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WORLD VISION SRI LANKA

CHILD WELL-BEING REPORT FY14

The well-being of children has always been at the core of all our work. When children are cared for, protected and enjoy good health, the community thrives and is transformed.

The Child Well-Being Report of FY14 has given us a deeper insight into the impact and reach of our programmes and interventions. This year alone we have impacted over 100,000 children within our programme areas.

In our fourth year of reporting, World Vision Lanka has made considerable progress in aligning all its interventions to its child-focused country strategy. A key highlight has been our concerted effort to link grass-roots development to the required policy framework through research and advocacy.

A landscape mapping of possible advocacy interventions has enabled World Vision Lanka, not just to identify opportunities for project implementation, but also to intervene where 'change' is needed in the lives of marginalised and vulnerable children. The strengthening of technical approaches was also initiated as part of this process.

Key achievements include the increase in health and nutrition awareness for parents, especially mothers; training of over 500 health care volunteers providing services to households and the communities; a special focus on hygiene education benefitting over 3100 families and 7500 school children and over 11000 households having access to clean water and sanitation facilities.

The economic development programme works in conjunction with Vision Fund Lanka (World Vision subsidiary) to provide micro-finance complimenting the work we do in livelihoods, economic development and empowering women entrepreneurs. Partnering for sustainable impact has also seen an increased involvement and contribution from the private sector in the programmes.

We have much to learn and improvements to make as an organization. However the achievements made and the ways we have grown and developed as an organization has been significant and is satisfying.

World Vision Lanka looks forward to greater collaboration on the road to universal child well-being.



Suresh Bartlett

National Director
World Vision 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
Building Evidence and Capacity for Enhanced health and nutrition	BEACEN	P	Poor
Community Based Organizations	CBO	PAF	Program Accountability Framework
Child Development Centre	CDC	PD/Hearth	Positive Deviance/ Hearth
Child Friendly Spaces	CFS	PHI	Public Health Instructor
Confidence Interval	CI	PLSR	Participatory Living Standard Ranking
Child Monitoring Status	CMS	PNIP	Participatory Nutrition Improvement Project
Child Protection	CP	PNS	Private Non Sponsorship
Community Responsibility towards Good Governance	CRGG	PoP	Poorest of Poor
Child Protection and Advocacy	CPA	PS	Pradeshya Sabha
Citizen Voice and Action	CVA	RC	Registered Children
Child Wellbeing	CWB	RIWASH	Rural Integrated Water, Sanitation and Hygiene
Child Wellbeing Outcomes	CWBO	S&ME	Small and Medium Entrepreneurs
Child Wellbeing Targets	CWBT	SAM	Sanitation Advocacy Model
Development Asset Profile	DAP	SAPO	South Asia Pacific Regional Office
Demographic and Health Survey	DHS	SIP	Sponsorship in Programmes
Development Participatory Approach	DPA	SL&ME	Sustainable Livelihood and Micro Entrepreneurs
Disaster Risk Reduction	DRR	SNC	Spiritual Nurture of Children
Divisional Secretariat	DS	SO	Strategic Objective
Economic and Agriculture Development	EAD	SRH	Sexual and Reproductive Health
Early Childhood Care and Development	ECCD	SMI	Sponsorship Monitoring Indicator
Early Childhood development	ECD	SI	Standard Indicator
Economic Development	ED	SUN PF	“Scaling Up Nutrition SUN”)” People Fund
Family Development plan	FDP	UNICEF	United Nations International Children's Emergency Fund
Functional Literacy Assessment Tool	FLAT	VC	Vigilance Committees
Gross Domestic Product	GDP	VCRM	Village Child Rights Monitoring Committees
Humanitarian Emergency Affairs	HEA	VFL	Vision Fund Lanka
Household	HH	VNP	Vulnerable Non Poor
Human Immunodeficiency Virus	HIV	WASH	Water, Sanitation and Hygiene
Information and Communications Technology	ICT	WATSAN	Water and Sanitation
Key Performance Indicator	KPI	WFP	World Food Programme
Millennium Development Goals	MDG	WHO	World Health Organization
Ministry of Education	MoE	WVL	World Vision Lanka
Ministry of Health	MoH	ZEO	Zonal Education Office
Medical Officer of Health	MOH		
Memorandum of Understanding	MoU		



List of ADPs

Ambagamuwa	AMB	MUL	Mullaithivu HEA
Bibile	BIB	MUN	Mundalama
Bogawanthalawa	BOG	NAV	Navithanvalley
Chankani	CHAN	NAW	Nawagattegama
Chavakacheri	CHA	NGB	Negambo/Mangrove
Devon	DEV	NEL	Neluwa
Eastern	EAS	NUE	Nuwara Eliya
Ehetuwewa	EHE	PADD	Paddipalai
Eravur pattu	ERA	PADY	Padiyathalawa
Ganga Ihala Korale	GIK	PAT	Pathana
Giribawa	GIR	POT	Pothuvil
Horowpothana	HOR	RDG	Rideegama
Kalpitiya	KAL	RDM	Rideemaliyadda
Kalpitiya North	KALN	THA	Thanamalwila
Kilinochchi ARP	KILI(A)	TRI	Trinco -south
Kilinochchi HEA	KILI(H)	VAH	Vahari
Kiran	KIR	WAL	Walapane
Koralaipattu	KOR	WTW	Watawala
Lindula	LIN	WAT	Wattala
Lunugala	LUN	WEE	Weeraketiya
Lunugamvehera	LGV	WEL	Welikanda
Mannar	MAN	WEN	Wennapuwa
Meegahakiula	MEE	WILL	Wilgamuwa

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In FY14, World Vision Lanka (WVL) has impacted the lives of 89,139 Registered Children (RC) and an overall 100,000 children in areas of operation. Key initiatives to enhance our research capability and the competency of staff to advocate on behalf of children had a further estimated impact on 11,650 children in 20 Area Development Programmes (ADPs). Further, WVL submitted its 'mhealth model' for nutrition monitoring to the National Nutrition Secretariat, which will potentially impact the lives of 1.8 million children when adopted and implemented successfully. WVL's contribution to Child Well-Being (CWB) has been assessed with the use of 26 indicators (including 15 standard indicators). The following outlines the key contributions to Child Well Being (CWB) under each strategic objective, key learning and recommendations of FY14:

Strategic Objective (SO) 1 – Improve maternal and child, health and nutrition

Strategic Objective (SO) 1 has been assessed by Child Well-Being Targets (CWBT) 2 and 3 (see in respective sections). In the *health sector (CWBT 2)* USD 1.6 million been utilised by the programme budget (with additional contribution from the RIWASH special project and corporate partnerships), to impact the lives of 64,106 children under the age of 5, and a further 9177 pregnant women. The same beneficiary groups have had the benefit of the *nutrition sector (CWBT 3)* programmes, which utilized a programme budget of USD 627,000 (with additional contributions from the BEACEN special project and PNIP projects). The RIWASH special project has contributed to enhance the quality and impact in this sector, enhancing levels of hygiene among 3100 families and 7,500 school children, among other achievements. Attention to advocacy and targeted programming has resulted in consistent improvement and change in the levels of access to water and sanitation among beneficiaries, as evidenced by evaluation data. WVL has also achieved improvement in health care practices among its beneficiaries. Among the **recommendations** for this sector is to engage in research and build an evidence base, to create better knowledge and awareness of emerging diseases such as Acute Respiratory Infections (ARI).

In both the health and nutrition sectors, statistical analysis indicates clear improvement in key indicators, among a majority of s ADPs. Notably, key nutritional indicators – stunting, wasting and underweight among 6 ADPs have seen clear improvement in the evaluations. Where there has been little improvement (for instance, in monitoring data for 'wasting'), WVL has taken initiative for strategic collaboration among civil society partners and government officials for better impact in the long term. The **recommendations** include – better integration of nutrition initiatives with economic development projects that are geared to increase food security and overall economic resilience.

Strategic Objective (SO) 2 – Ensure child and youth education to establish their future

Strategic Objective (SO) 2 is assessed by CWBT 4, and accordingly the *education sector* in FY14 has expended USD 2,800,000 in interventions that are relevant to educational advancement of 57,803 RC children. Notably, FLAT was rolled-out in another 5 ADPs in FY14, bringing the total FLAT assessments since FY12 to 37. Innovative programmes – child friendly reading spaces, reading boxes have been instrumental in advancing children's literacy (as also evidenced by qualitative data). Children enrolled in a structured learning institution exceed 98% in the majority of reporting ADPs, and fall short of the national average of 99% by a slim margin. An identified reason being that enrollment among differently-abled children in ADPs are low. However, education awareness programmes among parents indicate positive outcomes, and a **key recommendation** is to prioritise special education units in schools. The Development Asset Profile (DAP) was rolled out in 4 ADPs, to strengthen interventions in youth education.



Strategic Objective (SO) 3 – Increase economic and environmental resilience

Strategic Objective (SO) 3 has a broad impact on CWB. Is it is assessed by CWBT 1, to assess increased levels of well-being among children. The *Economic and Agriculture Development* (EAD) sector has expended USD 3.9 million to promote the economic status and resilience of marginalised communities who are vulnerable to social and economic deprivation. A total of 19,877 families and 15,916 individuals (including 8139 youth) have benefited from these interventions. Among the categories of the Participatory Living Standards Ranking (PLSR), the Poorest of Poor (PoP) has reduced across all ADPs evaluated, given that a majority of interventions target this category. A singular achievement in FY14 has been the increase in savings clubs in the majority of evaluation ADPs, indicating a commitment to progressive economic advancement and income generation. A **key recommendation** is to identify context specific issues that may impede the 'savings habit'. Access to micro-finance among beneficiary communities is supported by Vision Fund Lanka (VFL), who contributed USD 5.6 million in FY14.

Strategic Objective (SO) 4 – Improve Faith and Inter-Faith Partnerships and Dialogue for Child-Well Being

Strategic Objective (SO) 4 is assessed by CWBT 1, whereby the overall well-being of children is improved. And towards this target 17 ADPs, over and above the projected 10 ADPs have adopted the indicator – 'Spiritual Nurture of Children'. Expending USD 144,000, the *Faith and Development* programme has intervened in the lives of 586 WVL staff, 2018 Christian leaders, and approximately 7,500 children and youth (including differently abled children). Among the key initiatives carried out in FY14 are Memoranda of Understanding (MoUs) signed with Churches, and capacity building initiatives carried out in ADPs that enhance spiritual nurture among beneficiary children. Indicators have been designed and standardized for the monitoring of progress against these strategic objectives in FY15. A **key recommendation** is to identify context specific issues that impact the spiritual nurture of children.

Strategic Objective (SO) 5 – Ensure Children are Cared for and Protected and their Voices are Heard and Respected

Strategic Objective (SO) 5 focused on children reporting an increased level of well-being (CWBT 1). In addition to ADP spending, the *Child Protection* department in this respect has expended USD 223,000 for the benefit of approx. 150,000 children, 50,000 community members and 2,000 government officials. Among its key interventions are to promote participation of children (and youth) in child societies. The average participation among RC children has increased in the different ADP phases, though a **key recommendation** is to promote better participation among third phase ADPs. Child societies have been instrumental in mobilising change within their communities and provide children a forum to voice their opinion and ideas and strengthen their skills. In addition, it is found that 87% of Village-level Child-Rights Monitoring Committees (VCRMC) is active and functional, as against the total number targeted for all ADPs.

Among other interventions, WVL has initiated a more objective assessment of Most Vulnerable Children (MVCs). Importance is given to context-specific prioritizing of vulnerabilities. A key recommendation is to strengthen integration among sectors and departments in implementing identified methodology for this objective assessment of MVCs. Further, programmatic interventions have been disaggregated in terms of their impact on MVCs. Standards of accountability have been strengthened among the ADPs. There is evidence of increased emphasis on the drivers of sustainability, with each sector reporting on progressive developments that promote the sustainability of their child-focused programming. Disaster Management interventions demonstrate progress in terms of both preparedness and impact. Interventions in FY14 have impacted the lives of approx. 13,300 children in post-disaster contexts, as well as children in post-conflict.



Reporting in FY 14

Child Well Being Reporting in FY14 has been a constructive process of learning and reflection. It has enabled WVl to consolidate its current position with respect to achieving well-being among its beneficiary children. Information and learning is aligned to WVl's child-focused country strategy, to understand whether progress and change achieved in FY14 contributes to WVl's strategic objectives (see strategy map in section 1.3). All indicators of progress and change are further aligned to 4 CWBTs and 7 Child Well Being Outcomes (CWBOs), as outlined in the respective sections. The learning has been encouraging. While there are limitations yet to be addressed, the evidence indicates that WVl has progressively addressed some key contextual problems and challenges impacting children (see section 2 for an outline of the context). Internally, a number of initiatives have been instrumental in orienting staff to better understand contextual and policy issues affecting child welfare and well-being. Among them are enhanced training and competence development in advocacy (including a multi-sectoral advocacy landscape analysis) and development of 'technical approaches' among the main sectors. Further, tools and guides to facilitate policy analysis and mapping of Most Vulnerable Children (MVCs), among other such initiatives, have been designed for programming that is strategic and targeted.

In addition to evidence of impact and learning, the report aims to capture the progress of plans and innovation among WVl programmes. Hence, a number of initiatives undertaken in FY14 are intended to have a positive impact on CWB in the future. This is most evident in some of the advocacy initiatives that have been planned around programme implementation, the concerted focus on sustainable programming, research and evidence-building initiatives, programme expansion and scale-up (as in 'disaster management') and innovative focus on MVCs in keeping with the post-2015 agenda to improve the lives of marginalized and vulnerable groups.

Notably, in FY 14 WVl obtained license from SEARCH Institute to conduct the DAP assessment (in the Sinhala language). DAP assesses the overall wellbeing of adolescents (age 12-18 years). Four ADPs conducted DAP assessment in the same year. The main purpose of DAP is to gauge internal and external assets and support structures available to beneficiaries. The findings of DAP may be used across several programmes (Education, Child Protection, and Faith and Development in particular), to strengthen the well-being of adolescents.

Progress (against recommendation of CWBR FY13)

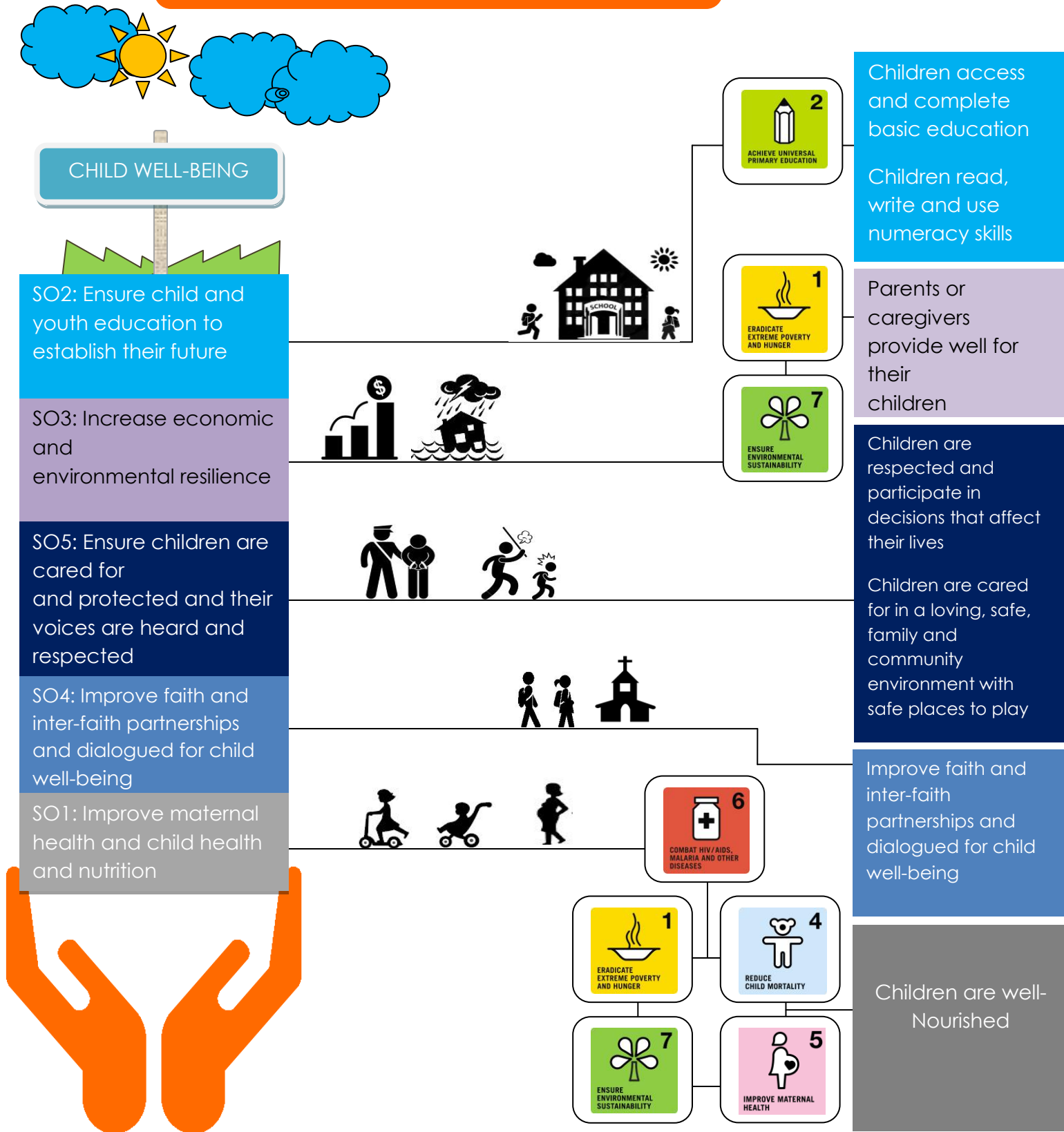
Recommendation(s)	Learning and Change in FY14
SOI: Improve maternal and child, health and nutrition	
Health Sector: Targeted attention for ADPs demonstrating particular vulnerabilities that are prevalent at the country level Scale up HIV awareness programming with key partners to better address SRH among adolescents	A process of identifying diseases to which 'vulnerable' and 'most vulnerable' children are susceptible, and their gravity and prevalence have been identified through, both an external and internal landscape analysis for technical approach development. The most pressing health concerns affecting children are - Acute Respiratory Infections (ARI), dengue, tuberculosis, and waterborne diseases. With respect to scaling-up and further prioritizing current interventions, discussions have been initiated with National STG/AIDS Control Programme, Family Planning Association and the United Nations AIDs programme, for partnerships.
Nutrition Sector: Strengthen partnerships with government entities and other development actors for increased collaboration and advocacy on behalf of vulnerable communities Better integration of special projects (ex; RIWASH) and HEA in health monitoring and CWB reporting	Strategic partnerships were forged through the Scaling Up Nutrition (SUN) movement. WVl acts as chair of the SUN people's Forum, and is a member of the Board of Directors of the SUN People's Forum. Further, WVl was elected as a member of the CCM (Country Coordinating Mechanism) of the Global Fund for (AIDS/TB/Malaria). Such collaboration positions WVl to effectively advocate on behalf of vulnerable communities within the purview of its programmes. BEACEN extended significant capacity development assistance to internal and external partners with the aim of mobilizing services for ADPs which contribute to CWBT 2 and 3 achievements. Integration of ARPs in annual business planning in the nutrition sector, and in CWB reporting from FY 14 onwards.



SO2: Ensure education for children and youth to establish their future	
Focus on possible advocacy initiatives to promote and facilitate district-level and/or national standardisation of ECCD and pre-school education in keeping with the ECCD policy of 2004	Steps were taken to include the Key Performance Indicator); "Communities are empowered to hold the government accountable for the provision of quality Early Childhood Care and Development (ECCD) services" in the Annual Business Plan. The following target was set for FY 15 – "Support Local Level Advocacy efforts in identifying minimum standards for ECCD, monitoring and addressing gaps".
Develop strategic linkages with other governmental, non-governmental and international organizations at the national Level	Two MoUs were signed with the Ministry of Education on Peace Education and <i>Nenasa</i> digital learning initiative
SO3: Increase economic and environmental resilience	
Develop a data-base that captures output activities of the graduation model, across all ADPs disaggregated among the rankings of the Participatory Living Standards Ranking (PLSR)	Database was developed to capture the progress of graduation model. It supports disaggregation of male/female among the rankings of the PLSR, and is being developed to capture ADP disaggregated data with respect to the PLSR. This database is currently being piloted in one ADP to test it for its practical use at the field level.
Scale-up the activities of the graduation model in vulnerable ADPs, with due emphasis on levels of unemployment, income generation potential and savings.	Activities of graduation model were scaled up (the PLSR was rolled in 24 ADPs) and implementation of graduation model has been prioritized in most vulnerable ADPs and among vulnerable groups.
SO4: Improve faith and inter-faith partnerships and dialogue for CWB	
Identify and integrate CWB standard and monitoring indicators to capture the progress and contribution of Faith and Development work, with respect to CWB	National office standardised indicators (1 outcome indicators and 6 monitoring indicators) have been designed and incorporated into ADP designs and redesigns in FY14. In addition the standard indicators of the DAP will be used to measure the progress in the respective asset categories, as is relevant to F&D. ADPs have been oriented to implement, operationalise and monitor this work.
Collaborate with other WVL sectors/departments in facilitating and promoting church relations, inter-faith forums and other partnerships.	Initiatives taken to operationalize the MOUs signed in previous years through shared action plans, with the result that key church denominations now work together for CWB.
SO 5: Ensure Children are Cared for and Protected and their Voices are Heard and Respected	
Establish a framework of action that can facilitate child safety and security in different contexts	Taking into consideration different contexts such as post-war context, estate sector and the urban sector, WVL has been able to fine-tune programme models such as children's societies, Child Friendly Spaces (CFSs) and vigilance committees to cater to context specific needs.
Increase the number of Vigilance Committees (VCs) to match the safety requirements of a particular community.	The required numbers of VCs in each ADP were assessed and set-up within a feasible time frame.



