD	SMI	Standard Monitoring Indicator
Early Childhood Care and Development	ECCD	SNC	Spiritual Nurture of Children
Family Development Plan	FDP	SO	Strategic Objective
Functional Literacy Assessment Tool	FLAT	UNICEF	United Nations International Children's Emergency Fund
Financial Year	FY	VC	Vigilance Committees
Humanitarian Emergency Affairs	HEA	VCDC	Village Child Development Committees
House-hold	HH	VNP	Vulnerable Non Poor
Learning through Evaluation Accountability and Planning	LEAP	WASH	Water, Sanitation and Hygiene
Millennium Development Goals	MDG	WHO	World Health Organization
Medical Officer of Health	MOH	WVL	World Vision Lanka
Memorandum of Understanding	MoU		

## ADP ACRONYMS

Ambagamuwa	AMB	MEE	Meegahakiula
Bibile	BIB	MUN	Mundalama
Bogawanthalawa	BOG	MUT	Muthur
Chankanai	CHAN	NAV	Navithanveli
Chavakacheri	CHA	NGG	Navagathegama
Devon	DEV	NEL	Neluwa
Eastern	EAS	NUE	Nuwara- Eliya
Eravur-pattu	ERA	PAD	Paddipalai
Ehetuwewa	EHE	PDT	Padiyathalawa
Ganga Ihala Korela	GIK	PAT	Pathana
Giribawa	GIR	RDG	Rideegama
Horowpathana	HOR	RMD	Rideemaliyadda
Kalpitiya North	KLN	THA	Thanamalvilla
Kalpity South	KS	TRI	Trinco -south
Karachchi	KAR	VAH	Vahari
Kiran	KIR	WAL	Walapane
Koralaipattu	KOR	WAT	Wattala
Lindula	LIN	WTW	Watawala
Lunugala	LUN	WEE	Weerakatiya
Lunugamvehera	LGV	WEL	Welikanda
Mannar	MAN	WEN	Wennappuwa
Negombo	NGB	WIL	Willgamuwa

WVL implemented child-focused programming in a total of 42 Area Development Programmes (ADPs) and 2 Area Rehabilitation Programmes (ARPs), including grant-funded projects and initiatives mobilized together with the private sector. Utilising a total budget of USD 20 million, it has reached approximately 85,325 Registered Children (RCs) among other children, and a host of indirect beneficiaries that include – mothers, beneficiary families, community groups, and government and non-governmental partners. Effective partnerships and advocacy initiatives with government has positively impacted over 800,000 children over the years. This cumulative number includes approximately 10,000 children impacted through policy implementation at the grass-roots level in FY15. WVL has achieved the following impacts and learning, assessed against Child Well Being Outcomes (CWBOs) and its Country Strategic Objectives:

### **Strategic Objective 1 (SO1): Improved Maternal and Child, Health and Nutrition**

The sectors of ‘health’ and ‘nutrition’ reporting against CWB Targets 2 and 3 respectively, contribute to SO1. Both sectors impacted a child population of 41,048 in all 43 ADPs/ARPs in FY15. The health sector utilized USD 2,249,132 to achieve the following results, among other achievements; statistically significant improvement in access to quality water and improved sanitation, and “acceptable” levels of access to health care provision as per evaluation data, including among vulnerable communities (BOG, KIR). Challenges to achieving uniform progress and positive change among ADPs include - contextual vulnerabilities, lack of community capacity, and limited availability of services.

The nutrition programme expended an overall budget of USD 281,960 to achieve nutritional improvements including statistically significant levels of change in stunting and underweight among children under 5 years of age. A majority of ADPs also indicate progress in reducing levels of underweight, assessed against WHO thresholds. Effective community based programming is attributed to these progressive developments, the PD/Hearth programme being the primary means by which nutrition programming is implemented. In addition to awareness creation and other programmatic measures, concerted advocacy efforts targeting nutritional practices such as ‘exclusive breastfeeding’ and improved dietary diversity have contributed to progress and change in a majority of reporting ADPs.

**Key recommendations for SO1:** The need to scale-up established best practices of large scale water projects; to further strengthen and integrate community led mechanisms into mainstream service delivery system for health and nutrition improvement; intentional implementation of the Global Acute Malnutrition (GAM) strategy for addressing high level of wasting among beneficiary populations; and conduct research to understand context specific issues of malnutrition to design context specific intervention strategies.

### **Strategic Objective 2 (SO2): Ensure Child and Youth Education to Establish their Future**

The education sector reporting against CWB Target 4 contributes to SO2. In FY15 the sector implemented programmes in 40 ADPs with a budget of USD 2,290,000. Focus interventions were led in improving literacy among children of primary school age, and facilitating Early Childhood Care and Development (ECCD) or increasing attendance among pre-schools. Among literacy interventions conducted in 18 ‘critical levels’ ADPs, focused interventions conducted in 9 ADPs resulted in a 60% graduation of children to improved levels of literacy. They include 6 ADPs located in the estate sector where education access is limited. Among the range of literacy improvement initiatives are – ‘multi-level teaching methodology’ and ‘child friendly classrooms’. Evaluation data captures a positive trend in the sector’s efforts at increasing the ‘number of children attending pre-schools, including among the estate sector and the urban poor.

**Key recommendation for SO2:** Strengthen ‘community/parental engagement’ by capacitating them on methods and techniques of improving literacy. Align school learning and experience among pre-school children with school ‘readiness’ for primary school education; and programmatic interventions for inclusion and integration of Children with Disability (CWD) in pre-schools, among other interventions to improve pre-school attendance

### **Strategic Objective 3: Increase Environment and Economic Resilience**

The Economic and Agriculture Development (EAD) sector contributes to the achievement of all CWBTs, and especially CWB Target 1 and SO3. With a budget of USD 4,313,100 it reached 22935 families (including 111 families with differently abled persons) and 1780 youth in 42 ADPs/ARPs. While the numbers fall short of the targeted population, implementing of the 'graduation model' has graduated a population close to the targeted percentage, among the Poorest of the Poor (PoP) and Poor (P). In ADPs assessed where beneficiary populations have been segmented into 'asset categories', targets for each asset category were revised in FY15 in view of budgetary constraints. The components of the graduation model have been implemented among an increased number of beneficiaries and ADPs, with ADP numbers ranging from 11- 40.

**Key recommendations for SO3:** Implement a systematic process of target setting at the ADP level that takes into account the proportion of households among the different asset categories and the age of the ADP; engage in awareness creation among partners for more sustainable programming and resource mobilization; and mobilise a partner level monitoring mechanism to assess the economic impact of their individual interventions.

### **Strategic Objective 4: Improve faith and inter-faith partnerships and dialogues for child well-being**

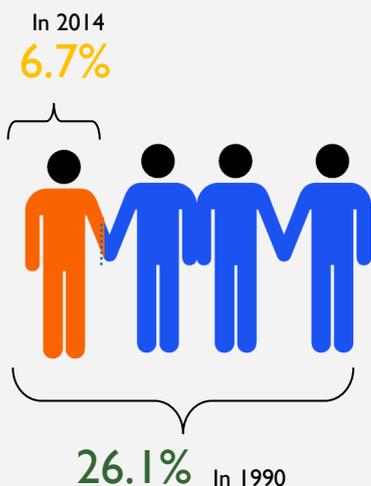
The Faith and Development (F&D) sector expended USD 144000 in FY15 to secure the Spiritual Nurture of Children (SNC). A range of activities involving church partners and faith-based organisations were implemented in 35 ADPs. Depending on the intensity of the activities involved the number of ADPs covered range from 9-20. Among the beneficiaries impacted are – 12,807 children located in WVU's ADPs. In FY15, 20 ADPs were able to capture the 'number of children participating in SNC programming (for future monitoring). Among its other interventions the "Celebrating Families" project model was implemented among 1484 Christian families (in 3 ADPs) to equip parents and caregivers towards SNC. Faith-based interventions are linked to the asset categories of the Development Asset Profile (DAP) tool, which was rolled out in 17 ADPs in FY15.

**Key recommendations for SO4:** Adapt existing resources for SNC programming, developed by SNC partners, for a customized curriculum that contributes to the following asset categories of the DAP: support, positive values and positive identity.

### **Strategic Objective 5 (SO5): Ensure Children are Cared-for Protected and their Voices are Heard and Respected**

The Child Protection sector contribute to SO5 and to selected asset categories assessed by DAP (for instance, "boundaries and expectation" and "commitment to learning"). In FY15, a budget of USD 421,265 was utilised to implement interventions in 43 ADPs/ARPs and 3 street children's projects, benefiting 48,555 children (in ADPs), 125 street children, and 10,400 adults, in addition to the child protection initiatives linked with other sectors. Among 16 ADPs in their first phase, child participation has increased considerably, leading to the better integration of children in the life of communities. Setting up of child protection Vigilance Committees (VCs) in collaboration with government has seen an increase of 26 VCs among phase I APDs. Though the number of VCs fall short of established targets, progressive interventions with VCs have proved useful, in view that parents and youth report an increased level of safety within their communities.

**Key recommendations for SO5:** engage with partners to sustain levels of participation in children's clubs and give priority to DAP asset categories (all external asset categories and the internal category of 'social competencies') when planning for interventions among children's clubs; mobilise VCs to address development issues in addition to issues of child protection.



## Population below the poverty line

- (+) Reduction of population below the poverty line to 6.7%, less than half of its 1990 baseline of 26.1%
- (-) Disparity in regional levels of poverty - estate sector at 10.9%, the Monaragala district at 20.8%



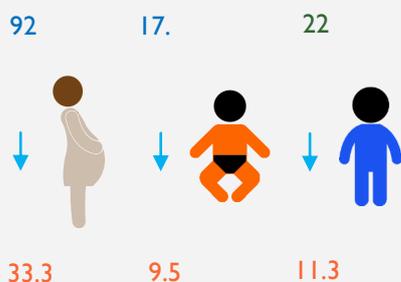
31.1%

Proportion of employed people living below poverty line

5.8%

- (+) A significant reduction from the baseline year 31.1% to 5.8%
- (-) Unemployment rate among females is twice that of males at 6.6%. Women in wage employment (in the non-agriculture sector) is a mere 32%, a marginal increase from 30.8% baseline of 1990.

## Maternal and child, health and nutrition



- (+) Under five mortality has reduced from 22 to 11.3 in 1000 live births. Infant mortality rate reduced from 17.7 to 9.5 in 1000 live births.
- (-) Prevalence of underweight in children under five year of age; no available data after 2006/2007, when it reduced from 37.7% in 1990 to 26.9%. Proportion of population below minimum level of dietary energy consumption is at 47.8% and has not seen much improvement since its baseline value of 51.3% in 1995/96
- (+) Maternal mortality ratio has reduced from 92 from the baseline year to 33.3 per 100,000 live births
- (-) Teenage pregnancies is at 6.5%, where teenagers have either given birth or become pregnant before their 19th year



89.7%

## Water

- (+) Proportion of population using an improved water source has increased from 68% in 1990 to 89.7%
- (-) Access to safe drinking water is only 46.3% in the estate sector, while there are geographical 'pockets' where quality of water is inadequate



87.2%

## Sanitation

- (+) Proportion of population using an improved sanitation facility increased from 69% in 1990 to 87.2%
- (-) Proportion of population using an improved sanitation facility in the estate sector is 72.5%

## Urbanisation



- (+) Rapid urbanization and infrastructure development across the country
- (-) Increase in population living in slums from 0.9% in 1990 to 1.4%



99.7%

## Education

- (+) Net enrolment ratio in primary education at 99.7% and proportion of pupils starting grade 1 who reach last grade of primary at 100%. Estate sector has reached an unprecedented increase in primary education at 99%
- (-) Disparities in access to primary education - Monaragala is at 97.5% enrolment. In Batticaloa female enrolment is lower than the national average. 14% of children drop out before completing the Ordinary Level examination

**Overview** The Child Well Being (CWB) report enables World Vision Lanka (WVL) to consolidate learning with respect to its child focused programming. Learning is captured against WVL’s child focused country strategy, as well as global CWB Targets.

In FY15, WVL implemented development programming among 42 Area Development Programmes (ADPs) and 2 Area Rehabilitation Programmes (ARPs). In addition 2 large grant projects are being implemented in the Central and Northern provinces, namely RIWASH-II and RIWASH-III (see CWBR FY14 for details of RIWASH projects). Other than for ADPs in transition, 18 APDs are currently aligned to the Development Programme Approach (DPA), while another 18 ADPs have adopted DPA principles. All ADPs are designed to secure the ‘sustained well-being’ of children, through a mix of specialized sectoral interventions, project models and pre-determined standards; and optimal operationalisation through community-based implementation and strategic partnerships.

CWB is assessed across all programme phases of an ADP through a set of CWB Standard (outcome) Indicators (SI), and Standard Monitoring Indicators (SMI) that are aligned to global CWB Outcomes. The number of ADPs reporting against any one SI or SMI differ based on development needs and focus among implementing ADPs (see section on coverage).

**Progress on FY14 Recommendations** The table below captures the recommendations of the FY14 report that generated programmatic change and learning.

Summary of FY14 Recommendations	Change & Learning
<b>SO1: Health and Nutrition</b>	
<b>The recommendation included measures to engage in research and advocacy for the more targeted programming in child health and nutrition. Among them a study to better understand the effects of respiratory infections (ARI) and a longitudinal study designed to investigate root causes especially of wasting/stunting to be operationalized in FY 16 in 13 selected ADPs in collaboration with National Nutrition Secretariat.</b>	<p>The study on ARI has resulted in the formulation of an ‘education module’ for awareness creation among communities. In addition, a strategic plan has been developed to address Global Acute Malnutrition (GAM), which has been shared with relevant government authorities. Individual plans have been prepared in ADPs in Eastern province where GAM is high. The longitudinal study has been designed and will operationalized in FY 16 in 13 selected ADPs in collaboration with National Nutrition Secretariat.</p> <p>In addition, health and nutrition initiatives have been better integrated with other sectors; 2275 families with underweight children linked to economic development or food security activities. A Rapid Vulnerability Assessment was conducted for integration into DRR plans.</p>
<b>Recommendations for advocacy in the WASH sector included - advocacy among community and government to ensure drinking water quality through the protection and management of ground and surface water, and to scale-up and promote ‘Water Clinics’ as a multi-purpose model in ADPs, and the Sanitation Advocacy Model (SAM) in the estate sector.</b>	<p>Several issues affecting the quality of drinking water has been addressed through the intervention and scale up of ‘water clinics’. The scale-up process was initiated following reflection on the experience and impact in FY14. The SAM modal was scaled up to all central province ADPs (LIN, BOG, PAT, WAL, NUE and AMB) a total of 1188 sanitation facilities improved as a result, with the participation of all stakeholders.</p>
<b>SO2: Education</b>	
<b>Key recommendations of the education sector included the development of a module to improve literacy among primary school children of the estate sector, in partnership with National Institute of Education</b>	<p>The literacy module has been completed and is currently being piloted in PAT and DEV.</p>
<b>The promotion of special education units in schools as a priority was recommended, together with awareness creation and capacitating pre-school teachers on special needs education</b>	<p>An action plan for the promotion of disability inclusion (special education units) is being developed in collaboration with all the stakeholders in NUE, PAT, LIN, WAT, NEL. Currently, NUE and PAT have obtained approval from the authorities to initiate special education units in identified schools. Work has also commenced with preschool teacher associations in a few location.</p>

<b>SO3: Environment /Economic Resilience / DRR</b>	
<b>Recommendations of FY14 cover initiative to increase household income, the monitoring of contextual features that impact saving and the need to provide necessary skills and knowledge to the entrepreneur for business expansion. Due attention is given to Family Development Plans (FDPs), as basis on which to promote inter-sectoral programming (and better integration)</b>	Especially with respect to business facilitation, gaps in technical facilitation have been identified for more targeted programming.  With respect to FDPs, awareness creation among the sectors was conducted to link improve child health with economic development plans. Further, in-depth discussions were carried out with the DRR sector for better integration. Health and nutrition sector (zonal) coordinators were made aware how the FDP should be used for their decision making in relation to sector activity implementation. Training on FDP preparation and implementation was carried out in 15 ADPs.
<b>SO4: Faith &amp; Development</b>	
<b>The main learning and change resulted from the implementation of context specific approaches for Spiritual Nurture of Children (SNC)</b>	A working group was formed consisting of staff representing contexts with different majority religions (Buddhist, Hindu, Christian, Estate). After a process of training, context appropriate interventions were formulated. Potential partners have been identified.
<b>SO5: Child Protection</b>	
<b>Among the FY14 recommendations was to - create opportunities and other community structures/mechanisms for youth who graduate from children's societies to come together to continue their engagement with communities, as well as to influence national level policy making through learning generated by WVL.</b>	The ADP programmes are being guided to utilize the expertise and service of ex-child society members to support children's societies. Currently 08 ADPs follow this practice. This is seen as a strategic measure to increase and maintain the dwindling numbers of child society participation. The services of these youth have been vital for ADPs, especially in areas that do not have mobilizers to support sponsorship. WVL, together with other partners have been actively involved in influencing government to adopt the draft Child Protection Policy. In addition, guidelines for child protection vigilance committees were formulated with the Ministry of Child Development and other partners.

**Context** While there have not been pervasive change in FY15, both in the internal and external context, the following are noted as particularly relevant to WVL's development programming:

**Civil-Political** – A change in government from one that was perceived as 'undemocratic' and corrupt, to a more 'INGO-friendly' government, committed to entrenching democratic governance, transparency, and the rule of law. It is more conducive for WVL to operate in the back-drop of this new political environment.

**Socio-Economic** – The phasing-out of the Millennium Development Goals (MDGs) revealed the vast regional disparities in Sri Lanka's development, despite achieving many of the goals (see Diagram on page 07). Of particular concern is child nutrition, the school drop-out rate among adolescents, and insufficient integration of both women and youth in employment (especially the formal sector).

**Internal** - Among the internal changes effected in FY15 are those that align to LEAP-3; the Cluster Model has been adapted to 8 ADPs in the Central Province, and the Technical Approach development for the sectors was initiated through an internal landscape assessment.

A multi-dimensional methodology was piloted, for the identification of Most Vulnerable Children (MVCs), for more targeted programming (see Note on page 23)

The use of mobile technology for conducting baselines and evaluations has facilitated consistent and rigorous data collection.

### **Report Development and Process**

**Collaboration and Learning** – **Core teams** were set up for each sector, comprising the sector specialist, and representatives from quality assurance and operations, in order that all perspectives are incorporated into the analyses and discussions of the report. A **review team** has been constantly engaged in reviewing draft compilations. A **stakeholder consultation** will bring together all key stakeholders of the report to discuss both the content and learning for FY16.

Among the **learning from the reporting process**, are –

- Commitment to core-group time; in view that core group members are invariably busy, a definite time-plan facilitates to ensure availability and commitment;
- Data validation; validation of data (including monitoring, evaluation and qualitative) is an integrated process that requires collaboration among sectors, sponsorship, and operations, and cannot be confined to quality assurance;
- Negotiating perspective and interpretation; the different perspective and interpretation of CWB and programmatic impacts must be negotiated among the different stakeholders, to achieve a final consensus on WVL’s impact.

**Data Sources:** key data sources include – annual reports (from all 44 ADPs/ARPs), evaluation reports (8 ADPs with evaluation data), and the Partnership Strategy Measures report for impact through advocacy. In addition evaluations of special project and baseline data (9 ADPs) have been referred to where relevant. Qualitative data is sourced from all the reports outlined above, as well as from secondary sources for national/district level data.

The national office collates data with reference to individual programmes, namely ADPs. Data is collected through sampling methods, including Lot Quality Assurance Sampling (LQAS); and in some instances through a census, as in the nutrition sector and for literacy assessments.

**Limitations (data and interpretation):** Among the limitations are –

- Delays in the adaptation of Horizon to WVL programme monitoring has affected the efficient transition from existing monitoring systems, such as the beneficiary tracking system that is currently being used;
- Full RC disaggregation has not been possible, with limitations in accessing STEP data;
- Adaptation of the LEAP-3 has resulted in the change in certain LEAP-events: for instance the application of the Consolidated Model has impacted the baseline information of some ADPs;
- Regulation by government authorities has affected the collection of primary data in some instances; example growth monitoring data for child nutrition; and
- Certain data validation issues have impacted comprehensive analysis and interpretation of WVL’s impact and influence among its beneficiary communities.

