Child Well Being
Looking Beyond the MDGs

World Vision Lanka - July 2015
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World Vision (WV) is a child-focused organisation whose overarching objective is to safeguard the well-being of children – to achieve for them, a ‘life in all its fullness’. Directed by this vision, all of WV’s programmes are aimed at securing Child Well Being (CWB). The concept of CWB is represented by a set of Aspirations, Outcomes, Targets and context specific indicators, which provide WV a framework of parameters by which to achieve well-being among children (see strategy map, page 02).

In achieving holistic CWB, World Vision Lanka (WVL) implements programmes targeting children identified as ‘most vulnerable’ in Sri Lanka. It’s key programmes encompass - child and maternal health and nutrition, education of children and youth, child protection and participation, water and sanitation and the promotion of economic resilience among communities. A number of ‘cross-cutting programmes’ ensure that WVL’s approach to development programming is integrated, and takes into account the larger considerations that impact the well-being of children. Among them are programmes targeting issues of gender, disaster mitigation and risk reduction, and disability.

Since 1977, WVL has responded to Sri Lanka’s development needs with reference to both national and international development policy, including the Millennium Development Goals (MDGs). It has invested over 400 million USD (40 billion LKR) towards the well-being of Sri Lanka’s children. In 2014, WVL reached approximately 100,000 children through its development programmes, located in urban, rural and estate sectors. The scope of WVL’s development initiatives and extent of its coverage affords much learning that can inform Sri Lanka’s future development trajectory. It is well positioned to contribute to the development paradigm of the post-2015 agenda and the Sustainable Development Goals (SDGs).

WVL currently operates in 42 locations in 20 districts where it implements Area Development Programmes (ADPs), as well as Area Rehabilitation Programmes (ARPs) in post-war contexts that require transition from humanitarian intervention. ADPs are implemented over a period of 15 years, which allows WVL to ensure the sustainable continuity of programme impact, and the transfer of all development assets to communities and key stakeholders. Most importantly, all WVL programmes are periodically monitored and evaluated over the 15 year duration, generating an evidence-base of knowledge and learning that may be leveraged towards progressive development of beneficiary communities.

It is not possible to isolate a child’s well-being from the overall well-being of a community. Children are often a good ‘barometer’ of the level of well-being of a community. It is almost always necessary to take a community approach to targeting the well-being of children. Where children fall short of basic indicators of child-development, it invariably reflects on systemic problems within the community; resource constraints, lack of opportunity and other developmental shortfalls, whether at the local, provincial or at the national level.

**Introduction:**

**World Vision Lanka and Child Well Being**

“Our vision for every child is a life in all its fullness. Our prayer for every heart to make it so”

Vision Statement of World Vision International

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**ADP - Area Development Programmes**

Area Development Programme (ADP) is a time-bound intervention, consisting of one or more projects that are co-ordinated to achieve a desired programme goal in a geographical area. The ADP area usually corresponds to a district-division and comprise several “villages”. The population of an ADP averages 6000 households. The ‘ADP programme’ involves a multi-sectoral approach involving multiple partners and institutions, and are supported by diverse funding sources.

**ARP - Area Rehabilitation Programmes**

An Area Rehabilitation Programme (ARP) is a medium term aid programme that is designed to enable a community to recover from a disaster (natural or man-made), and begin to plan for the future. The model integrates all three WV pillars, namely— relief, development and advocacy, and implements all sectoral and cross cutting programmes towards a pre-determined goal.

*See annexure 1: Map of Sri Lanka with WVL ADP locations*
Ensure Education for Youth and Children to Establish their Future

**Education**

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

**Child Protection**

Improve Maternal and Child, Health and Nutrition

**Health & Nutrition**

Increase Economic and Environmental Resilience

**Economic and Agriculture development**

Improve Water, Sanitation Facilities and Hygiene

**Water & Sanitation**
Key Features of WVL Programmes

All WVL programmes are monitored bi-annually for progress utilising a pre-determined set of indicators, namely ‘standard indicators’ contained in WV’s (global and local) compendium of indicators. The purposeful inclusion of monitoring indicators relating to CWB across all ADPs facilitates ADP level decision making. Evaluations are conducted using ‘participatory mixed method approaches’, usually in 5 year periodic intervals throughout the life cycle of each ADP (approximately 15 years). Evaluation findings are assessed against the baseline of the ‘evaluation cycle’ to determine the change that has been effected by the ADP (and other development actors, where relevant). The logic and outcomes of the ADP programme are assessed using ‘programme theory of change’ to determine how effectively and efficiently identified issues are being addressed, and whether the achieved change is ‘sustainable’. Also, to generate information and learning with respect to programmatic gaps in relation to the context of operation.