WORLD VISION SRI LANKA NATIONAL STRATEGY MAP FY 14



World Vision Lanka



Indicator Standardisation

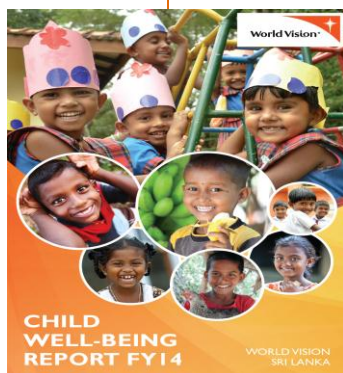
Following from FY13, indicator standardization has been further strengthened in keeping with the requirements of Horizon 3.0. All national level and programme level indicators have been standardized while eliminating redundant indicators, with progressive integration of standard CWB indicators and additional indicators in design and re-design ADP log frames. Hence, it is expected that reporting against CWBOs will progressively increase among ADPs the following years

Core-teams

The reporting structure in FY14 was revised to include '**core teams**' that worked on each section of the report. These teams comprised representation from key departments – quality assurance, technical sectors, and operations. Including key staff into core teams was to ensure adequate information flow, efficient discussion and analysis, accurate interpretation of findings, and formulate actionable recommendations;

Review Process

A committee of persons was established to review the draft sections of the report and an apex committee comprising senior management to review the draft-final of the report. Hence, a cross-section of staff/teams were able to review and improve the CWB information and report in FY14



The process of consolidating the report also involved all stakeholders, including management, as well as the South Asia Pacific Regional Office (SAPO) staff, who revised information and data, reviewed the drafts and made suggestions and recommendations for improvement.

Consolidating the report

Each sector and department presented their key learnings, analyses and recommendations and at a meeting of all stakeholders (all those mandated with designing, implementing and operationalizing WVL programmes and projects). In addition, the meeting comprised senior management and other decision makers. All data and information was reviewed and discussed in terms of key lessons learnt, and recommendations

Stakeholder Consultation

Methodology

A range of data sources were utilised to understand CWB impact in FY14; namely – reports of 10 evaluations conducted in FY14, baseline reports for 10 ADPs and 1 Area Rehabilitation Programme (ARP), sponsorship data (where available), and annual reports for monitoring data;

A two-step process was adopted for data collection: monitoring data was collated by quality assurance in parallel to the FY14 annual reporting process, and relevant information from baselines, evaluations and special assessments collated through review of documents in a parallel process;

All quantitative data -- monitoring, baseline, evaluation, and other assessments, were filtered and subject to a quality review by the relevant technical sectors/ departments;

Data analysis is with reference to standard indicators (and additional indicators, where relevant), and include - comparable monitoring data between two consecutive reporting periods, evaluation data against baseline data (for the respective phase of the ADP), basic statistical analysis to assess significant change among indicator values for two consecutive years





Opportunities

Challenges



Policy and Political

A number of key policies have been introduced (in either their finalized form or draft form), thereby providing WVl a definite point of reference in programme designs and potential advocacy. The National Youth Policy, draft National Child Protection Policy, and the draft National Education Policy, are among them. In addition, the National Policy on Protection and Conservation of Water Sources, is recognized as providing a holistic approach for water source, water shed and catchment protection

Incidents of religious disharmony and intolerance marred the promise for peace and racial integration in post-conflict Sri Lanka. Extreme nationalist groups, widely known to be supported by the then government, were at the root of racial tensions (especially targeted against the Muslim minority in Sri Lanka). Such divisive politics are a potential impediment to WVl's strategy to strengthen inter-faith forums for child and youth development.



Economic

The reading of the budget (2015) made clear budgetary provision for 'child and youth education /development'. Among the targets of these allocations are - "Pre-school child development, 100 percent school enrollment for primary and secondary education, 100 percent literacy and 90 percent computer literacy, knowledge in English, Mathematics and Science, and basic vocational skills, together with active involvement of children in sports are our goals for general education. These commitments are commensurate with WVl's aspirations for quality education among children and youth

While growth in the gross domestic product (GDP) of Sri Lanka was consistently robust in 2014 (approximately 8%), fiscal allocations for education and health are significantly less, when compared with other sectors, though they are critical for child well-being. Disproportionate distribution of resources in education further widens the resource gap between urban and rural schools and affects the overall quality of education at the national level. In the health sector, spending on knowledge dissemination of emerging health challenges is lacking.



Vulnerability

A number of intermediary measures for vulnerable communities include - reductions of taxes and lowering of price rates of essential goods, reduced electricity tariff, and university entrance and scholarship opportunities (as per the last budget reading). The Human Development Report 2014 identifies uneven quality and access as the main challenges facing Sri Lanka's primary and secondary education; hence, the increase the number of Grade 5 scholarship beneficiaries from 15,000 to 25,000, and making available 1000 technical labs for rural schools, are good indication of the government's commitment to vulnerable/impooverished families.

Erratic weather patterns, droughts and floods, and heavy rains in the Central Province hampered efficient delivery of WVl's programmes, and raising concerns for levels of vulnerability among the affected. Further, Farming and fishing were adversely affected in other disaster prone areas, resulting in concerns for food insecurity among the rural poor (for instance, inability to access food due to reduced incomes, and nutrition insecurity, especially among infants and children).



Social and Cultural

An internal and external landscape analysis was conducted to identify and strengthen WVl's interventions in child health and nutrition, and to engage in better advocacy efforts among key government institutions at the central and local levels. The landscape analysis will enable WVl to be more relevant to the well-established preventive and curative health care system, which is often constrained by resource gaps.

Emerging trends in disease and epidemics challenge the resource burdened health care system, and impacts on the potential to maintain and scale-up the well-being of children; for instance, 'dengue' is wide-spread and difficult to contain, and 'acute respiratory has been identified as an emergent problem with serious implication for its established impact on malnutrition among children



SO 1: Improved maternal and child health and nutrition



Problem: A number of interconnected issues negatively impact the health status of children, especially those who live in impoverished localities. Inadequate service provision for basic needs such as safe drinking water and hygienic sanitation has evidently contributed to disease and malnutrition. This in turn affects the health status among children as well as appropriate behavioral practices. Other emerging diseases, such as ARI, require strategic solutions involving a multi-stakeholder approach.



ROOT CAUSES

- Poor health care seeking practices
- Lack of attention to personal hygiene at the household level (among impoverished communities)
- Insufficient resources among government institutions to implement health programmes
- Limited availability of drinking water sources in certain geographical locations and sustainability issues affecting water yield
- Poor quality of water and risk of biological and chemical contamination of ground and surface water
- Limited capacity of existing water delivery projects and related issues of sustainability
- Limited knowledge and capacity for the protection and management of surface and ground water sources and watersheds

APPROACHES

- Community Health Promotion for disease prevention
- Channels of Hope programme for an integrated approach among faith based HIV
- 7-11 interventions to address child and maternal health and nutrition
- Public health awareness campaigns in collaboration with government
- Implementation of small scale water supply projects in collaboration with government
- Behavioural change communication and promotion for hygiene
- Water Clinics and advocacy for water resources protection, and the 'Community Responsibility towards Good Governance' (CRGG) model (based on the CVA)
- Implementation of the "Sanitation Advocacy Model" for hygiene in the estate sector

INDICATORS

- Percentage of children less than 5 years with presumed pneumonia (ARI) who have been taken to appropriate health provider (SI)
- Coverage of essential vaccines among children (SI)
- Percentage of HHs with sufficient drinking water from an improved water source (SI)
- Percentage of HHs having access to improved sanitation facilities (for defecation) (SI)
- Proportion of parents or caregivers with appropriate hand-washing behavior (SI)
- Number of trained personals, who provides health services at the household and community level in the past 6 months (AI)



Sri Lanka's national health status has made remarkable improvements, such that some key MDG indicators for health have, in instances, exceeded their targets for 2015. The promising national status, however, appears to be unrealistic in the eyes of certain communities who are still vulnerable to many health risks. For instance, ARI has been identified as a leading cause of morbidity in children below 5 years. There is an increasing trend in the prevalence of communicable diseases such as tuberculosis, dysentery, viral hepatitis and leptospirosis. Hence, there is a need for WVL to be strategic in addressing the concerns outlined in the post-2015 development agenda for vulnerable communities, who may be sidelined from national level development initiatives. In FY14, the health programme has pre-positioned itself to address both current and emerging trends of health concerns affecting children. Also among them are advocacy efforts and resource mobilisation initiatives that contribute to a preventive and curative health care system that is challenged by resource constraints.

KEY ACHIEVEMENTS

- WVL's awareness and education programmes have encouraged and facilitated parents to take their children to appropriate health care providers for the treatment of ARI as evidenced by progress in 7 ADPs.
- WVL provided training to 532 health care volunteers for service provision at the household and community level in 18 ADPs contributing positively on the effectiveness of ADP level programming.
- Special focus for hygiene education by 'RIWASH 2 project' (grant funded) and continuous promotion of better hygiene practices; approximately 3100 families and 7500 school children benefited from hygiene awareness and education programmes.
- Access to an improved source for drinking water was mobilised among 6067 households in 29 ADPs and RIWASH 2 contributed with 560 households in 3ADPs with implementation of four community-based water projects, which also provided access to 1096 children and staff of 3 schools in 3 ADPs.
- A number of small scale water projects were implemented to address short-falls in water source availability; 22 small scale water supply projects were implemented in 9 ADPs in collaboration with government, local NGO and community partners, and RIWASH 2 implemented 4 water projects.
- Improved sanitation facilities for 5839 households were implemented in 27 ADPs in FY14, with RIWASH assisting 232 HHs in PAT and WAL; 1096 children and staff of 3 schools in 3 ADPs benefitted from improved sanitation.
- Water consumer societies were strengthened in 31ADPs in order to improve and sustain existing water delivery systems. In addition, RIWASH 2 assisted to constitute and strengthen 29 water consumer committees in the Central province ADPs and further 86 water user groups, ensuring sustainability of RIWASH water projects.
- RIWASH 2 facilitated the formulation of 3 Divisional Environment Management Plans for NUE, BOG, AMB DS divisions with project partners to ensure environmental sustainability of water projects implemented in these ADPs.



BUDGET

USD 1.6 million

RIWASH 2 project interventions – USD 335,000 (Government and plantation partners)

Corporate partnership/CSR funding - USD140000 for 3 HEA/ARPs and 2 ADPs (JKF Brandix/ HSBC, Holcim and ROVICON)



BENEFICIARIES

Approximately 64106 under five children and 9177 pregnant women

Water – 6627 households, 6 water consumer societies

Sanitation – 6071 households



NUMBER OF ADPs

39 ADPs, one ARP , a grant project (RIWASH) and a special project (BEACEN) contributed to 8 ADPs



STAKEHOLDERS

Ministry of Health, local government, community volunteers, CBOs, Plantation Human Development Trust (PHDT), and estate companies
National Water Resources and Drainage Board (NDRDB), Ministry of Environment , Dept. of Agriculture , Schools , local authorities, Central Province Rural Water Supply and Sanitation Unit, 4 public and private plantation companies.





- In response to the lack access to proper sanitation facilities in the estate sector, as well as the lack of attention to the importance of sanitation practices and behavior, SAM empowered communities to hold estate management accountable for - proper sanitation facilities. To this end, WVL implemented a model - to outline the scope of proper sanitation within these contexts and to communicate the need for appropriate sanitation facilities at a forum comprising the relevant local government authority, government officers, and private stakeholders - namely, the Pradeshya Sabha (PS), Medical Officer of Health (MOH), Estate Worker Housing Cooperative, and estate sector management). This advocacy intervention generated better accountability among forum members, who gradually increased the involvement of the community in matters, such as sanitation, which affect their day- to- day life.
- “Water Clinics”: multi –purpose intervention that addresses quality issues of drinking water and water source protection through advocacy and partnerships. It promotes behavioral change communication on water usage management among communities and better practices on household level water treatment.
- Ongoing health and nutrition external and internal landscape analysis for technical approach development, including identifying policies, policy gaps, gaps in implementation of policies, and effective project models.

ANALYSIS

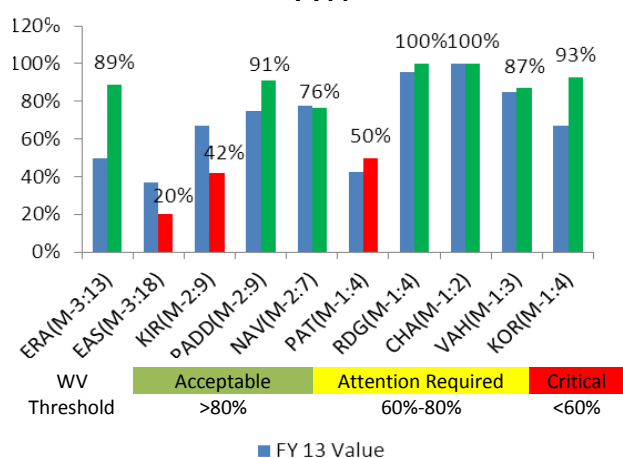
WVL’s interventions in child health and well-being is analysed in terms of the indicators listed above:

“Coverage of essential vaccines among children” among 12 ADPs, based on monitoring data, indicates that coverage is in WV’s “acceptable” threshold I (when a child receives 3 DPT and the measles vaccinations she/he is considered to be completely immunized as per guidelines). The ADPs that reported last year show the values above the accepted level (>80%) and the country is on track with the MDG target of 85%, with high immunization coverage of approximately 97% at the national level.. Further, 5 ADPs conducted baselines for vaccination coverage in FY14, all of which are also at an acceptable level (ERA, CHAN, LIN, NEL, KOR), and 2 ADPs with evaluation data also indicated acceptable levels of vaccination coverage (WEN and NAW). Achievements for this indicator reflect effective and efficient delivery of services by the government health care system aided by continuous awareness raising efforts by various other stakeholders, including WVL.

The WVL Child Sponsorship monitoring initiative continues to follow up on childhood vaccination, without which ADPs in certain marginalised areas would have been excluded from this service. For example, PAT in the estate sector supported the MOH to store vaccines intended for distant and remote communities by providing a refrigerator, without which vaccination coverage in those areas would not have been practically possible.

WVL’s interventions with respect to ARI have been strategic in view that, at the national level, ARI has been identified as a key detriment to child health and well-being (see chart 1). WVL interventions target key risk factors associated with ARI, including - non-exclusive breastfeeding (during the first 4 months), lack of measles immunization within the first 12 months of life, indoor air pollution and crowding due to adjoining houses.

Chart 1: Percentage of Children less than 5 years with presumed pneumonia (ARI) who were taken to appropriate health provider in FY14



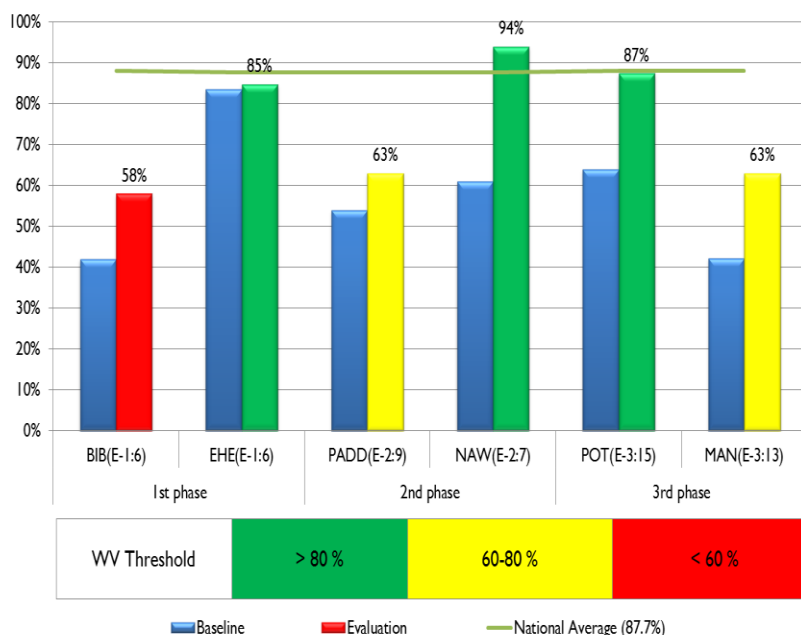
According to available data for ARI, percentage of children who have sought treatment from a health facility/provider is 58 % in Sri Lanka according to the DHS report 2006/07 (most recent available data). Hence, overall health care access among children is relatively low in Sri Lanka. However, 7 ADPs showed progress from FY13 to FY 14; among them is ERA (in the post-war Batticaloa district) and PAT (in the estate sector) who indicated very low figures in FY13. Among the reasons for this increase is the initiative taken to train health volunteers and establish mother support groups, that were made aware of health care and, who in turn followed up with household visits. Both RC and NRC children will be monitored against this indicator. ADPs with baseline data in FY14 (LIN 91%, CHAN 100% and KILI(A) 97%) reported “acceptable” levels.

NOTE: each data chart indicates the ADP acronym, the data type, phase of the ADP, and the ADP’s age. For instance “ERA (M-3:13)” means – Eravur-pattu monitoring data (M), which is a 3rd phase ADP, who is in the 13th year of implementation



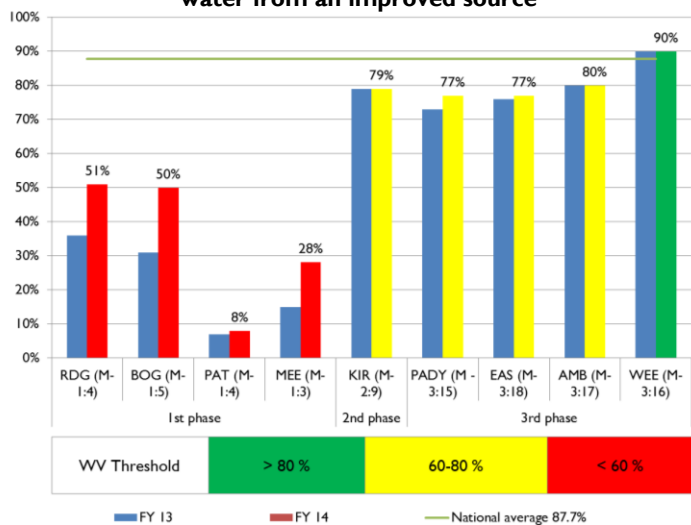
Evaluation data for **sufficient drinking water from an improved water source** (see Chart 2), indicates a positive increase against baselines in all ADPs, with a marginal increase in EHE (whose baseline is, however, in close range to the national average). **It is statistically proven that there has been a significant improvement in the proportion of households with sufficient drinking water from an improved source throughout a phase by 18.51% of mean increase among 6 ADPs** (methodology: paired t-test, to test the significant improvement at 95% Confidence Interval; P-value $0.005 < 0.05$). Out of all evaluated ADPs, none came under the critical level in FY14, whereas, 3 ADPs (BIB, PADD, MAN) were in the critical range of below 60% at their initial baseline. All 6 reporting ADPs have contributed to water access among 9251 households. Both BIB and MAN have seen an increase in access to safe drinking water by more than 20% from the baseline values, though MAN achieved this status at a slower pace (in its 3rd phase) due to contextual challenges including, post war challenges, disaster prone rural context.

Chart 02: Percentage of households with sufficient drinking water from an improved source



However, WV's interventions have contributed to 4247 households in MAN, as at FY14, in view of this ADPs alignment with post-war government development agenda. NAW has achieved an "acceptable" level (as per WV thresholds), through partnerships, advocacy, and by implementing the "Water Clinic" initiative.

Chart 03: Percentage of households with sufficient drinking water from an improved source



With respect to **monitoring data for the same indicator** (see Chart 3) all ADPs reporting in FY14 other than WEE and AMB have shown an improvement against FY13 monitoring data. WEE and AMB, however are above the critical threshold, and are among the 5 final phase ADPs who are at near "acceptable" level. **It is statistically proven that there has been a significant improvement from FY13 to FY14 in the percentage of households with sufficient drinking water from an improved source by 5.88% of mean increase among 9 ADPs** (methodology: monitoring paired t-test to test the significant improvement at 95% Confidence Interval; P-value $0.048 < 0.05$). ADPs in their 1st phase (RDG, MEE, PAT and BOG) remain at critical levels, though there has been improvement since FY13. Progress in RDG may be attributed to the RIWASH 2 project (implemented in the estate sector) and the Private Non Sponsorship (PNS) water projects respectively. PAT increased access by only 1% due to shortage of resources, given the high level of investments required in what is an environmentally sensitive and disaster prone area, with susceptibility to biological contamination risks.

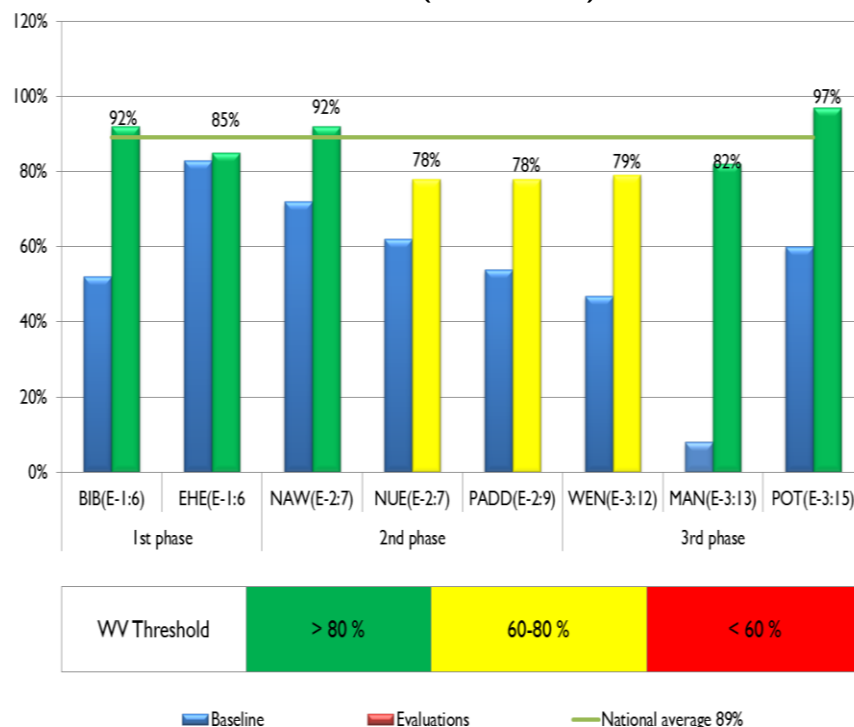
However improvement may be anticipated with the extension of RIWASH 2 project. Similarly, in MEE, which is a hilly geographical context, surface water streams are not protected and subject to biological contamination risks due to reasons including, high soil erosion and animal husbandry. MEE planned and sought funding for watershed management interventions with advocacy.

Where there are issues, as highlighted above, impacting coverage of sufficient drinking water from an improved source, due attention is required for community empowerment, advocacy with government and, relevant partnerships that are able to effectively target these issues and risks. Among 4 ADPs that have begun monitoring water access in FY14, (KOR – 52.7%, LUN-32% NGB -99%, KALN – 7%) 3 ADPs are at a critical level of access.