### Coverage: ADP Alignment to Strategic Objectives

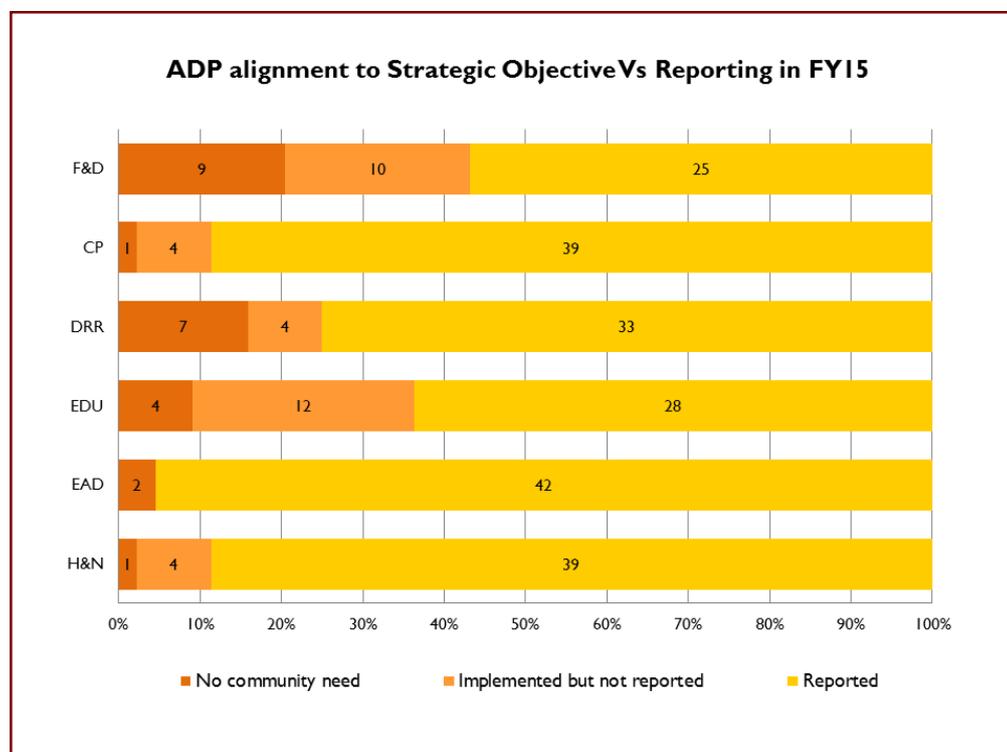


Chart I

Chart I indicates WVL programming alignment to SOs against CWB reporting on standard indicators. Variations in the coverage are due to two specific reasons:

- ADPs in design and transition phases may not engage in fully-fledged implementation, captured in the chart as “no community need”
- Limitations in reporting against standard indicators captured as “implemented but not reported”, are for reasons that include the non occurrence of certain incidents on which reporting is dependent (as in Disaster Risk Reduction)

# WORLD VISION SRI LANKA NATIONAL STRATEGY MAP



Ensure Education for Youth and Children to Establish their Future

## Education



Improve Maternal and Child, Health and Nutri-

## Health & Nutrition



Ensure Children are Cared for and Protected and their Voices are Heard and Respected

## Child Protection



## Water & Sanitation

Improve Water, Sanitation Facilities and Hygiene



## Economic and Agriculture development

Increase Economic and Environmental Resilience





## Strategic Objective 1

### SO 1: Improved Maternal and Child, Health and Nutrition



#### CWB Target(s)

Target 2: Increase in children protected from infection and disease (0 – 5 years)

Target 3: Increase in children who are well nourished (0-5 years)



#### CWB Outcome(s)

Children are protected from infection, disease and injuries

Children are well nourished

Children and their caregivers access essential services



#### CWB Aspiration

Children enjoy good health

### Statement of the problem

Addressing Sri Lanka’s health (and nutrition) concerns is challenged by insufficient resources and capacity issues within the health sector. Despite Sri Lanka’s universal health coverage, poor behavioural and health seeking practices, among other issues, contribute to health disparities among impoverished and marginalised communities at the district and provincial (regional) level. Sri Lanka’s high achievements against the MDGs (see diagram 1), do not reflect these regional disparities. For instance, the population with access to safe water in Sri Lanka’s estate sector, predominantly located in the Central Province is only 46.3%, as against the national achievement of 89.7%. Such disparities are attributed to geographical features, affordability constraints and ensuing marginalisation of communities from mainstream development. While national level access to improved sanitation is high as 87.2%, approximately 3 million persons are still without access to improved sanitation. Further, child malnutrition remains a considerable issue in certain geographical locations in Sri Lanka, and among certain socio economic groups. The problem is compounded by insufficient monitoring of child nutrition at the national level – reliable census data is not available after 2007.



### Root causes

Availability of health services do not always correspond to the levels of health need at the community level

Absence of year round access to water in some geographical pockets and non-availability of drinking water sources due to continues deterioration in water quality (including contamination of ground water)

Weak community governance structures for water service delivery

Lack of standard WASH facilities and services in schools located in rural, plantation and in the semi urban sector

Inappropriate dietary behavioral practices at the house-hold level, contributing to a dietary intake that is inadequately diversified

Little attention to community based structures to deliver the nutrition specific interventions

#### Indicators—CWB Target 2:

Percentage of households with sufficient drinking water from an improved water source

Percentage of households with access to improved sanitation facilities (for defecation)

Proportion of parents or caregivers with appropriate hand-washing behavior

Coverage of essential vaccines among children

Percentage of children less than 5 years with presumed pneumonia (ARI) who have been taken to appropriate health provider

Number of trained personals, who provides health services at the household and community level in the past 6 months

## Budget- CWB Target2

Health programme (sponsorship funding) –  
USD 2,249,132.00

HEA programming - USD 28,434.00

Private sector contribution - USD 965,714

## ADPs- CWB Target 2

42 ADPs, one ARP and 2 special projects (RIWASH 1 & RIWASH II)

Interventions for improved access to water - 22 ADPs

Interventions for improved sanitation - 17 ADPs

## Beneficiaries – CWB Target 2

Approximately 41,048 under five children (boys - 20225 and girls – 20823)

Access to Safe Water - 6320 HHs

Improved Sanitation - 2275 HHs

89 primary and pre-schools

Housing project (associated with health) – 264

## Stakeholders— CWB Target 2:

Provincial and local level authorities, national water board, school authorizes, and community;

Private sector (WASH interventions) -HSBC, Brandix, MAST CARES, Ford and UNGC;

Local level partnerships – for water supply systems and child health mobilization



## WVL's Response:

Capacity building of public health-care staff and health volunteers to mobilise improved access to health care services among the community

Provision of safe drinking water and sanitation infrastructure, and other interventions such as - water quality monitoring, water sources protection, and capacitating water user CBOs/groups and other relevant (local level) partners

Hygiene promotion programmes targeting school children and mothers/caregivers

In addition to the programmatic interventions for nutrition promotion reported in FY 14 (fbehavior change promotion awareness, growth monitoring promotion, PD/Hearth, the 1000days approach, and integration with the 'mencare' project), in FY15, WVL focused on impacting child nutrition through advocacy, and targeted community based approaches

### Results and Analysis for CWB Target 2:

The data outlined below captures the progress and change effected in FY15 by WVL's health interventions contributing to Strategic Objective 1.

### Percentage of households with access to sufficient drinking water from an improved water source:

A positive trend is observed between monitoring data of FY14 and FY15 indicating access to an improved water source. With progressive interventions to increase households with access to water, all reporting transition ADPs have reached a level close to an 'acceptable' level of 90% (See chart 2). Intervention for improved water access include – facilitation of small and medium scale water supply schemes, water treatment and filtration at community level, strengthening capacity of community organisations and water users.

While all ADPs in their first phase are in critical levels of water access, they have made significant improvement since FY14. Improvements have been achieved through the implementation of large-scale water projects, including RIWASH-III in the Northern Province and through collaboration with strategic partners including local and provincial government (PAT, VAH).

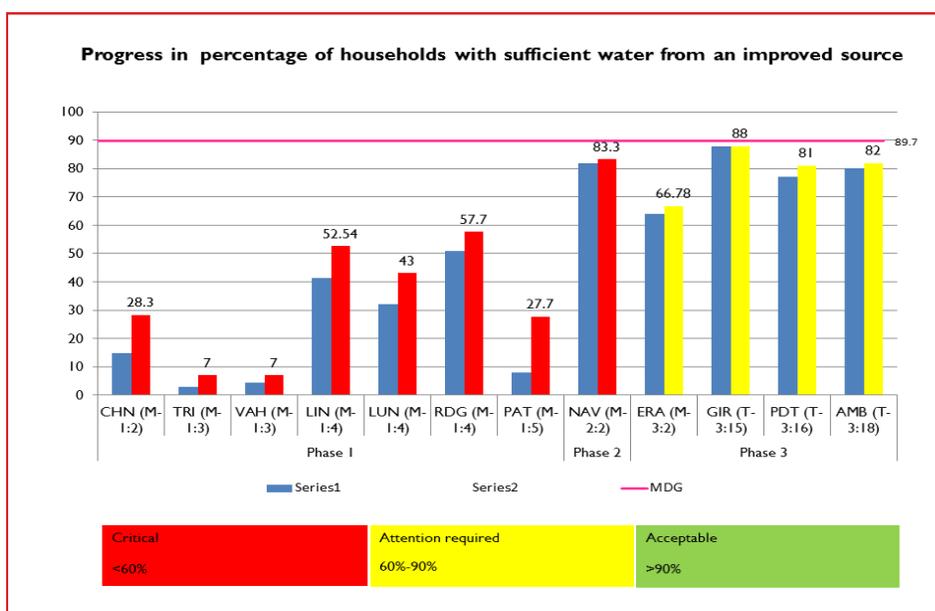


Chart 2

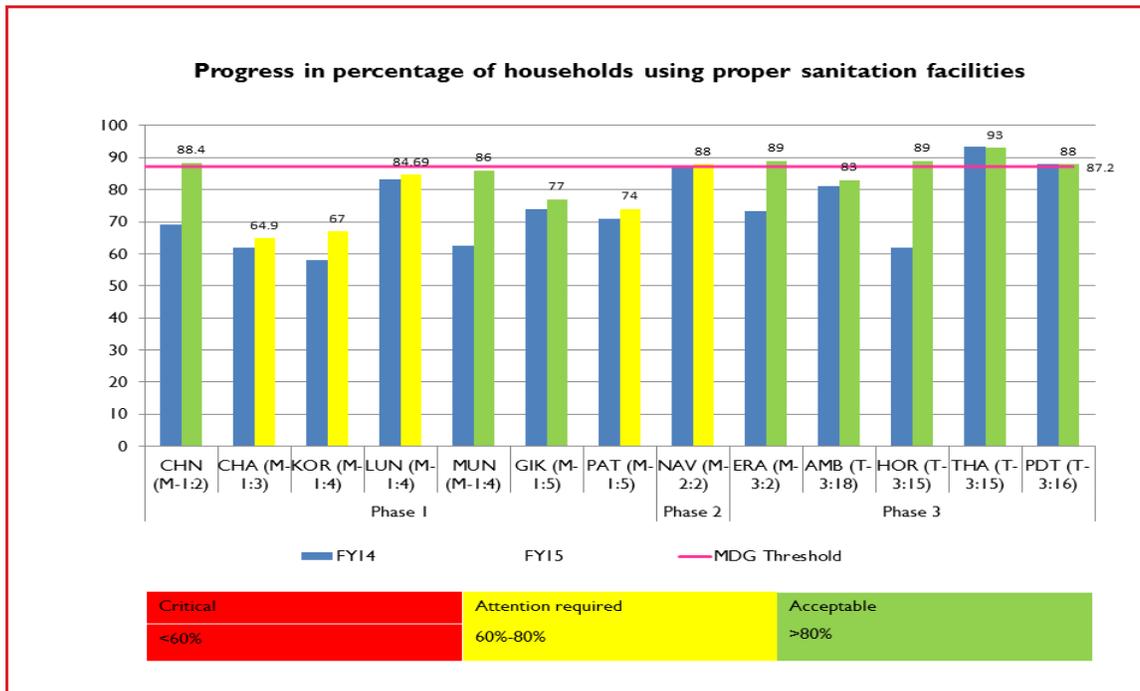
According to monitoring data for improved water access in FY15, significant improvement is seen among all ADPs when compared with FY14 data, in the range of 2.7%-10.3% , with the  $p$ -value =0.003 at 95% confidence interval

From evaluation data for water access, BOG and KIR shows a significant improvement by 11.1% and 34.1% from its baseline of 27.2% and 33.6% respectively. In addition, WAT (96.5%) and NEG (92.7%) indicate an acceptable level of access, and LGV (70%) an ‘attention required’ level of safe water access as per the final evaluation reports. While BOG is still at a critical stage, the contribution of the RIWASH-II project, implemented in the estate sector where it is located, has led to progressive improvement in water access.

EAS indicates a negative change in relation to its phase baseline of 57%. A number of contextual reasons contribute to this negative trend, including lack of water sources during unexpected drought and in the dry season, both for drinking and other purposes. Only 45% of households were able to access sufficient drinking water throughout the year in EAS. Two water supply schemes built up by WVW, prior to the current phase, have been dysfunctional for nearly one and half years due to unexpected salinity intrusion issues. It is expected that the projected plans of the National Water Supply and Drainage Board will help address these issues in the near future.

### Percentage of households with access to improved sanitation facilities (for defecation)

With respect to monitoring data for access to improved sanitation (see chart 3), all reporting ADPs indicate a positive increase in access to sanitation compared to FY14 data. Access to sanitation is particularly problematic in the post-conflict districts of the Northern and Eastern Provinces, where there is significant infrastructure damage. However, CHN and CHA (in the North) have benefited from the RIWASH-III project integration, including its hygiene education component influencing the use of toilets (to discourage open defecation) and hand-washing behavior.



Among the 13 ADPs with monitoring data for improved sanitation, in FY15, all ADPs indicate a significant improvement against FY14 data, in the mean difference range of 2.4%-14.1% with the  $p$ -value= 0.01, at 95% confidence interval

Chart 3

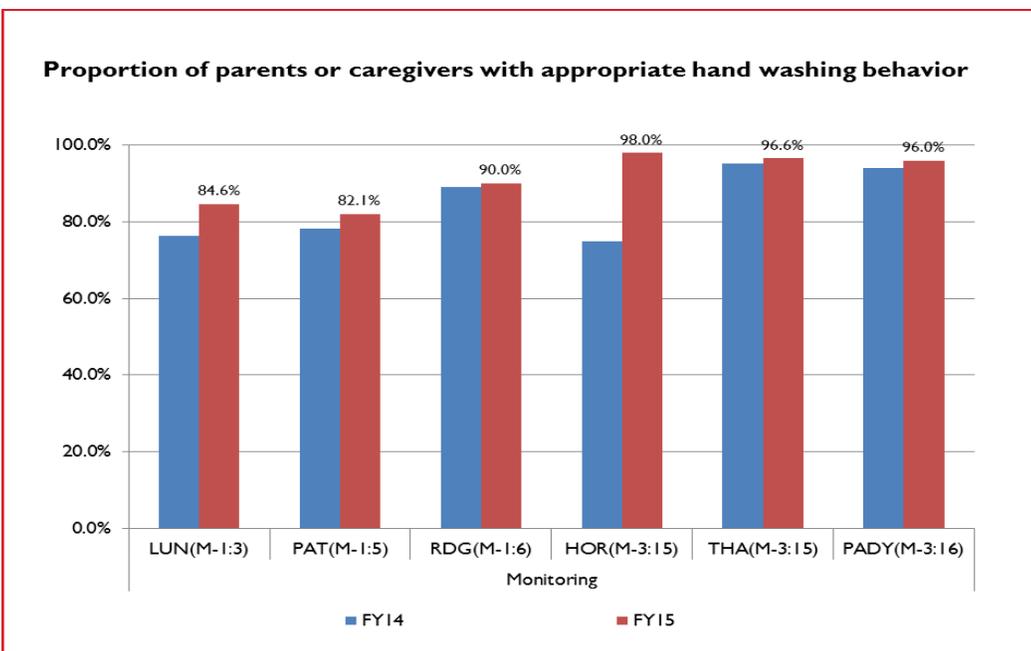
Evaluation findings indicate significant improvement among KIR, EAS, and BOG by 14%, 31% and 5.2% from its baseline of 50%, 45% and 60% respectively (for their respective phase). Improvement in BOG is especially noteworthy given it is located in the estate context, where there are considerable challenges to accessing improved sanitation. Established “best practices” of the RIWASH-II project have contributed significantly in achieving progressive improvement of sanitation access in the estate sector; among them - strategic partnerships among local government and the estate management, and the scaling up the Sanitation Advocacy Model (SAM), as discussed in Box 1. Concerted collaboration between the government’s Samurdhi and Divi-neguma social services programmes have led to a substantial increase in sanitation access in EAS. The programme has been able to mobilize community participation and ownership of improved sanitation.

Further evaluation reports of LGV, NGB, WAT shows the status of improved sanitation access at - 92.3%, 98.5% and 50.4% respectively. WAT (in its first phase of implementation) is at a critical level of access, as it covers urban slum and shanty areas, where poor access to improved sanitation facilities is a key issue in the context.

## Box 1: Scaling-up of the Sanitation Advocacy Model (SAM)

As discussed in the FY14 report, SAM empowers communities to create their own demand to improve proper sanitation facilities, with the collaboration of estate management, pradeshiya-sabhas (local government), community and Estate Workers Housing Cooperative Societies. The RIWASH-II project implemented among Central Province ADPs has contributed to the improvement of sanitation among a total of 1188 HHs. Implementation of the SAM model was initially scaled up to 5 Central Province ADPs ( LIN, BOG, WAL, NUE and PAT) helping to achieve a target of 78% access, supplementing the direct contribution of the RIWASH project. Out of 36 estates, 19 estates have benefited from SAM to achieve a status of 'Open Defecation Free'. In view of its established good practices, SAM will be scaled-up in other provinces in mobilizing improved sanitation.

## Proportion of parents or caregivers with appropriate hand-washing behavior



Monitoring data captures in Chart 4 report improvement of hand-washing behavior among parents/caregivers. Hand-washing awareness is intentionally integrated into all nutrition related interventions, thus facilitating improvement in schools, pre-schools, among child-societies and generally at the community level (See Box 2)

Further, according to evaluation data hand-washing behavior in BOG (39.5%), KIR (68.0%) and LGV (21.2%) indicates much improvement from its baseline of 17%, 9.8% and 4.2%.

Chart 4

## Box 2: Integrated approach to "protecting children from disease" in BOG and HOR:

BOG has taken an "integrated approach" to ensure the outcome - "children are protected from disease", together with sponsorship, community leadership and the education programme. Although BOG (phase I ADP) is still at a relatively low level of hand-washing behavior, evaluation data indicates an improvement at 39.5% from its baseline of 17%. In addition to awareness on hand-washing, 600 children from children clubs and the schools were made aware on best hygienic practices such as drinking boiled water, dental hygiene and self-cleanliness.

In HOR, hygiene and sanitation programs conducted for pre-school teachers have had a demonstrable influence on the knowledge and behavior of parents. Also, the Ayurveda Community Health Promotion Service has been incorporated a hand-washing component to its food preparation programs that conducted in pre-school clinics.

## Coverage of essential vaccines among children :

WVL takes a concerted effort in monitoring access to 'age appropriate vaccinations' among RC children; All 16 ADPs reporting on vaccination coverage in FY15, reported that coverage is above the WV's acceptable threshold level of 80%. This indicator currently monitored by the sponsorship monitoring system to ensure that registered children having full vaccine coverage. The health records of the Ministry of Health indicate a coverage exceeding 90% in all districts. In view that indicator values are uniformly high among all ADPs, monitoring this indicator as a measure of child well-being is not essential in the future.

## Proportion of children under 5 with presumed pneumonia (ARI) who were taken to appropriate health provider

ARI, including presumed pneumonia is a foremost contributor to child mortality in Sri Lanka, according to the Sri Lanka's human development report of 2012. Hence WVVL works to mobilise awareness and access to health care providers, among households with children under 5 years. Six ADPs (ERA, KOR, TRI, VAH, CHA and CHAN) with monitoring data report an acceptable level of access at 70% (see Table 1).

PAT and LIN, both in the estate sector, are in the attention needed and critical stage respectively. A majority of mothers in the estate sector are compelled to engage livelihood activities on the estates, leaving their children primarily in the care of development centers, which compromises the mother's ability to engage in health seeking practices. In view that addressing ARI in the estate sector is challenging, due to its cold climate and poor housing and environmental conditions, WVVL provided housing support for ADPs located in the Central province. Awareness of ARI among children under 5 years has been integrated with the nutrition awareness programmes for children in the same age group to promote disease prevention and health seeking behavior. Especially the PD/Heath, which is a 'context specific' nutrition rehabilitation and behavior change promotion model (see discussion in CWB target 3 below), includes a component to promote 'health seeking behavior' among under 5 children Hence, this model may be further contextualised to address the specific health concerns of children, such as ARI, in the Central province.

Table 1: proportion of children with presumed pneumonia, taken to a health care provider (monitoring data)

WV Threshold	Acceptable (>70%)	Attention required (60% - 70%)	Critical (<60%)
	ERA (89%), KOR (91%), TRI (79%), VAH (88%), CHA(100%) & CHAN(100%)	PAT (60.3%)	LIN (53.8%)

Among ADPs with evaluation data, three ADPs (KIR-95%, BOG-95% and WAT-100%) have reached an 'acceptable' level of access.

## Number of trained persons who provides health services at the household and community level in the past 6 months

Trained persons include - community health volunteers, peer educators, community mobilizers, and facilitators. Compared to FY 14, the number of trained volunteers trained on basic health and nutrition awareness programming has doubled in FY 15. There are currently 1068 volunteers supporting community level programming, contributing to the progress highlighted above. Contributing to this number are - mother support group formation (419 mothers support groups), and volunteers working in health promotion interventions and PD/Heath interventions. Community level volunteers enhance the delivery of health and nutrition promotion activities including public awareness, and support behavior change promotion.

## Key Learnings and Recommendations for CWB Target 2:

Key Learnings	Recommendations
<p>The MOH led health awareness system is limited in its outreach to the community level. In addressing this gap, WVW increased the participation of volunteers in its community based approaches. This has resulted in enhanced delivery of health awareness at the community level, such as promoting hand-washing behavior, and ARI prevention.</p>	<p>Mainstream the volunteer involvement in health promotion into MOH system to ensure sustainability of WVW learning.</p>
<p>There is much learning from best practices established in the implementation of 'Water Clinics' (see section on "sustainability drivers" below), and the RIWASH-II and RIWASH-III projects; best practices include - multi sector collaboration, partnerships (with both government, non-government sector, and CBOs), and effective local level advocacy.</p>	<p>Conduct a reflection and lessons-learned event, on established best-practices, with the intention of identifying the necessary steps for replicating and scaling-up these practices in other contexts/locations</p>
<p>Poor water quality is an issue affecting many of WVW's implementation areas, as also observed in the conducting of Water Clinics. Hence WASH programming need to address water quality issues, and awareness on safe water use practices (such as, water storage and household water treatment practices) through advocacy and partnerships</p>	<p>Identify and implement, appropriate avenues to mobilise partnerships for water source protection initiatives, and safe water use, together with corresponding (local level) advocacy to support and strengthen such measures.</p>
<p>It is apparent that many of the rural water supply schemes implemented by WVW are challenged by inadequate 'sustainability planning' -- Sustainability is affected by, among other things, lack of capacity of the water groups/CBOs/managing entity, poor financial management, poor O&amp;M, and inappropriate tariff systems</p>	<p>Initiate relevant discussion and research, to identify sustainability gaps in existing water supply systems in building the required evidence base for a well-defined 'sustainability plan' for water increased and sustained water access</p>

### Budget- CWB Target 3

Overall budget: USD 281,960  
HEA programmes - USD 107,963.00

### ADPs- CWB Target 3

42 ADPs, 1 ARP and 2 special projects (BEACEN & PNIP)

### Beneficiaries - CWB Target 3

Approximately 41,048 children under 5 years (girls – 20823 and boys - 20225), and 3785 pregnant women.