Sponsorship of Registered Children (RC)

A majority of WVL child beneficiaries are ‘sponsored’ by individual donors. Children who are eligible for sponsorship are selected based on certain ‘vulnerability criteria’ that are unique to the locality or community to which they belong. The aim is to select children who are ‘most vulnerable’, based on the community’s perception of their own vulnerability. The selected children are ‘registered’ for sponsorship, and they and their families benefit from all WVL interventions effected in the ADP. Registered Children (RCs) are considered the primary beneficiaries of WVL programmes, and their progressive well-being is disaggregated and evaluated separately, in addition to the well-being of other beneficiary children in target communities.
Advocacy efforts associated with WVL programmes and initiatives work at two complementary levels. Namely, policy influence and citizen empowerment. Individuals and communities are often not aware of national/provincial policies that affect their well-being and hence are not able to effectively articulate those concerns that impact their well-being. WVL builds awareness among communities with respect to the equitable implementation of policy, and enables them to influence and engage with relevant stakeholders regarding their entitlements and welfare. This focus compliments WVL’s sustainability approach in that individuals (including children) and communities are then mobilised to address future concerns successfully, without depending on short term aid or assistance from other organisations. Hence, advocacy is a necessary component that links grassroots concerns with progressive policy change and reform that impacts long-term CWB. An effective communications strategy is implemented in parallel to advocacy initiatives, in order to convey the correct message to all development actors – communities, development partners and the government.

WVL mainstreams ‘accountability programming’ across all its programmes and operations. The essence of this programming is to respect the needs, concerns, capacities and disposition of those whom WVL benefits, and to be answerable for all actions and decisions. Hence, a number of tools and systems have been integrated into programme implementation methodology, in order to adhere to WV’s accountability standards. Beneficiaries, communities and partners are thus given opportunity to access information and voice their opinions and concerns, and WVL has the corresponding responsibility to respond accordingly.

The Programme Accountability Framework (PAF) is the primary tool by which WVL improves its accountability to communities and partners. The PAF is assessed in the areas of providing information, consulting with communities, promoting participation, and feed-back and complaints.

WVL has a dedicated focus to diversifying its funding streams and partnerships, and extending its resource base. Sri Lanka’s transition to a ‘middle income country’ has changed the dynamic of development funding; hence it is necessary for WVL to strengthen its CWB programming by forging and nurturing partnerships with international agencies and foundations, donors, support offices of WV international, and like-minded organisations, to design interventions that contribute to WVL’s CWB objectives. Since resource acquisitions were mainstreamed in 2012, WVL has secured partnerships with high profile donors such as the European Union, Department of Foreign Affairs and Trade in Australia and the Federal Ministry for Economic Cooperation and Development (BMZ) of Germany. It is intended to further increase this resource base in order to implement innovative projects that seek to enhance the well-being of vulnerable groups and children in Sri Lanka.

In addition, ‘Public and Private Partnerships’ are an integral component to achieving sustained CWB among WVL’s development programmes. It provides synergy and value in developing sustainable innovative solutions to meet the needs of communities and ensure long term impact. Since 2012, WVL initiated partnerships with the private sector, multi-national companies, and leading corporates, to promote development in sectors such as agriculture and livelihoods, water and sanitation, and education. WVL has also facilitated the implementation of Public Private Partnerships (PPPs) for greater impact.
Population below the poverty line

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

Proportion of employed people living below poverty line

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

Maternal and child, health and nutrition

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

Water

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

Sanitation

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

Urbanisation

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

Education

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

* All data was sourced from The Millennium Development Country Report 2014 - Sri Lanka
World Vision Lanka Response for Child Well Being:

WVL, in collaboration with the government and other development actors, aims to maximise on the positive gains in Sri Lanka’s development context and to mitigate negative development trends that impact on CWB. Outlined below is WVL’s response to Sri Lanka’s development context in key sectors of its operation, its interventions among vulnerable children and communities, and learning that is able to inform sustainable development programming, in keeping with the goals of the post-2015 global development agenda.
In response to the status of Sri Lanka’s child and maternal, health and nutrition, WVL implements a range of interventions and works in conjunction with local Medical Officers of Health (MOH) and other district and provincial health officers to sustain Sri Lanka’s positive gains in the health sector. With respect to child nutrition, recent statistics indicate that despite Sri Lanka’s overall gains, nutritional indicators have not progressed as intended in the last 15 years. Hence, addressing child malnutrition requires a multi-faceted approach, of which health is only one component. Chronic malnutrition is especially high in the ‘estate sector’ (among communities living in plantations, located predominantly in the Central Province), where poverty levels are high.

Among other interventions, WVL works to support divisional level immunisation coverage by promoting awareness and services that enable children in its ADPs to receive ‘age appropriate vaccinations’. In view that Acute Respiratory Infections (ARI) is a leading cause of child morbidity and also impacts child nutrition, WVL monitors levels of access to an appropriate health care provider among children under 5 years. The ‘7-11 approach’ is utilised to ensure maternal and child health and nutrition among beneficiary communities (see diagram 1). The rationale of this approach is that the mother’s health and nutrition has a bearing on the child’s health, nutrition, and long-term well-being. The Positive Deviance/Hearth Programme adopts a ‘community based approach’ whereby interventions to secure the nutrition of the child are based on solutions found within the community. In addition WVL engages in a number of health campaigns and awareness programmes for enhancing healthy behavioural practices, convenes mother support groups, promotes breast-feeding practices, monitors growth monitoring and dietary diversity, and facilitates community access to maternal and child, health services.
The positive impact of WVL’s interventions in child health and nutrition among its ADP areas is captured by programme evaluation data. Chart 1 indicates a distinct improvement in nutritional indicators for stunting, underweight and wasting among 5 ADPs with evaluation data in 2014. The national averages for stunting, underweight and wasting are – 18%, 21.6% and 15% respectively, based on the Demographic Health Survey of Census and Statistics in 2006/07. While many of the ADPs are still at levels of malnutrition above the current national average, a decline in malnutrition is observed nevertheless in the 5 ADP areas. Based on statistical analysis of evaluation data, ADPs recorded a significant improvement in the prevalence of stunting, underweight, and wasting among children under 5 years.

With respect to achieving dietary diversity among children in ADPs, a positive trend is observed in the ADPs highlighted in Chart 2 with reference to monitoring data over 3 years. This trend is attributed to the ‘integrated approach’ taken by WVL, which links child nutrition to initiatives for food security and economic development (see box 1).

According to the WHO Classification, the ADP of Willgamuwa (WILL), in the district of Matale, demonstrated very high child malnutrition in 2011. By 2014 indicators of malnutrition had dropped significantly, largely due to the special nutritional interventions implemented in WILL. A key intervention is the Integrated Nutrition Intervention (INI), which is designed for ‘community based rehabilitation of malnourished children’.

Malnutrition in WILL is largely attributed to a lack of knowledge in good nutritional practices among mothers. The ADP in collaboration with MOH implemented the PD/Hearth model to support mothers, the implementation of which was supported by 45 health volunteers, 75 ‘leader mothers’ (also volunteers), and the Public Health Midwives. Underweight in children gradually decreased by the continuous promotion and practice of healthy feeding practices. Interaction among mothers and state health services has been strengthened with the participation of volunteer mothers in monthly progress meetings.

In addition to awareness on child nutrition, mothers were guided to protect their families from both communicable and non-communicable diseases and promote appropriate hygiene practice.