Access to sanitation impacts behavioral change and consequently overall hygiene, in addition to affecting disease prevention, as outlined above. Hence the overall ‘change’ reflected by evaluation data for **percentage of households using improved sanitation (for defecation)** is indeed positive.

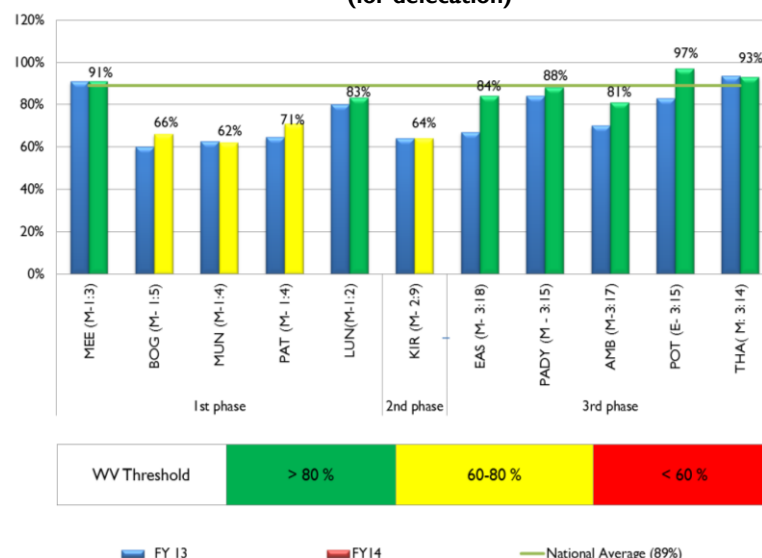
Chart 04: Percentage of households using improved sanitation facilities (for defecation)



All 8 ADPs evaluated in FY14 (see Chart 4) indicate a positive change, with MAN indicating the highest change, due to a concerted effort by the ADP to align its activities to the government’s post-water agenda for development of WASH services (as in the case of water access in MAN). **It is statistically proven that there has been a significant improvement in the percentage of household with improved sanitation facilities throughout a phase by 29.95% of mean increase among 8 ADPs with evaluation data** (methodology: paired t-test to test the significant improvement at 95% CI; P-value 0.012<0.05). BIB shows a marked change at the end of its 1st phase with contribution by MOH-PHI and beneficiary contribution of 60% for their latrines. The RIWASH project has contributed vastly to the improvements seen in Central Province ADPs, including NUE. Advocacy has contributed to achieving improved sanitation in this province, namely the Sanitation Advocacy Model (see section on advocacy and research).

With respect to **monitoring data for improved sanitation** among WVL ADPs (see Chart 5), all reporting 11 ADPs showed a positive change against the FY13 value or maintained the FY13 value, except MUN with a 1% negative difference. All 3rd phase ADPs are at an “acceptable” level of more than 80% access. **It is statistically proven that there is a significant improvement from FY13 to FY14 in the percentage of households with improved sanitation facilities with a 5.65% mean increase among 11 ADPs** (methodology: paired t-test to test the significant improvement at 95% CI; P-value 0.012<0.05). Despite low access to safe water in MEE, it has achieved a level above the critical threshold for sanitation access due to an effective partnership with the MOH and the PS. AMB, BOG, and PAT which are all located in the Central Province, have adopted the best practices established by RIWASH 2. Among the 4 ADPs who have commenced monitoring sanitation in FY14, (GIK -74% , KOR-58% NGB-80.2%, WAL-78%) KOR is at a below critical levels, while the others “require attention”.

Chart 05: Percentage of households using improved sanitation facilities (for defecation)



In addition, WVL has made a concerted contribution in promoting **hand washing behaviour** at community level. The evidence suggests that these initiatives have had a positive impact among the communities. Except in PAT, all other 6 ADPs (PADY, HOR, WEN, KIR, MEE, LUN) reporting in FY14 has shown a marked improvement since FY13.



However, only PADY reached the “acceptable” level of above 80%. WEN is below the critical cut off level 60%. In KIR, which indicate improvement compared to last year, a community based hygiene promotion programmes were conducted as a component of PD/Hearth. Trained volunteers were employed to promote hand washing behavior among caregivers. In Central Province ADPs (estate sector), 23 “School Health Clubs” are promoted in RIWASH working areas, which have a positive influence on hygiene promotion among school children.

The indicator, ‘**number of trained personals who provide health services at household and community level in the past six months**’, was introduced in FY13 in view of the prevalent resource gaps in health service provision. WVL has initiated health services at household and community level through trained personals -in mother support groups and additional volunteers-, to address gaps in the services provided by the health department at household level due to inadequate staff and unmanageable workload. Health care services were provided in 18 ADPs through 532 trained personals during FY14.

KEY LEARNINGS

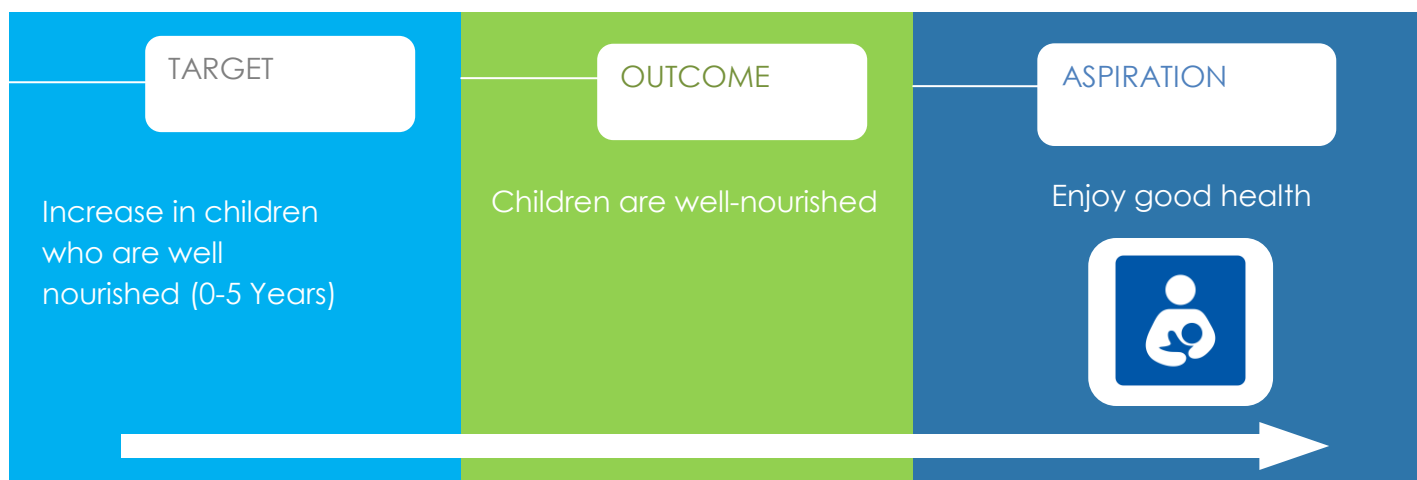
- Improvement in the vaccine coverage and increased access for ARI treatment, demonstrate behavioral change in the health assistance seeking practices of the parents
- Interventions that specifically target children have proven to be an effective means of promoting behavioral change
- Increased reference to government WASH plans/agenda in design and redesigns of ADPs ensures that WVL is more contextually relevant and strategic in its interventions (ex; RIWASH project interventions)
- Important to consider contextual differences due to geographical location and climatic zones, and also water quality, water availability , climate change, and disaster impacts that influence ADPs when setting targets and sustaining achievements
- The need to focus on advocacy mechanisms to address the lack of resources in health service provision that meets minimum standards

RECOMMENDATIONS

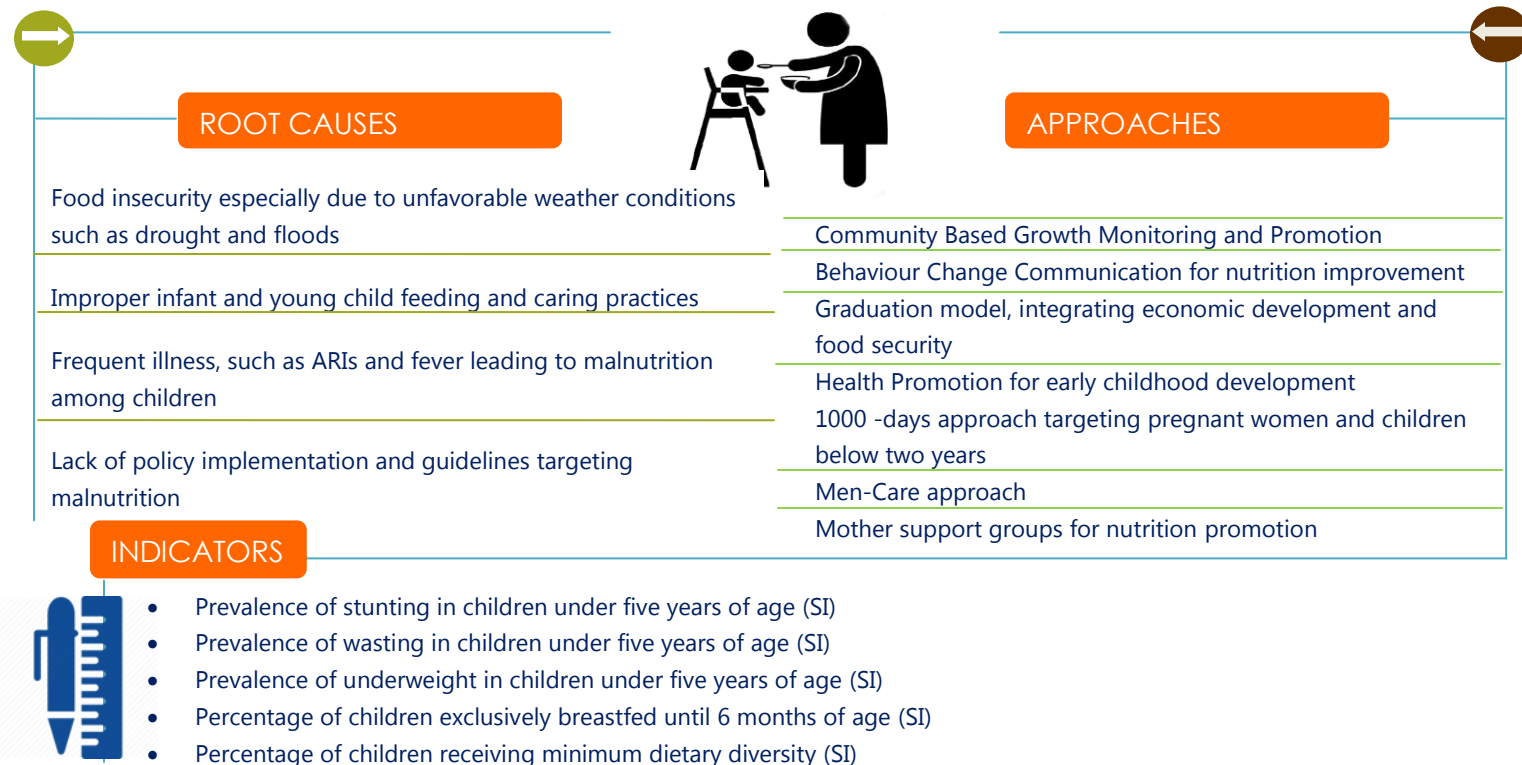
- Conduct a study to identify the effects of ARI with a view to developing an education module on this critical subject
- Design and implement a health and nutrition programme for adolescents
- Identify concrete programmatic measures by which WVL can be more relevant to government’s plans and programmes for WASH, in design and redesign ADPs
- Engage in advocacy among community and government to ensure drinking water quality through the protection and management of ground and surface water sources
- Promote context specific safe water usage practices and household level treatment /purification methods and applications.
- Scale-up and promote Water Clinics as a multi-purpose model in ADPs, and the SAM in estate sector ADPs



SO 1: Improved maternal and child, health and nutrition



Problem: While Sri Lanka's nutrition indicators are among the best in South Asia, malnutrition remains a critical problem in some of the vulnerable geographic areas and socio-economic groups - including in WVL's ADPs - as per WHO classification of under-nutrition. Therefore, a more concerted effort is needed by all stakeholders (including government) to address the nutritional problems of marginalised and vulnerable communities.



According to the National Nutrition and Micro Nutrient survey of 2012, the national averages for stunting, wasting and underweight are - 13.1%, 19.6% and 23.5% respectively. However, these percentages do not always represent the intensity of malnutrition among WVL's beneficiary population. More often than not, chronic/acute malnutrition, which leads to other health complications, is rife in WVL ADPs, particularly in rural and estate areas. In consideration of this disparity and also to address the root causes identified above, WVL adopts a multi-pronged approach to addressing malnutrition. WVL's achievements in FY14 result from a targeted impact of its nutrition programme, through strategic initiatives which have positioned WVL as a key partner and stakeholder in addressing malnutrition.



KEY ACHIEVEMENTS

- All three nutrition indicators underweight, wasting, stunting in children less than five years of age showed an improvement in all six ADPs evaluated last year in comparison to the baseline values (See Chart 6).
- A marked improvement was seen in the dietary diversity indicator in 85% of ADPs reporting in FY14 (See Chart 8).
- According to the exclusive breast feeding WV thresholds, 9 ADPs out of 13 reported ADPs have reported at an acceptable level of above 80% WV thresholds (Table 2).
- WVL contributed to the development of an action plan to address the global acute malnutrition by organising the regional workshop on 'Addressing Global Acute Malnutrition'.
- WVL collaborated with MOHs to form "mother support groups" and conduct community nutrition activities in ADPs, with their leadership and support. In FY 14, 329 mother support groups were functional in the ADPs.



BUDGET

USD 627,000
(25 ADPs, one ARP)
Special project (BEACEN) -
USD185,000
PNIP project budget
USD 4,000



BENEFICIARIES

Approx. 64106
children under five
years of age and
9177 pregnant
women



NUMBER OF ADPs

39 ADPs, one ARP
and two special
projects (BEACEN,
PNIP) contributing to
eight ADPs and ARP



STAKEHOLDERS

Ministry of Health, Provincial and
District health authorities, National
Nutrition Secretariat, SUN People's
Forum, universities, plantation
sector companies, mother support
groups, CBOs, Child Development
Centers, preschools, volunteers



ADVOCACY/ RESEARCH

- WVL joined the "Scaling UP Nutrition" (SUN) People's Forum to collaborate with civil society in order to ensure better service provision and improved nutrition.
- WVL advocates for community needs in planning and designing of national level programs such as nutrition steering committee of the MoH, SUN forum and multi sectorial action plan for nutrition
- Initiated a 'longitudinal study on growth and morbidity' experienced by infants and young children in Sri Lanka, to understand the root causes for the wasting in children

ANALYSIS

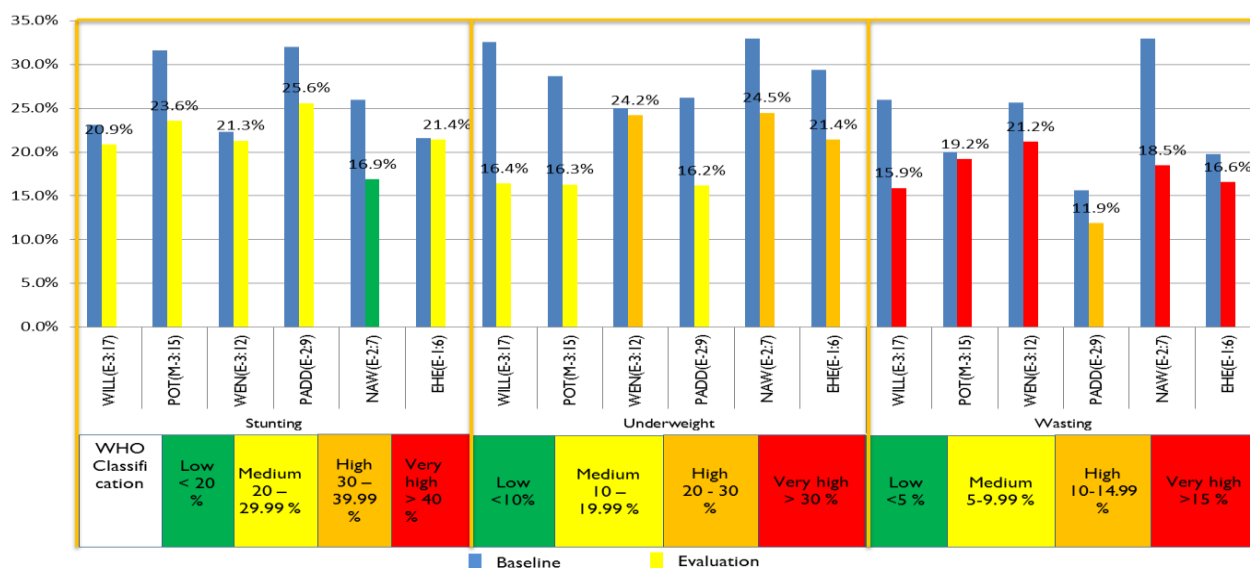
The malnutrition indicators in Chart 6 show a reduction in malnutrition, in all 6 ADPs evaluated in FY14 when compared with their baseline values.

It is statistically proven that there has been a significant improvement in prevalence of stunting, underweight and wasting among children under-five throughout a phase with the mean difference of 4.04%, 9.31% and 6.31% among 6 evaluation ADPs (methodology: paired t-test has been done to test the significant improvement at 95% CI; p-values of stunting, underweight and wasting are as follows 0.036 <0.05; 0.007 <0.05; 0.028 <0.05 at 95% CI).

A foremost reason for the observed improvement is WVL's focused programming using integrated nutrition project models and approaches with government health authorities and other partners.



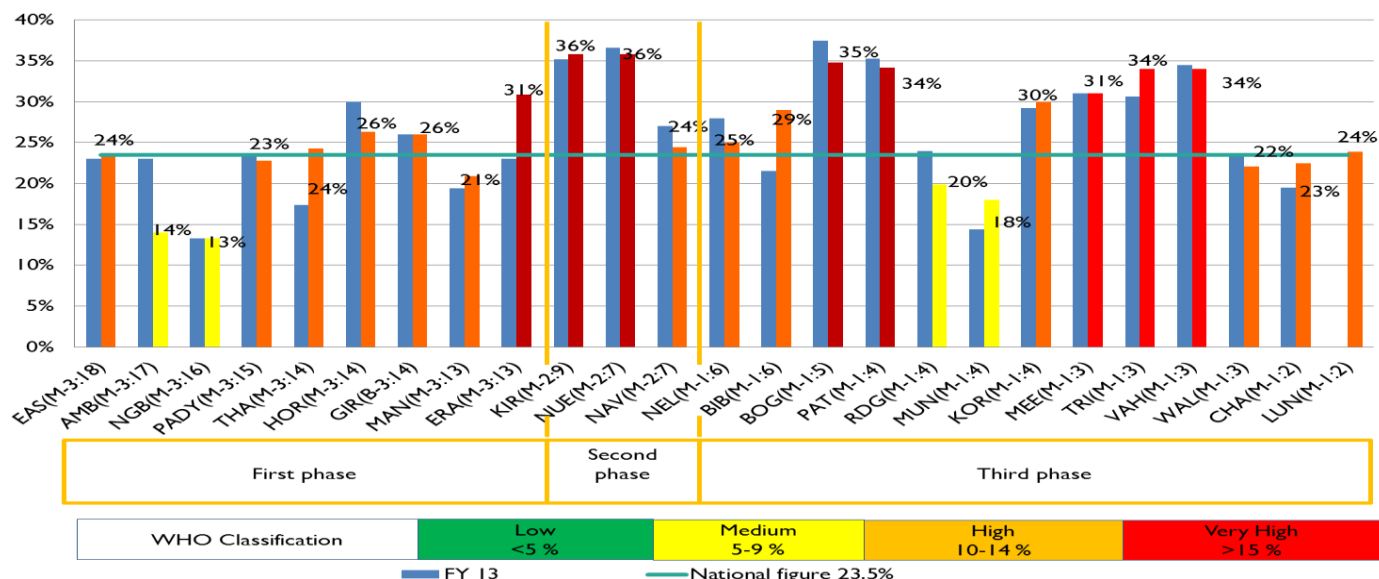
Chart 6: Nutritional status of children under five



As part of a strategically and technically sound approach to addressing malnutrition, ADPs have initiated a “1000- days approach”, as well engage in inter-sectoral integration. These have contributed to the improvements observed in the evaluation data for stunting. However, in all six ADPs stunting stands above the country figure 13.1% (National Nutrition and Micro Nutrient Survey 2012). The continuous implementation of the PD/Hearth and Growth Monitoring Models, concerted follow up on nutritional education and awareness programmes and other interventions, including mother support groups have contributed to achieving improvements in underweight and wasting among children.

Wasting is an issue at national level, as also evidenced in evaluation data. National average for wasting, according to the National Nutrition and Micro Nutrient Survey 2012 is 19.6%. While 4 ADPs are below the national average, only PADY has progressed from WHO “very high” threshold to its “high” threshold (see also discussion on monitoring data pertaining to ‘wasting’ below). In response, WV’s strategy to address global acute malnutrition will be implemented FY 15 onwards, with a specific focus on the problem of wasting.