The above number includes - 17287 RC under 5 years

### Indicators - CWB Target 3:

Prevalence of stunting in children under five years of age

Prevalence of wasting in children under five years of age

Prevalence of underweight in children under five years of age

Percentage of children exclusively breastfed until 6 months of age

Percentage of children receiving minimum dietary diversity

### Results and Analysis for CWB Target 3:

The data outlined below captures the progress and change effected in FY15 by WV's nutrition interventions contributing to Strategic Objective 1

### Evaluation data for nutrition levels among children under 5 years

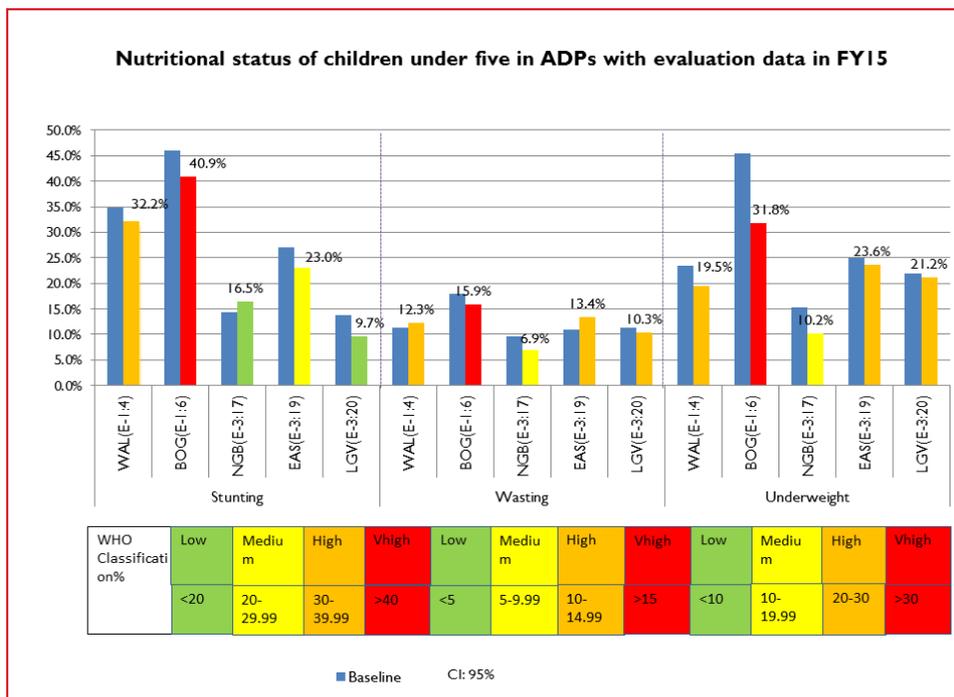


Chart 5

A majority of evaluation ADPs indicate an improvement in stunting in the last 5 years (see Chart 5); 4 out of five ADPs indicate significant improvement in the range of 2.29%-5.55% at a 95% confidence interval with a  $p$ -value=0.005.

With respect to underweight; 5 ADPs with evaluation data indicate a significant improvement in the range of 0.057% -9.86% at a 90% confidence interval with the  $p$ -value= 0.097. WV's community based interventions (outlined above) have contributed to a notable improvement, with all ADPs indicating improvement against their baseline values. While BOG is at a critical level for underweight, as well as for stunting and wasting, its nutritional level has seen improvement through-out the phase of implementation. Interventions contributing to change in BOG include - 'nutritional common gardens' to ensure nutritional food diversity of children in child development centers, promotion of nutrition month and breastfeeding week in collaboration with MOHs, and strengthening of community based volunteer mechanism by technical trainings.

WAL, in its first phase of implementation and EAS in its third phase of implementation do not indicate progress for wasting, though both ADPs indicate a reduction in underweight. Among the initiatives for nutritional improvement among children however, WAL has made a concerted effort to improve its nutrition status; a maternal and child health clinic center was established at the local level to support growth monitoring promotion and the quality of nutrition services provided by the government. However, the increase in levels of wasting in WAL and EAS, correspond to fluctuations in wasting across the country; Sri Lanka ranks third highest for levels of wasting in the world, according to the Global Nutrition Report.

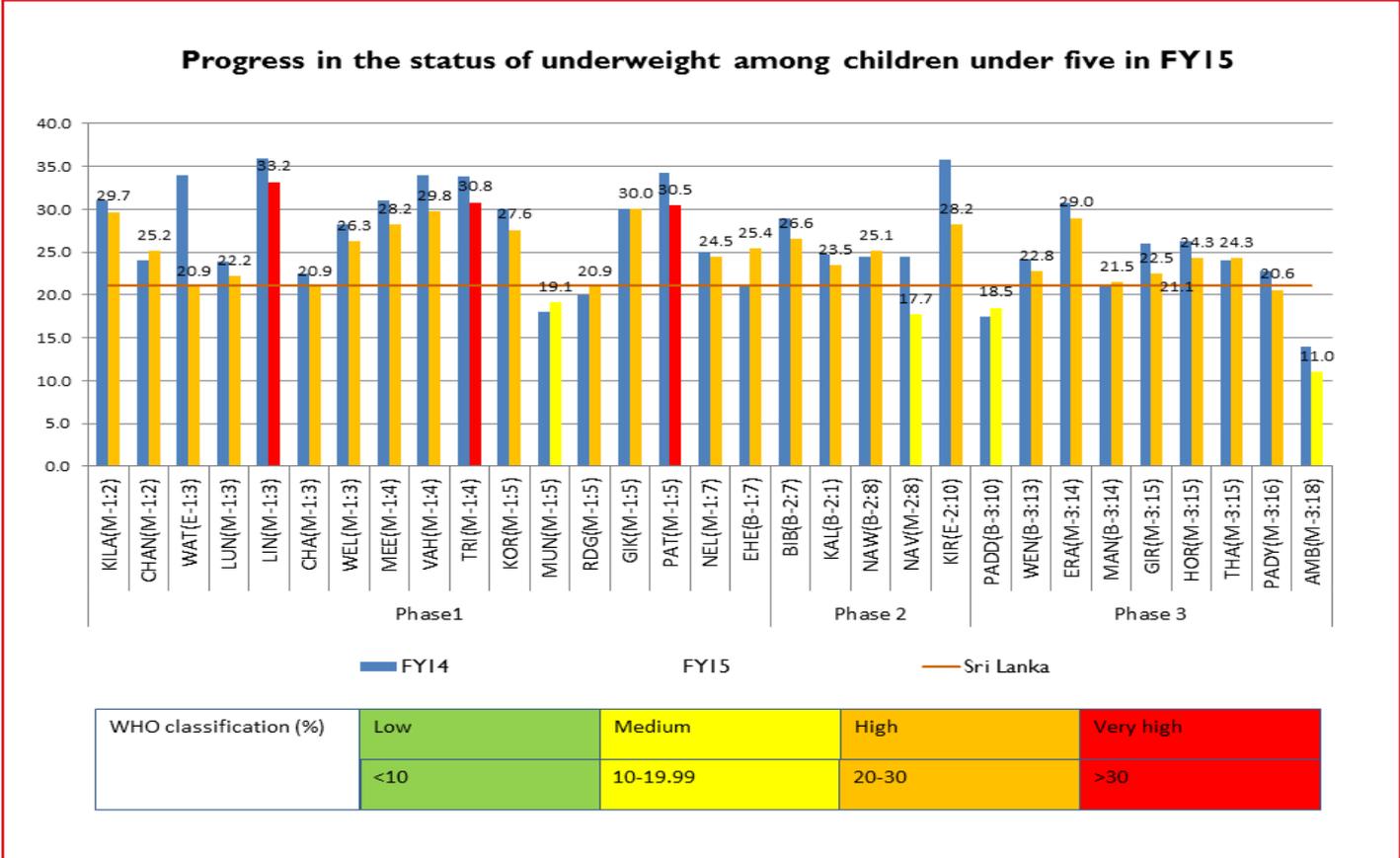


Chart 6

According to monitoring data in FY15, 24 out of 31 ADPs (71% of ADPs) indicate a significant improvement in underweight in the range of 1.96%-4.23% at a 95% confidence interval with the p-value=0.00. Considering that more than one-fifth of children under five are underweight, progress in FY15 has contributed to addressing a key nutrition concern in Sri Lanka.

Except for 3 ADPs (PAT, TRI, LIN) in their first phase of implementation and indicating very high levels of underweight, all other ADPs are at 'high' and 'moderate' levels of underweight (see Chart 6). None of the ADPs in phase-3 implementation have achieved a 'low' status. Underweight is addressed primarily through the community based nutrition model - PD/Hearth. This model was implemented in 23 ADPs in FY 15. The proper implementation of the PD/Hearth however, is challenged by an inadequate understanding of its underlying community-based concept among the mothers, and even among WV staff. Hence identification of beneficiaries on time and the implementation of targeted interventions among these beneficiaries were not as efficient as intended. As a result, expected levels of nutritional well-being were not achieved in some ADPs in FY15. Further, documentation of PD/Hearth implementation needs to be improved, such that its effective contextualization is monitored and consistently improved. WV's interventions for strengthening "mother support groups", particularly in relation to the PD/Hearth in the Eastern Province of Sri Lanka (ERA, KIR, VAH), have been recognized by UNICEF (and other partners).

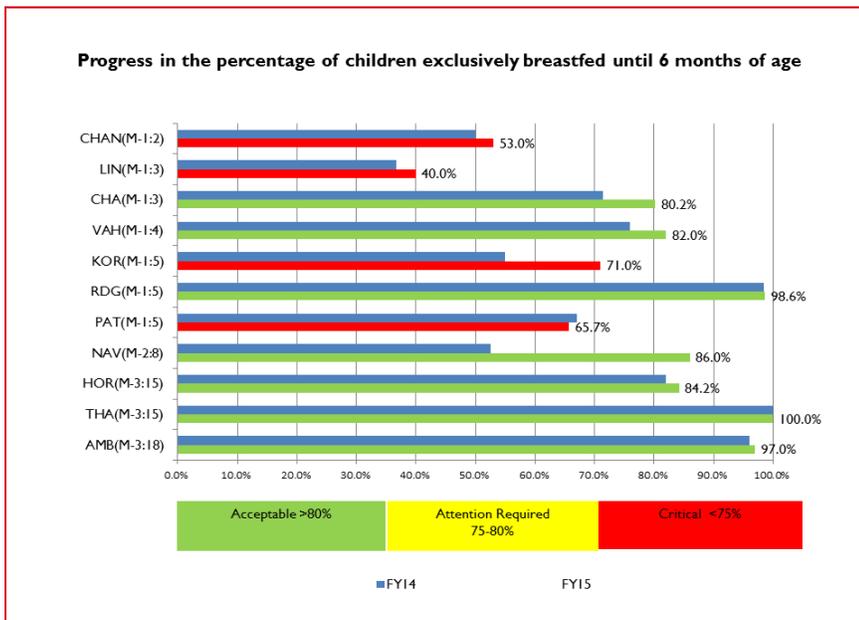
Disaggregation among male and female children; a significant difference is observed in the nutrition status of male and female children in 20 ADPs; 11 of them are located in the Northern and Eastern provinces of Sri Lanka. Incidence of underweight among male children is significantly higher, and hence poorer than among female children, in the range of 0.52%-2.68% at 95% confidence interval with the p-value=0.006. This observation is based on 64% of the ADPs with monitoring data. This status will be further investigated and analysed for any distinct causal factors contributing to the disparity in levels of underweight among male and female children.

Prevalence of wasting among children 'under 5 years' in ADPs with monitoring data in FY14 and FY5

While wasting is a particular problem in Sri Lanka, monitoring data in FY15 indicates wasting levels ranging from 8% to 25.9% . However, among 19 ADPs (61.3% of the reporting 31 ADPs, including one ARP) an improvement is observed in levels of wasting when compared with FY14 data.

It is recognised that addressing the high incidence of wasting among children in Sri Lanka will require pro-active action outside the scope of grass-roots programming. Therefore, WVW has mobilized an inter-ADP collaborative plan to address Global Acute Malnutrition (GAM). The strategic implementation of GAM requires that monitoring of wasting is consistently conducted, with regular measurement of height among children in the long term. Hence, a 'longitudinal study on growth and morbidity experience in infants and young children in Sri Lanka' has been initiated together with the academia and government, in order to understand and address wasting among children. The study will be implemented in the third quarter of FY16. See section on 'sustainability drivers' (below) for further efforts at addressing incidence of wasting.

Percentage of children exclusively breastfed until 6 months of age



The percentage of children exclusively breast-fed indicate a significant improvement in 10 out of 11 ADPs in the range of 1.36%-13.41% at a 90% confidence interval with the p-value= 0.051.

A concerted effort at breast feeding promotion and advocacy among the communities was affected in FY15. 7 ADPs indicate levels above the national average of 76.2% (see Chart 7). A slight reduction is observed in PAT. Efforts at promoting breast-feeding in PAT, in the estate sector where mothers are compelled to work following 3 months of child bearing have proved particularly challenging, resulting in a slight reduction in levels of breast-feeding. Mothers in this sector are most often the main provider of the family. Strategic programming is required to create awareness among mothers in PAT, and the estate sector at large, to address the challenges of promoting exclusive breast-feeding in this sector.

Chart 7

Box 3: Advocacy to promote exclusive breast-feeding and child nutrition at the national level



WVW engaged in a number of national and local level advocacy efforts to promote breastfeeding. At the national level, WVW works closely with the Nutrition Society of Sri Lanka. Additionally, WVW's active involvement in the SUN (Scaling-Up Nutrition) People's forum, has given it the opportunity to provide inputs to the nutrition policy discussions, from a civil society perspective. The data/information generated from WVW's ADPs provides the authorities with a sound evidence-base. Additionally, an advocacy initiative was launched for an improved policy on maternal leave in Sri Lanka. This was done with the intention of reaching all relevant stakeholders, to advocate for better conditions for long term breastfeeding (minimum of 6 months). The campaign was launched during the 'breast feeding week'.

Percentage of children receiving minimum dietary diversity (monitoring data)

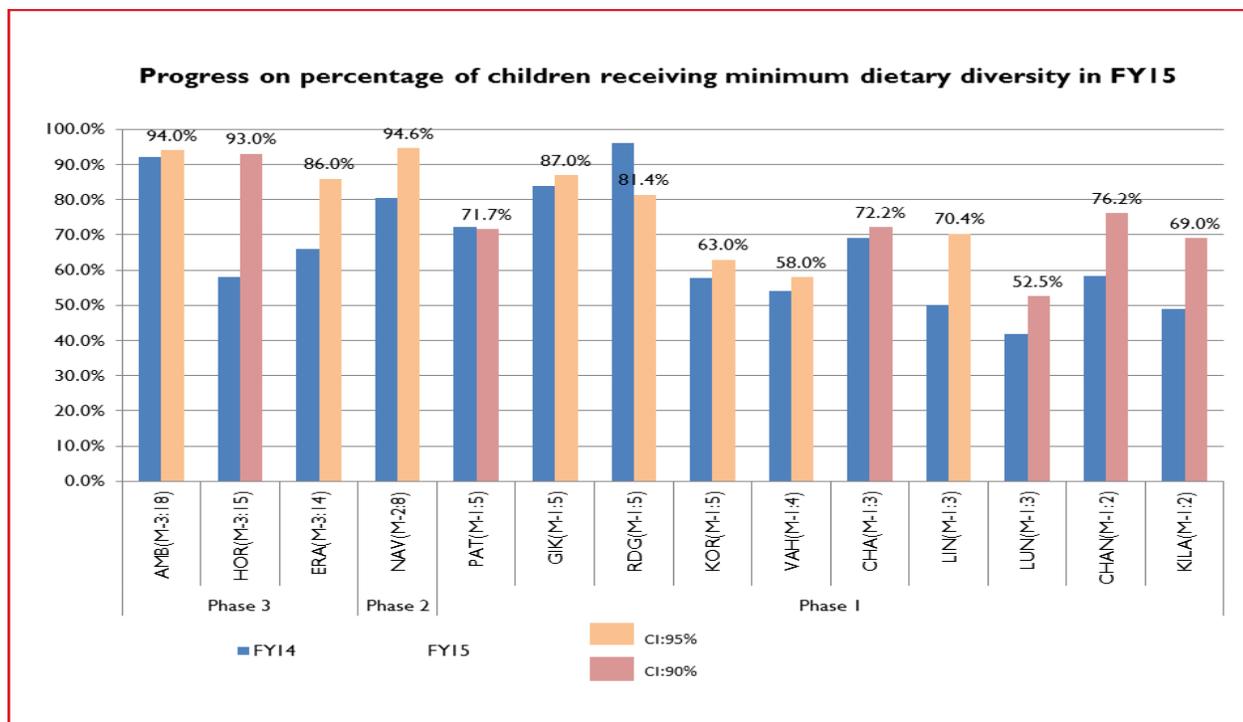


Chart 8

Monitoring data of 12 ADPs indicate improvement compared to FY14 data (see Chart 8). A majority of ADPs in second and third phase of implementation indicates levels of improvement on par with the national average of 72.9%. Continued awareness and education programmes, health promotion activities and the integration with food security interventions targeting children have contributed to improved levels of dietary diversity.

Key Learnings and Recommendations for CWB Target 3:

Key Learnings	Recommendations
As reported in the last three years, there had been a steady increase (19%) of wasting in the country. Further, wasting is not included in the regular MOH monitoring system.	Give priority for the intentional addressing of GAM, together with proper action plan at ADP level, in partnership with government health officials and others to address the issue of wasting.
The lack of an adequate and formal system for monitoring nutrition interventions is a key factor contributing to child-nutrition issues in the country. The situation is further exacerbated by the lack of sufficient integration and collaboration between stakeholders at grassroots level.	Strengthen and capacitate community groups, such as mother support groups, to deliver the services at grassroots level Utilise systematic documentation of community-based models (such as the PD/Hearth) and systematic integration with the EAD sector at ADP level.
With reference to high levels of wasting and continued levels of malnutrition in some ADP contexts, there is a need for “contextualised models” of nutrition programming to support nutrition promotion among beneficiary communities.	Engage in context specific studies and research to understand dietary behavior among communities, for the formulation of contextualised models.

Sustainability Driver Interventions/Actions

**Local Ownership**

**Mother Support Groups in BIB;** A PD/Hearth programme was conducted for 371 underweight children, in partnership with leader mother groups, the MOH Office. All partners collaborated on the basis of shared responsibility, with the result that 201 children have graduated to an advanced nutritional threshold. The sustainability of the program is assured by a well-trained team of 40 leader mothers who continue to collaborate with Public Health Midwives to organize, implement and follow-up on the PD Hearth Programme

**Leader mother’s role in HOR;** In HOR, the leader mother’s role within the community has helped create awareness among caregivers of the importance of dietary diversity, and with a positive impact on reducing underweight among children. Leader mothers’ interventions include - awareness programs, health promotion campaigns, food preparation programs, and the promotion of home gardens.

**Access to sanitation in MUN;** More than 134 HHs have access to improved sanitation in MUN, where 9 community organizations were mobilized to collaborate with the local authority in this regard.

**Fund Transfer Mechanism (FTM) of RIWASH-II in the Central Province** has established ‘good practices’ with respect to ‘transfer of ownership’ for WASH programming to the respective beneficiary communities. The outcome of this mechanism is a reduction of WVVL’s investment in WASH programming and an increase in local government and community contribution in the last five years. There is learning from RIWASH-II that may be replicated in the RIWASH-III project in Northern Province.

**Partnering**

**Partnering with key stakeholders for improved nutrition among children:**

VAH is an area with high levels of wasting among children less than 5 years. In FY15 partnerships were established with a multiplicity of partners (health authorities, and UNICEF) towards a collaborative effort to address wasting. Children identified as ‘severe and moderate’ were referred to pediatric clinics with adequate follow-up, with the support of mother support groups and volunteers. Severe children received therapeutic food.

In KIR a health project was able to establish a network between the MOH and the pediatric unit of the district base hospital in Valachenai; 110 ‘Severe Acute Malnourished’ cases were referred for further clinical treatment. As a result of this networking, the pediatric unit has agreed to do regular follow-ups and treatments for the identified children with the coordination of the MOH.