As a result of the positive outcomes of the INI, an Integrated Nutrition Force (INF) was formed comprising health volunteers, leader mothers and mother support groups, towards improvement of the health and nutrition of the community. The INF is now in a position to construct the “Maraka” Clinic Centre with the contributions of INI beneficiaries, welfare societies and other partners, and with WVL facilitation.
Description: This approach aims to ensure improved health and nutrition outcomes for both pregnant mothers and children under 2 years. Through series of interventions spanning 1000 days – duration of the pregnancy and the first 2 years of the child’s life, these interventions aims to secure maternal survival in childbirth, ensure a healthy start for newborns, reduce stunting in children, anemia in mothers and children, and protect mothers from infection and disease. The approach is designed to secure certain behavioural results, which correspond to a pre-determined set of interventions.

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<th>Interventions</th>
<th>Target Behaviour / Result</th>
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<tr>
<td><strong>Pregnant Women: 9 months</strong></td>
<td></td>
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<tr>
<td>Adequate Diet</td>
<td>Mother eats additional nutritious food</td>
</tr>
<tr>
<td>Iron/Folate Supplements</td>
<td>Pregnant woman takes iron/folate tablets during her pregnancy and lactation (according to national policy)</td>
</tr>
<tr>
<td>Healthy timing and spacing of pregnancy</td>
<td>Learns about proper timing, spacing and benefits of using a family planning and plans pregnancy 24 months after a live birth</td>
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<tr>
<td>Facilitate access to quality maternal health services: antenatal and postnatal care, skilled birth attendance</td>
<td>Mother attends at least four Anti Natal Clinic (ANC) visits, with husband/partner (wherever possible)</td>
</tr>
<tr>
<td><strong>Children: 0-24 months</strong></td>
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<tr>
<td>Appropriate breast-feeding (BF)</td>
<td>Mother feeds the baby breast milk exclusively for six months and continues to breastfeed for up to 24 months with complementary food</td>
</tr>
<tr>
<td>Essential newborn care</td>
<td>Mother breast-feeds on demand of the child</td>
</tr>
<tr>
<td></td>
<td>Mother continues and increases breast-feeding during child’s illness</td>
</tr>
<tr>
<td>Adequate Diet (includes complementary feeding and Vitamin A supplementation)</td>
<td>Mother puts baby to breast within first hour after delivery, wraps and cuddles baby to her chest (‘skin-to-skin’)</td>
</tr>
<tr>
<td>Adequate iron</td>
<td>Caregiver provides variety of food that includes animal and plant sources foods in adequate quantity in proper frequency using responsive feeding techniques</td>
</tr>
<tr>
<td>Full immunization for age</td>
<td>Caregiver is able to recognise local iron-rich foods (animal-source foods, including fish and dark green leafy vegetables)</td>
</tr>
<tr>
<td>Hand washing with soap</td>
<td>Caregiver seeks age appropriate immunization at health facility</td>
</tr>
<tr>
<td>Diarrhea Management</td>
<td>Caregiver washes hands with soap before cooking, before eating, before feeding the baby and after toilet and disposal of feces</td>
</tr>
<tr>
<td></td>
<td>Caregiver practices appropriate diarrhea management: three-fold Oral Rehydration Therapy (ORT) approach; Oral Rehydration Solutions (ORS), zinc, continued Breast Feeding and/or Complimentary Feeding.</td>
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<td></td>
<td>Caregiver recognises signs of severe dehydration and takes the child to health facility for skilled care</td>
</tr>
<tr>
<td>Prevention and care seeking for acute respiratory infection</td>
<td>Caregiver recognises danger signs of pneumonia (rapid or difficult breathing, chest in-drawing, nasal flare, and/or fever) and seeks medical care and takes child to health facility immediately</td>
</tr>
<tr>
<td>Prevention, care seeking and treatment for acute malnutrition</td>
<td>Caregiver takes child to growth monitoring and promotion every month to ensure appropriate weight gain</td>
</tr>
<tr>
<td>Deworming(+12 months)</td>
<td>Caregiver takes child to appropriate health facility for the treatment</td>
</tr>
<tr>
<td></td>
<td>Caregiver ensures child takes de-worming medication</td>
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Closely associated to child health and nutrition is whether children have access to safe and sufficient drinking water, and improved sanitation. The availability of adequate ‘Water and Sanitation (WASH)’, have a bearing on a community’s ability to engage in hygienic behavioral practices and healthy nutritional habits. Sri Lanka is blessed with abundant water resources and access to drinking water at the national level has reached its MDG target. However, there are regions and community pockets without year round access to sufficient and safe drinking water. The reasons include – the absence of water sources, scarcity of drinkable water, over-extraction and depletion of ground-water, and inadequate capacity and resources to protect and manage ground water and water sheds and prevent chemical and biological contamination. WVL has taken the initiative, in partnership with government, non-governmental organisations, community partners, cooperate partners and other key stakeholders, to implement the following: community based water projects, small scale water projects to address short-falls in the availability of water, and improved sanitation facilities. Among other initiatives, ‘water consumer societies’ have been capacitated and strengthened to improve and sustain water delivery systems, and ‘water clinics’ have been convened to address issues pertaining to the quality of drinking water. Water source protection is promoted through advocacy and partnership.