Chart 7: Prevalence of underweight in children aged 0-59 months in their first, second and third phases of implementation



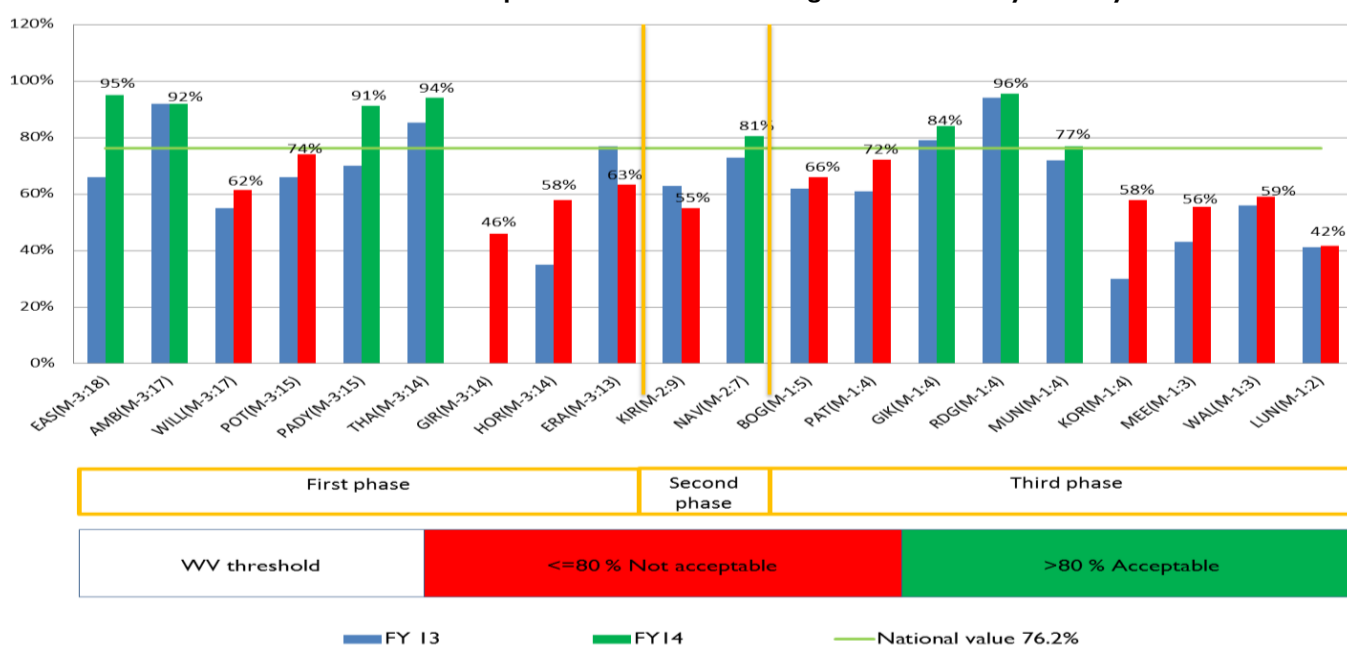
As indicated in the above Chart 7 monitoring data for underweight is critical 1st and 2nd phase ADPs, whereas the 3rd phase ADPs indicates improvement. **It is statistically proven that there has been a significant improvement in underweight, between FY13 and FY14, among 19 ADPs, with a mean difference of 1.36%** (methodology: paired t-test to test the significant improvement at 95% CI; p-value= 0.029< 0.05)

An increase in underweight is seen in 10 ADPs identified as 'vulnerable' and located in the estate sector or the post-war Eastern Province, compared with their FY13 values. This increase is also attributed to the floods and drought experienced in FY14. However, the successful implementations of the Men-Care approach, health promotions and PD/Hearth have produced good results in AMB.

With respect to wasting, comparison of monitoring data in FY 13 and FY 14 indicates that in 65% of reporting ADP's wasting remains critical (Reporting ADPs for wasting – EAS, AMB, NGB, PADY, THA, GIR, HOR, ERA, MAN, KIR, NUE, NAV, NEL, BIB, BOG, PAT, GIK, RDG, MUN, KOR, WAL, VAH, MEE, TRI, CHA, and LUN). Only 2 ADPs have a reduction of more than 5% (PAT, HOR). ERA, TRI, KOR compared to other ADPs have a significant increase in wasting due to drought. The Ministry of Health identified wasting as one of the major nutritional issues which require an immediate country-wide response. Likewise, wasting is a critical challenge in WVLP ADPs. Unfavorable weather conditions and the absence of proper targeted interventions to address wasting at the national level contributed to the current status. In response, WVLP is currently conducting a survey to map food insecurity and nutrition in areas that are prone to floods and drought.

A clear improvement is observed with respect to **'proportion of children receiving minimum dietary diversity'** in 17 ADPs, when compared with FY13 monitoring data. 7 ADPs (EAS, AMB, PADY, THA, NAV, GIK, RDG) are found to be at the "acceptable level" (above 80%), based on WV thresholds (see Chart 8).

Chart 8: Proportion of children receiving minimum dietary diversity



It is statistically proven that there has been a significant improvement in the percentage of children who receives minimum dietary diversity from FY13 to FY14. Based on mean difference, there is nearly 8% of average increase has been observed among 19 ADPs except GIR (methodology: paired t-test has been done to test the significant improvement at 95% CI; p-value=0.005<0.05)

Also further statistical analysis indicates that dietary diversity has an impact on underweight; where there has been an 8% average increase in minimum dietary diversity, underweight has decreased among 19 ADPs.

The two ADPs in the Batticaloa district (KIR, ERA) with a decrease in dietary diversity have been identified by the WFP as 'food insecure' areas due to the drought that prevailed in FY14.



Among the interventions that have led to an overall increase are the continued PD/Hearth programme and integration with economic development projects, including the 'home gardening project'. In addition, cooking demonstrations and awareness programmes on 'dietary balance' are carried out frequently in ADPs together with public health officials.

Table 2: Percentage of children exclusively breastfed until 6 months of age

WV's Thresholds	Critical <75%	Attention required 75%-80%	Acceptable >80%
ADPs	NAV, PAT, KOR	VAH	POT, THA, AMB, HOR, NAW, BOG, RDG, MEE, ERA

As indicated in the above Table 2, 10 out of 13 reporting ADPs are above the national level values 76.2% for **children exclusively breast-fed until 6 months of age**. WV conducted breast feeding promotion campaigns throughout FY14 and also during the world breast feeding week. ADPs worked with partners to establish lactation management rooms in hospitals, MOH offices, and government offices to promote breast feeding. Using mother support groups, mothers were made aware of the importance of breast feeding.

In addition, problem identification and analysis during ADP level designs reveal that adolescent health and nutrition is an important aspect of WV's future strategy to address chronic malnutrition. Table 3 outlines the status of nutrition in ADPs with baseline data in FY14

Table 3: The baseline status for nutrition indicators in FY14

Indicators ADPs	Stunting	Underweight	Wasting	Exclusive Breast Feeding	Dietary Diversity
LIN	41%	36%	19%	37%	50%
CHAN	21%	24%	16%	50%	79%
KALN	33%	27%	11%	92%	38%
KILI	24%	31%	25%	95%	49%



CASE STUDY 1

Nutrition interventions in EAS

I'm a widow with a child. I was very worried about my child's health because he was underweight. Health officials told me my child was severely malnourished and they advised me to give additional attention to child's health. I participated in WVL's nutrition awareness, nutrition education and cooking demonstration programmes. The knowledge I gained was put to practice in my daily life. I realised that food with nutrition value is not only what we buy at high cost, but they are locally available, too. I started to grow vegetables with high nutritious values in my garden. In addition, WVL provided me with a milking cow to use the milk to enhance my son's nutrition status. This was the moment which changed our circumstances.



CASE STUDY 2

Refrigerator to estate in BOG

In the tea plantation community, mothers, including lactating mothers pluck tea leaves six days a week. Therefore, they leave their children, including children below six months in the Child Development centres while they are gone. The Child Development officers that take care of the children also feed them. Time restrictions and distance to the field from these centres, often prevent lactating mothers from breastfeeding their children during the day time. The officers encouraged mothers to express the breast milk and store in a clean and safe container to feed the child while they are in the field. WVL supported the mothers to promote exclusive breastfeeding by providing refrigerators to the Child Development centres.



KEY LEARNINGS

It has been observed that unfavorable weather patterns have an impact on nutrition, such that it leads to acute malnutrition

Adolescent health nutrition needs to be more focused in programme designs

There is still a knowledge gap concerning the root causes and contributors to acute malnutrition, which needs to be investigated, together with context specific information

RECOMMENDATIONS

Proper integration of health and nutrition programming with the EAD sector and food security interventions, with special attention to DRR plans in ADPs

Take effective measures to scale up approaches and models that have been instrumental in achieving positive impact and change (ex; mother support groups for nutrition promotion)

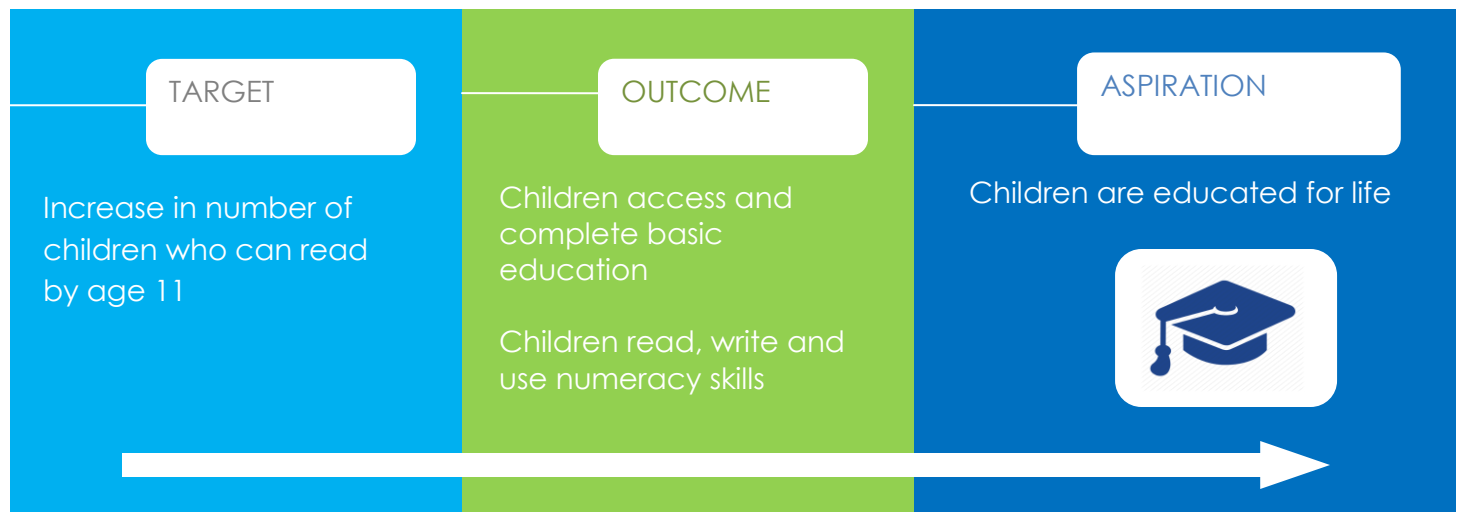
Identify staff knowledge and competency gaps to develop and implement appropriate project models and approaches, with sufficient sector related technical skill development.

Development a strategic action plan (including research and advocacy) to address acute malnutrition





SO 2: Ensure child and youth education to establish their future



Problem: The Human Development Report 2014 identifies that a prominent anomaly in the education sector is the disparate quality of education among the different geographical sectors (rural, urban and estate sectors). Overall national achievements in education are high, with the national average for completion of primary education at 99%. However, both children and youth in deprived and underprivileged areas (such as WVL – ADP areas) often lack the opportunity to progress to higher levels of education, and/or cultivate skill and learning that is necessary to access formal employment.



INDICATORS

- Proportion of children who can read with comprehension (SI)
- Percentage of RC children currently enrolled in and attending preschool (SMI)
- Percentage of RC children currently enrolled in and attending structured learning institution (SMI)
- Proportion of children who have completed basic education in a structured learning environment (SI)
- Percentage of parents who are actively supporting their children's education (AI)
- The strengths of the assets and the contexts in which young people live, learn and grow as reported by 12 – 18 year olds (SI-DAP)

Inconsistent resource allocation is one of the key challenges to bridging the gaps in education achievements. In order to address this challenge, the education secondary strategy (and technical approach for the education sector) has identified a comprehensive multi-faceted approach, encompassing interventions in pre-school education, primary education and youth development. The core of this approach is to understand the specific challenges and risks that are common among marginalised and vulnerable groups (including RC children). Progressive monitoring of FLAT and educational levels comprise the basis on which targeted and context specific interventions are formulated and developed in addressing the root causes identified above. Some of WVL's interventions and advocacy initiatives in FY14 impacted both formal and non-formal education and skills development of children.



KEY ACHIEVEMENTS

- Together with the Zonal Education Office, FLAT was carried out in 4 ADPs and 1 ARP FY14 in order to plan targeted literacy improvement initiatives.
- An increase is seen in parental awareness on education (as indicated in chart 13), as a direct intervention by WVl among the parents.
- A license was obtained to conduct DAP, which is intended to strengthen overall well-being among adolescents
- New educational initiatives modelled through partnerships; a MoU was signed with the Ministry of Education through which an educational TV channel (*Nanasa TV*) was introduced in rural schools. WVl partnered with the Ministry of Education and Dialog (Pvt) Ltd., in this endeavour.



BUDGET

USD 2.8 million



BENEFICIARIES

57,803 RC Children



NUMBER OF ADPs

29 ADPs and 1 ARP



STAKEHOLDERS

Ministry of Education, Zonal Education Department, School Development Societies, school community, estate management, village level CBOs

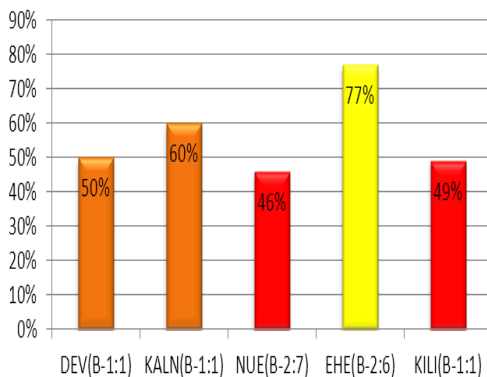


ADVOCACY/ RESEARCH

Initiative has been taken to empower communities to hold government accountable for the provision of quality ECCD services; and to support local level advocacy efforts in identifying minimum standards for ECCD, and for monitoring and addressing policy implementation gaps

ANALYSIS

Chart 9: Proportion of children who can read with comprehension



In addition to the FLAT baselines conducted in FY12 (14 ADPs) and FY13 (18 ADPs), an additional 5 FLAT baselines were conducted in FY14 (see Chart 9). National literacy rates for education in Sri Lanka stands at 91.2% for adults and 98% for youth; WVl's ADP beneficiaries evidently fail to meet these high levels of education. FLAT is used as an effective tool to gauge if children can 'read with comprehension' (in contrast to national level assessments). Focused literacy improvement interventions have been carried after the completion FLAT assessments. Such interventions were designed on the basis of individual needs in each ADP; after school classes conducted as a 'Zonal Education Partner' activity, 'Child Friendly Learning Spaces' set up and monitored in order to help children learn to read in a quiet environment with the assistance of the parents, and setting up 'Reading Boxes (facilitated by volunteers, who appoint 'reader leaders') Peer learning is one of the most advantageous methods used in the Reading Box approach. Community Libraries were also another noteworthy intervention that helps children to develop an affinity for reading.

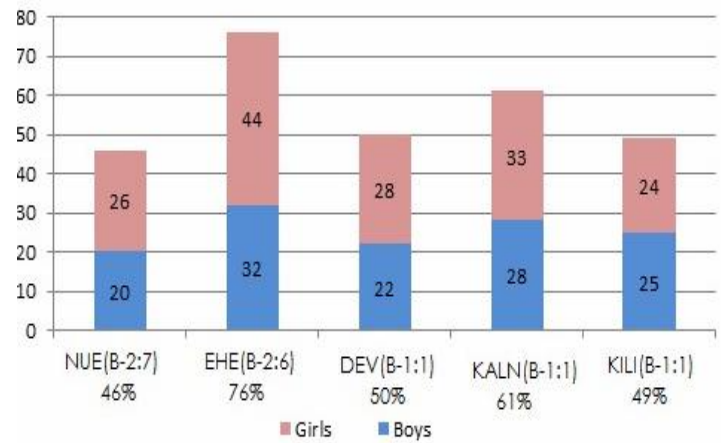
First phase	Second phase	ARP
LOW RISK	MODERAT	HIGH
		CRITICAL



In most vulnerable ADPs, such as those in the estate sector (in the Central Province) and which are most often in the 'critical' or 'high risk' levels of FLAT, WVl partners with the Provincial Ministry of Education to enhance the quality of the education services provided. Principals and teachers were trained to monitor remote schools and assist School Development Committees. Periodic reflection meetings were held with the Zonal Education Director.

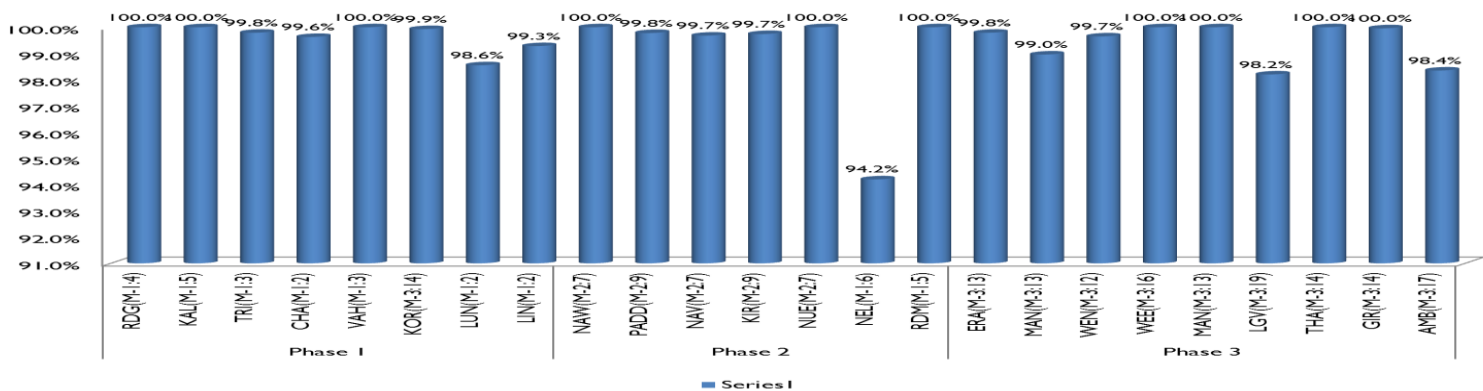
5 ADPs and 1 ARP (KILI) conducted baseline FLAT assessment in FY 14. Except KILI, all the other ADPs showed a higher literacy level among girls, over boys (see chart 10). Engagement in seasonal jobs by boys is a possible reason for this trend. Low literacy lead to lack of interest in further studies/learning, thus they drop out of school prematurely. A more strategic pre-emptive plan is required by WVl to overcome and address this issue in FY15.

Chart 10: Gender disaggregating of baselines in FY14 for children who can read with comprehension



With respect to the 'percentage of RC children currently enrolled in and attending preschool'(see Chart 11), WVl closely monitors registered children at this age in recognition that Early Childhood Care and Development (ECCD) is vital for the well-being of a child. Preschool children were directly assisted in FY14 to enjoy child-care without disruption. ECCD centers in ADPs were provided with adequate infrastructure facilities, by partnering with PSs, and in the estate sector, with estate management. Teachers were given training to be better pre-school teachers. FY14 values for a majority of reporting ADPs indicate a high percentage of RC children currently enrolled and attending preschool.

Chart 11: Proportion of RC children currently enrolled in and attending a structured learning institution FY14



WVl systematically and periodically monitors RCs in schools (structured learning institutions) thus the **percentage of RC children currently enrolled in and attending structured learning institution** is high across all ADPs, irrespective of the phase of ADP implementation. Special attention and assistance is extended by ADPs to ensure equal education opportunities for disadvantaged children. The persistently high rate falls short of the national average of 99%, as this positive trend is affected by the non-enrolment of differently-abled children. Hence more deliberate and focused interventions are required to improve access to education among differently abled children in WVl ADPs.

Chart 12: Proportion of children who have completed basic education in a structured learning environment

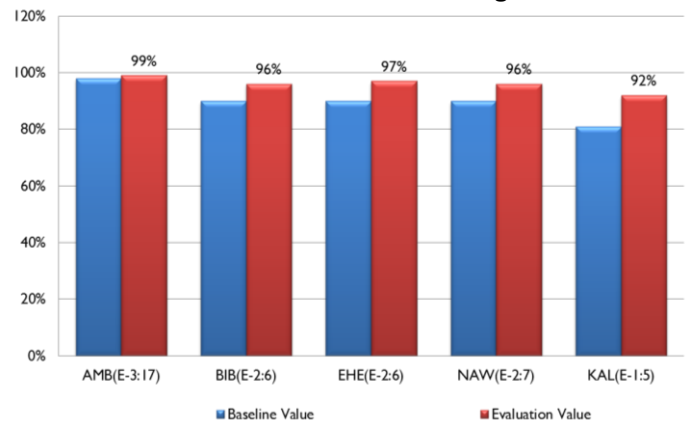
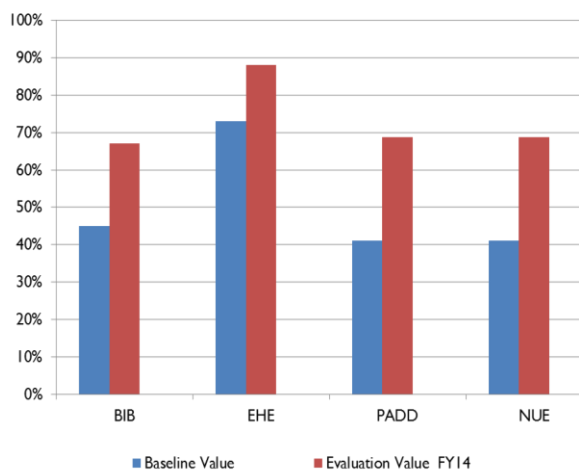


Chart 13: Percentage of parents who actively support their children's education

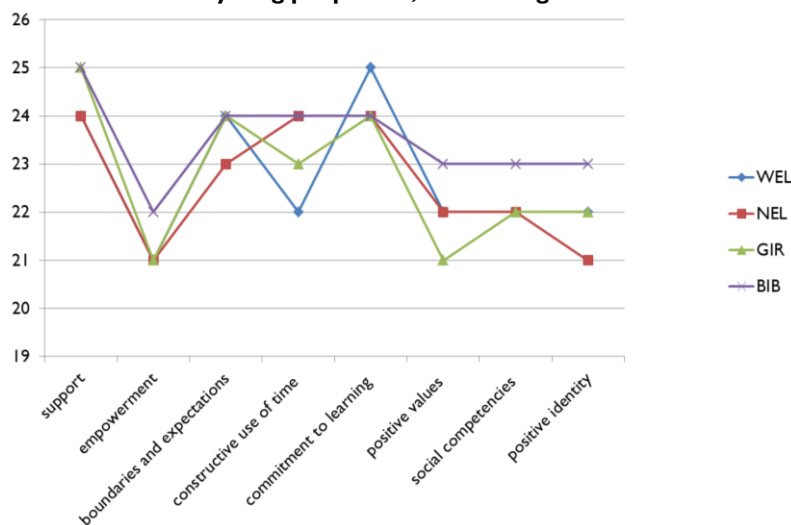


Completion of basic education is transformative and it empowers a community. This rate is virtually universal in Sri Lanka. World Bank Data 2012 states that the rate is 96%, but rural schools in ADPs have a comparatively low rate of completion as indicated by the baseline values in Chart 12. Among 5 ADPs with evaluation data in FY14, 4 ADPs indicate a positive trend with respect to completion rates. AMB in its 3rd phase falls short of its baseline value, and is located in the estate sector where the national average for education is relatively low. Awareness programmes conducted for the parents on the importance of 'completion of primary education' have contributed to the completion rate. Furthermore, economic development programmes implemented by WVL evidently eased the pressure on parents and the children continued to attend school. A well-focused monitoring system for RC is further contributes to retaining vulnerable children in school. Most ADPs worked strenuously on re-admitting dropouts to schools and their retention was monitored. The evidence suggests that with the support, guidance and targeted interventions by WVL, it is possible to elevate current ADP values to meet the national average of 96% within a 5 year period.