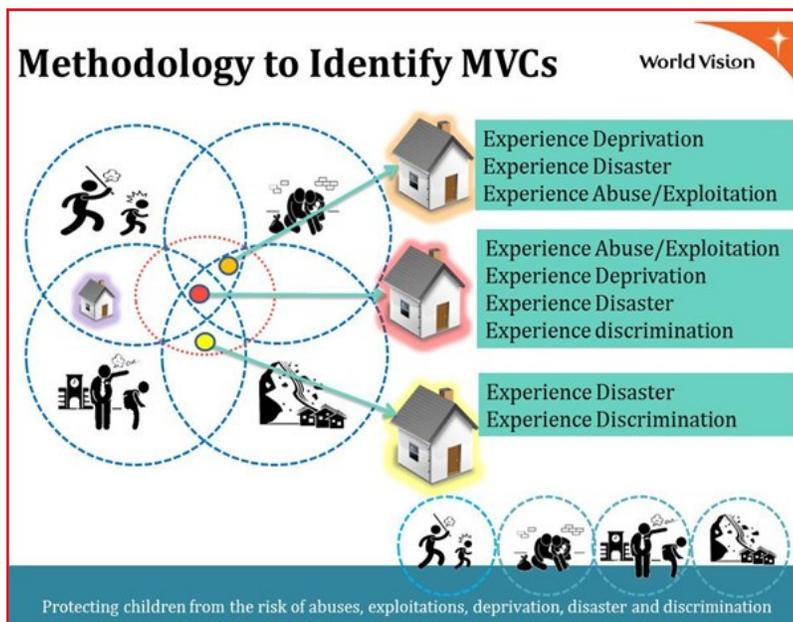
**National and Local Level Advocacy**

**Advocacy through “Water Clinics”:** Communities often lack awareness on water quality and do not understand the gravity of their own deprivation. Water Clinics are an initiative which aims to empower vulnerable communities to network and influence political leaders, government institutes and authorities is required, in addressing water access and water quality issues. Thus, this multi action initiative involves key government partners such as the National Water Supply and Drainage Board, MOH, Department of Agriculture, with the objective of linking government services to the people. Water Clinics facilitate in - water quality testing, community awareness on the ill-effects of consuming contaminated water, safe water usage practices, purification measures that are feasible at the household level, and mobilizing stakeholders towards water source protection, among other contributions. Outcomes of this initiative include – community involvement in formulating policies, laws, regulations and budgets regarding water, sanitation, and hygiene. 7 Water clinics have been conducted in 3 ADPs in the Puttalam District (NAW, KAL, MUN) where there has been water quality issues.

## Note 1: Mapping of Most Vulnerable Children in KAR, Killinochchi

A 'multi-dimensional vulnerability' mapping pilot was conducted in KAR in July 2015. The data collection was done through a household census of 10 villages in the district division of Karachchi. The pilot tested the practical usefulness of a multi-dimensional methodology to identifying households that are vulnerable, as well as those households that are subject to a multiplicity of risks and challenges that render them 'multi-dimensionally vulnerable' (MV). The methodology intended to provide a systematic and objective means to identifying Most Vulnerable Children (MVCs), who are a key focus of World Vision's universal mandate. MVCs are most often selected by district officials and the populations themselves, based on a community's 'perception' of their own vulnerability. Hence, vulnerabilities identified as priority in one location may not be those that are identified as most urgent in another location. While community perception of their own vulnerability is important for WV's development programming, and is valued, there is also a requirement for a more objective assessment of vulnerability across WV locations.

The multi-dimensional methodology utilizes four dimensions of analysis identified by WV's CWB policy of 2009/10 (as outlined in the diagram)



### Results generated by the multi-dimensional analysis in KAR:

Most Vulnerable households: 1770 (39.2%)

Most Vulnerable households with children(0-18):1248 (27.67%)

Number of households having higher probability to become MV: 781 (17.3%)

Total number of children(0-18) in Karachi ADP: 11918

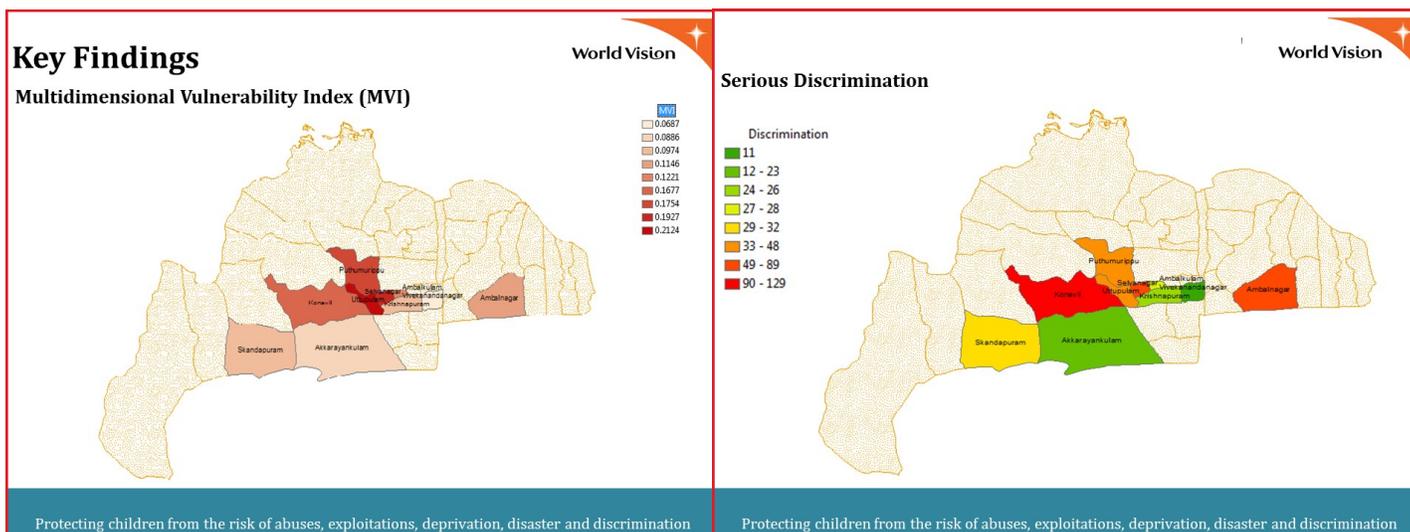
Number of children(0-5):7307

Number of children(6-18): 4611

Most Vulnerable Children (MVC) in Karachi DSD: 4843 (40.63%)

MVC (0-5) : 2864 (39.2%)

MVC (6-18): 1979 (42.9%)





## Strategic Objective 2

### SO 2: Ensure Child and Youth Education to Establish their Future



#### CWB Target 4

Increase in number of children who can read by age 11



#### CWB Outcome

Children read, write and use numeracy skills well-being



#### CWB Aspiration

Children are educated for life

#### Indicators—CWB Target 4

Proportion of children who can read with comprehension (SI)

Number of children graduated from one literacy level to another (SMI)

Percentage of children attending preschool (SMI)

Percentage of preschools meeting minimum standards (SMI)

### Statement of the Problem:

While Sri Lanka has achieved high levels of literacy at the national level, educational gains are disparate among regions and vulnerable groups, as outlined in the context. Further, assessment of children in primary schools in WVLP Programme Focus Areas (PFAs) indicates low age appropriate literacy, which has been further validated by the Essential Learning Competencies framework that monitors learning outcomes in primary schools. The Early Childhood Care and Development (ECCD) space has evolved in an ad-hoc non-standard environment over the past decade due to lack of an enforceable national policy and continues to remain a non-state entity.

#### Root causes



Non availability of education resources in rural and estate sector schools due to disparity in investment and resource allocation for different geographical areas

Lack of competency among teachers on different teaching methodologies to improve 'literacy' and to identify and address the needs of Children with Disability (CWDs)

Lack of knowledge on importance of early child hood development (ECCD) among parents

Varying 'quality' standards of preschools (lack of trained/qualified teachers, lack of learning and teaching facilities etc.) given preschool are non-state entities.



#### WVL's Response:

In FY15, the education sector engaged in the key initiatives below (among others)

Targeting literacy improvement among children of a primary school going age, especially in the Central Province (estate sector) Attention was focused on improving the ECCD space – mobilising improved participation in pre-school education, through the promotion of standardization, among other things

Concerted teacher training and capacitating to address the needs of primary school children and disabled children, including 'multi-level teaching methodology' (outlined below)

The use of 'Reading Huts' and other community based initiatives to promote spaces that are conducive to learning

## Budget

USD 2,290,000

## ADPs

40 ADPs

## Beneficiaries

Children - 76,284

Adults - 12,493

Preschools - 819 (50% of

preschools in the PFAs

Schools (primary and secondary) - 702 (60% of

schools in PFA)

## Stakeholders

Ministry of Education, Zonal Education Departments, School Development Societies, School Staff (principals/teachers), Community Based Organisations

### Box 4: Integration of Most Vulnerable Children – Disability Inclusion

Disability Inclusion: Increasing awareness and participation of Children with Disabilities (CWD) among 8 ADPs, for intentional focus towards 'disability inclusion' in their interventions and preschool teachers were trained on 'special needs education'.

## Results and Analysis:

### Percentage of Children who can Read with Comprehension

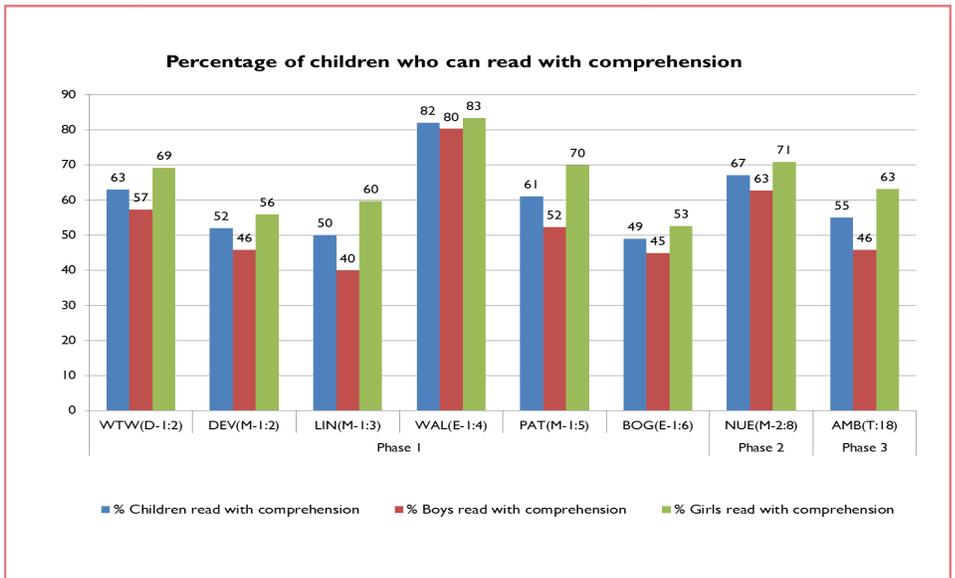


Chart 9

Review of FLAT assessments in FY15 highlighted the need to standardise the age-group among whom FLAT assessment is conducted; the age group originally assessed being 11- 13years. Given that children complete primary education at age 10years (i.e. Grade 5) in Sri Lanka, a reassessment of FLAT was carried out in the Central Province ADPs (estate sector), among children who have completed primary school education (see Chart 9). Due to this re-assessment based on the revised age limit, comparability of data between FY15 and previous years is limited.

In FY 15, 9 ADPs (out of the 18 ADPs with critical and high risk FLAT rates) implemented focused programming for improved 'literacy', and as a result, graduated 60% of children enrolled in various literacy improvement interventions (see Chart 10). In assessing the effective impact of WVLI interventions and progressive improvement in literacy levels among children, WVLI monitored the 'number of children graduated from one level to another' as per the FLAT guideline in FY15. Focused literacy interventions resulted in a 60% graduation of children enrolled in various literacy improvement interventions in the 9 ADPs, from one level of literacy to the next level. 5 ADP's supported interventions within 55 schools.

### Number of Children Graduated from One Literacy Level to Another

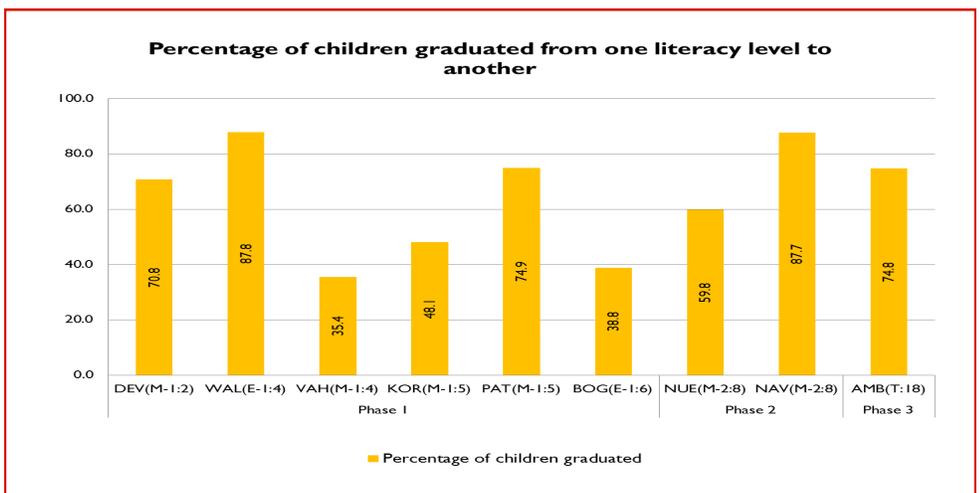


Chart 10

Outlined below are some interventions and programmes implemented in FY15 towards literacy improvement among children, and their ability to read with comprehension:

Development of an 'activity book' for literacy improvement: an activity book for the 'three key stages' (Key stage 1; Grade 1 & 2, Key stage 2: Grade 3&4 and Key stage 3; grade 5) stages was developed in PAT and DEV to help the primary teachers with extra literacy related exercises for students, based on the government syllabus, with the assistance of a resource developed by the National Institute of Education. 50 teachers in 16 primary schools were trained to conduct afterschool literacy improvement classes which have benefited 1050 children from the first implementation roll out. The ADP and the School Development Committees (SDCs) of these schools shared the cost of the teacher training and printing of the books.

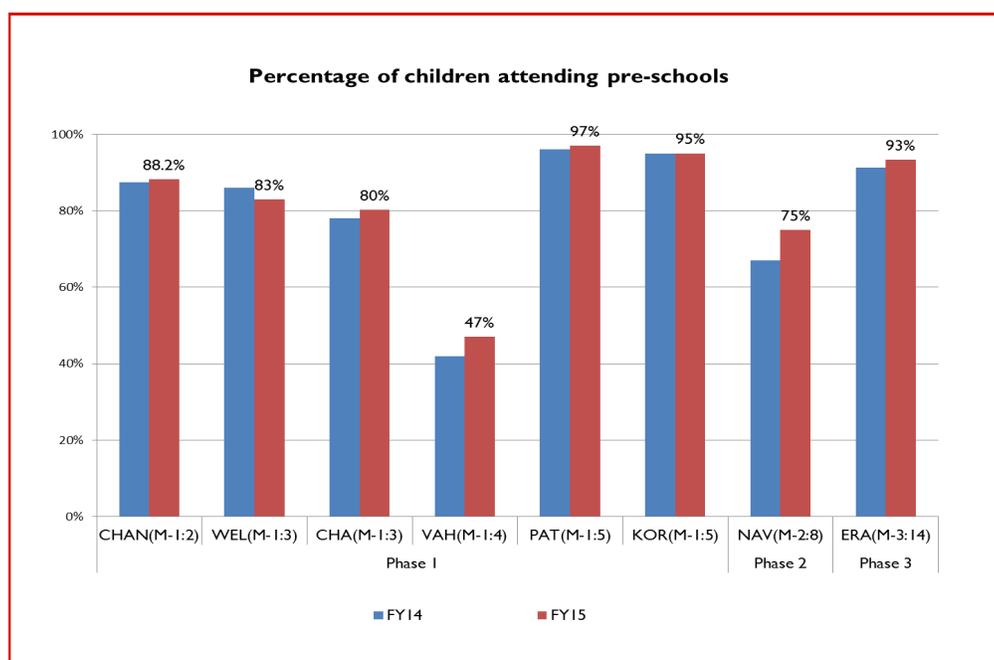
Multi-level Teaching Methodology: WAL in collaboration with Walapane Zonal Education department initiated training among n 200 primary teachers from 17 schools on multi-level teaching methodology. This is a 'pedagogical technique' to help children of different levels in the same classroom, and is especially suited for rural schools where children in a particular grade of the primary section will be of different levels of education. Primary teachers are trained in skills of multi-tasking (among other things) in order to educate children at different levels in the same classroom. In addition, after school classes are conducted by teachers trained in multi-level methodology in "Reading Huts", for children identified as not having age appropriate literacy. Reading Huts are spaces created to encourage reading habits, where trained teachers help children improve their reading skills. In FY15, 15 reading huts in 12 schools were constructed with the support of parents.

Child Friendly Classrooms (CFC): the upgrading and renovation of class rooms in 16 primary schools into CFCs has contributed towards literacy improvement. In PAT and DEV, SDCs contribution (both financial and labour) to this effort has been significant (PAT - 43% and DEV - 31%). This initiative has contributed to improving the 'learning environment' and increased school attendance from 81% (2014) to 92% (2015) in PAT ADP.

Community Based Literacy Initiatives: In AMB, BOG, VAH, NAV, KOR community based 'reading boxes/reading groups' have been established and children are grouped according to their literacy levels and guided by trained facilitators. ADP's have also increased the availability of local reading material in the community and KOR developing various learning/teaching resources from local material (such as tins, used board).

Celebrating Literacy Day: this day was initiated to encourage and create an interest in reading among children and create awareness among parents/community on the importance of reading Central Zone conducted a 'Read Aloud Day' participated by 550 children and 220 adults. In the Northwestern zone a program called "Akshara Siththam" ('art of letter/essay writing' competition), was conducted in collaboration with the Provincial Education Department, with the participation of 5,245 children from 91 schools, further establishing WV priority and commitment to improve reading/literacy. It is hoped that this event will be conducted annually as a key awareness raising exercise.

### Percentage of Children Attending Pre-school:



Given ECCD is vital for the well-being of a child, in FY15 the focus was to alleviate the standards of preschools aligned to national minimum standards in order to attract and increase preschool attendance. (Chart II)

Note: calculation for Chart II is derived by 'the number of children is attending preschool' divided by the total number of children age to 3-5 years within the ADP PFA'.

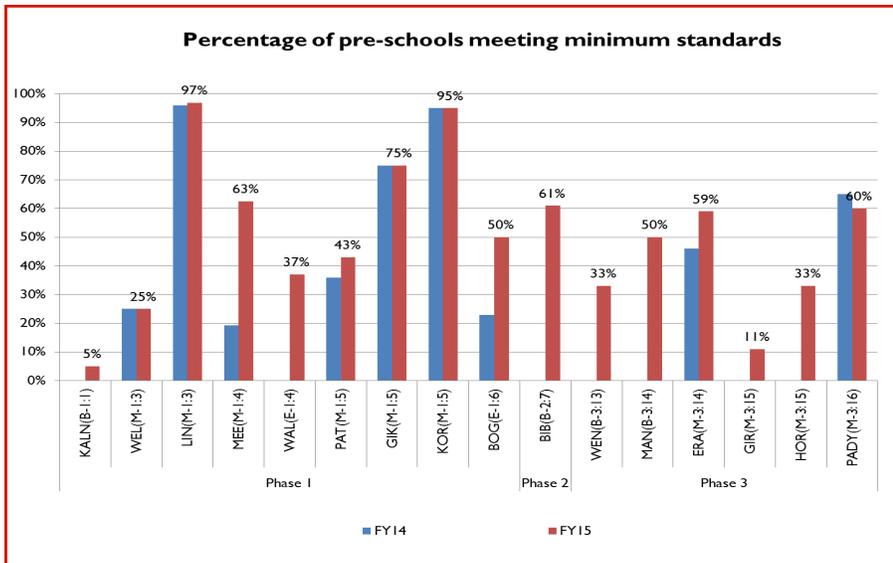
Chart II

Among the 28 ADPs (68% of ADP's of WVWL) who currently have focused ECCD related interventions and in FY15, 12 ADP's monitored 'percentage of children attending preschool'.

Further, evaluation findings reveal that there is a notable increase in percentage of children attending pre-schools. While BOG and KIR indicate an improvement by 40% and 14% from its baseline of 49% and 70% respectively, WAT indicates a decrease from 78% to 76%.

Several factors have contributed to improved quality of the preschool, enriched teaching-learning environment, parents motivated to enroll children at correct age. Promoting preschools meeting minimum standards as per "Starting Right" (March 2005) guideline published by the Children's secretariat has been a contributor in achieving increased attendance in pre-schools (see chart 12). In FY15, there was a prioritization given to improving basic facilities aligned to the guideline as minimum standards for pre-schools. Towards this effort key focus was given to the following initiatives:

### Percentage of pre-schools meeting minimum standards



Directing and guiding 289 preschool teachers to obtain a professional qualification in 14 ADPs. This has contributed towards the parents' positive attitude on preschool' and also the recognition of the need to ensure qualified personnel provide ECCD education services.

Annual plans for preschools, usage of an accredited curriculum, provision of teaching/learning materials and functioning preschool development society are some of the important elements strengthened. In addition, water and sanitation and other physical infrastructure facilities, including outdoor play equipment has created a joyful and safe learning environment.

Chart 12

The following efforts at raising standards among pre-schools have also contributed to increase the percentage of children attending pre-school:

- Capacity building:** capacity building sessions were carried out for both teachers and parents. The teacher trainings were based on creating a supportive environment, children theatre method, 5S system, early identification of children with disability and knowledge on special need education, class room management, leading children towards an active learning process and aesthetic skill development. These child friendly approach teacher trainings enabled teachers to perform in classrooms effectively.
- Advocacy (local level) and awareness Creation:** educating parents on the importance of preschool education in the plantation sector (BOG, PAT), and working to influence and change parents behavior to come together and negotiations with the Estate Management to arrange a mechanism to ensure children are safely handed over to the Community Development Centre (CDCs) after preschool hours as in most cases both parents are working. Some of the preschools are built adjoining CDCs so that the children can easily go there. It eases the minds of the parents and gives age appropriate education for the children aged 3-5 years. Take to the "Sustainability Drivers" section below.
- Linking with the authorities:** links were established and strengthened with the ECCD Authority and provincial education department, in monitoring pre-schools and in planning and capacitating efforts.
- Establishing networks among pre-school and primary school teachers:** this was done with the aim of bridging expectations. Through the initiation of the 'Akurata Athwelak' program in the North Western Province has been able to bring preschool teachers and primary school teachers to one table of discussion resulting in aligning expectations of competencies/skills when children enter primary school. Through this program parents are also educated on the learning outcomes from 'preschool' and manage undue high competitive expectations. This also has further strengthened parents to understand appreciate the value of preschool education starting at age 3.