As a result of interventions outlined above, evaluation data for households with access to ‘sufficient drinking water from improved water source’ indicates a positive increase against baselines in all ADPs with evaluation data in 2014 (see chart 4). 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 an ADP-phase by 18.51% of mean increase among 6 ADPs. Whereas 3 of the ADPs - Bibile (BIB), Paddipalai (PADD) and Mannar (MAN) were below WVL’s critical threshold of 60% at its baseline, they have now exceeded this threshold, with 6537 households having access to safe drinking water. MAN (in the Mannar District) has achieved this status at a slower pace (in its 3rd evaluation cycle) due to developmental challenges in its post-conflict context.
Addressing the safe drinking water needs of KIR, located in the Batticaloa district, proved challenging for WVL. It was found through discussions with the community that a number of families were without access to sufficient drinking water. The baseline survey of March 2011 indicated that only 33.6% of households in KIR have access to drinking water from an improved water source.

In response, WVL partnered with the Medical officer of Health and the local Community Based Organisation (CBO) to construct wells for families identified as being without safe drinking water, among other WASH related interventions carried out within the bounds of this ADP area. This was done with a contribution from each individual beneficiary family. As at 2015, WVL was able to facilitate the construction of 858 wells in 8 Grama Niladhari divisions (village level administrative division). Other data reveal that increased access to safe drinking water has improved the health status of beneficiary households, where a decrease in incidence of water-borne and communicable diseases is observed. The families were supported with portable tanks for drinking water in times of drought. As a result of these interventions, households with access to safe drinking water in KIR has reached 79% in 2014.

With respect to WVL’s interventions for ‘improved sanitation’, 8 ADPs with evaluation data in 2014 indicate a positive change (see Chart 6). MAN indicates the highest change, due to a concerted effort by this ADP to align its activities to the government’s post-war agenda for the development of WASH services. It has been 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. The positive change in BIB ADP, in the Monaragala district, in its first phase of implementation is attributed to WVL’s collaboration with Medical Officer of Health and Public Health Inspector, and a beneficiary contribution of 60% for improved latrines.

Chart 7 indicates that access to improved sanitation has seen progressive improvement over 3 years in several ADPs; Patana (PAT) and AMB are located in the Nuwara Eliya district where the RIWASH-2 project, funded by Australian Aid, is implemented. Increase in access to sanitation in these impoverished estate sector ADPs are attributed to the influence of ‘best practices’ established by the RIWASH-2 project (see below in Box 3).
RIWASH-2 is being implemented in the Nuwera Eliya district of the Central Province and is intended to benefit 23,000 persons (including 2800 school children). It encompasses over 13 estates (20 divisions), 18 schools and 12 rural villages in the Ambagamuwa, Nuwara Eliya and Walapane district-divisions. Development statistics for Nuwera Eliya district indicate a high level of poverty and deprivation, where child malnourishment, immunization and access to WASH fall short of national level achievements.

**Key Features of the RIWASH Project**

**Partnerships:** utilising the concept ‘water is a connector’, RIWASH-2 mobilises partnerships with the community, estate management, and government officials at the provincial, district and local levels to successfully implement the project, which is based on the policy principles of the Government’s Rural Water Supply and Sanitation (RWSS) Policy. The level of partnership established by this project serves as a ‘best practice’ among all other WVL ADPs.