The incidence of poverty is high among the population living in WVL ADP areas thus parental support for education has been limited. Where families are poverty stricken, parents lack interest in education and children are compelled to engage in seasonal jobs. Awareness raising programmes conducted by WVL promoted the attentiveness for children's education among the parents in the rural and estate sectors. ADPs reported a notable increase among **parents who actively support their children's education** (See chart 13). In some ADPs parents were assigned to monitor Student Friendly Learning Spaces. Parents took the initiative to form 'Reading Huts' with the help of partners. Their contribution for the ECCD centres such as creches and preschools are noteworthy. The parents' active involvement in Preschool Development Societies help the smooth running of the centers.

With respect to WVL's focus on secondary education, the DAP conducted in FY 14 will provide a framework assessment on which to develop targeted interventions among young people s (see introduction – section 1.1). Four ADPs conducted DAP assessment in FY14 (see Chart 14). The main purpose of DAP is to gauge 'internal and external assets', as specified in the DAP tool, which are intended to strengthen the external structures and support systems, as well as the values, skills and beliefs of young people. This assessment will help ADPs to define aspirations and plan activities for young people in a focused manner by helping to alleviate the prevailing gaps in holistic secondary education. DAP assessment is expected to be instrumental in building models to secure the well-being of youth.

Chart 14: Strength of assets and the contexts in which young people live, learn and grow



Secondary schools in rural areas do not have sufficient teachers to teach important subjects such as Math, Science and English. The MoU signed with the MoE covering all education projects in ADPs paved the way for an alternate option. WVL partnered with the MoE and Nanasa TV of Dialog (Pvt) Ltd, to design an educational programme, based on government's curriculum, to facilitate children in rural schools to learn their core subjects.

Learning through ICT helps young people to consolidate their skills and be relevant to employment markets. 18 ADPs focused on providing ICT access and opportunities in the schools within their working area in FY14. Some ADPs built new ICT labs with partnership initiatives and others refurbished existing labs in schools.





PATHANA ADP - Thushanthini, is a ray of hope for her peers in the Derry Claire estate. Thushanthini, her brother Shajan and their daily wage earning parents live in a small 'lined-room' house. The limited space in their house did not keep her away from studies. The Reading Hut provided by WV became her study place with other children. Her mother, after having participated in WV's programme on child education, health and protection, always encouraged her to do her studies well.

Thushanthini and her brother never missed the children's society meetings and events. Thushanthini enjoyed learning in the child- friendly class environment created by the School Development Societies with WV's facilitation. Unlike other parents, Thushanthini's parents could not afford to send her for tuition to prepare her for the Grade 5 scholarship examination. However, Thushanthini passed the examination scoring 168 marks with eligibility to attend a recognized reputed school in the city. Thushanthini attributes her high performance to the Child Friendly Learning Environment in the school. Her class teacher, Thilawahathi said "I attended Grade 5 teachers training last year organized by the Zonal Education Office and learnt how to prepare the children for this very competitive and challenging examination. Thushanthini worked hard in her studies. I see a bright future for her".

Thushanthini's father was happy that his daughter was able to pass the examinations with high marks in spite of their family's difficult circumstances. "I am happy that with my limited daily earning I could contribute a little amount to the SDS to upgrade my daughter's class room".

"I am very happy with my daughter because she has always been a happy child amidst family difficulties. Now I am proud as the Mother of Thushanthini" Wijeyalochumi, Thushanthini's mother said.



NUWERA ELIYA ADP: "Smile on Abilashini's face..."

Abilashini is a five year child with special needs. She has traits of stunted growth. Her father left the family and her mother had to go abroad to take care of her expenses leaving little Abilashini with her grandparents. They feared sending her to preschool when she turned four because they did not want her to be bullied by her peers. World Vision Lanka and Plantation Rural Education Development Organisation staff convinced the grandparents to send her to school and reluctantly they agreed. Life at preschool wasn't easy for little Abilashini at the beginning. She could speak only a few words. She wasn't able to walk like the others in her class. She could not play with her friends because her hand and legs were very feeble.

She was a challenge for her teachers but the training workshops conducted for pre-school teachers on "Improving skills of children with Special Needs" helped them better understand who Abilashini really was. They made her feel home at school and helped her improve little by little. She speaks better now and plays with her friends. Her grandmother said that she would try to utter new words. She loves doing collage art with her little fingers. She grooms herself on her own. She enjoys her childhood like any other child of her age. Let the smile on her face be made eternal and the contentment of her family continue.





KEY LEARNINGS

Special attention is required by schools in the estate sector, in view that FLAT results indicate that literacy rates among estate sector children are low compared to other areas in the country. It has been identified that enrolment and retention of children with disabilities in structured learning institutions are low in the ADP areas, where few schools have special education units and necessary capacity (refer case study; Smile on Abilashini's face).

Social accountability, establishing local ownership and partnerships with key authorities drives sustainability and improves effectiveness.

RECOMMENDATIONS

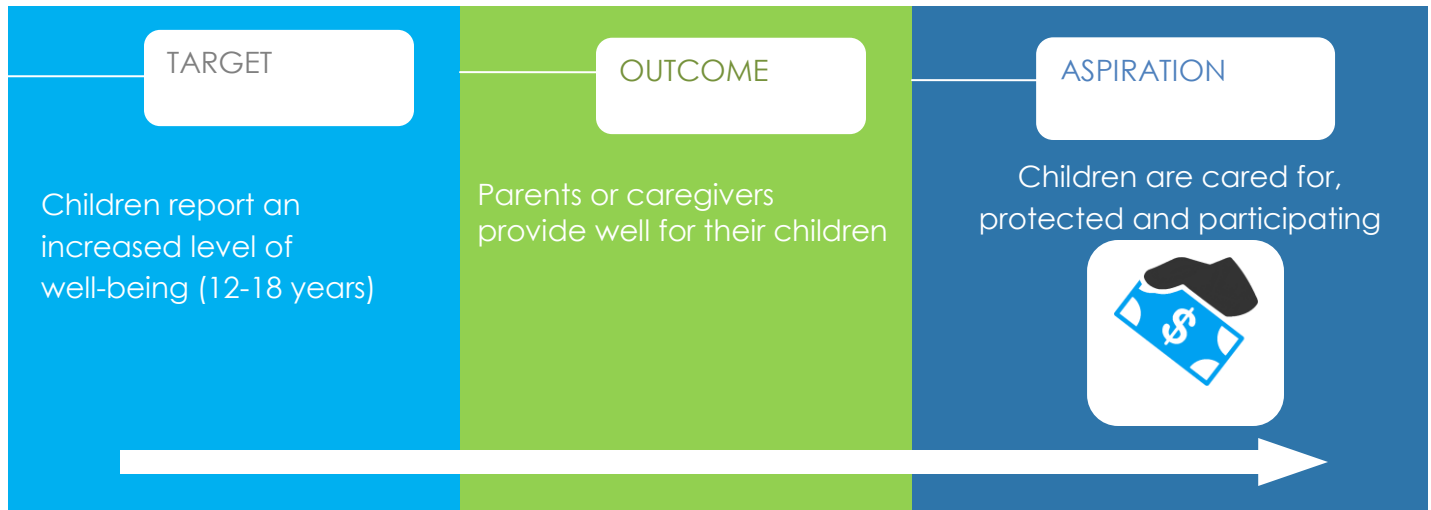
Develop a module to improve literacy for estate sector primary school children in partnership with National Institute of Education (as is currently being piloted in PAT)

Promote special education units in schools as a priority, and engage in awareness creation and capacitate preschool teachers on special need education

Strengthen partnerships with key stakeholders to pool resources and achieve synergy



SO 3: Increase Economic and Environment Resilience



Problem: The most pressing problems affecting the rural poor that are engaged in agriculture and farming encompass productivity, connectivity and economic mobilization. The specific problems faced by WVL beneficiaries include lack of entrepreneurship, poor savings habit and investment, high cost of agriculture inputs, issues related to marketing and 'seasonality' of income.



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)

Higher expenses on health issues

Disaster/ climate change related incidents

APPROACHES

• Graduation Project Model - targeting different categories of the Living Standard Ranking:

- Family Development Planning

- Implementation of PD/Hearth to rehabilitate malnourished children

- Skills transfer through business facilitation project model and value chain development project model

- Promotion of savings through Savings group project model

- Facilitation of asset transfer to the P and the PoP

- Linking credit facilities through micro finance project model

• GRCC and other local level advocacy

INDICATOR

- Proportion of households graduated to the next level of the living standards ranking in the graduation pathway (AI)
- Proportion of poor households in the ADP (AI)
- Mean monthly income of households (AI)
- Proportion of parents or caregivers with the means to save money (SI)
- Number of parents or caregivers having access to sufficient micro-finance (AI)

Central Bank's published the poverty rate for Sri Lanka in FY 14 as 6.7%. Conditions of poverty were assessed in WVL's ADPs in FY 14 based on the Participatory Living Standards Ranking (PLSR) assessment covering 10 ADPs. According to FY 14 data, the percentage of the PoP estimated to be 52%. WVL has assisted as many as 26,625 PoP families and 54,470 P families since FY 11. The gravest challenges in improving the economic circumstances of the communities in WVL ADPs are outlined above.



The primary approach to addressing poverty (as assessed by the PLSR) is the 'graduation model' (as outlined in the FY13 CWB report) and its constituent components. WVL aims to address the poverty and 'economic vulnerability' in its ADPs by applying the 'graduation model' which factors in the multiplicity of socio-economic constraints affecting its beneficiaries at different levels of the PLSR. While it is a challenge to demonstrate quantitative evidence of economic resilience in the short-term, the qualitative evidence suggests a transition to economic resilience among WVL beneficiaries, including children.

KEY ACHIEVEMENTS

1. Graduation of each living standard category to its next level (see Diagram 1)
2. Reduction in the poor households (see Chart 15)
3. Increase in the monthly mean income of the households (see Table 5)
4. Increase of saving habits among households (see Chart 16)
5. Increase in access to micro-finance

Table 4: The details of the key interventions under the EAD sector are given below.

DETAILS OF THE INTERVENTIONS UNDER THE EAD			
No.	Interventions	Implemented No. of ADPs	Benefited families/ members
1.	Business facilitation interventions	32	7,136 families
2.	Savings clubs formation	25	5,697 members
3.	Formation of producer groups as an initiative for marketing linkages	17	2084 members
4.	Integrated home gardening programmes were implemented to increase dietary diversity	32	2,281 families
5.	Vocational trainings interventions and carrier guidance events	22	8,135 youth
6.	Assets transfer to start up/ expand income generation activities	35	3,136 families
7.	Value chain development	8	1,181 families (15 value chains)
8.	Livelihood infrastructure projects	15	6,143 families
9.	Micro credits to beneficiaries	33	24,051 members



BUDGET

USD 3.9 million
USD 5.6 million
(Vision Fund Lanka)



BENEFICIARIES

19877 families
15916 individuals
(including 8139 youth)



NUMBER OF ADPs

42 ADPs and
3 ARPs



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





ADVOCACY/ RESEARCH

The need to support local level advocacy towards improving service delivery in 'livestock development' has been identified; and in general to empower communities to hold the government accountable for their economic growth and development.

ANALYSIS

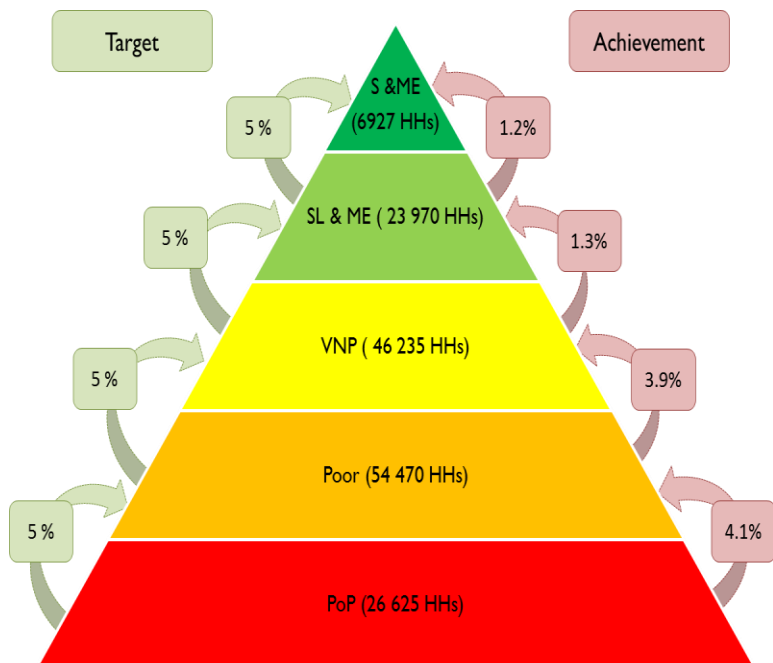


Diagram 1: Level of graduation in the living standard categories in the graduation model (in %)

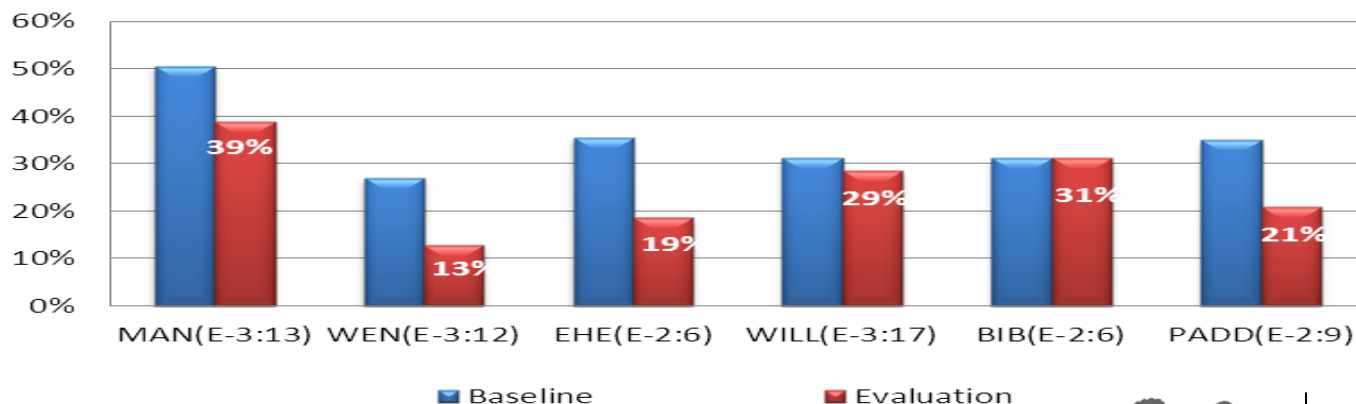
Given the main thrust of the EAD programme to “graduate” those in different PLSR categories to the next level, “**Proportion of households graduated to the next level of the living standards ranking in the graduation pathway**” is an important indicator of the progress.

Diagram 1 shows the predicted impact of the interventions/ activities carried out under the graduation model in 42 ADPs and 3 ARPs based on an assessment (that was also conducted in FY 13). Accordingly, the target of 5% graduation level set for each living standard category has not been achieved. These categories, as outlined in CWB report FY12 are - “Poorest of the Poor” (POP), “Poor” (P), Vulnerable Non-Poor” (VNP), “Sustainable Livelihood and Micro-entrepreneurs” (SL&ME) and “Small and medium Entrepreneurs” (S&ME). Inability to achieve the projected target was mainly owing to the reason that though all ADPs and ARPs were targeted for EAD interventions, some ADPs were unable to implement the expected level of interventions due to non-allocation of funds.

However, graduation towards the target of 5% is higher in the POP (4.1%) and P categories (3.9%) than the VNP (1.3%) and SL&ME (1.2%). This has to be attributed to the prioritization given to the most vulnerable categories when implementing project interventions such as training, skills development, asset transfers and market linkages. Furthermore, government poverty alleviation programmes such as “*Divinaguma*” and “*Samurdhi*” (government well-fare programmes) aimed at the poor families have also contributed to this trend. All interventions were closely linked to relevant government departments, including Agriculture, Animal production and Health and Samurdhi Development Authority that provided trainings; and also to the private sector such as MILCO (Pvt) Ltd., Cargills Ltd., Hayley’s Company Ltd., Ceylon Grain Elevators (Pvt) Ltd. that assisted with improvement of market linkages.

Evaluation findings for the “**Proportion of poor households in the ADP**” (see Chart 15) indicate that there is a significant reduction in the proportion of the P category in four reported ADPs (WEN, EHE, MAN, and PADD). This trend is attributed to the interventions under the graduation model, which have been implemented for approximately 2 years, aided by government poverty alleviation programmes. Meanwhile, the observed change is marginal or nonexistent in WILL and BIB, where the graduation model was implemented for less than one year.

Chart 15: Proportion of poor HHs in targeted ADPs



Dairy farmer Mrs. Paskaran Sumathy, 35-year-old mother with three children from CHA, Jaffna district

"World vision provided a milking cow and a calf and it produces around 5 liters of milk every day. I sell that milk to the preschool, neighbors and small hotels. The income of USD 2.7 that I earn daily is enough to fulfill my family's needs and now we are enjoying our life. I have been able to contribute to my children's education as they are able to attend school regularly and also go to supplementary classes. Nutrition health of all my children has improved as they drink milk daily. Expenditure on purchasing milk powder has reduced and I save that money for future needs of my children. I would like to convey my sincere thanks to World Vision and other stakeholders for uplifting my family's living standard. I am now much confident to face the future challenges by producing more milk and value additions. My future ambition is to donate a female calf to a poor family and to upgrade their life just like WV upgraded mine".

Table 5

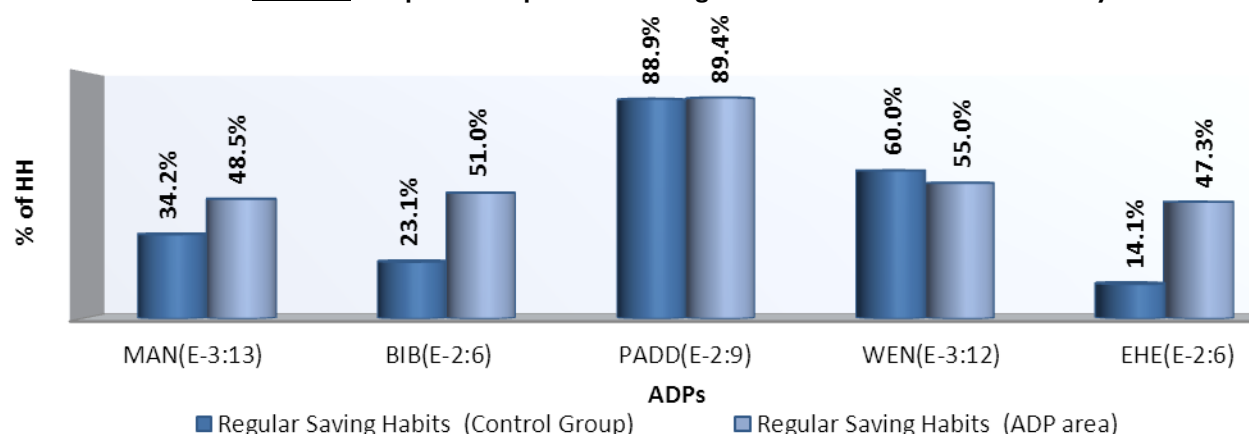
ADP	Mean monthly income of the HHs in Sri Lankan Rupees (LKR).	
	ADP area	Control Group
MAN(E-3:13)	22,713	20,694
WEN(E-3:12)	28 123	27,415
PADD(E-2:9)	16,667	15,000
BIB(E-2:6)	22,170	24,787

Income is the one of the contributing factors for the graduation of the living standards. The evaluation findings given in the following table show that although it is not very much higher, the **"mean monthly income of the households"** in ADP areas is higher than that of control groups (identified for each of the ADPs), except in BIB where monthly income is lower (see Table 5). Implementation of the graduation model in BIB has been in place for less than one year. However, in comparison to the national poverty line of LKR 19,190, a significant improvement is seen in the monthly household income of all ADPs except PADD. The low household income for PADD is associated with the seasonality of income among an additional 24% of households that depend on casual labour.

"I lost my leg and all our belongings, including livelihood assets during the war. My friends bought a small canoe and helped me to engage in fishing. I used to earn around LKR 5,000 to LKR 10,000 per month. In the meantime, WV selected me for assistance provision under their livelihood project. Once I completed the business training, WV supported me to purchase a fish net. I started using that net to harvest fish by using a boat that I borrowed from one of my relations. I now earn more than LKR 25,000 a month, which is enough to look after my family's needs. Now my children regularly attend school as I am able to pay their school fees. I also bought an engine for the boat with my savings and recruited a labourer to expand my business. Now my income is sufficient to support my family's expenses as well as to cover wage for the labour".

36-year-old Albert Leenus, fisherman with four (04) members in the family, Mavadiodai village of VAH in Batticaloa district.

Chart 16: Proportion of parents or caregivers with the means to save money



In three ADPs (MAN, BIB and EHE) a significant increase (more than 15%) is seen in the regular saving habit of the households, when compared with the control group. The increase in saving habits can be linked to the successful formation and running of saving clubs under the graduation model in the respective ADPs. Comparison between the proportions of households with regular saving habit among the ADPs, PADD shows a higher level than the rest though the mean monthly household income of this ADP is less. This trend can be attributed the formation of saving clubs and follow ups done by the mobilizers in PADD, where they tended to spend more time with the families promoting saving clubs. However, in the other ADPs, saving clubs promotional activities are done by the project coordinator, whose time is divided among other responsibilities. Further, PADD follows the sequence in the graduation model, which requires membership of the POP, P and VNP categories, in saving clubs. Households in WEN show a lower rate for the same than in the control area. This is due to the high dependency on loans accessible in the ADP area.