## Key Learnings and Recommendations

Key Learnings	Recommendations
Dissemination of FLAT rates with government/school staff and formulation of collaborative remedial/improvement plans have resulted in transfer of accountability and ownership thus creating a more sustainable mechanism whilst addressing fundamental teaching practices and perceptions among stakeholders. However, in the past whilst literacy improvement initiatives have been limited to community based activities, there is a need to capacitate and aware parents/ community on methods and techniques that can help improve literacy.	Strengthen 'community/parental engagement' by capacitating on methods and techniques to improve literacy.
Development of a minimum standard guideline prompted comprehensive assessment to identify gaps in preschools. This assured the harnessing of resources to ensure adherence of minimum standards enabling systematic approach to graduating preschools.	Aligning preschool experience and learning outcomes to increase 'school readiness' among children transitioning to primary education.
Preschool teachers not aware on 'special need education' and the preschool diplomas don't adequately capture content for equipping teachers to service CWD.	Introduce early identification methodologies for preschool teachers and create awareness among parents on proper parenting skills with respect to CWDs across all the ADPs.
	Research on to identify 'inclusiveness of CWD in preschools' (as has already been initiated in FY15), and finding to be incorporated/ considered for future programming direction and planning.

### Box 5: Advocacy: Batticaloa Nasivantheevu Tamil School in Nasivanthiu Villgae, KOR

The school had no class teacher for grade 1 and 2 for the past 2 years. KOR facilitated to form a community group and provided trainings on positively engaging with government officials. The group and the School Development Society met the Principal of the school to address their concerns through a WVL facilitated meeting. WVL then verified the issue with the Zonal Education Department (ZED). WVL supported the group to formulate a letter to the ZED. Three months later, the group submitted another letter to the Provincial Education Department of Trincomalee and sent a copy to the ZED. As a result a teacher was allocated within a month for Grade 2. This has benefited 23 children, out of whom 15 children have shown literacy improvement.

#### Sustainability Driver Intervention

Local Ownership	NAV strengthened two local level Rural Developments Societies to generate income through renting plates and other vessels for functions/events. This income supports preschool teacher salaries. Also families with children in the preschool age identified and integrated with the economic development sector; Family Development Plans (FDPs) were utilised to assist families to generate their own business ideas and to contribute towards children's education. VAH had several discussions with District office officials and Samurthi officers to ensure that parents contribution for the teachers' salary. Further strengthening of the Divisional level coordination resulting in joint monitoring visits between Divisional Education department, Zonal Education department and the Preschool Bureau.
Local Level Advocacy	Educating parents on the importance of preschool education in the plantation sector (BOG, PAT), and working to influence and change parents behavior to come together and negotiate with Estate Management to arrange a mechanism to ensure children are safely handed over to the Community Development Centres (CDCs) after preschool hours, as in most cases both parents are working.
Partnerships	Links were established and strengthened with the ECCD Authority and provincial education department, in monitoring pre-schools and in planning and capacitating efforts



### Strategic Objective 3

SO 3: Increase Economic and Environment Resilience



#### CWB Target 1

Children report an increased level of well-being (12-18 years)



#### CWB Outcome

Children report an increased level of well-being



#### CWB Aspiration

Children are cared for, protected and participating

#### Indicators— CWB Target 1 and SO3

Proportion of households graduated to the next level of the living standards ranking in the graduation pathway (AI)

Mean monthly income of households (AI)

### Statement of the problem

Sri Lanka has exceeded its MDG target for reducing poverty by half by the year 2015, with poverty currently at 6.7%. However, disparities in poverty levels are large among regions and different groups of the population. The Gini Coefficient measuring 'inequality' indicates that Sri Lanka's population has not achieved 'economic parity', with respect to household income (0.48) and expenditure (0.4). The population is economically disparate, requiring targeted interventions for economic growth and resilience, especially among rural poor and estate sector. Agricultural communities comprise 80% of the rural poor. According to the MDG report in 2015, households headed by non-agricultural laborers, and agricultural, forestry and fishery labourers are among the poorest in Sri Lanka. The most vulnerable groups are identified as households headed by unemployed persons, or by persons who are unable or too old to work. Children within these vulnerable and impoverished communities are especially deprived of economic opportunity and well-being. National level disparities outlined above are re-iterated by the findings of WVVL's own Participatory Living Standard Ranking (PLSR), which is rolled out among vulnerable communities in rural Sri Lanka. Despite decreasing levels of poverty at the national level, it was found that 16.6% households in 38 ADPs were not able to fulfill their basic dietary requirement and hence fall within the 'Poorest of the Poor' (PoP) category of the PLSR.

#### Root causes



Limited technical skills and know-how in agriculture development

Limited resources (capital, land, infrastructure, agricultural inputs, tools and machinery) among the Poor (P) and the Poorest of Poor (PoP)

Gaps in services delivered by key government institutions

Dependency on seasonal income activities

Attitudinal challenges such as dependency syndrome among the poor

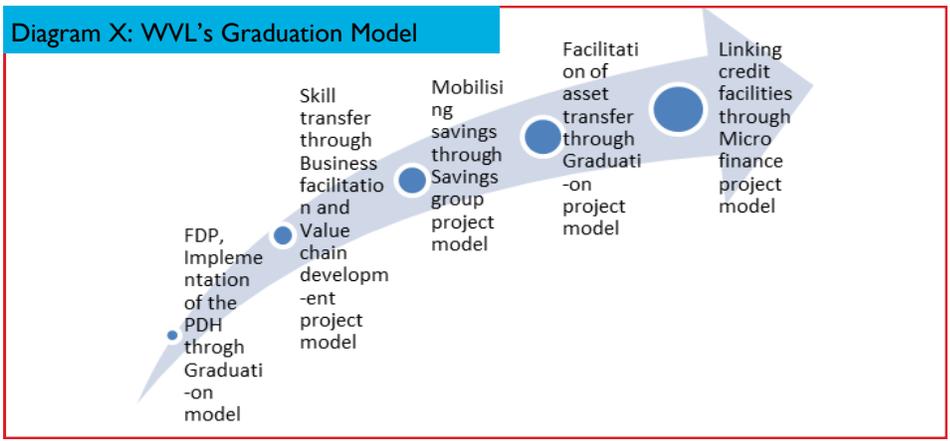
Unavailability of organized community groups (producer groups)

High expenses in addressing health issues

Disaster/ climate change related incidents



#### WVL's Response



## Budget:

USD 4,313,100

## ADPs

42 ADPs and ARPs

## Beneficiaries

2935 families, 1780 youths, and 111 families of people with disabilities (PWDs)

## Stakeholders

Ministry of Economic development, Department of agriculture, Department of Animal Production and Health, Department of Agrarian Services, Local Government Authority, SIYB Association, MILCO, Cargills, Hayley's Company LTD, Ceylon Grain Elevators PVT Ltd

In response to the root causes identified, WVWL implements the following (among other things):

**Application of a 'graduation model'** (see diagram X on page 29) targeting the different living standards categories of the PLSR; fulfilling food-security and basic needs of the Poorest of Poor (PoP) and Poor (P) as well as building resilient through local initiatives among all PLSR categories including the "Vulnerable Non-Poor" (VNP), Sustainable Livelihood and Micro-entrepreneurs" (SL&ME) and "Small and medium Entrepreneurs" (S&ME) of the PLSR

**Integrated interventions with other sectors:** Health and nutrition, disaster risk reduction sectors (see box 8), and environmental adaptation (such as tank rehabilitation, rain-water harvesting, provision of drought resistant crop varieties, and eco-friendly farming);

**Intentional inclusion of vulnerable groups:** marginalized communities and families with malnourished children, differently abled children and women headed houses;

WVWL has assisted 26,625 PoP families and 54,470 Poor families since FY 11. The details of the key information with respect to interventions under SO3 are outlined in Table 2 below:

Key Interventions	Implemented No. of ADPs	Benefitted Families/ Members
Business facilitation interventions for SME development	40	5203 families
Savings club formation	25	9126 members
Formation of producer groups as an initiative for marketing linkages	28	4797 members
Integrated Home Gardening programs to increase dietary diversity	34	8468 families
Vocational trainings interventions and carrier guidance events	29	1780 youths
Assets transferring to start up/ expand income generation activities	38	3936 families
Value chain development	11	1342 families
Livelihood infrastructure projects	23	3986 families
Micro credits to beneficiaries	33	17,199 beneficiaries

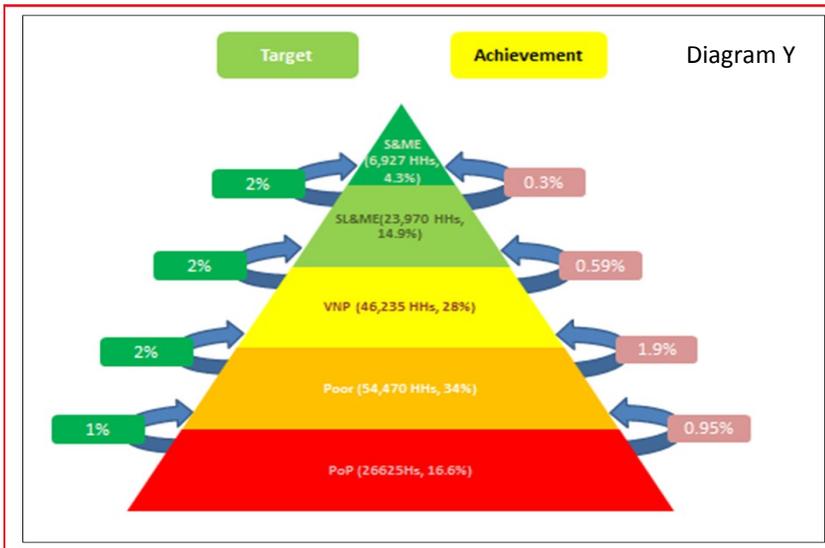
### Results and Analysis:

As mentioned above in the Diagram X, Family Development Plans (FDP), implementation of the Positive Deviance Hearth (PD/Hearth) through graduation model, business facilitation, value chain development, assets transfer and promotion of saving clubs are the main interventions for graduating the living standards of the families, to increase their income, diversify their income sources and increase their savings. In addition WVWL facilitates the development of necessary livelihood infrastructure. WVWL facilitates the development of necessary livelihood infrastructure, such as market access, roads and canals

## Graduation of 'living standard' categories of the PLSR in FY15

In view that PLSR assessments and the monitoring of the graduation model, is ongoing, it is not possible to quantify the 'graduation' of households among asset rankings (against their baselines). An estimate of the graduation has been made, based on available quantitative and qualitative evidence. As indicated in Diagram Y, progress is less than projected levels of graduation among the WVW target population including children.

The estimation is based on 31 ADPs that followed the graduation pathway in FY15. Unlike in FY14, the targeted graduation has been reduced to 1% in the PoP category and 2% in poor (P), VNP, SLME and SME categories in FY15. The reduction of the targeted graduation for each PLSR category is based on budgetary constraints. The estimated achievements are given in the Diagram Y.



While the targets set in all of the PLSR categories have not been achieved (based on estimates), achievement is promising in the PoP (0.95%) and poor (1.9%) categories, when compared with the VNP (0.59%) and SL&ME (0.9%) categories. The reason for lower achievement in VNP and SL&ME is mainly due to the priority given to PoP and P families in the community, especially in the transition ADPs when mobilising resources. WVW works with a multiplicity of partners, when addressing the needs of the P and PoP

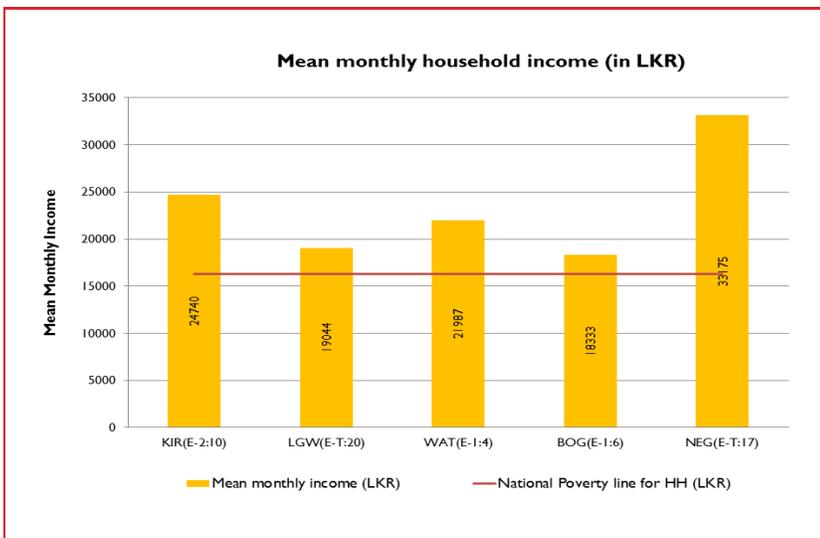
Source: Monitoring of graduation model in FY15

## Increase in income, diversification of income sources (business facilitation) and savings

The positive impact of the graduation model is evident in its contribution to the income status of WVW communities (among the other benefits listed above). Chart 13 below indicates the income status among ADPs with evaluation data in FY15. Average household income is compared with the average national household monthly poverty line of LKR 16,321 in 2015. As outline above, increase in income is secured through -- improved productivity of the existing livelihood, facilitating market linkages, diversification of income sources and improve savings among the parents and caregivers.

## Mean monthly household income levels of ADPs, against the national poverty line for 2015

Chart 13



Mean monthly household income is relatively low in BOG and LGV, when compare the mean monthly income among those five ADPs. Reasons include that BOG, in its first phase, represents the estate sector, where communities are relatively impoverished, and LGV did not adopt the graduation pathway (though other economic development interventions were implemented in this ADP).

Though the results of the separate evaluation that was carried out to see the effectiveness of the graduation path is still not available, the impact of the graduation model and its component interventions are evident in qualitative data, as captured in box 2 and 3:

#### Box 13: Income generation in WIL (from WIL annual report, FY15)

A dairy farmer, beneficiary of WIL, specifies that he is able to use his increases income towards the education and health and nutrition requirements of the children: "I was able to sell milk and get sufficient monthly income (USD 270) for my family. The bigger portion of my earnings is spent on education of my children. Our children happily go to school now. Today I am confident about their future".

#### Box 14: Business facilitation and income generation in EAS (from EAS Annual Report, FY15)

A widow with three children, and vulnerable to impoverishment, from EAS expressed WVWL's intervention in securing additional income "when my husband died I thought there is no future for my daughter and me. However, WVWL gave me hope to live; among other interventions, I was provided with 8 tin sheets for a temporary shelter and 4 goats. I have now upgraded to a more spacious shelter with electricity, which provides privacy, protection and learning environment for my children, and I have additional income from goat rearing. My business yields good profit now and I'm able to address all my children's and household requirements. My school dropped out child is back to school as the house enabled a learning environment."

A total of 8465 families in WVWL ADPs have received business assets since FY13 following the completion of their business plan, leading a diversification of income sources, among other benefits. The positive impacts of asset transfers are captured through qualitative information. Most of them are thereby, able to provide well for their families, including children:

#### Box 15: Business facilitation in MUN (from MUN Annual Report, FY15)

The graduation path has mobilized the integration of persons marginalised within communities. President of the Clay Pottery Society in MUN stated that "today we have a dignity in the society. WVWL's interventions have uplifted people who are cast-out in society, and allowed them equity and equality. The people, who were discriminated earlier by other communities, are now recognized as entrepreneurs".

#### Box 16: Business facilitation in NEL (from NEL Annual Report, FY15)

A dairy farmer, who had received training, dairy cow, business facilitation and household money management from NEL witnessed "WVWL provided me with a cow and encouraged me to generate additional income through dairy farming. I have now progressed to seven cows and supply milk to the MILCO Company. Additional income is spent on my children's education and in repairing my house. I am able to save and invest on another cow, in the hope of starting yoghurt production. Importantly, my children's nutrition is improved with access to a glass of milk every day".

Three entrepreneurs, who received shoe making equipment and training on Generate Your Business (GYB), Start Your Business (SYB), household money management and shoe making, from NEL indicate that "three of us started it as a business. We now receive many orders and the income from those are shared among us and used to address the education needs of our children.

Assets transfers contribute to income diversification; available monitoring data, from four ADPs, indicate that the percentage of families that have secondary source of income varies from 19% to 60%.

As indicated above, the graduation pathway promotes savings among its target population to ensure the availability of financial capital for sustainable livelihood development to recover from any shocks.

Significant improvement is seen in FY15 compared to FY14. Among the 25 ADPs that promoted savings the membership has increased by 60% (9,126) in FY15 from FY14 (5,697).

The total savings has also increased by 230 % in FY15 (LKR 31,110,441/-), from FY14 (LKR 9,413,623/-), allowing an increase of 106% in the savings per saving club member in FY15 from FY14.

#### Box 17: Promoting Savings Clubs in RID (from RID Annual Report, FY15)

A saving club member from RID indicated he is "happy as my savings increase and I'm able to look after my children's education and health. I took a loan from my saving club for the house construction. Further, we (saving club members) support each other by working together and helping the poor families by sharing with them whatever we can".

Box 18: Income generation in WIL (from WIL annual report, FY15)

**Health and Nutrition:** In addition, the EAD sector integrated its home gardening intervention with the Health and Nutrition sector to ensure food security and thereby dietary diversity among children. A mother from BIB expressed that “my home garden ensured the nutrition status of my children with the expansion of the food varieties such as vegetables, fruit, green leaves and eggs, while increase the monthly income by Rs.4000”.

**Resilience and risk reduction (DRR):** While economic development initiatives promote increased income, and investment and savings to bear with shocks, they are integrated with DRR and environmental adaptation to reduce risks. Insurance is promoted among producers. A dairy farmer from WAL who lost her dairy cow worth of LKR.100,000/- recovered from it with the insurance claim of LKR. 88,360/ and continuing the dairy farming.

**Micro-finance:** As indicated in the FY14 CWBR, VFL contributes to the economic resilience of ADPs, through a partnership created under EAD’s micro-finance project model. Table 3 indicates the benefits that beneficiary families gained from micro-finance based on the sample survey of 1,872 families carried out among 23 ADPs. While conceding the benefits, maximum available loan size of USD 300 per client needs to be re-assessed for its sufficiency to meet the demands of certain ventures.

Table 3: Benefits of micro-finance (in %); N = 1872 families

Sufficient Drinking Water	61%
Improved Sanitation	49%
Children's health costs covered	57%
Additional clothing/ shoes	46%
Improved basic education	47%
Sufficient food	46%
Improved Housing	22%
Youth learning opportunities	16%
Other	11%
No Benefit Reported	1%

Learnings and Recommendations:

Learnings	Recommendations
Average of the POP and P percentages of ADPs is significantly higher than the national poverty percentage. Therefore the reduced target for graduation of each PLSR is not sufficient to graduate all targeted families within the lifecycle of the ADPs as most of the ADPs have more than 15% poorest of the poor and some of them have more than 30% of poor, vulnerable non-poor and small and medium entrepreneurs.	Set an appropriate target for each ADP based on the proportion of households at different PLSR category and age of the ADP with the hypothesis to graduate all of them. Priority should be given to the most vulnerable when setting targets.  Engage in collaborative planning with other stakeholders and partners, assessment of real gap, and efficient formulation of a strategy, setting an appropriate target, and mobilizing resources through partnerships.
Limited strategic partnerships were established at ADP. Most of the partnerships are in need basis and short term. Most of the partner and stakeholder institutions have mostly contributed in the form of technical know-how only. Most of the community level partnerships are to get community contribution in the form of labour. Involvement of partners in initiating and implementing the interventions and financial contribution are limited permitting a weakness in the sustainability of the results and the systems.	Provide ADPs with the awareness and capacity to mobilizing and establish strategic (long term) partnership.  Create awareness among partners, including community, that the sustainability of the interventions is in their hands and that they are involved in all steps, by making clear linkages between and among them. The WVVL should also see the possibilities of linking the partners between the ADPs too.