**Good Governance:** intentionally engages women, children, and other vulnerable community members in program decision-making to promote good governance, address the root causes of inter-communal conflict, and lay the foundation for future peace building efforts.

**Capacity Building:** the project focuses on building the capacity of all stakeholders including the Pradeshiya Sabha (local government authority), the Provincial Council, the community, plantation management, and other government stakeholders to design, construct, operate and maintain systems, as well as govern them in an effective, transparent manner, with due regard to gender and conflict sensitive issues.

**Advocacy:** the range of advocacy interventions include—supporting the Pradeshiya Sabha to develop by-laws relating to water supply and sanitation. WVL utilises existing platforms such as divisional level coordination committees for its advocacy interventions. In addition, the Sanitation Advocacy Model (SAM) is utilised for increased community involvement in decisions affecting them, whereby communities are able clearly articulate their water and sanitation systems needs, as well as standards for appropriate facilities, at forums comprising relevant local government authorities, government officers, private stakeholders and estate management.
The Human Development Report for Sri Lanka, 2012, 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 enrolment in primary education currently at 99.7%. However, both children and youth in deprived and underprivileged 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. Inconsistent resource allocation is one of the key challenges to bridging inter-regional gaps in education achievements. In order to address this challenge the education programme of WVL has identified a multi-faceted programmatic approach encompassing interventions in pre-school education, primary education and youth development, for progressive implementation. The core of this approach is to understand the specific challenges and risks that are common among marginalised and vulnerable groups.

Assessment of literacy in Sri Lanka is based on the ability of an individual to write his/her name in the first language of use. WVL adopts the concept of ‘functional literacy’ to determine literacy levels among its beneficiary children. It is defined as the ‘the percentage of children in school (in WVL’s programme impact area), who can read with comprehension at functional levels, at the age when children complete a basic education programme (between 09 and 10 years of age); the ability to read and comprehend materials relating to everyday life’. Functional literacy is assessed by the use of the Functional Literacy Assessment Tool (FLAT), which is applied across all of WVL’s ADPs. Progressive monitoring of FLAT and educational levels comprise the basis on which targeted and context specific interventions are formulated.
Child-Friendly Class-Rooms (CFCR) have been set up in the ADPs of Patana (PAT) and Devon (DEV), located in the estate sector in response to a lack of infrastructure facilities, an apparent lack of interest in education, and irregular attendance at school, among other concerns. The concept involves a safe indoor environment that is secure, and challenges children to improve their learning. The class-room is well organised to minimise movement and noise and is resourced appropriately with a good mix of visual, audio and aesthetic features. The indoor spaces are planned to facilitate a range of activities, and is well-maintained and accessible to children. WVL partners with government institutions including the Ministry of Education in implementing the concept of CFCRs, and partners with the Zonal Education Office to monitor the progressive utilisation of this concept. It has been instrumental in preventing children from dropping out of school, reducing irregular attendance, increasing the quality of education, building the capacity of teachers, and most importantly, in making the class-room an environment that is stress-free, enjoyable and conducive to learning.

**Box 4 : Child Friendly Classrooms in Patana and Devon ADPs in the Nuwera-Eliya District**

The concept of CFCRs have been set up in the ADPs of Patana (PAT) and Devon (DEV), located in the estate sector in response to a lack of infrastructure facilities, an apparent lack of interest in education, and irregular attendance at school, among other concerns. The concept involves a safe indoor environment that is secure, and challenges children to improve their learning. The class-room is well organised to minimise movement and noise and is resourced appropriately with a good mix of visual, audio and aesthetic features. The indoor spaces are planned to facilitate a range of activities, and is well-maintained and accessible to children. WVL partners with government institutions including the Ministry of Education in implementing the concept of CFCRs, and partners with the Zonal Education Office to monitor the progressive utilisation of this concept. It has been instrumental in preventing children from dropping out of school, reducing irregular attendance, increasing the quality of education, building the capacity of teachers, and most importantly, in making the class-room an environment that is stress-free, enjoyable and conducive to learning.