The interventions under the graduation model aims to increase the **“proportion of parents or caregivers with the means to save money”** (see Chart 16). The evaluation findings in the above chart represent this overall achievement; beneficiaries in majority of the ADPs indicate an increase in ‘savings habit’ with a variation from 47% to 89%.



Most of the vulnerable people in the Munaikadu village in PADD engage in small business and labor work. Nine families (including three women headed families and two differently-abled persons) formed a savings club in May 2013. They decided to save LKR 1,100 each month and planned to contribute LKR 100 for welfare. They now have a total of LKR 95,000 in savings and the welfare fund's amount is LKR 7,200. Their savings are used by all members of the club particularly to set-off their loans, to provide better well-being and education for their children. Children in all those families have attended school without any dropout.

VFL contributes to the economic resilience of ADPs, through a partnership created under EAD’s micro-finance project model. As a result the **“number of parents or caregivers having access to sufficient micro-finance”** saw an increase to 29,000 individuals in FY14 from a mere 4,949 individuals in FY13. The total number of children who benefited from VFL micro-finance increased to 37,000 in FY14 from 7628 in FY13. While acknowledging the increase in the access to micro-finance, the average loan size of below USD 300 per client has been cited as insufficient to start business ventures of a certain nature. In September 2014, VFL’s loan portfolio at risk was 1%, which indicates that the rate of repayment among borrowers is high.

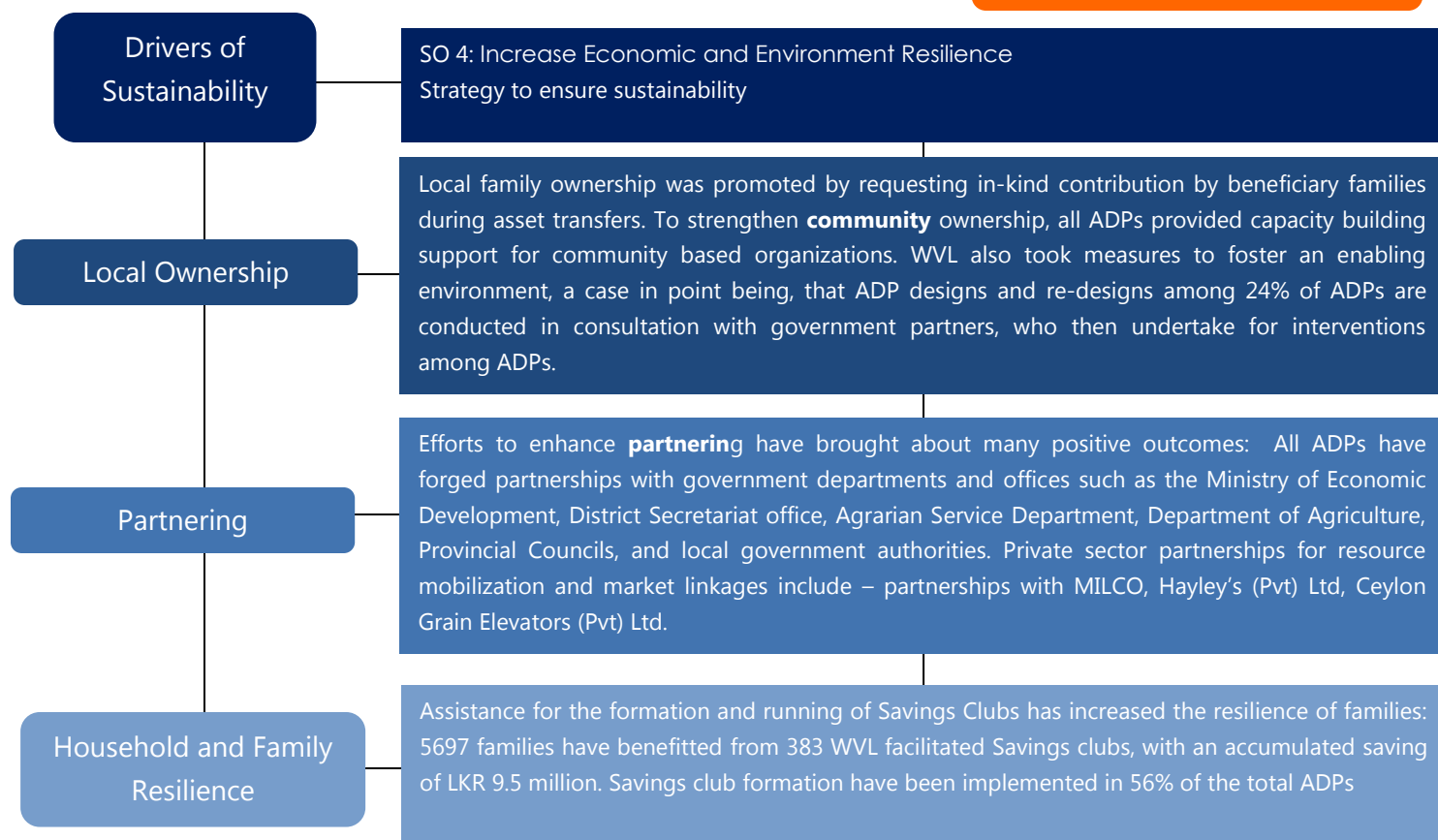
The following story illustrates the impact of VFL’s micro-finance on well-being and progress:

Small loans from the Vision Fund helped Thushara to expand the family's incense sticks production business. Their first and second loans had allowed them to purchase larger stocks of material, which in turn helped to increase the production. A third loan helped them to purchase a motorcycle which Thushara utilizes to transport incense boxes to the shops. They are now on their fourth loan cycle and the business is thriving. Together, they make and pack over 700 boxes of incense every day. The time spent on travelling is a challenge for Thushara as he has to make weekly trips to the city over 120 miles away to purchase cardboard packaging and other material. He hopes to buy a small lorry in the future for deliveries.

Thushara, father of Chiran from HOR

Limitations in reporting in the EAD section:

- 1. The limited comparison of achievements among all ADPs due to the unavailability of economic related standard indicators for annual monitoring.
- 2. Impact of the graduation model is measured after completion of 3 years (next in FY15), and hence a prediction of its current impact is done with reference to a system of weighting, based on the interventions carried out in the FY14.
- 3. Comparison of achievements in FY13 and FY14 is limited, as the availability of monitoring indicators for both FY13 and FY14 have been limited.



KEY LEARNINGS

It is necessary to re-consider the efficiency of the graduation model in view that the mean monthly household income of all the ADPs are below the mean monthly household income of the country's rural areas, though evaluation ADPs have progressed to incomes exceeding the national poverty line in FY14

Sound linkages between the social and economic components in a community are identified as key to experiencing the benefit of savings clubs

The available average loan size of below USD 300 per client has been cited insufficient to start some businesses depending on the nature of the business.

Continuous dependency on the micro-finance organization by the entrepreneurs

While a data-base to capture captures progress and disaggregation of graduation model activities across all ADPs and ARPs, is being developed, it needs to be further institutionalized

RECOMMENDATIONS

Implementation of interventions under the graduation model should be constructed for targeted increase in steady income among beneficiary house-holds Capacity development assistance for relevant government officials and other stakeholders on graduation project model for better impact

FDP should be closely followed up and each sector should make decisions on project implementation based on the priorities of the FDPs

While promoting Savings Clubs under the graduation model due attention should be given to address the social issues based on the context

Explore possibilities of introducing flexibility in loan sizes, which are in keeping with the requirements of the proposed the business

Provide necessary skills and knowledge to the entrepreneur for business expansion

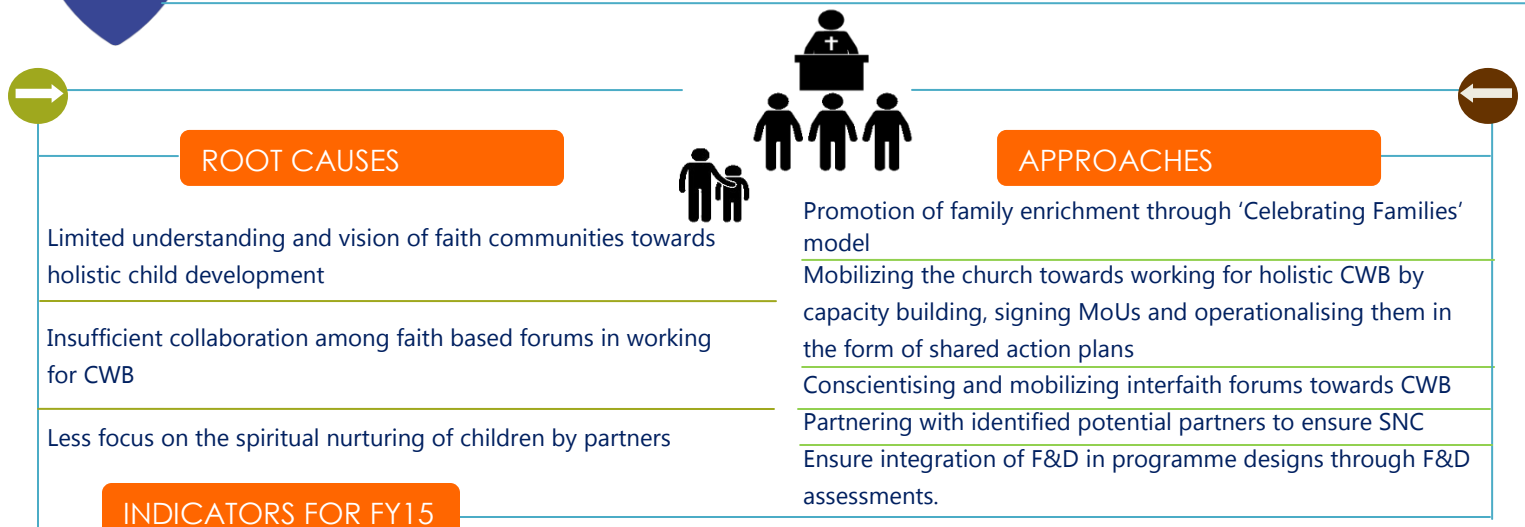
Institutionalize the database designed to capture progress of graduation model output activities across all ADPs disaggregated among the rankings of the PLSR



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



Problem: While Sri Lanka is a multi-religious, multi-ethnic, multi-cultural community, there remains considerable space for collaboration and understanding among faith-based forums in working for CWB. The Convention on the Rights of the Child (CRC) incorporates values based on religious traditions. However, there is inadequate emphasis on the spiritual nurturing of children as an integral part of increased well-being of children in Sri Lanka.



INDICATORS FOR FY15

- Strength of the support asset category as reported by youth 12-18 years of age (SI-DAP)
- Strength of the social competency asset category as reported by youth 12-18 years of age (SI-DAP)
- Strength of the positive values asset category as reported by youth 12-18 years of age (SI-DAP)
- Strength of the empowerment asset category as reported by youth 12-18 years of age (SI-DAP)
- Strength of the positive identity asset category as reported by youth 12-18 years of age (SI-DAP)
- Proportion of youth who rank themselves as thriving on the ladder of life (SI-DAP)

Indicators outlined above will be monitored in FY15. WVL Faith and Development (F&D) department operates in six strategic areas to address the apparent lack of collaboration among faith communities to work towards CWB.

(i) Spiritual Nurturing of Staff and (ii) Prayer Mobilization: Spiritual well-being of its staff is of importance because of their invaluable contributions and also their development and well-being affects the well-being of children and communities with whom WVL partner to provide services. (iii) Spiritual Nurture of Children: Spiritual nurturing is integral to WVL's holistic understanding of human development recognizing that implementing approaches that foster the spiritual nurture in turn contributes towards children's well-being. (iv) Church Relations: WVL seeks to partner with the churches by signing MoUs and implementing shared action plans towards the well-being of children. (v) Interfaith Relations: Partnering with interfaith groups at ADP and national level brings out valuable information about religious traditions such as diversity of perspectives that often exists even within the same tradition. (vi) Programme integration: WVL seeks to transfer the ownership of F&D operations to programmes by integrating faith and development in to the programme designs.





BUDGET

USD 144,000

BENEFICIARIES

586 staff and their families along with 392 children of staff, 208 Christian leaders, other faith leaders, Sunday school teachers Approx. 300 children with disabilities Approx. 7000 children and youth

NUMBER OF ADPs

SNC - 17 ADPs
Church Relations - 18 ADPs
Interfaith Relations - 14 ADPs
F & D Integration - 12 ADPs

STAKEHOLDERS

14 churches (MoU signed with)
NCC, NCEASL and other FBOs
Interfaith Forums
Lakrivi, YFC, Royal Rangers, Scripture Union, Ceylon Bible Society

KEY ACHIEVEMENTS

Spiritual Nurturing of Children

- 17 ADPs initiated SNC interventions.
- New partnerships forged with potential partners.

Church Relations

- 2 new MoUs signed with key denominations (Anuradhapura Diocese, RC Church and Four Square Gospel Church) to enhance collaborative efforts for CWB.
- Initiatives were taken to operationalize the MoUs signed in previous years through shared action plans (Key denominations working together for CWB).

Interfaith relations

- The increase in knowledge of staff on interfaith relations has led to an expansion of interfaith interventions across all ADPs.
- A tool was designed for categorizing the ADPs according to their engagement in interfaith relations and shared with the regional interfaith working group.

Integration of Faith & Development into programming

- Indicators designed for capturing the impact of F&D (5 standard CWB indicators were identified 2 from YHBS and 3 from DAP also 1 outcome indicator along with 6 monitoring indicators were designed in order to capture the progress and contribution of Faith and Development department with respect to CWB).
- F&D assessments were conducted and F&D principles along with the relevant indicators integrated in all designs and redesigns of FY 14.
- A contextualized framework was designed for the integration of F&D into programming.

ANALYSIS

While the target for the F&D indicator ADPs Adopt **Spiritual Nurture of Children (SNC) Principles** was initially set at 10 ADPs, 17 ADPs have adopted these principles. Compared to FY 13, there is a significant increase in the number of ADPs implementing SNC initiatives; 17 ADPs in total. All key initiatives focused on impacting the spiritual nurturing of children which in turn observed to have had a greater impact in increasing the well-being of children. Also a number of potential partners for SNC were identified and efforts made towards the strengthening of such partnerships (*Lakrivi*, Scripture Union, Ceylon Bible Society, Royal Rangers and Youth for Christ).



A series of orientations conducted for all ADP managers on the principles and implications of SNC as well as capacity building given for F&D focal persons helped to increase awareness among the staff on the importance of spiritual nurturing of children for their increased well-being. Subsequently, the diversity of SNC interventions also increased. Ties forged with potential partners also contributed towards implementing contextualized SNC interventions. The assessments conducted during FY 13 helped identify a need for context specific SNC interventions in order to increase impact.

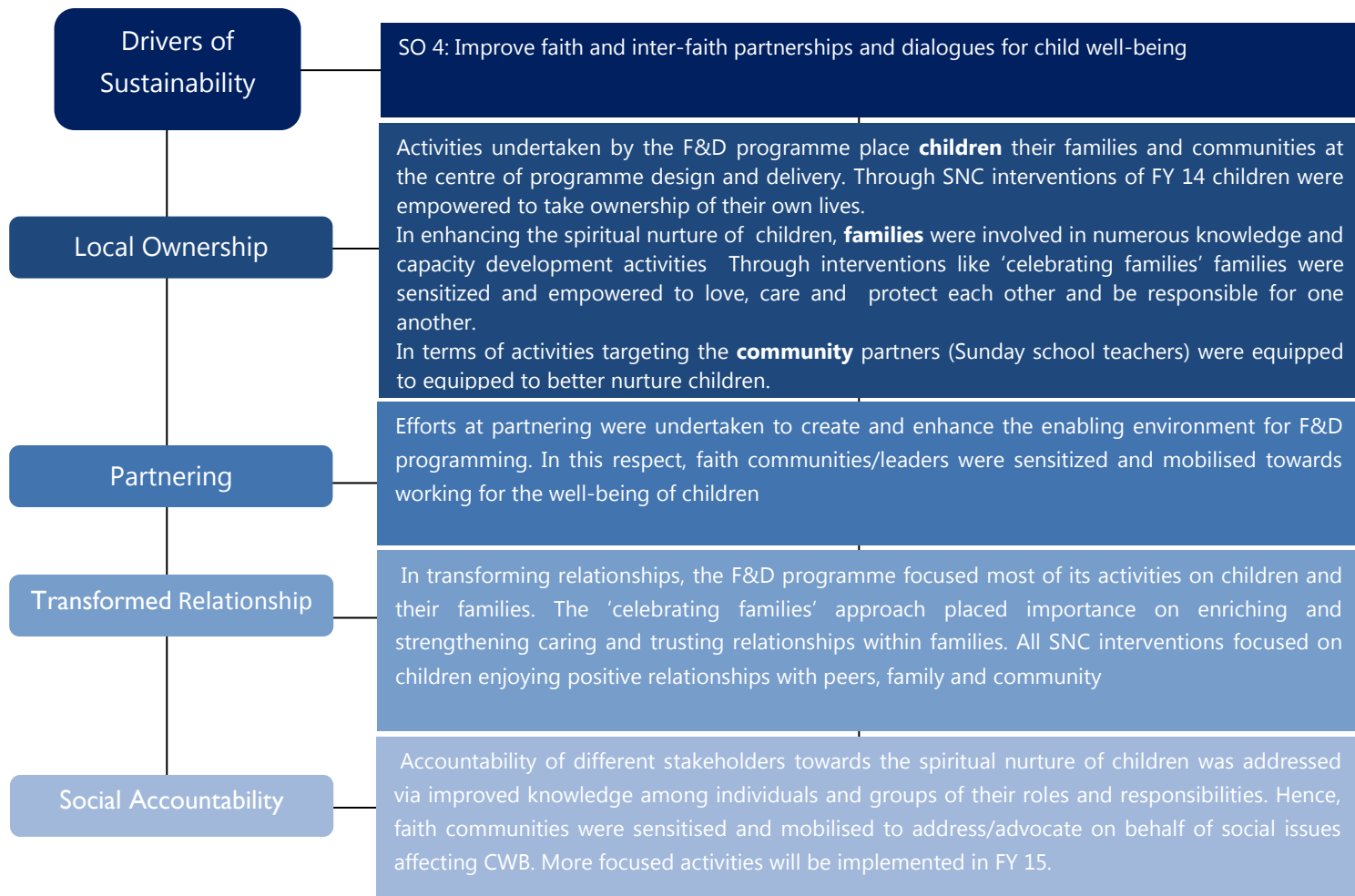
Table 6: Key SNC initiatives

Key SNC initiative	No. of children benefitted	Impact
Christian Education programme for schooling children	Approx. 5000	Children performed well in seminars and exams with better knowledge of Christianity.
Bible quiz for Sunday school children in collaboration with Ceylon Bible Society	500	"I am grateful for WV for introducing this programme to remote areas like PAT because we never got an opportunity to involve our children in a national level competition before" a Sunday school teacher, PAT
Sunday school teachers trainings 15 teachers	Approx. 200	"This is a very unique opportunity we had never experienced before, now we are able to introduce bible reading to children in a fun way so that they will enjoy it through cartoons" a Sunday school teacher, Ampara
Preschool teachers training on SNC (29 preschool teachers)	Approx. 300	"I never realized the importance and need for spiritual nurture until I attended this programme; this programme has given me an opportunity to look at my vocation in a new way" A preschool teacher, PADD
Value formation programmes for children	100	Oriented children towards values, leadership qualities and their responsibility in protecting the environment.
Child society leaders' training	32	Child society leaders were trained to become inspiring leaders with positive values.
Vacation bible school	518	Children were inspired to grow in faith, Kingdom values and biblical knowledge to be effective leaders and responsible stewards to society and church.
Celebrating families	422 (392 children of staff)	Family relationships were strengthened "The 3 days programme influenced me to change my attitudes towards my parents. I decided to do many things differently thereafter. As a first step, I asked for forgiveness from my parents for all that I've done to hurt them" a child participant
Collaboration for Sign Directory project for the children with disabilities by Ceylon Bible Society	300	Efforts directly influenced the children with disabilities (hearing and speech impaired) to grow in their awareness and experience of God's love through the biblical stories in a language that they are able to understand.
Youth camp in partnership with Youth For Christ	123	The youth camp made a great impact on the young lives and subsequently they made positive decisions relating to the direction of their lives. Many participants sought to reconcile the broken relationships with their family.

Inter-faith Forum leads dengue eradication initiatives in NUE

The in-depth F&D assessment on research design process enabled to identify a potential for interfaith engagement. Consequently, WVU brought together some religious leaders to a forum facilitating their engagement towards addressing issues that affect CWB. One of the outcomes was that the religious leaders took measures to eradicate dengue from their district, which was identified as a major threat for CWB. Dengue awareness programmes followed by a cleaning campaign were carried out with the participation of community members, children, health officials & police officers.





KEY LEARNINGS

F&D assessments conducted in the design and redesign ADPs highlighted the need for a context analysis to be carried out and context specific interventions to be identified for the Spiritual nurture of children. During FY 14, one micro project on SNC designed and is in the process of implementation.

Church partnerships can be strengthened through shared objective/action plans for better collaboration towards CWB.

Interfaith forum can be a good platform for addressing issues related to CWB.

After incorporating F&D indicators in to ADP log frames, a session should be conducted with the ADP teams to reflect on better integration of F&D in programmes.