A system to monitor the performance of partners is not available	Establish a monitoring mechanism among partners that will enable individual partners to monitor their own progress with respect to effecting economic change, and for better decision making and improved impact.
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Sustainability Drivers:

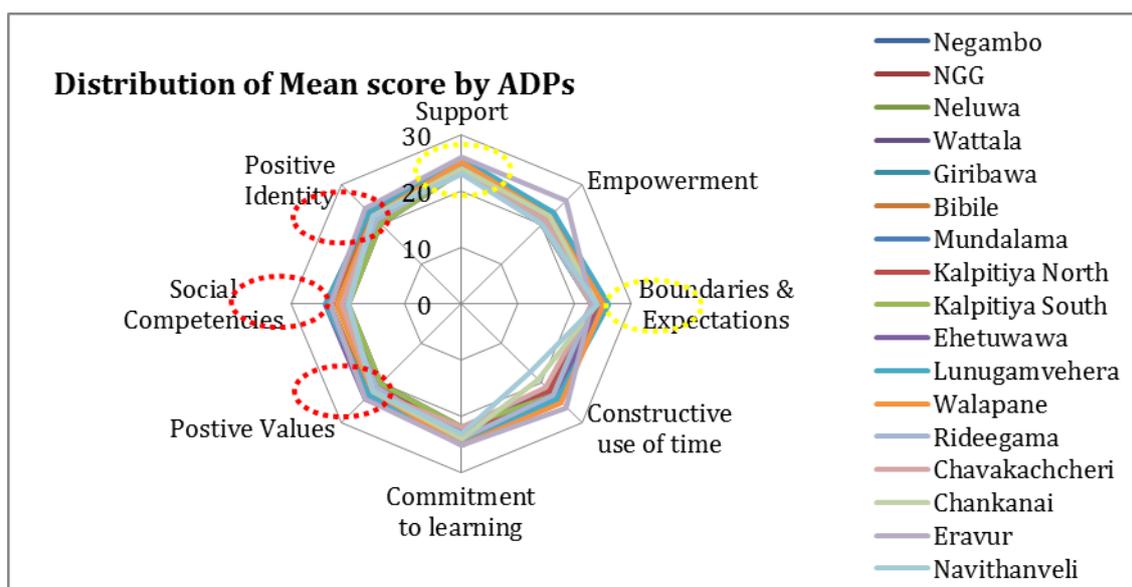
<b>Sustainability Driver</b>	<b>Interventions/ Actions</b>
<b>Local Ownership</b>	A multiplicity of partners engage in needs assessments, and in the design and re-design of interventions; namely—the community, government authorities, trade organizations such as the chamber of commerce, cottage industries, farmer organizations, fishery societies. PLSR is done by the community, and a proportion of asset transfer is borne by the beneficiary. Further, livelihood infrastructure development is done with in-kind contribution from the community.
<b>Partnerships</b>	The achievement of economic development programming has been effected in partnerships with other stakeholders; all interventions are linked to relevant government departments, including the Agriculture Department, Animal production and Health, and the Samurdhi Development Authority that provided trainings. Private sector partnerships have been forged with the following entities that facilitate improved market linkages that contribute to the economic opportunity of the P and PoP: MILCO (Pvt) Ltd., Cargills Ltd., Hayley’s Company Ltd., Ceylon Grain Elevators (Pvt) Ltd.
<b>Transformed Relationships</b>	FDPs have been instrumental in effecting transformed relationships at the household and community levels. Necessary trainings are provided to the producer groups and farmer organizations to empower them to transform their relationship with the service providers in order to meet their needs. WVWL has enabled service providers to access the grass root level and help fulfill the economic advancement of beneficiary households.

## Note 2: Developmental Assets Profile (DAP)

The DAP provides a holistic view of 'youth development' and helps to understand change in the lives of youth in relation to specific Child Well-Being Outcomes (CWBOs). In Fy15, the DAP tool has been utilized to assess the status of well-being among adolescents in the age-category of 12-18 years. WVU's programmes for 'Child Protection' and 'Christian Commitment' are aligned to the asset categories of DAP, which are outlined in the table below. The DAP was rolled out in 17 ADPs and among 300 adolescents aged 12-18, in each of the ADPs.

The mean score for each asset category given in the table correspond to a scale ranging from 'low' to 'excellent' as follows; **Low:** 1-14.5; **Fair:** 14.5-20.5; **Good:** 20.5-25.5; **Excellent:** 25.5-30

Asset category	Mean Score	Interpretation
<b>Internal Asset:</b> Internal assets are a young persons' own commitments, values and competencies	22.24	16ADPs show a clear good score; and 1 ADP shows fair score
1. Commitment to learning:	23.59	All 17ADPs show good score
2. Positive values:	21.65	13ADPs show clear good score; and 4 ADPs show fair score
3. Social competencies:	21.65	13ADPs show good score; and 4 ADPs show fair score
4. Positive identity:	21.88	15 ADPs show good score; and 2 ADPs show fair score
<b>External Asset:</b> External assets are positive development experiences that provided by many different formal and informal systems in a community, they stimulate & nurture positive development in children	22.94	All 17ADPs show significant good score
5. Support:	24.24	2ADPs show significant excellent score; and 15 ADPs show good score
6. Environment:	21.18	1ADP shows significant excellent score; 7 ADPs show good score and 9 ADPs show fair score
7. Boundaries and expectation:	23.82	1ADP shows significant excellent score; 16 ADPs show good score
8. Constructive use of time:	22.65	1ADP shows significant excellent score; 14 ADPs show good score and 2 ADPs show fair score
<b>Total Asset:</b> Internal and External asset score	45.18	



The chart above indicates the status of DAP asset categories in the 17 ADPs. According to the above chart, all of the assessed ADPs show significantly fair score for **positive values, social competencies and positive identity** asset categories. The asset score for **support, boundaries and expectations** asset categories are observed as significantly good among all the ADPs. The remaining asset categories vary between 'low' to 'good' among all ADPs.



## Strategic Objective :4

SO 4: Improve faith and inter-faith partnerships and dialogues for child well-being



### CWB Target 1

Children report an increased level of well-being (12-18 years)



### CWB Outcome

Children enjoy positive relationships with peers, family, and community members.

Children value and care for others and their environment.



### CWB Aspiration

Children experience love of God and their neighbours.

Children have hope and vision for the future.

### Indicators—CWB Target 1 and SO4

The strength of the **support** asset category as reported by youth 12-18 years of age

The strength of the **positive values** asset category as reported by youth 12-18 years of age

The strength of the **positive identity** asset category as reported by youth 12-18 years of age

Number of children who participated in any form of Spiritual Nurture of Children (SNC) programming

Number of families and caregivers who participate in SNC programming

Proportion of youth who rank themselves as thriving on the ladder of life



## Statement of Problem/Root Causes

The problem that is addressed under this SO is two-fold: there is little focus among partners for the spiritual nurturing of children --character building/value formation of children, children having positive relationships with the parents and peers, having a sense of purpose and hope for the future; though religious institutions are well placed to address the spiritual nurture of children, outdated strategies and methodologies deter children from interested engagement with these institutions. Further, the education system in Sri Lanka has limited space for value formation/character building of children. Innovative and context specific, age appropriate interventions are needed to engage children especially the 12-18 year olds in value formation/spiritual formation.

Among the contextual issues that value formation and spiritual nurture attempt to address are – the high rates of suicide in Sri Lanka, and the effects of alcoholism on positive family relations Sri Lanka’s suicide rate is one of the highest in the world – statistics from 2012 indicate that approximately 11 people take their lives every day in Sri Lanka. As per focus group discussions, many children (both registered and none registered) are skeptical of their future. Pervasive alcoholism among ADP communities is often related to domestic violence and adverse effects on children.



## World Vision Response:

In response, WVVL implements a multiplicity of interventions under the heads outlined in the diagram below.

Faith based interventions, including church relation and inter-faith engagement, contribute to an increased development and well-being of children (12-18 years).

Among other programme models, are the “Celebrating Families” model, which supports and equip families that they may create a safe and loving environment for their children’s well-being and nurture .



## Budget

USD - 144,000

## Beneficiaries

100 -Christian leaders  
30 -Other Faith Leaders  
1511- Families  
12807 – ADP children  
194- Other Children  
462 -Sunday school teachers  
147- Volunteers/ Preschool teachers

## ADPs (Number only)

Church Relations- 17 ADPs

Interfaith Relations –14 ADPs

Spiritual Nurture of Children - 20 ADPs

Faith and Development Integration - 9 ADPs

## Partners

MOU signed with churches - 14

National Christian Council and other Faith Based Organisations (FBOs)

Interfaith Forums

FBOs; Lakrivi, Youth For Christ, Royal Rangers, Scripture Union, Ceylon Bible Society, Kids reach, Child Evangelism Fellowship

### Box 19: Most Vulnerable Children: addressing psychological support for CWDs

A special program conducted for the parents of Children with Disabilities (CWDs) in order to provide them with psychological support and encouragement. 27 children with disabilities and their parents benefitted through the efforts.

## Key Achievements:

**Spiritual nurture of staff and prayer mobilisation** - As the need was identified in FY 14 two special programs were designed and conducted for field staff: Development Facilitators' program to address the challenges of incarnational living and, a program for field female staff in spiritual formation and counselling.

**Spiritual nurture of children (SNC) and program integration**- Spiritual nurture is integral to holistic child development, and hence the following approaches are utilized for increased well-being of children.

- SNC strategy development – Following the decision to formulate a contextualized strategy for SNC in FY14, a list of context appropriate interventions have been drafted. Seven FBOs (see listed above) working in the area of SNC were identified and integrated in the strategy development process.

A faith and development assessment was conducted in design and redesign ADPs to integrate SNC to the LEAP cycle. SNC interventions and indicators incorporated in 9 ADP designs in FY15 (11 in FY14) and SNC interventions implemented in 20 ADPs (as reported in FY15 annual reports).

**Church Relations**- During the reporting period 10 initiatives were implemented with church partners; 100 church leaders were trained on holistic child development including 30 leaders who were trained on Channels Of Hope/HIV/AIDS.

**Interfaith Relations** - 30 interfaith leaders, from all the main religions in Sri Lanka (Christian, Hindu, Muslim and Buddhist), were trained on holistic child development. As a result of the trainings and orientations, interventions were initiated by faith leaders in 14 ADPs, in areas including - malnutrition, child rights and right violations, alcohol prevention and rehabilitation of addicts, value formation for children, addressing school drop outs, early marriages, and suicide.

### Box 20: Local-level advocacy; pastors' forum advocates for a Christianity teacher in EAS

Due to a lack of teachers for the subject of Christianity in schools in the area, Christian children have been forced to study other religious subjects in response to the compulsory requirement offer religion as a compulsory subject at the O'level examinations. The education department and the school community had neglected this gap over a long period. Hence, the ADP had a discussion with church leaders of different denominations and awakened them on this regard and facilitated the formation of pastors' forum.

The pastor forum gathered the numbers of schooling age Christian children in the division; based on the statistics and evidence the pastors' forum highlighted the issue to the educational department. Considering the validity of the request the education department appointed a teacher on volunteer basis to teach Christianity subject in one school, with the intention to progressively address the larger problem

**Box 21: Contribution towards "Positive Values Asset Category" & "Positive Identity Asset Category of the DAP**

The value formation programs and spiritual formation programs conducted in the ADPs are intended to inculcate universal human values in children *that are shared by most religions (Ex: peace, justice, love, responsibility, respect etc.)* and also which we see as **values of the Kingdom of God** expressed in Scripture. These programmatic interventions are linked to the positive values asset category measured by the DAP tool. In FY15, the DAP measured a mean value of 21.6 among 17 ADPs. This reflects a "good" score (see description of DAP on page 35)

The spiritual formation programs facilitate children to learn and experience the love of God, and thereby recognizing their self-worth. The programs encouraged children to have a 'positive identity' by learning & recognizing their source of identity. The DAP tool measured a 21.9, which reflects a "good" score for 'the asset category 'positive identity'.

**Box 22: Contribution towards "Support Asset Category"**

The Celebrating Families module was instrumental in improving positive family relationships thereby potentially contributing to an increase in the 'Support' asset category of the DAP. In FY15 this asset category is at a "good" score with a mean value of 24.2 among 17 ADPs.

**Results and Analysis:**

WVL's interventions in spiritual nurture of children and CWB are analysed in terms of the indicators listed below as well as the asset categories of the DAP tool (see list of indicators above):

**Number of children participating in any form of SNC programming**

In FY15 an increased number of ADPs reported against this monitoring indicator. Chart 14 captures the status of children's participation in the respective ADP. Children's participation in spiritual nurture activities are linked to the asset categories of the DAP, as outlined below in Box 21.

Monitoring data indicates that 12807 children from 20 ADPs participated in SNC activities in FY15. In FY 15 context specific issues relating to SNC have been identified in four contexts and corresponding contextual SNC interventions have been designed. Implemented programs consist of spiritual formation programs (Bible quiz, vacation Bible School, youth and child camps), conducted among Christian children, and value formation programs conducted among children of all faith groups.

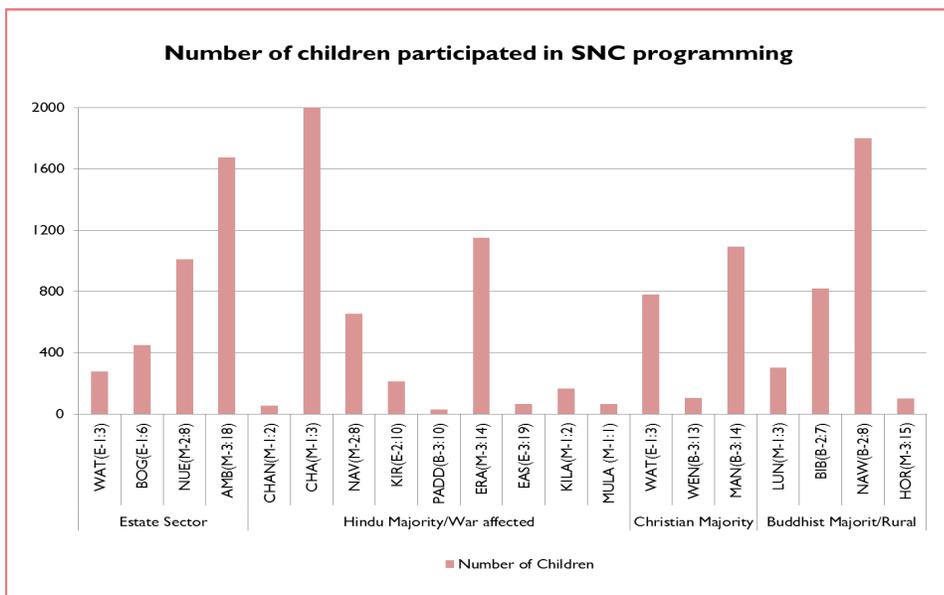
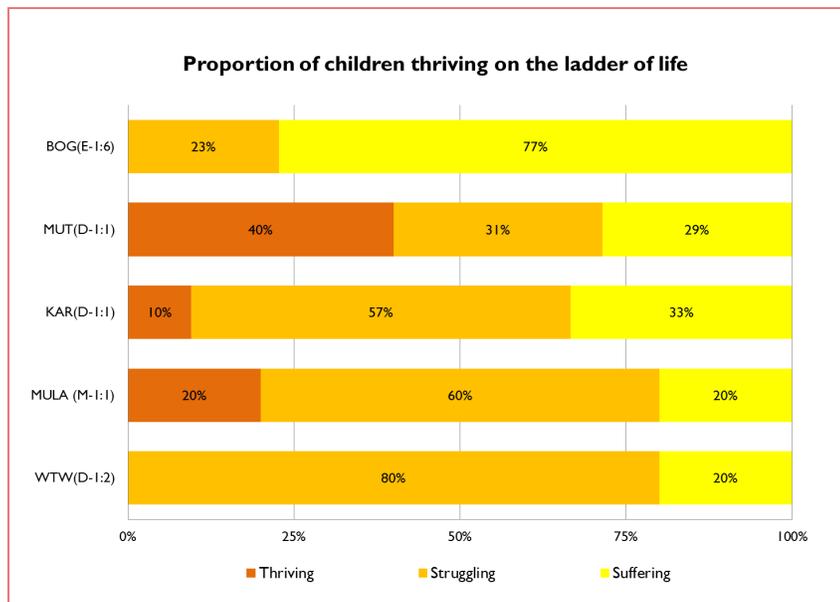


Chart 14

**Number of families and caregivers who participate in SNC programming**

Recognising that parents are the primary source of child nurture, including spiritual nurture, parents are encouraged to create safe and loving environments in which children can thrive. The tool "Celebrating Families" was utilized to equip parents and caregivers; the module was facilitated for 1484 Christian families (in 3 ADPs). The module needs to be contextualised for its relevance to Buddhist, Muslim and Hindu families (see Box 22).

## Percentage of youth who rank themselves as thriving on the ladder of life



The Youth Healthy Behaviour Survey (YHBS) was conducted in 5 ADPs parallel to the Faith and Development assessment as a test run to explore whether the tools may be used to assess the outcome – ‘children have a hope and vision for the future’. In WTW and MUT the value turned out to be 0% children ‘thriving’ on the ladder of life’ (both ADPs are in their ‘design phase’). The qualitative data also indicate that children face numerous challenges in both these ADPs, which hinder them from thriving on the ladder of life. Youth from BOG, MUL and KAR indicated a 20%, 9.52% and 40% respectively for ‘thriving on the ladder of life’ (see Chart 15). Based on these results, special SNC interventions are to be implemented to increase hope and vision for a brighter future.

Chart 15

## Key learning and Recommendations:

Key Learnings	Recommendations:
As per the data extracted from 39 Annual Reports in FY15 there is a need to develop a curriculum for SNC programming, which will guide the ADPs on implementing and assuring the quality of the SNC interventions.	Adapt existing resources for SNC programming, developed by SNC partners, for a customized curriculum that contributes to the following asset categories of the DAP: support, positive values and positive identity .
Staff understanding of SNC has to be further broadened to establish the quality of the SNC interventions and to integrate SNC elements in programming.	Develop a hand book for staff orientation on SNC .

## Sustainability Drivers:

Drivers of Sustainability	Interventions/Actions
<b>Local Ownership</b>	Through the SNC interventions of FY 15 children were empowered to take ownership of their own lives having a sense of hope and vision for the future. Likewise, through interventions such as ‘Celebrating families’, families were conscientized and empowered to create a loving and safe environment for the children to thrive in. At the community level, partners (Sunday school teachers) and faith based organisations were capacitated to be responsive for better spiritual nurturing of children. Further, faith communities/leaders were conscientized and mobilized towards working for the increased well-being of children.
<b>Partnering</b>	Partner network was further broadened by making new ties with SNC partners ((Lakrivi, YFC, Royal Rangers, Scripture Union, Ceylon Bible Society, Kidsreach, Child Evangelism Fellowship). Partnering with the existing religious structures and designing ‘Shared Action Plans’ in order to work effectively for CWB continued during FY15.
<b>Transformed Relationships</b>	“Celebrating Families” approach placed greater importance in enriching and strengthening caring and trusting relationships within families. All SNC interventions stress in the area of children enjoy positive relationships with peers, family and community.



## Strategic Objective 5

### SO 5: Ensure Children are Cared-for Protected and their Voices are Heard and Respected



#### CWB Target 1

Children report an increased level of well-being (12-18 years)

#### CWB Outcome

Children are respected participants in decisions that affect their lives.

Children are cared for in a loving and safe family and community environment.



#### CWB Aspiration

Children are cared for, protected and participating

#### Indicators—CWB Target 1 and SO5

Number of children participating in children's clubs (SI)

Number of functioning child protection vigilance committees (SMI)

Proportion of parents or caregivers who report that their community is safe (SI)

Proportion of youth who feel their community is a safe place (AI)

#### Statement of the problem

While there is a renewed commitment by the government elected in January 2015 towards the protection of children, 2015 recorded some serious child abuse incidents, including the brutal abuse, rape and murder of a 4 year old child. Many cases of child abuse and exploitation of children are unreported despite progressive measure by government, including institutional support for the protection of children. According to the National Child Protection Authority over 10500 cases had been reported in 2015 and the highest number of cases were reported from Colombo city, where it is assumed, the population has better awareness accessing complaints mechanisms and remedial measures. Further, children are excluded from development processes that impact their well-being, often leading to violation of their rights.

#### Root causes



While there are legal structures and protection mechanisms in place for children, they are not always accessible and/or efficient for timely intervention and action;

Little awareness among authorities, communities and families of the rights of children;

Children's rights are not associated with their holistic development, and hence are often neglected;

Children are often excluded from decisions that concern them, contributing to violation of their rights.



#### WVL's Response

Capacitating most vulnerable children and families, to respond to child protection needs through community based child protection mechanisms, such as establishing and strengthening village level Vigilance Committees that monitor and respond to protection cases.

Awareness programmes for the community, children, families and government officials, and follow-up on child protection cases filed with the justice system

Promoting child participation and strengthening community based child protection mechanisms.

Engaging in policy level dialogue towards the adoption and implementation of progressive child protection standards.

## Budget

USD 421,265 (in addition to CP expenses captured in other sectors)

## ADPs

43 ADPs and ARPs  
3 Street children's projects

## Beneficiaries

48,555 children (membership of child societies),  
125 Children (membership of street children's projects),  
520 Vigilance Committees (10,400 adults)

## Stakeholders

Ministry of Women and Child Affairs, Department of Probation and Child Care Services, Children's Secretariat, National Child Protection Authority, Sri Lanka Police, NGOs, Village Child Development Committees, Child Federations, Government administration bodies.

## Results and Analyses:

### Number of Children Participating in Children's Clubs

Children's clubs convened by WVWL contribute to fulfilling the rights of children stipulated in article 15 of United Nations Convention for the Rights of Children (UNCRC), and to promote child participation. Children's club activities enable children to develop their skills and put forward their plans in a creative manner. Due to cultural factors, children and especially the girls, are restrained from meeting with children of other families, especially those from other ethnic groups and religious backgrounds. These circumstances have changed to include better integration, where children's clubs are functioning well. Furthermore, children's clubs have been instrumental in changing adult-perception of child participation. In FY15 WVWL directly facilitated 853 children's clubs with a membership of 57435 children.

The children clubs are registered with the local government authorities and thus they are linked to government support mechanisms. Children's clubs continue to be used by all programmes of WVWL that require child-engagement. For example, under 'Sponsorship in Programming' (SIP), children's clubs are the main channel to provide direct input of sponsorship operations.