**Box 5: Case Study—Benefiting from Child Friendly Class-Rooms**

Thushanthini is beneficiary child in WVL’s PAT ADP, and lives on the Derry Claire estate. She and her brother Shajan, are the children of two daily wage earning parents and live in a small ‘line-room’ house. Due to the limited space in their house the ‘Reading Hut’ provided by WVL became Thushanthini’s place of study. She further benefited from learning in the child-friendly class environment created by her SDC, with WVL’s facilitation. Her mother, after having participated in WVL’s programme on child education, health and protection, always encouraged her to do her to study well and complete her studies.

Thushanthini’s parents could not afford to send her for tuition to prepare her for the Grade 5 scholarship examination. However, she was able to pass the examination scoring 168 marks with eligibility to attend a recognised reputed school in the city. She attributes her high performance to the child friendly learning environment in her school.

Her class teacher Thilahawathi said that she was able to guide Thushanthini as she benefited from a Grade 5 teachers training organised by the Zonal Education Office, where she learnt how to prepare the children for competitive and challenging examinations.

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 SDC to upgrade my daughter’s class room”.

“I am very happy for my daughter... because she has always been a happy child amidst family difficulties. Now I am proud of her as well...” says Thushanthini’s mother.
WVL interventions are targeted to ensure that all children of primary school going age in ADPs, are enrolled in formal education and also complete their basic education in a structured learning environment. This is especially important in rural and estate communities where enrolment rates for primary school children tend to fall short of the national average for primary school attendance, which is currently at 99.7%. It has been observed that this shortfall is also due to the limited enrolment of Children with Disabilities (CWD) in rural settings. Special attention and assistance is extended by ADPs to ensure equal education opportunities for disadvantaged children, including CWDs.

WVL’s interventions to enhance school enrolment at the primary level include - initiatives to strengthen links between preschools and primary school education (see box 6), implementation of literacy improvement modules and extra classes (in Devon and Nuwera-Eliya ADPs), intentional 90 day monitoring of RC children in Kiran, Eravur-Pattu, Paddyatalwa and Ambagamuwa ADPs, initiatives to ensure that children remain and complete their basic education (as in the CFCR initiatives outlined above in Box 4), and extensive parental awareness to ensure that children enroll and complete their basic education.

**Chart 8: Percentage of parents who actively support their children’s education**

<table>
<thead>
<tr>
<th></th>
<th>BIB</th>
<th>EHE</th>
<th>PADD</th>
<th>NUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>45%</td>
<td>67%</td>
<td>73%</td>
<td>88%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>41%</td>
<td>68.80%</td>
<td>41%</td>
<td>68.80%</td>
</tr>
</tbody>
</table>

**Chart 9: Proportion of children who have completed basic education in a structured learning environment**

<table>
<thead>
<tr>
<th></th>
<th>AMB</th>
<th>BIB</th>
<th>EHE</th>
<th>NAW</th>
<th>KAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>98%</td>
<td>90%</td>
<td>96%</td>
<td>90%</td>
<td>96%</td>
</tr>
<tr>
<td>Evaluation</td>
<td>90%</td>
<td>96%</td>
<td>97%</td>
<td>90%</td>
<td>81%</td>
</tr>
<tr>
<td></td>
<td>99%</td>
<td>96%</td>
<td>92%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

While national level estimates indicate that the proportion of children completing primary education is near 100%, rural schools in WVL ADPs have a comparatively low rate of completion as indicated by the baseline values in Chart 09. Evaluation data for 5 ADPs indicate an increase in the completion rates over a period of 5 years. There is a marginal increase in AMB in the Nuwera-Eliya district, where the national average for primary level enrolment is relatively low. Awareness programmes conducted for the parents on the importance of ‘completion of primary education’ have contributed to the increase in completion rate. Furthermore, economic development programmes implemented by WVL evidently eased the pressure on parents with regards to costs associated with sending children to school (see chart 8).