RECOMMENDATIONS

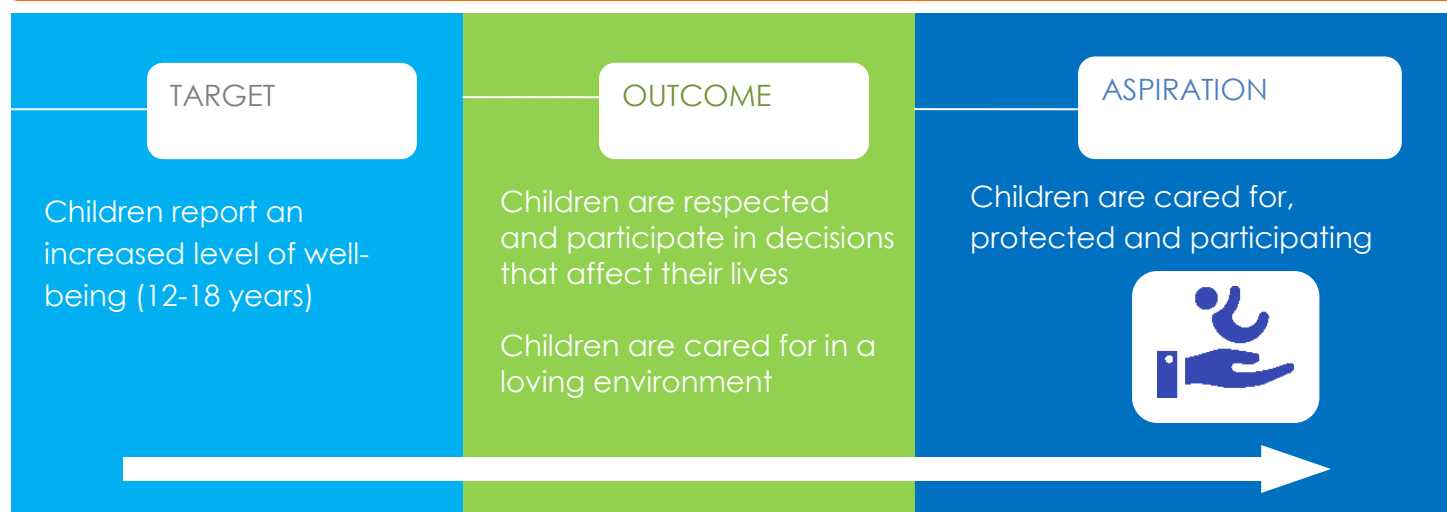
Work on context specific approaches for SNC

Expand integration with other departments and sectors.

Different faith community contribution for CWB to be ensured through shared objective /action plans.

Engage in intentional reflections with ADP teams for better integration and monitoring of F&D in programs.





Problem: Despite necessary laws existing in place for the protection of children, their effectiveness is largely dependent on the attention given to such incidents. As a result, children living in rural poverty-stricken and marginalised areas may not have recourse to remedies and solutions in the event their rights are violated. Their caregivers may not have the means, knowledge or courage to pursue justice or take alternative measures. A related concern is that there is little awareness and respect for the rights of children. Children are often excluded from decisions that directly affect their lives.



ROOT CAUSES

A high prevalence of abuse, violence and exploitation among poverty stricken communities
 Emerging challenges associated with child protection (ex. social media)
 Lack of opportunity and financial security among care-givers
 Lack of awareness among adults/communities of child rights

APPROACHES

Aligning programme designs with the Child Rights Convention and National Child Protection policy guidelines
 Disaggregation of MVCs in all programmatic areas
 Building community based mechanisms to address child protection needs such as vigilance committees.
 Establishing children's societies, which provide a forum to express their ideas
 Sponsorship In Programmes (SIP)
 Child Friendly Spaces
 Play houses catering to children below 3 years
 Community Voice Action (CVA) and Child Protection and Advocacy (CPA)
 CMS monitoring in sponsorship
 SNC programme framework

INDICATORS

- Percentage of children participating in child societies (AI)
- Percentage of children who participate meaningfully in community decision making (AI)
- Percentage of RC children (12 – 18 years) who report that their community is safe (SI)
- Number of functioning child protection vigilance committees (AI)

All WVWL programme areas include the Most Vulnerable Children (MVCs). Child Protection (CP) initiatives aim to build the capacity of communities and children to respond to child protection needs. In working towards protection and well-being of children, WVWL has anchored all related efforts in the United Nations Child Rights Convention while also aligning itself with the National Child Protection policy and other relevant guidelines in the country. Furthermore, participation of children is a major focus of the organization and WVWL strives to empower children and ensure they are respected young citizens, with a valued contribution to society and have a voice of their own, which is essential to realise their full potential. CP cuts across many other sectors and thus is uniquely integrated within programmes.



KEY ACHIEVEMENTS

- WVL co-chairs the National Core Group for South Asia Initiative to End Violence against Children (SAIEVAC) which is the largest and fastest growing CP network. Currently WVL is working with NACG to support/influence government's CP focus.
- WVL worked with other partners and supported the implementation of the following policies and guidelines which are being formulated in Sri Lanka for the first time: designing of (draft) National Policy on Child Protection; designing of (draft) Minimum Standards for Child Care Institutions; Manual for facilitating the setting up of VCRMCs (Village Child Rights Monitoring Committees) and; commenced discussion on having a National Policy on the coordination of main service providers on CP.
- Equal opportunities for marginalized groups such as children with disabilities and children affected by diseases are ensured through child societies, child-friendly spaces and other children's programmes of WVL.
- In FY 14, the first edition of the ADP newsletter was produced in both the local languages: Sinhala and Tamil.



BUDGET

USD223,000



BENEFICIARIES

Children - 200,000 (approx.), Community members - 50,000, Government officials - 2,000 (approx.)



NUMBER OF ADPs

29 ADPs and 1 ARP

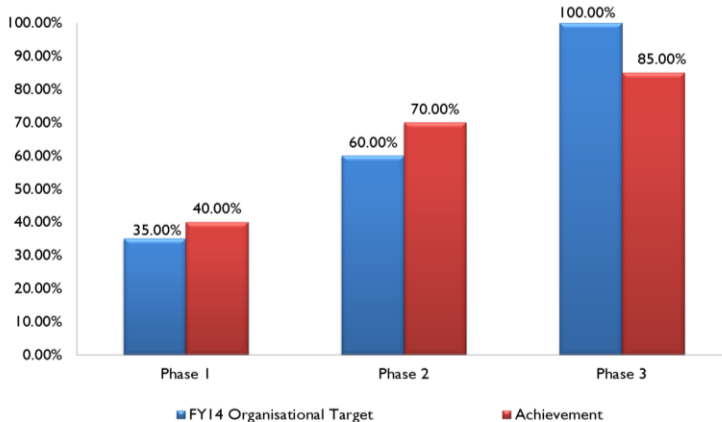


STAKEHOLDERS

Government entities, NGOs, INGOs, private sector organizations and other like-minded organizations

ANALYSIS

Chart 17: Average percentage of RC children (7-15 years), attending a child society monitored by WVL in the different ADP phases



WVL uses **child societies** as the primary tool for the promotion of children's participation, which has become a vital part of community structures in ADPs. In the past, children have been able to successfully mobilise many initiatives for their communities and themselves. Approximately 60,000 children representing over 800 children's societies have been directly impacted through WVL's programmes. Chart 17 indicates the average participation of children in child societies in the different ADP phases, against the phase-targets.

"We have read that unity is strength. It was only through children's societies that we learnt this truth so well" – Sasindu-Children's Society member, BIB

In terms of the number of RC impacted through children societies, a majority of Phase 1 and 2 ADPs have achieved their targets of 30% and 60% respectively while a majority of ADPs in Phase 3 recorded only 85% of RC involvement in children's societies. It was reported that the ADPs in the 3rd Phase had more RCs that are of age 15 years at which age children generally get ready to sit for grade 11 national examinations; therefore, there was a tendency for them to not attend children's societies. Another reason is that most 3rd phase ADPs are in transitional phase where the ownership of children's societies is being handed over to the partner organization and their capacity to maintain membership needs improvement. WVL is working towards a smoother transition process.

However, some ADPs (such as ERA WEE and POT) had marked over 90% RC (ages 7-15) engagement in children's societies. Meanwhile, out of phase 1 ADPs, CHA, VAH, MEE, LUN, WAL, TRI have marked a remarkable achievement over 50% RC engagement in children's societies.



"My family didn't have a proper shelter to live for years. With the initiation of child society members of our area, we were able to make the long awaited dream come true" says 13-year-old D.M Lalani, aged from BIB. The children's societies in BIB got together, collected material and resources and built a small cement house for Lalani's family. The children's societies inspire children to become strong agents of social change by advocating for their rights.

Table 7; Children who participate meaningfully in community decision making

ADP	Baseline	FY14
NUE (M-2:7)	30.00%	47.00%
HOR (M-3:14)	72.60%	76.73%
BOG (M-1:5)	4.10%	56.00%
ERA (M-3:13)	66.00%	74.00%
TRI (M-1:3)	67.00%	100.00%

With respect to the **percentage of children who participate meaningfully in community decision making** (see table 7) emphasis is given to creating an environment that allows children to voice their opinion within the family as well as in community decision making processes. Intentional attention is paid to create space for children's views throughout the programme cycle. It is observed that children's voice are being respected and heard at family and community level in an increasing manner.

Furthermore, depending on the maturity of ADPs, the community's adult leadership is urged to make space in their leadership structures for child representatives to provide opinion for decisions related to children. As such, children have been deliberately integrated into community decision making processes in – HOR, NUE, BOG, PADD, MAN, ERA, TRI, KAL and EHE, providing space for child representatives to sit with adult leaders in relevant discussions.

"We used to think that there is no point in listening to children when taking community related decisions. However, when we did so, our experience was very enriching in planning activities. It brought refreshing ideas and perspectives. " - S.Somadasa - Community Leader, THA

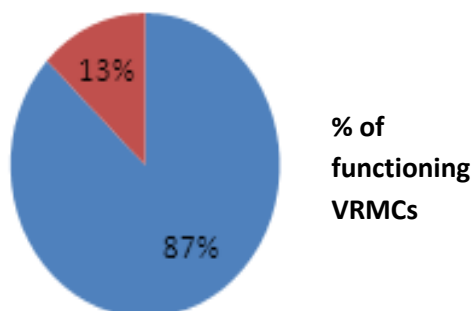
With respect to **the number of functioning child protection vigilance committees**, WVL's programmes have focused on establishing a multi-layered protection structure for children. This is being done in partnership with relevant stakeholders, starting with the family and extending to national and regional levels. Hence, the number of functioning CP vigilance committees indicates that this approach is successful.

In FY14, efforts were made to strengthen the existing vigilance committees and establish new ones in WVL ADP areas. All vigilance committees established by WVL are now registered as a government VCRMC ensuring the sustainability of the mechanism. VCRMCs monitor and report child rights violations to relevant authorities and takes necessary measures to minimize protection related threats to children. Currently WVL is following up on 15 child protection cases reported from THA, NUE, AMB, LUN, ERA, WILL and NAW reported via VCRMCs, which are now being processed in legal courts.



As a result of the presence of VCRMCs in villages, many cases that would otherwise go unreported are now being communicated. However these committees also face the challenge of ensuring confidentiality to the people as they are from the community itself. WVL together with other agencies have prepared a manual for VCRMCs which will be presented to the government in due course.

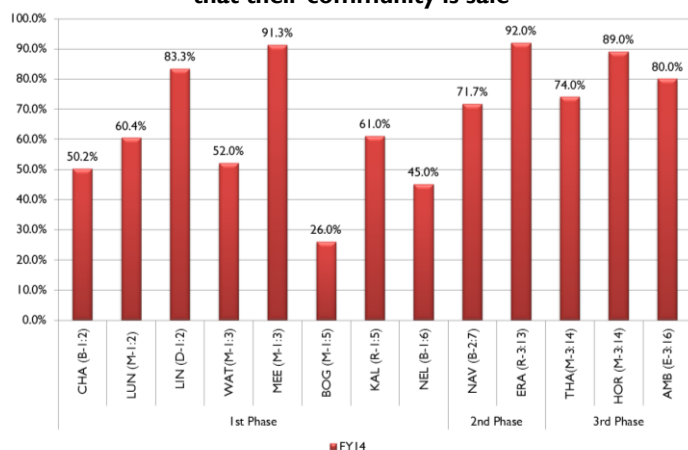
Chart 18: Percentage of functioning VCRMCs



31 ADPs (GIK, KAL, THA, GIR, PADY, EHE, NEL, WILL, BIB, RDM, HOR, WEE, MUN, WAT, WAL, MEE, BOG, CHA, PADD, KOR, MAN, NAV, EAS, TRI, AMB, WEL, NAW, KIR, ERA, VAH and KILI(A)) that reported to have established VCRMCs in villages. Among those 31 ADPs, there is a total of 485 (87%) functioning VCRMCs as against the life-time target of 554. The majority of non-functioning/yet to be established VCRMCs belong to phase 1 ADPs. In such ADPs, the presence of CP has to be enhanced (see Chart 18)



Chart 19: Percentage of RC Children (12-18 years) who report that their community is safe



“Programmes conducted on “child protection” for Police officers have been of utmost value. It has enormously helped the police officers to change the current practices and operate in a more effective and sensitive manner, paying special attention to the psychology of a child.” (C. I. Buddhika Balachandra, OIC, Police Training College)

In FY14, WVl monitored the **percentage of RC children (12 – 18 years) who report that their community is safe** (see Chart 19). This is following capacity building among community members to respond to child protection needs and to create a safe environment for children to live in. People report their community as safe because of an increased child rights awareness and sufficient knowledge on the mechanisms and services to respond to child rights violations. During FY 14, 8 ADPs (MAN, BOG, PAT, PADD, NEL, KIR, MEE, CHA) conducted Child-Friendly Spaces (CFS) to support vulnerable children and communities. Over 15 ADPs engaged in follow-up on reported CP cases and almost all ADPs supported children who had urgent needs affecting their safety.

CP is addressed in an integrated manner: child monitoring done by ‘sponsorship operations’; addressing school drop-outs by the education sector, for instance, are examples for integrated programme implementation approach. Furthermore, local level CP advocacy initiatives have mobilised communities to address CP needs and have contributed to making communities safe for children.

SUSTAINABILITY



KEY LEARNINGS

Establishing structures for the participation of children is not a difficult task. However, getting children to participate meaningfully is a significant challenge. It is crucial for communities (adults and children) and staff to understand the different levels of participation (as referred in the 'ladder of participation')

'Children feeling secure' is affected by other external factors such as political situation in the country and how the justice systems respond to other criminal incidents.

RECOMMENDATIONS

Participation in children's societies to be strengthened in the 3rd phase ADPs.

Increase opportunities for children to engage in child-led advocacy and influence policies

Create opportunities and other community structures/mechanisms for youth who graduate from children's societies to come together to continue their engagement with communities.

Continue to integrate and implement guidelines/policies that have been formulated as part of national/policy level.

Focus on aligning programmes with standardised CP indicators.





Problem: Drought and floods caused widespread humanitarian disasters across Sri Lanka in 2014. The WFP drought assessment reports that over 85,000 hectares of paddy were damaged forcing 15 districts in the island into food insecurity. The north, east and central provinces of the country were those most severely affected with protracted drought and landslides. Fatalities as a result of disaster have decreased, though increases in losses pertaining livelihoods, health and infrastructure have been recorded.



ROOT CAUSES

High level of food insecurity amongst disaster affected families due to pre-existing poor maternal and child health, highly limited access to basic services, and scarce availability of sanitation and clean water systems

Lack of awareness and readiness in disaster affected areas due to the lack of educational facilities and resources

Livelihood constraints lead to high school drop-out rates, mismatches in school curriculum and job market demands.

APPROACHES

Swift and targeted responses within 48 hours of disaster

Holistic approach to nutrition programming including advocacy and awareness mechanisms (PD Hearth, promoting nutritionally balanced home gardens)

Mainstreaming DRR into livelihoods (alternative crops/livelihoods to mitigate economic shocks)

Targeted preparedness activities in schools, communities and among stakeholders (DRR curriculum, simulation exercises)

Capacity building of government education officers and teachers

Setting up school regulatory committees

Awareness raising programmes at the local level to promote basic education, led by stakeholders.

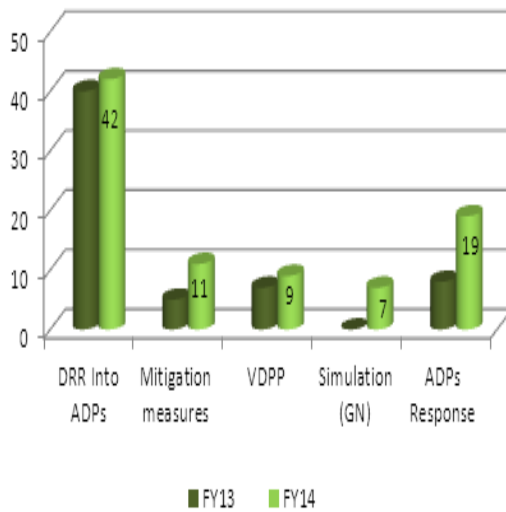
Disaster Risk Reduction (DRR) is intrinsically important in sustainable development in Sri Lanka given the impacts of climate change that have adverse effects on people, livelihoods, and infrastructure. Even though disaster related fatalities have reduced in FY14 the number of affected families, and the extent of damage and loss has increased. Under the WVL strategic banner of "increase economic and environmental resilience", HEA focusses on integrated programming in post conflict zones and mainstreaming DRR in area development programmes, whilst building organizational disaster response capacity.

KEY ACHIEVEMENTS

Achievement	Description
Improved Resilience	<ul style="list-style-type: none"> Increase in warehouses and stocks enabling ADPs to respond to disasters within 48 hours ADPs responded to Koslanda landslide in Badulla district within 12 hours assisting over 300 children and 1000 families Over 400 community participants and children benefitted from a multi-stakeholder disaster simulation conducted by the HEA DRR team. HEA's DRR team introduced alternative livelihood/crops to 40 fisher families in Mullaithivu district as to mitigate fishing losses caused by heavy winds 217 teachers and students in the north have been trained on basic disaster response and first aid.
Improved Nutrition Status	<ul style="list-style-type: none"> 6,500 children in the Participatory Nutrition Improvement Project (PNIP) in KILI(H) and MUL receive daily nutritious meals 500 mothers receive awareness on how to prepare nutritious meals and draw up meal plans
Improved education and child protection	<ul style="list-style-type: none"> 157 pre-school teachers in MUL are supported to receive pre-school diplomas. Coaching classes conducted for 1,073 Grade 11 students in the KILI(H) and MUL 2 child wellbeing centers support over 300 children in after school activities in KILI(H) and MUL 2 VCRMs were set up in KILI(H) and MUL

Sector	Value	Beneficiaries	Stakeholders
Nutrition	USD 450,000	6500 children	Zonal Education Dept, Churches, Provincial Ministry of Health, NGOs, Principals, Teachers
Education & Child Protection	USD 200,000	5000 children	Zonal Education Dept, NCPA, Village Committees, CBOs, Principals, Teachers
Mental Health Project	USD 198,000	300 Children 5000 People	Provincial MoH, Counselors, Community Leaders, Rural Development Societies
DRR	USD 200,000	1500 children 5000 families	Ministry of Disaster Management, DMC, District DMC, DS, GAs, ZED, NWSDB, SL Army, NGO, UN

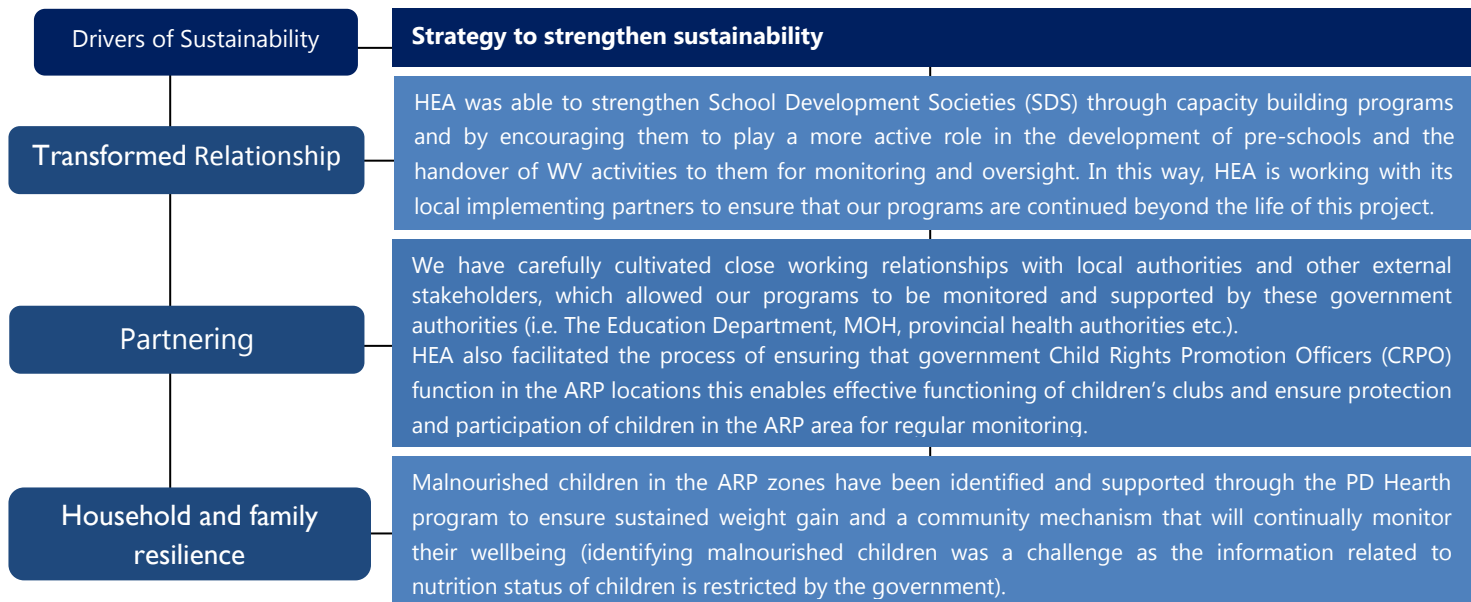


Chart 20: No. of ADPs with DRR

The severe drought in 2014 left critical gaps in food security. Children under 5 living in disaster prone impoverished locations, who already suffer from malnutrition, are especially vulnerable to protracted food insecurity and malnutrition due to drought and crop failure. Further, Chart 20 shows the number of ADPs with DRR mainstreamed into programme plans; however out of 42 ADPs only 11 have adopted mitigation methods even though 22 ADPs were disaster affected in FY14. It is clear therefore that more specific and sustainable DRR interventions need to be actioned into key sectors such as livelihoods, health and nutrition.

Expenditure in FY14 exceeded FY13 marginally; USD 242,000 to USD 251,000, in view that ADPs funding increased drastically in FY14. This is encouraging; however, as funds dwindle the need for ADPs to invest more budgets in longer term mitigation efforts will become prudent to reduce the development losses in the future.

SUSTAINABILITY



KEY LEARNINGS

Community preparedness to be strengthened with strategic multi-stakeholder partnering efforts with government, Public Private Partnerships and Disaster Management organizations for a unified approach

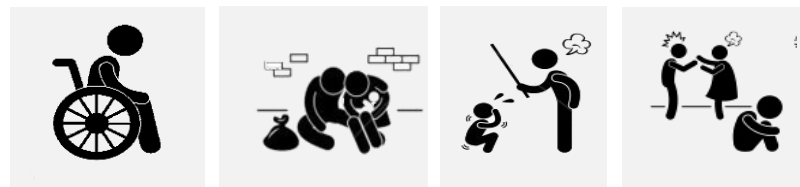
Past records of disaster impacts revealed an increase in losses and damage to livelihood, livestock, and infrastructure, agriculture, and health and nutrition sectors. It is evident that through sectorial integration of DRR these impacts could be minimised

RECOMMENDATIONS

Ensure proper partnerships with relevant parties of the village preparedness planning process in order to have effective preparedness plans.