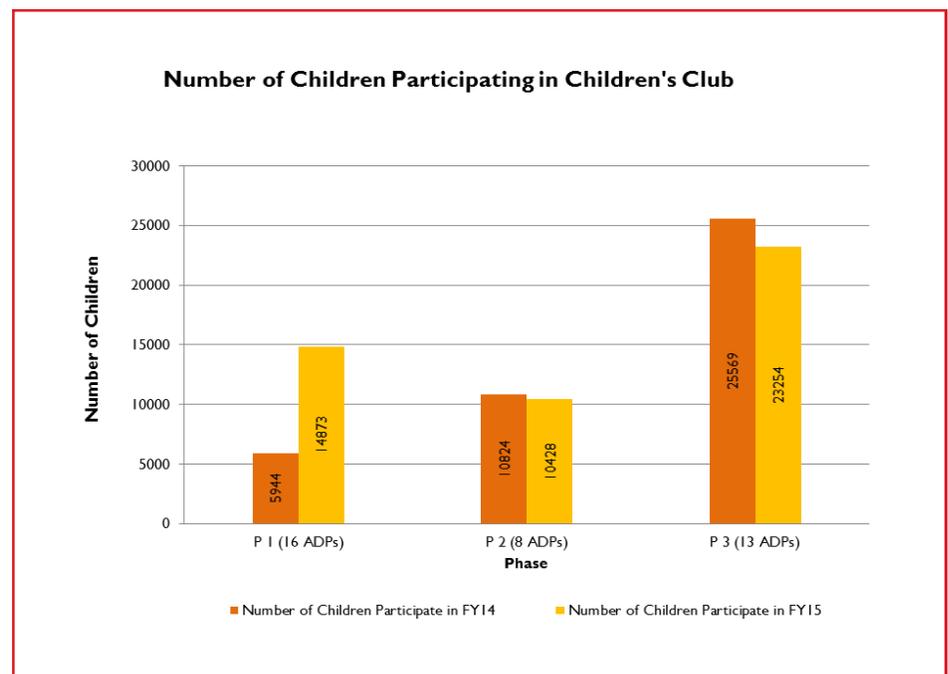


Chart 16

Chart 16 indicates regular attendance of children in their respective children's clubs. Due to increased emphasis on children's clubs by WVWL, registration with government's, etc. ADPs in phase 1 marked a significant increase in FY 15. Meanwhile the ADPs in phase 3 show a decrease for FY 15. Due to the phasing out plans of the older ADPs, the services of community mobilizers are gradually withdrawn and it has been a challenge to maintain the scope of children's clubs without the services of these personnel. However, all children clubs in these ADPs have been registered with the government authorities and are monitored and supported as necessary.

### Box 23: DAP (Internal) Asset Category -Commitment to Learning/ Social Competencies

Child participation in children's clubs is linked to this internal asset category (see note on page 35). This asset reflects on the skill and abilities of the children. Children, develop their competencies through the curriculums, activities, programs, of children's clubs. In further improving this asset category, more focus will be given to life skill programming especially on managing emotions and development of other coping skills. All action plans and interventions done by children's societies support in enhancing this category.

### Box 24: Quote; Children's suggestions and ideas are valued

"Our community has come to appreciate and value children's ideas and suggestions before making crucial decisions in the village. For instance, the village monk attended a child leadership training programme and inquired from us about the best way to assist a poverty stricken family in the village" - 15 year-old girl from EHE

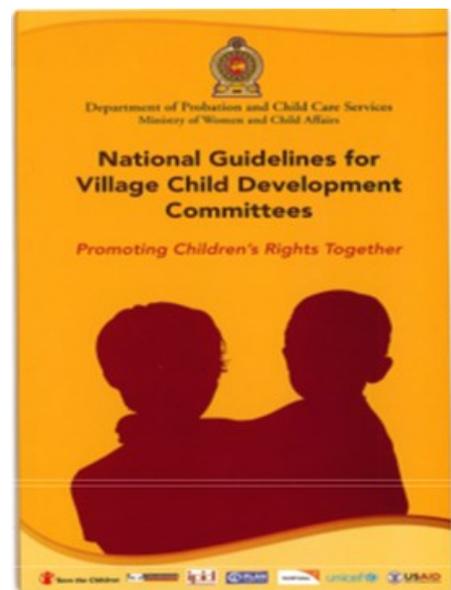
### Box 25: Local ownership and innovation demonstrated by a Children's Club members in WIL

WIL is an agricultural community. Members of children's clubs organized a tree planting and a home gardening programme, and requested the local government authorities to grant them a small piece of land to create a model garden. The children worked hard on the land and were able to create an attractive garden full of various plants and herbs. Later, in August 2015, on the invitation of the children, the garden was visited by the government agent of the area who was impressed with the children's achievement. As a result, the government agent granted the land to the children's clubs on a permanent basis, to be continued as a model home garden programme for the entire area, together with necessary support of government officers (such as agriculture officer) for the same. Furthermore, the government set-up a children's park in the same vicinity making it more appealing for families to visit the model garden. The community considered this a singular achievement by the children.

### Number of Child Protection Vigilance Committees

Vigilance Committees (VCs) are community based mechanisms that empower communities to respond to the protection needs of children. This is built on the principles of CPA (Child Protection and Advocacy) Approach and it effectively reinforces the 'partnering' principles of DPA. This group is responsible for advocating on child protection needs of the community as well as supporting the families in their response to protection issues. VCs are registered with the local authorities and as such receive inputs of government in the long run. Through the increased awareness on child protection, the community has been able to facilitate community based child protection mechanisms. WVW supports the setting-up and capacity building of Village Child Development Committees (VCDs).

In FY15 the National Guidelines for Child Protection Vigilance Committees, referred to as VCDs, was launched and is now effective nationally. This is a joint achievement by the Ministry of Child Development, WVW and other partners.



"The vigilance committees functioning in the area actually persuade me to act more diligently. They ensure that I visit the area often and attend to protection matters. For example, in a certain instance, when a 9 year old girl who had dropped off from school due to bullying was identified, we managed to find another school for her in the area. However it was a bit too far and once again the vigilance committee responded by making a push bicycle available for the girl and now she goes to school happily" - Ms Shirani Gunarathna - Child Right Promotional Officer of, BIB.

## Number of Child Protection Vigilant Committees

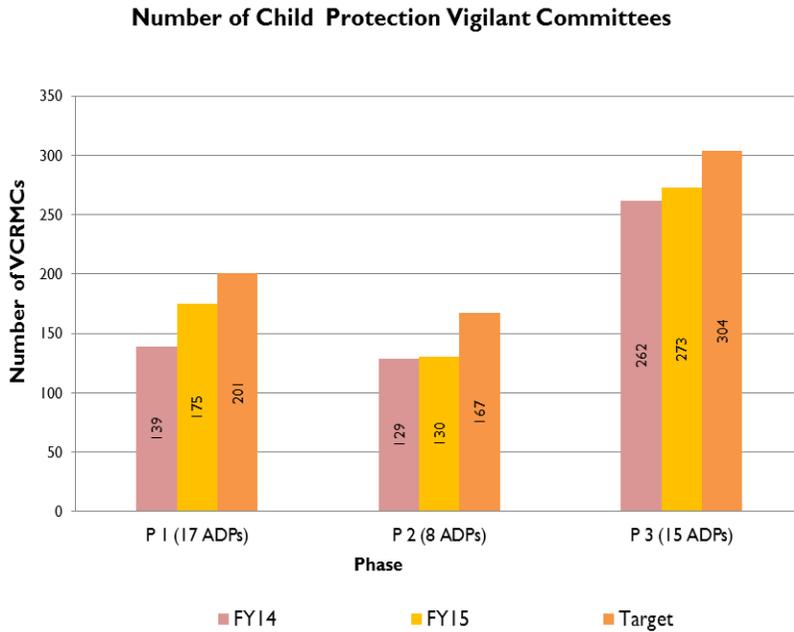


Chart 17

children by WV and partners has resulted in community becoming a secure place for children, and other community members.

### Box 26: DAP (External) Asset Category – Boundaries and Expectations

Among the 17 ADPs assessed by the DAP tool, 1 ADP scored an ‘excellent’ and 16 ADPs scored ‘good’ in the asset category of ‘boundaries and expectations’ (see note on page 35). Interventions with VDCs are aligned with this asset category. VDCs function at the village level to ensure community support for children to grow in a protected and peaceful environment. In addition, children’s clubs play a significant role in shaping personality (cultivating values and good practices), as well as allowing opportunities for engaging in creative activities and development initiatives.

## Youth/Parents Report that their Community is a Safe Place

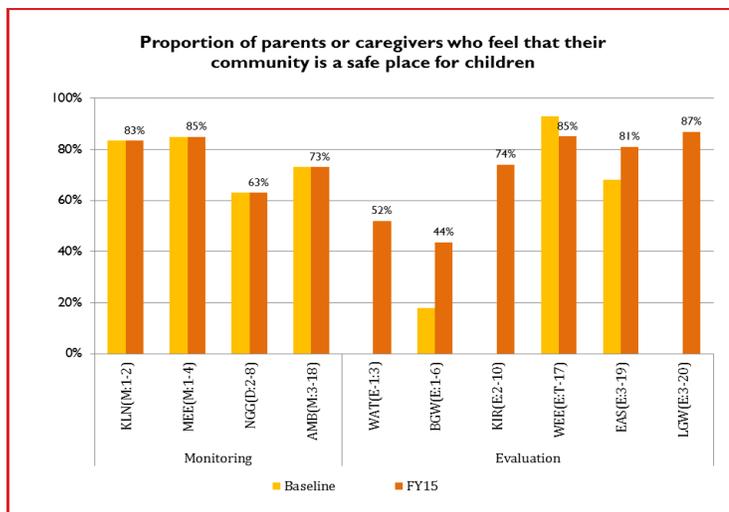


Chart 18

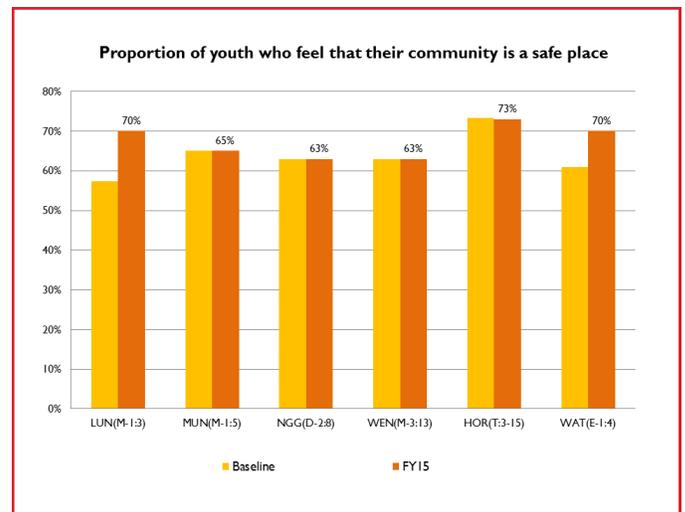


Chart 19

Charts 18 and 19 above indicate proportions of ‘parents/caregivers ‘and ‘youth’ who feel that their community is a safe place for children. There is positive progress in a majority of ADPs, except in 2 - LIN and WEE. LIN is a new ADP where, with the community’s increased awareness on ‘protection’, they have realised that children are more vulnerable than was estimated initially. It is necessary to build stronger partnerships in certain locations, such as WEE, where for different reasons, communities feel increasingly vulnerable (for instance, where WVL is preparing to phase-off its activities).

**Box 27: Best Practices in Child Protection; Micro Project for Children’s Clubs**

WVL introduced the ‘micro- project’ concept into children’s clubs. Here the needs identified by children are designed into ‘projects’ and carried out collectively. Children intentionally include such activities in their annual plans and carry them out. These projects allow children to achieve specific desired tasks and also build skills such as leadership and organizing. Children learn and understand their strengths, weaknesses and what they have to improve, by working on these projects. Due to the success of these interventions by children, in NGG ADP, a special reflection was carried out by the Government officers on their own interest.

**Box 28: Innovation**



WVL developed and introduced a simple set of steps for children to protect themselves from abuse and danger. WVL named these as “golden rules” and are widely use in awareness programmes with children. The same standards are now narrated in a story of a hen and her chicken to make it more attractive for children, especially for children of younger ages.

**Key Learnings and Recommendations:**

Key Learnings	Recommendations
Partner engagement in conducting children’s clubs is vital to sustaining their scope and impact, especially at the latter part of the ADP life cycle. Children’s clubs should be less dependent on services of paid personals such as community mobilisers.	Intentionally engage relevant partners for sustainable planning of children’s club interventions in third phase of ADPs  Give priority to DAP (all external categories and the internal category— ‘social competencies’), when facilitating annual action plan for children’s clubs.
Adolescents require a variety of approaches in order to secure their participation, in addition to the traditional children’s clubs activities, in keeping with their level of mental and physical capacity.	Introduce initiatives that allow children and youth to grow in their creativity and skills (Example—Enable children to implement micro projects).
At times, external programme implementers may think that poor or illiterate populations cannot advocate for themselves. However, CPA groups such as the VCs located in remote areas have initiated actions that promote justice, following some initial support and capacity building to organizing themselves.	Build capacity of community members to address identified CP issues in communities.  Use child protection community mechanisms such as, VCDC to be more development focused rather than functioning only as a protection body. They could be effectively involved in continuous monitoring that is required in sponsorship programming.

Sustainability Drivers:

**Sustainability Drivers**

**Interventions**

**Local Ownership**

Children’s clubs are owned by the communities and engagement of adults is ensured as necessary. Children take decisions on their own and take responsibility for their actions. Their actions are well supported by the adult leadership in communities.

**Partnering**

Due to close engagement with state agencies, WVL has become a desired partner for many initiatives that the government has launched. As such WVL has been able to ensure government’s continuous follow-up support for relevant work (Ex: vigilance committees and children’s clubs) In bringing the engagement of faith leaders, WVL has been facilitating collaborations with faith-based organizations and interfaith forums for promotion of protection of children. Such engagement has enable faith leaders to start adapting child protection as an area of focus in their ministries.

WVL is an active partner in SAIEVAC (South Asia Initiative to End Violence Against Children) mechanism and has been able to acquire continuous support in advocating with the government.

**Transformed Relationships**

The focus of child protection interventions allows children and families to understand child rights, and learn values. Such an aspect enables communities to respect each other, care for the vulnerable and support others in need. Meanwhile, the activities of children’s clubs bring children of many ethnicities and backgrounds together and make space for them to trust and work creatively.

**Local Advocacy**

The child protection VCs supported by WVL enable communities to respond to child protection issues responsibly and stand in support with the victims. In the contrary, earlier the victims would suffer in silence all by themselves and at times would get further cornered and discriminated.



## CWB Outcome

Are cared for, protected and participating

Children value and care for others and their environment

Protected from infection diseases and injuries

## Indicators

% of functional Village Disaster Management Committees (VDMCs) in Programme Focus Areas (PFAs) (SI)

# of families / disaster events assisted by the program, during the first 05 days of the disaster occurrence. (SMI)

# of Disaster mitigation measures developed and implemented by the community at a local/Divisional level in collaboration with partners

# of VDMCs have trained on basic thematic areas of disaster response

### Note:

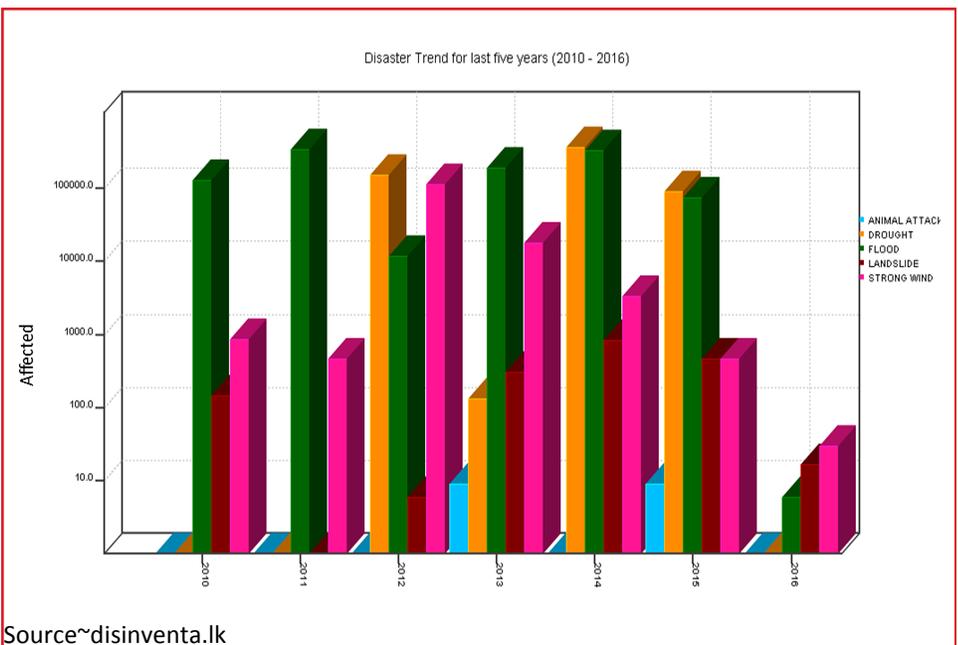
\*According to the National Office Business Plan (NOBP) for FY 15, the target for DRR sector was - "10 ADPs and 01 ARP have new DRR interventions". Annual reports FY15 indicate that, 13 ADPs have implemented disaster mitigation interventions, 14 ADPs have done basic thematic trainings for VDMCs, and awareness creation for communities has been done in 15 ADPs. All of those interventions have contributed to achieving the annual targets for FY 15.

## Disaster Risk Reduction (DRR)/ Disaster Management:

### Statement of the problem:

Being an island Sri Lanka is directly influence by intense weather changes due to the influence of oceanic weather patterns. Thus due to climatic changes Sri Lanka is susceptible to intense and frequent floods, droughts, landslides, high winds and cyclones. Chart x indicates the top five disaster trends in the island that have increased, despite mitigation of the impact, especially with respect to 'loss of lives' due to the frequency of natural hazards. Loss and damage to livelihood and infrastructure has increased dramatically. Among other challenges are - the timely dissemination of early warning to the disaster prone communities and capacity issues of communities located in vulnerable locations to understand early warning messages.

### The trend of five top natural hazards that are impacting in WV working areas in FY15



### WVL's Response

The aim of WVL's DRR interventions is to ensure that vulnerable communities are resilient through disaster preparedness and assistance, to sustain livelihoods and local economic development, and respond to climate change whilst ensuring sound environmental management. WVL has aligned its DRR interventions with the country's Comprehensive Disaster Management Plan for 2015 - 2018 (SLCDMP), which has been formulated in response to - significant gaps in holistic disaster management interventions; initiative to build government's capacity, and to engage with private sector and civil society partners towards the systematic incorporation of DRR implementation. These have been identified as key components in our area programming too. This includes - design and implementation of mitigation and prevention measures and also strengthening of early warning mechanisms at village level (see Key Achievements below).

With respect to disaster responses taken in FY15 the pre-positioning essential relief goods that WVW has placed in main strategic locations have paved the way for a quick response. Given WVW's active engagement and capacity to coordinate positive relations with INGO's, government authorities and private sector partners; enables WVW to meet our requirement of being effective responders as well. The quality, level of preparedness and contingency arrangement in WVW's ADPs is evidence of WVW's staff capacity and capability in relief response operations.

**Key Achievement:**

Type of Disaster	Mitigation Intervention in FY15 (currently implemented in small-scale among limited beneficiaries)
Hydrological Disasters; Floods, Droughts	Upgrade water storing facilities, renovation of irrigation channels and wells, construction of irrigation tanks, agro wells and water tanks in schools, de siltation of irrigation tanks and ponds, Clearing of natural water ways, Elevating of roads, construction of culverts, (In KIL, MAN, KOR, MUN, HOR)
Geological Disasters; Landslides, Rock-fall and earth Slips	Construction of water draining systems, clearing of drains to have a clear water flow, removal of hazardous rock formations above human settlements, distribution of awareness material (posters etc.) among schools and public areas (In WAL, NUE, HOR)
Man-made Disasters; Human elephant conflict, Fire risk management programs	Training on elephant attack control, clearance of surroundings with putting up electric fences, sensitization of bio fencing for HEC: palmyra cultivation and bee keeping, creating awareness and stabilization of electrical wiring systems of line rooms (in BOG, NUE, WAL, NGG, MUN)
All types of disasters	Strengthening of early warning and hazard monitoring programs, Strong external stakeholder (INGO, DMC, MDM, Private Partners/Corporates) relationships to gather information to assist effective decision making as well as effective resource mobilization to assist people affected, Referrals to insurance schemes as a mitigation measure especially in the livelihood sector, provision of safe houses to the most vulnerable families

**A. Disaster Risk Reduction**

The progress indicated in Chart 20 is due to the interventions below: Village Disaster Management Committees (VDMCs): in order to build and sustain resilience among communities, WVW works with District Disaster Management Coordination Units in order to formation of VDMCs in the communities who are at risk in WVW program impact areas. The total # of VDMCs is around 202, out of which 28% (58 of VDMCs) are actively functioning; WVW has supported these VDMCs to holds regular meetings, formulate preparedness plans, and identify mitigation activities for villagers, among other things. The performance of VDMCs is assessed against pre-determined criteria at the financial year. With respect to VDMCs that are not functioning well, reasons include that – the government's District Disaster Management Coordination Units (DMCUs) do not engage in proper follow-up sessions, and funding allocations are limited. Hence, there is a need to strengthen them to intervene among communities vulnerable to disasters effectively. Other interventions with respect to the capacitating VDMCs include - linking VDMCs with DDMCU, as well as with Early Warning mechanisms, and mobilizing a greater level of vigilance in hazard monitoring and early warning dissemination among communities.

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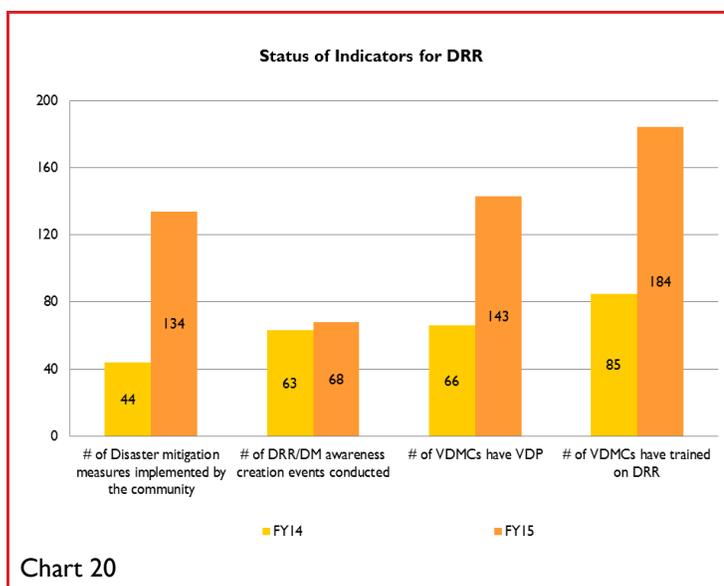


Chart 20

**Village Disaster Preparedness Planning:** There is a significant improvement in disaster preparedness at the village level. 143 villages have developed disaster preparedness plans. In this process they have been working with government officials, religious leaders and other community members along with vulnerable people to make their village ready for any disaster.

This plan contains information with regards to - available resources, number of vulnerable people and their location, availability of safe locations and safe roots, external partners who support the communities, among other things.

Mitigation Interventions: As Chart 20 indicates, there is a significant rise in the number of mitigation interventions made by communities in comparison to past years, indicating the understanding and level of interest given by the community and staff to DRR. National level sources indicate that loss and damage to the livelihoods and agriculture is increasing due to disaster. Therefore the need for minimizing the negative impacts to the livelihood sector is very much important. More intentional attention should be given to integrate mitigation and prevention measures in WVL programs are needed in order that our communities are resilient to disaster impacts.

DRR/DM trainings and awareness: Participation in awareness and training has increased in view that these programs are y valuable in enhancing the knowledge of the community. Awareness programs among children have proved useful in taking the concept of resilience into the community. Therefore it is good to be scale up the child focus in DRR programs to all the ADPs in order to capacitate children in DRR/DM.

**Box 29: Testimony from a DRR Project in North:-**

Children’s knowledge and skills in disaster risk reduction have significantly improved as a result of the project and due to innovative approaches used to engage children. There were number of examples to describe the impact of these increased knowledge and skills both individually and commonly, especially as children are now able to undertake responsive actions to disaster risk reduction in their schools and community. *DRR project Evaluation report.*

**B. Disaster Response**

WVL was able to assist 28,607 families who have been affected by various disasters in FY 2014. In FY 2015 it has increased up to 65,267 families due to the heavy rains and high winds came with Southwest monsoon in 2014 / 2015. This has resulted flooding and mudslides around the country, which affected 19 ADPs. 487 families were affected by earth slips, and rest of 64780 was affected by floods and strong winds. WVL was able to swiftly support to those affected households by providing emergency relief suppliers. WVL relief response programs have assisted 7477 RCs WVL was able to assist affected people in less than 05 days of the disaster occurring. The above numbers are taken from ‘situations reports’ in view that reporting against an indicator has found to be challenging for the following reasons: obtaining the exact number of beneficiaries during disaster; the number of persons residing in camps change constantly, when assistance is mobilized through government entities. Some ADPs report the number of beneficiaries while other report the number of disaster events.

**Box\_30: Testimony from NEL**

“At the time the flooding occurred, we were far away from our home. We got a message when the water level of the river rose. Hence we could remove our goods from our vegetable boutique and go to a safer place. Therefore there were no big losses as last time.” Leelawathie ~ Annual Report

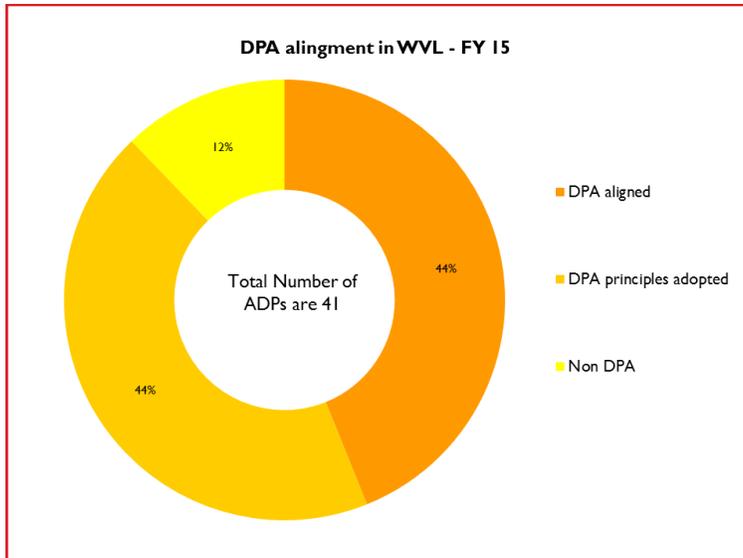
“World vision institute is giving an active support in disaster management. According to that, we could take actions to aware our community about flood. As a result, damages occurred due to the flood were low in this time” P.G.Chinthaka Nalin Kumara, disaster relief services officer, divisional secretary office, NEL~ Annual Report

**Key Learnings and Recommendations:**

<b>Key learnings</b>	<b>Recommendations</b>
There is a necessity to strengthen and continually monitor that VDMCs are functional. It has been found that many VDMCs cease to be active after a disaster response operation at the community level has been completed.	Intentionally focus on measures to increase the number of functional VDMCs, such that it will produce timely, effective and appropriate DRR and disaster response services to villagers.
Extensive trainings for students and teachers have been identified as a good avenue to increase awareness rising on DRR.	Scale up of DRR interventions for children through child focused DRR (CFDRR) and school-based DRR intervention.
It has been identified that VDMCs may be used to effectively in disseminate early warning messages to the most vulnerable communities who are at risk to the disasters.	Strengthen and establish last mile early warning mechanisms which prevent and lessening the disaster impacts among vulnerable communities.

## Development Programme Approach (DPA)

Development Programme Approach (DPA) is the basic foundation for all WV programming, and especially relevant to the effective implementation of LEAP-3. DPA is defined as - “equip WVWL local level staff to work effectively with partners towards the sustained well-being of children within families and communities, especially the most vulnerable.” It is intended that within FY15 all ADPs, except for the ADPs in transition, will either be fully DPA aligned or adopting DPA principles (see Chart 21).



### ADPs aligned to, or adopting DPA principles:

Fully DPA aligned ADPs refer to the ADPs who are applying all the principles and standards of DPA while the DPA adopters are applying certain principles and standards. For instance, in the latter, not all ADPs practice incarnational living where staff reside in the PFA.

Chart 21

DPA is monitored against Programme Effective (PE) Standards which are aligned to the 4 components of DPA - contributing to child well-being, working effectively with local level partners, equipping local level staff, and basic program parameters. While the PE tool was rolled out in FY15, its findings are currently being subject to review and validation, and not all findings are available for inclusion CWB reporting.

The DPA approach is strengthened by ensuring accountability in WVWL programmes (see section 1 below); as well as by an ‘integrated focus’ on the 4 components of the DPA (see section 2 and Table 04):

### 1. Accountability

WVWL ensures accountability in development programs in the following dimensions:

**Downward accountability:** ADPs take full account of beneficiaries’ opinions, concerns, suggestions, and complaints from the design stage onwards.

**Upward Accountability:** ADPs and the NO share key programme information and supporting documents with government and donors.

**Peer Accountability:** ADPs develop shared plans, and engage in coordinated activities

### The Programme Accountability Framework (PAF):

In FY15 there has been a concerted effort to improve ‘feed-back and complaints’ procedures among ADPs (see progress against recommendations). Chart x captures progress in FY15 in the different levels of the PAF. A positive trend is apparent in ‘collecting and acting on feed-back and complaints’.

34 ADPs have done the Accountability Self-assessment Framework in FY15 and summary of results have been included in Chart 21 with comparison against FY14

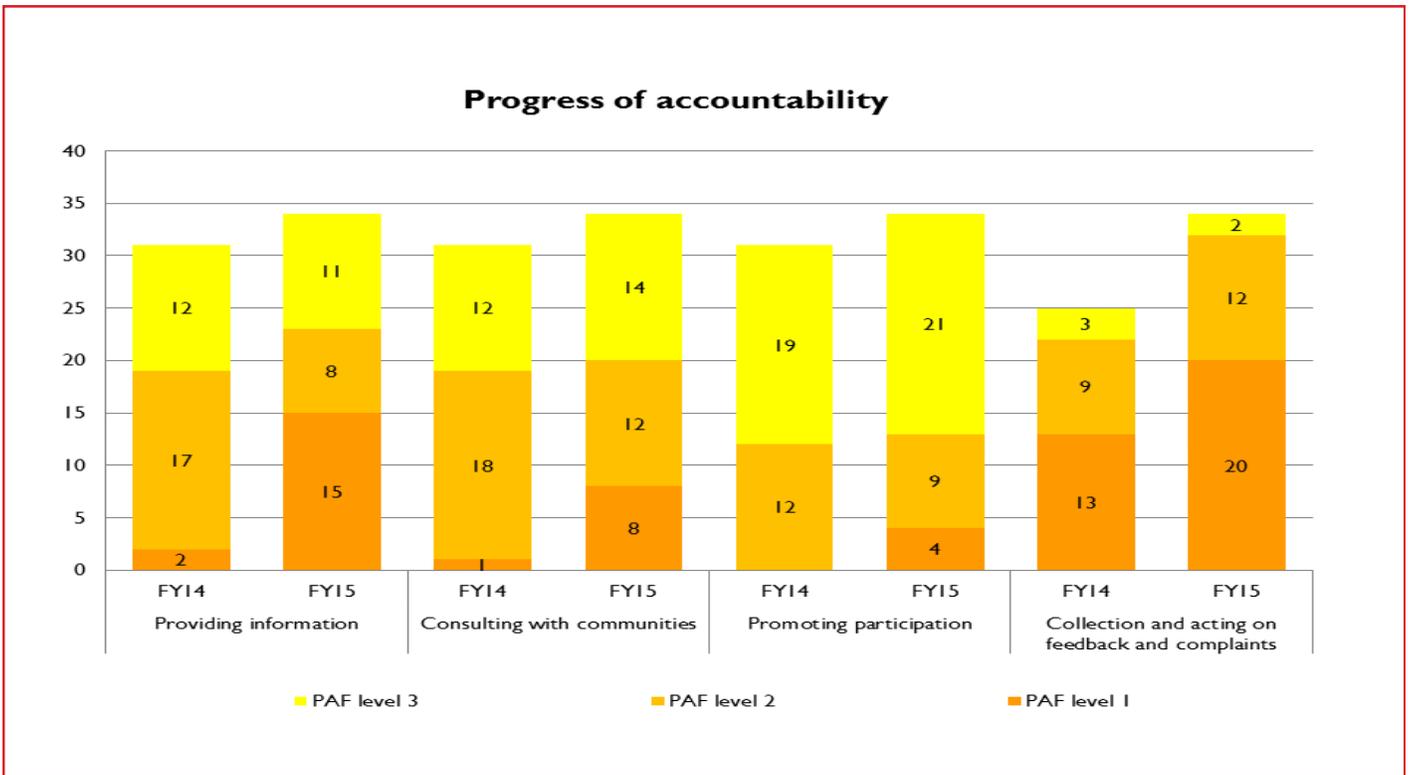
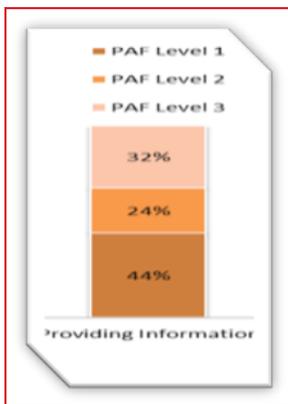
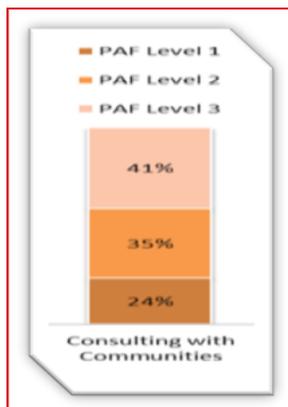


Chart 22



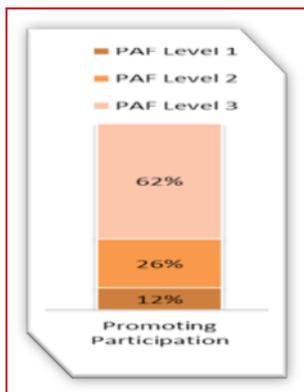
**Providing Information:** ADP baselines (11) and evaluations (9) that had been conducted in FY15, were shared with the community of the respective ADP, as well as among partners. Further, ADPs display its goal and objectives in central places where community and stakeholders gathers to obtain necessary services from government (KIR and PADD).

Different mechanisms are used by each ADP to create awareness on sponsorship programmes. For example KAL uses leaflets and videos. The community is more accessible to the field staff for information as ADP practices a ‘3 days stay’ of Development Facilitator within the village (CHA)



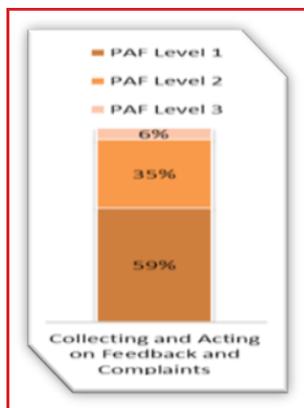
**Consulting Communities:** in FY15 3 designs and 8 re-designs have been completed in consultation with children, community and stakeholders who have been concertedly involved in the process. Their suggestion and recommendations are valued and incorporated in the design/re-design documents. ADPs conduct reflection with community and stakeholders annually and bi-annually. The outcomes of the reflections are incorporated semi-annual reviews and annual reviews (DEV, GIK and NUE).

Further, ADPs engage with community in implementation as well as consult them to establish sustainable mechanism. For instance, in HOR, a new cattle rearing and cattle revolving system was suggested by dairy farmers, to continue with the asset transfer process, even after transition of the ADP



**Promoting Participation:** Participation is mobilised in 62% of the ADPs in their design, re-design, baseline, monitoring, implementation and evaluation. In KIL, children are empowered to engage in village level development work, and have taken the initiatives to fix issues regarding local transport services.

Child participation is promoted by ADPs in development programming; in KIL children’s access to school was compromised by a lack of transport facilities. Children took the initiative to address the problem and to arrange the local transport



**Feed-back and Complaints:** communities are sensitised about their right to provide feedback and complains. A formal system is established in NUE, where complaints boxes have been utilized; the complaints are collected every month and registered in the common ledger under the supervision of estate management. There is a Program Complaint Management (PCM) review committee which includes government representation, local government, WVWL and the estate management.

Suggestion boxes have been fixed in 22 schools at WAT in collaboration with the schools and police. Suggestions and complaints are collected by students and necessary action is taken, based on the feedback.

Table 4: Components of the DPA; achievements in FY15 against the components of the DPA

DPA component	Interventions/Progress in FY15
<p><b>Child Well Being:</b></p> <p>The programme and all its projects contribute towards a vision of CWB, developed with the participation of, and owned by communities, among whom the most vulnerable are also participants and beneficiaries.</p>	<p>Planning and implementation of activities have been in conjunction with the involvement of the community in many of the programmes (such as obtained information and ideas for planning and implementation of the activities), including the involvement of MVCs.</p> <p>Community based monitoring systems for CWB have been strengthened through existing partners (CBOs, Mothers' supports groups, Faith Based Organisations, Women Rural Development Societies and Community Care Groups)</p> <p>Project goals and outcomes are designed and implemented towards CWBA/O, and ADP staff has been further oriented to focus on CWBO in and through program interventions.</p> <p>PDDs are developed and aligned with CWBTs</p>
<p><b>Working with Community and Partners:</b></p> <p>The primary role of WVWL programme staff is to serve as a catalyst and builder of capacity of local partners and partnerships towards improving and sustaining CWB.</p>	<p>ADPs practice brokering, incarnational living and are involved in transforming community structures.</p> <p>Transparency in partnerships has been strengthened with the implementation of the PAF in all ADPs (see discussion in accountability section above)</p> <p>MVC are selected for sponsorship programmes on the basis of vulnerability mapping conducted in conjunction with community and other stakeholders</p>

### Equipping Local Level Staff:

The programme staff includes a team leader and one or more development facilitators who are committed to an incarnational living (that is, living among people in the communities they serve).

The programme staff demonstrates key traits and competencies that are necessary for the effective implementation of their roles.

The programme staff are supported by technical specialists within the programme, at the zonal/base level, or at the national level, with expertise in quality assurance and other technical competencies

A number of initiatives have been implemented in FY15 to build staff capacity that can mobilise the DPA approach. Among the main capacity building programs LfT (Learning for Transformation), LPT (Local Partnering training) and Lingo (Project Management) plays a major role. LfT focuses on shifting and attitude and the role change to facilitate development in community while the local level partnering focus on building capacity of staff to build the capacity of local groups in turn.

Accordingly, the second phase of the LfT has begun in the field in FY 15, and 5 modules of LfT will be completed in FY 16. Linked with the Global University of lifelong learning, staff will be applying for the professional Diploma, Bachelors and Masters in FY 16 after gaining the full accreditation.

Two sessions on 'local partnering trainings' were conducted for 64 staff members, including ADP managers, Development Facilitators and Programme Coordinators.

Field training of the project management also has been completed.



### Basic programme parameters:

Basic program parameters refer to the manageable geographic size of the programme and corresponds to existing local government boundaries.

The programme has adequate resourcing to fulfil its commitments for contributing to child well-being.

In sponsorship-supported programmes: the programme ensures that registered children are among the primary beneficiaries.

Initiative for providing the scope and parameters of DPA implementation has been progressively implemented in FY15

The DPA application guide provides the field with a total picture of how the DPA is applied along the critical path, and also addresses sponsorship, advocacy, DRR, local partnering, sustainability and accountability.

Finance guide and procurement guide has been contextualized to give clear guidance for financial partnerships.

ADPs specially where the financial resources are less to accomplish the outputs have applied and received grants. The ADP funding received through local partnerships and private partnerships have improved significantly.

### Key learnings and Recommendations

Key Learnings	Recommendations
Lack of uniform system to identify MVCs throughout the country is an impediment to in implementing common approaches to development programming.	Extend the consolidated tool for the mapping of MVC to all ADPs, for a common understanding of vulnerability and thereby include MVCs in development programmes as appropriate
While project visions owned by community are effective among the new design ADPs who have adopted DPA from the beginning, community ownership needs to be improved among the re-design ADPs.	Effect plans among all ADPs to formulate transition strategies to adopt the DPA; Partnership engagement should be increased, especially among the re-design ADPs; Incorporate all DPA principles in redesigns from the beginning, while emphasising the importance of community ownership.
ADPs have not engaged in the adequate incorporation of PE assessment findings into ADP planning processes.	Close supervision by management to incorporate PE findings in ADP annual operating plans.

## Acknowledgements

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<b>The Review Committee</b>	Jonathan Johnson (National Director, Interim), Jude Perera (Director, Operations), Sithmini Perera (Strategy Management Advisor)
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<u>Strategic objective 4:</u>	Thilini Perera (Coordinbator, Strategic Initiatives), Viraj Abeysekara (Manager, Strategic Initiatives), Chanaka Peiris (Zonal DME Coordinator)
<u>Strategic objective 5:</u>	Chandila Colombage (Senior Manager, Children in ministry), Eranda Ratnadiwakara (Zonal DME Coordinator), Tharanga Dissanayakka (Zonal Coordinator, Sponsorship Operations), Shelomi Fernando (Management Trainee), Kanishka Ratnayaka ( Child Protection Coordinator), Lalindra Ranasinghe ( Gender Specialist), Niranjani Rajaratnam ( Child Protection Coordinator)
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<b>Rasika Mendis (Manager, Policy and Research)</b>	Coordinating the overall reporting process and writing/editing the report
<b>Asanka Senadheera (Senior Coordinator, Quality Assurance)</b>	Coordinating (monitoring) data compilation, and leading a 'quality assurance' review of the report
<b>Vennila Thevarajah (Research Officer)</b>	Statistical analysis of data, and facilitation with report compilation
<b>Brian Fernando (Site Administrator, Knowledge Management and Public Media)</b>	Designing the cover page and formatting the report

## Annexure 1: Data Sources

### **Internal**

*World Vision Lanka (WVL) Evaluation Reports for – Walapane (WAL), Bogawantallawa (BOG), Negombo (NGB), Eastern (EAS), Lunugamwehera (LGV), Wattale (WAT), Weerketiya (WEE) and Kiran(KIR) ADPs, FY15*

*Programme Design Documents of reporting ADPs*

*Annual reports of all reporting ADPs, FY15*

*Programme Effectiveness Report, FY15*

*Partnership Strategic Measures Report FY15, Sri Lanka*

*World Vision Lanka National Strategic Guidance for Health and Nutrition FY13 – 15*

### **External**

*Department of Census and Statistics (2009) Demographic and Health Survey of 2006/07*

*Education Sector Development Framework and Programme – II (ESDFPII): 20122016*

*Department of Census and Statistics (2012/2013) Household Income and Expenditure Survey 2012/13 Preliminary Report*

*Multi-sectoral Action Plan for Nutrition (2013)*

*UNICEF (2012), Micro-nutrient Survey*

*Institute of policy studies of Sri Lanka (2015) SRI LANKA - State of the Economy 2015: The transition to a Middle Income Economy*

*United Nations Development Programme (2014) Sri Lanka Human Development Report 2014*

*United Nations Development Programme (2015) Millennium Development Goals Report 2014*

*Ministry of Urban Development, Construction & Public Utilities, Rural Water Supply & Sanitation Division ( 2001) Rural Water Supply and Sanitation policy*

*Ministry of Women Empowerment and Social Welfare (2004) National Policy on Early Childhood Care and Development*

*National Child Protection Authority (2011) National Child Protection Policy*