Conduct an intentional analysis with the sectors, with respect to integrating DRR with key sectors such as livelihoods, health and education

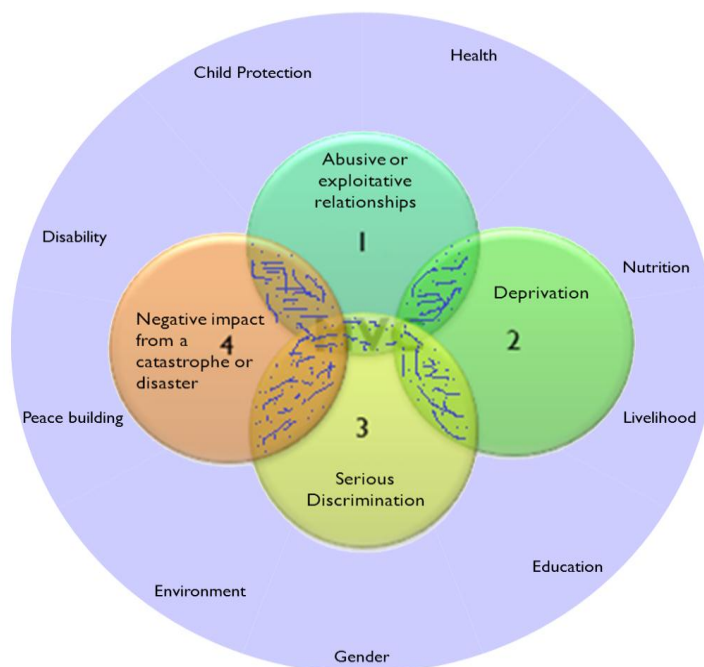




In FY14, there has been an effort to engage in a more systematic assessment of MVCs. Vulnerability assessments were completed in 80% of the ADPs according to criteria defined at the ADP level (contextualized criteria). In addition, WV's 'general definition' of MVCs, as contained in the CWB policy of 2009/2010 has been utilized for a more objective assessment of MVC that is relevant to the context of Sri Lanka.

A first step in this process has been a 'geo-mapping tool', to map most vulnerable geographical areas based on the four 'factors (or dimensions) of vulnerability', outlined in the CWB Policy. Additionally, in view of the multi-dimensional nature of vulnerability, a methodology has been developed to calculate "Multi-dimensional Vulnerability (MV)", based on the four factors of analysis. WVL intends to pilot this methodology in FY15, for objective assessment of multi-dimensional vulnerability, and to generate a comprehensive understanding of vulnerability levels among WV's ADPs. This methodology is recommended for mapping MVCs (See Diagram 2).

Diagram 2



In summary, the methodology to calculate MV allocates an equal weightage to all four dimensions of analysis. It identifies as multi-dimensionally vulnerable, those households who fall within the intersections of the dimensions outlined in diagram 2; that is those who fall within more than one dimension. Children from these households may be considered MVCs.

As an intermediary measure, 'ADP level criteria' for the mapping of MVCs have been referred to identify interventions among MVCs in FY14. Information has been extracted from nutrition surveys, PLSR, disability assessments, sponsorship vulnerability mapping, child protection assessments and other programmatic assessments.

The list of criteria in Table 1 has been assessed by ADPs, for the extent of their prevalence in their contexts (based on their perception)

1.Children of parents or any one from the family who are addicted to drug/ alcohol
2.Children of parents or any one from the family who engage as sex worker
3.Children without parent/ with single parent/ parent with disabilities
4.Children who faced any kind of sexual abuse
5.Children who are addicted to alcohol
6.Children U5 who are undernourished
7.Children With Disabilities
8.Children drop out from schooling
9.Children live in poorest of the poor (pp) households
10.Children are from marginalised groups such as caste
11.Child of parent involved in any kind of crimes such as drug sellers/ illicit liquor producers/ gangsters
12.Children of prisoners/ any family member of the child is a prisoner
13.Children affected by any natural disasters such as flooding, landslide, storms, draught etc. during last 3 years
14.Children who live in disaster prone areas
15.Children live in any man-made disaster prone areas such human elephant conflict, improper waste management system and water and environmental pollution

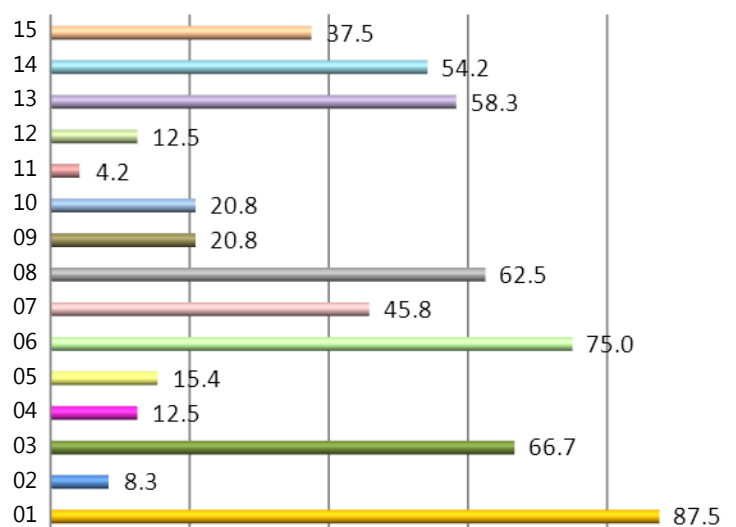


Chart 21: Percentage of ADPs confirming the prevalence of vulnerability criteria in their context



Diagram 3

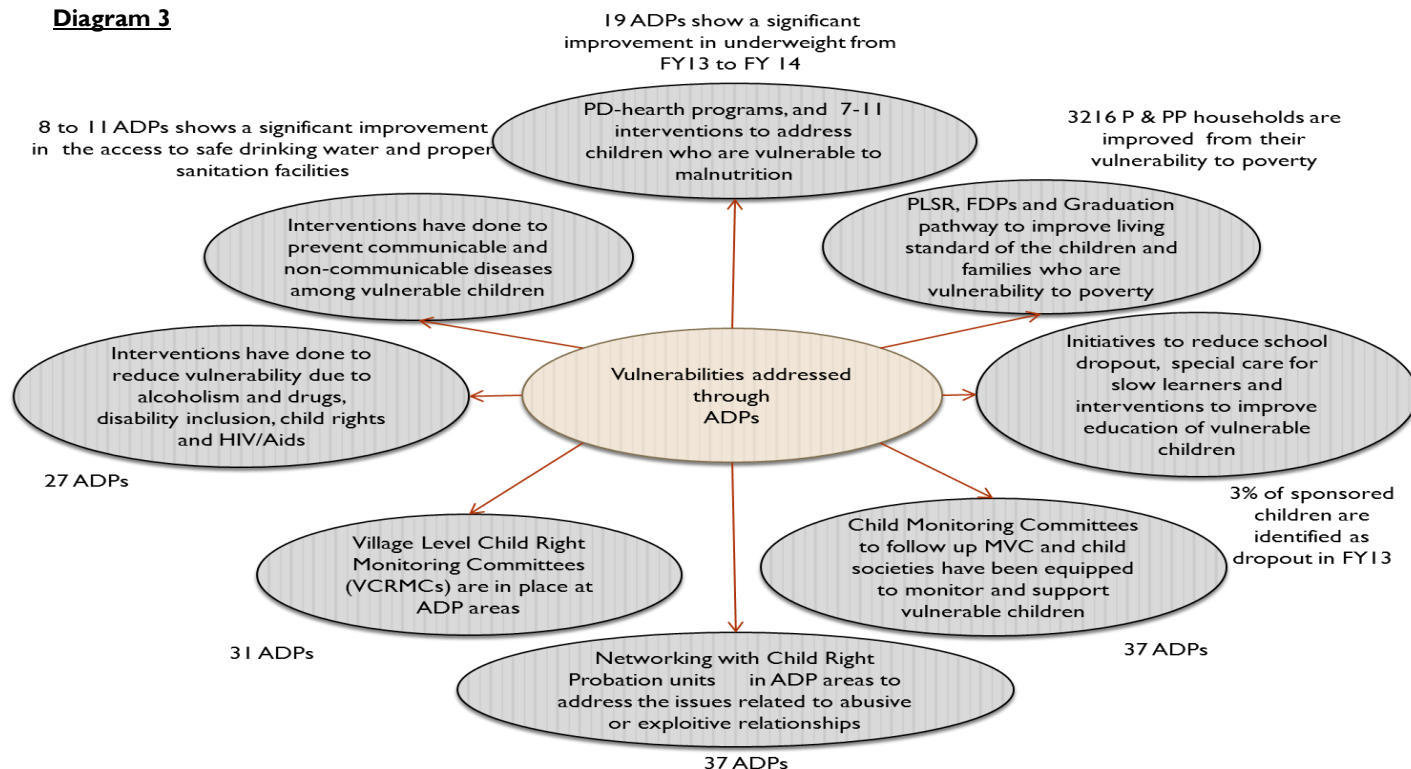


Diagram 3 captures current interventions among ADPs that address the priority criteria outlined above. The following case study illustrates how the interventions in Diagram 3 have been instrumental in overcoming the vulnerabilities identified therein.

My name is Nagammah and I live in a small village in the Paddipalai division, District of Batticaloa. I am a mother of five children and my youngest is Tharumika. Although she was born with visual impairment, that condition has not hindered her from leading a normal and happy life. My husband engages in cane weaving for a living, but works just four to five days a month and spends almost all his income on alcohol. This is a huge concern for me as he continues to neglect our youngest child's disability and her future. Because of his addiction, the community has sidelined us

When she was five, Tharumika was extremely underweight. However my family received an opportunity to participate in a food preparation program (ex: PD/Hearth) conducted by WV. Afterwards, I followed the instructions and observed with much appreciation of my child's weight increase. World Vision also helped formulate a savings club and I joined it and began saving money. At the same time, WV provided my husband with personalized counseling. After one to two months, I was glad to notice a significant change in my husband's attitude; he also began to work more regularly and gradually reduced his alcohol consumption.

He now treats everyone with much respect and we have regained respect from our family and the community. Our family has benefitted from his increased self-confidence. Visible changes within my family are many; I participate more intently in community meetings; one of my daughters completed her Advanced Level examination and is now supporting her father's business; my husband spends more time with his family; last but not least I manage to save every last cent so that we can create a better future for our children.



Recommendations

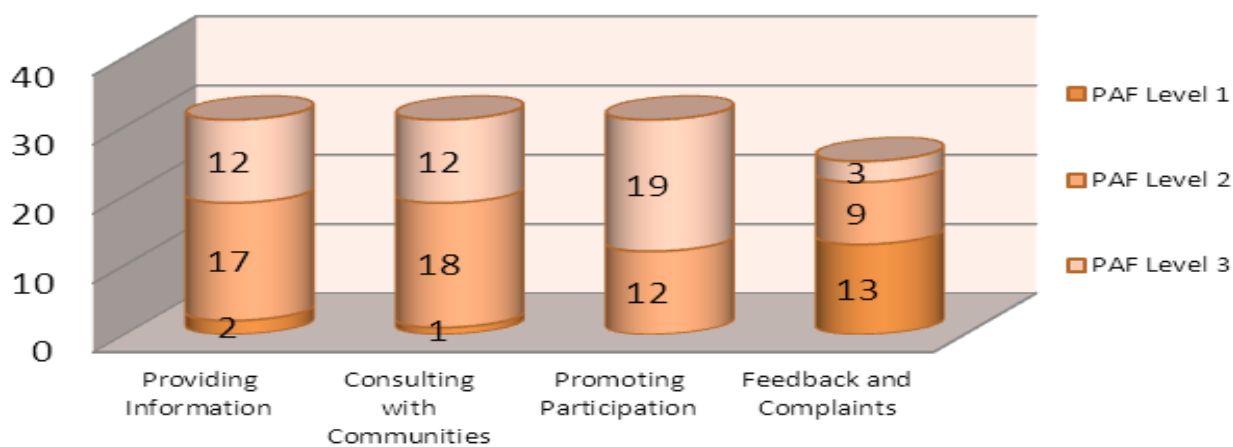
- Pilot the proposed methodology for the mapping of MV, and thereby MVC
- Strengthen integration among WV sectors and department in the mapping of MVCs and to address (or reduce) identified MV
- Empower communities in networking and partnerships to address MVC
- Establish systematic monitoring mechanism to follow up on MVC



Accountability to the community and its partners are among the programmatic approaches used by WVL in sustaining its development programs. The Program Accountability Framework (PAF) is used as the foundation for improving accountability to communities and partners.

Following from the recommendations in FY13 WVL has taken multiple actions for mainstreaming accountability in its programs, with program design/redesign being an entry point. During the FY14, the PAF was integrated in 31 ADPs; the status of WVL's accountability, in terms of PAF levels, is reflected in chart 22





Chart 22: Number of ADPs according to PAF levels



Key accountability initiatives taken during FY14: Key Achievements

- Accountability self-assessment was done in 31 ADPs with the participation of ADP staff; data was analysed and findings used for further improvements.
- Newly recruited staff of the Quality Assurance department (19 staff members) was given training on programme accountability framework.
- WVL Community Accountability Guidelines was shared with program implementation teams.
- WVL 'accountability standard indicators' (four outcome indicators and three output indicators) have been developed and uploaded onto Horizon 3.
- All ADPs have been guided during annual operations planning, with respect to incorporating accountability programming in FY15.
- Best practices among ADPs were identified and shared with other teams to encourage and improve the knowledge on mainstreaming of accountability.



PAF Category	WVL Key Initiatives
Providing Information 	<ul style="list-style-type: none"> 10 baseline and 9 evaluations were conducted during FY14 and findings were shared with communities and partners. 10 ADPs used tools such as exploring perception, message box, drama, posters, banners, name boards, and leaflets to share Information as a part of their 'development participatory approach' design/redesign process. All 42 programs intentionally made available the Child Protection Policy to all community members and partners during program interventions. PADY installed three notice boards in main locations to share program information with interest groups/communities/children.
Consulting with Communities 	<ul style="list-style-type: none"> All sponsorship funded ADPs (41) have developed RC selection criteria with the participation of communities, partners, and community care groups. 24 ADPs reported that they have consulted communities and partners during beneficiary selections. In NAW all vulnerable groups were intentionally identified, consulted and needs were incorporated into the redesign process with the participation of starter group members. 11 program evaluations measured the satisfaction of respondents concerning beneficiary selection in their respective program locations.
Promoting Participation 	<ul style="list-style-type: none"> All the 42 ADPs have facilitated a variety of programs for children society members such as leadership camps, exposé visits, essay competitions, cultural events, debates, kite festivals and so many other events to promote the participation of children and empower them. HEA ensures that communities are briefed on World Vision's beneficiary selection criteria and the name list of all selected beneficiaries is displayed in a public place, thus allowing community members to comment on WV's selection process/ suitability of the selected beneficiaries. During the reporting period, 14 PLSR assessments were conducted with the participation community and local partners. WVL has promoted the participation of partners in programmatic interventions through signing off 16 major MoUs with central government, provincial governments, churches and corporate partners during FY14. As an example, WVL has signed off an MOU with John Keels (Pvt) Ltd on village adaptation project at Mulathivu and Morawewa DS division and partner contribution was USD 320,000.
Collecting and acting on feedback and complaints 	<ul style="list-style-type: none"> WAT has established suggestion boxes in schools to get the feedback from children for the protection program. KILI(A) has placed suggestion boxed to get the feedback from pregnant mothers, and mothers with children under-five years of age to manage beneficiary grievances.

"WVL staff and Samurdhi staff have given clear instruction on how we can participate in a sanitation programme. As a result, we were able to make ready all the materials expected in advance" M. Gunapala, Community member of KAL

"The suggestion boxes are installed at each preschool where our project is on-going. The communities were given awareness during parents' meetings on monthly basis." Thushyanthi, DME Coordinator, KILI (A).

Recommendations

- Mainstream WVL Accountability standardized indicators into project log frames during design and redesign process.
- Develop accountability indicator measuring tools for baselines and evaluation.
- Provide clear guidance on how to improve the feedback and complaints mechanisms in all programs

CONCLUSIONS: The way forward

The overall findings of the CWB Report in FY14 indicate that WVL contributed effectively to its child-focused mandate, outlined in its country strategy. All aspects of programmatic approaches and functions have been assessed for their efficacy and effectiveness with respect to CWB. The learning has been immense. While WVL has recognized several limitations to its programme strategies and implementation, there is evidence of initiative to move forward for greater impact and programme sustainability.

Outlined below are the key learnings through the CWB reporting process in FY14:

Strategic Objective 1

While there is evidence of progress and change with respect to health and nutrition indicators, an identified gap is the deeper learning that is required to increase impact and ensure sustainable life-long health and nutrition among children and young people. The challenges of addressing the needs of vulnerable communities and MVCs are wide-ranging, especially where government resources and facilitation is less than desired. However, strategic partnerships in both the sectors of health and nutrition has pre-positioned WVL to engage in research, advocacy, and relevant interventions at the local and policy levels

Strategic Objective 2

The FLAT tool gives WVL insight into literacy which measures children practical use of language. The government has no access to this level of understand. In FY14 FLAT was rolled out in a further 5 ADPs, giving WVL a wide perspective of the scope of interventions that are required. In addition to current interventions that have been instrumental in securing access to education among children, it is vital to take strategic measures that address special needs children, progressive curriculum design and dissemination of new technology.

Strategic Objective 3

The EAD sector implements an innovative model (namely, the graduation model) to secure economic resilience among WVL beneficiary communities. Evaluation data indicates that progressive impact has been achieved in the several components of this model. However, the ability scale-up and innovate further is not possible unless there is better monitoring of impact. Hence, the data-base of information, soon to be institutionalised is a possibly a step in the right direction.

Strategic Objective 4

The F&D department has achieved much in FY14, in the way of collaboration with relevant partners and faith-based forums. ADPs have been made aware of the principals involved in the 'Christian nurture of children'. There is a need however, to mainstream the monitoring of F&D interventions. To this end, standard indicators have been designed, and together with the indicators of the DAP; will enable both a quantitative and qualitative assessment of impact among children and young people.

Strategic Objective 5

The CP department has been instrumental in successfully mobilizing the participation of children in the life of the community. Based on the evidence, children appreciate the positive impacts it has had on their identity and leadership skills. In addition, communal protection issues are being addressed progressively. Contextual vulnerabilities, to which children are exposed, are being progressively addressed. There may be a need for a more targeted assessment and outline of interventions for vulnerabilities that are most prevalent among ADPs.



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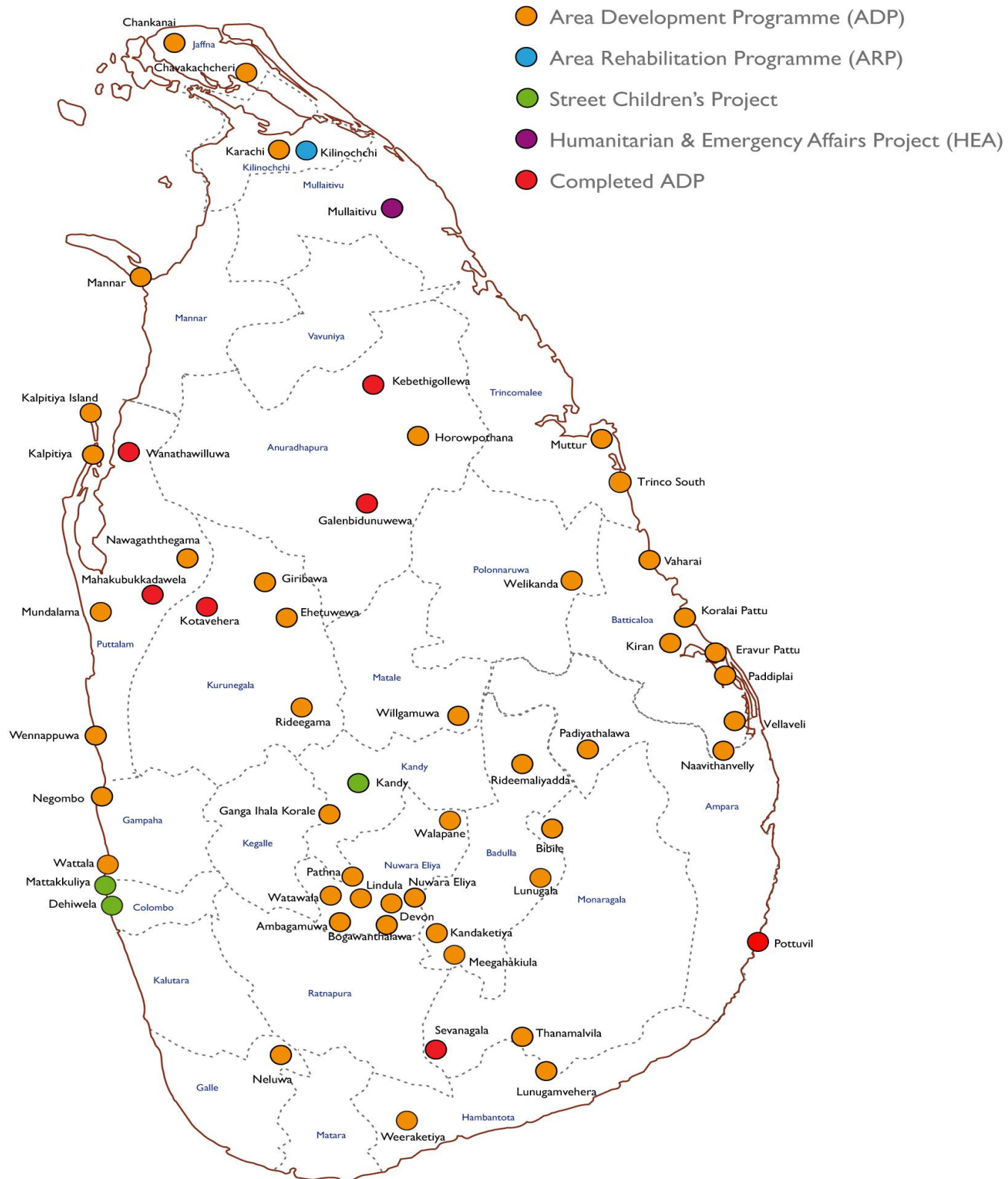
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