**Box 6: The “Akurata Athwela” Programme; Bridging Pre-school and Primary School Education**

In view of the importance of Early Childhood Care and Education (ECCE) and pre-school education as a foundation for progressive learning and child development, WVL initiated the “Akurata Athwela” programme in collaboration the Early Childhood Education Development Authority (ECEDA) of the NWP. The overarching aim is to facilitate pre-school children to transition smoothly into primary education and a new learning environment. Hence the primary objects of the programme are to – bridge the gap between pre-school and primary school; equip the child to face competency based education in a formal education setting; equip pre-school teachers and primary school (grade 01) teachers towards a mutual understanding of what ‘holistic’ education entails; and attempt to standardise pre-school education in the NWP in a process coordinated by the ECEDA. Among the out-comes of the programme have been a new ‘education development unit’ in the ECEDA authority for Akurata Athwela reformation programme, that stakeholders are aware of and endorse the objects of the programme, the formulation of an implementation guide for the programme in consultation with key officers of education in the province. ADPs in the NWP area are – Rideegama (RID), Mundalama (MUN), Kalpitiya (KAL), Na-wagattegama (NAW), Giribawa (GIR), Ehetiwewa (EHE), and Wennapuwa (WEN).
WVL works among rural agricultural communities where levels of poverty are observed to be high. According to national level statistics 86.8% of Sri Lanka’s poor are located in the rural sector. A majority of the rural population engages in agriculture for subsistence and livelihood. While the rural sector has witnessed a decline in levels of poverty, currently at 7.6%, there are large regional disparities. High levels of poverty among certain communities and groups render them the ‘poorest among the poor’; and among them are located some of Sri Lanka’s ‘most vulnerable children’.

The overall aim of WVL’s economic and agriculture development programme is to promote and sustain productivity in agriculture related enterprises which are economically viable, and thereby reduce the incidence of poverty. The Economic and Agriculture Development (EAD) sector of WVL, takes a holistic approach to addressing poverty. Outlined below are key features of this programme.

**Family Development Plans (FDPs)**

Every member of a beneficiary family formulates a FDP, irrespective of their age, against which his/her development and progress is monitored. The FDP is based on a framework of action to secure the sustained development of each and every family member, and the development of sustainable livelihoods. Hence, every child in the family has access to a monitoring tool for his/her self-development, which is linked to the sustained development of the entire family.
Integration with Nutrition and Health Sectors

The EAD programme is integrated with WVL’s health and nutrition sectors, whereby programmatic interventions are designed to address both economic and nutritional needs among those community members identified as the ‘poorest of the poor’. Prominent among nutrition interventions is the Positive Deviance/Hearth programme that provides ‘consumption support’ to poor families and which is linked to ‘home gardening’ initiatives designed to address issues of ‘dietary diversity’ among children (see page 06). Home gardens, which are also referred to as ‘back-yard gardens’ or ‘kitchen gardens’ offer great potential for improving household food security and alleviating micronutrient deficiencies in children.

The Graduation Model (GM);

the GM provides a framework of action that is designed to address both poverty and economic resilience among beneficiary communities in WVL’s ADPs. The several components of the GM are listed in Table 1. The components are implemented with reference to rankings of the Participatory Living Standards Ranking (PLSR), which is a ranking method whereby beneficiary households are ranked into economic categories based on their asset profiles. (see below for a description of the PLSR).
### Table 1: Components of the Graduation Model and its Reach, as at 2014

<table>
<thead>
<tr>
<th>Components</th>
<th>ADPs</th>
<th>Beneficiary families/ family members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business facilitation:</strong> facilitation is given through a series of management-training programmes that focus on starting and improving small businesses with a view to generating employment and entrepreneurship</td>
<td>32</td>
<td>7,136 families</td>
</tr>
<tr>
<td><strong>Savings clubs formation:</strong> savings clubs are promoted to build resilience among beneficiaries, to manage risk and reduce the likelihood of selling economic assets in times of economic hardship or shock</td>
<td>25</td>
<td>5,697 members</td>
</tr>
<tr>
<td><strong>Formation of producer groups:</strong> to promote marketing linkages among small scale farmers</td>
<td>17</td>
<td>2084 members</td>
</tr>
<tr>
<td><strong>Home gardening programmes:</strong> an initiative that is integrated with nutrition interventions to increase dietary diversity among children</td>
<td>32</td>
<td>2,281 families</td>
</tr>
<tr>
<td><strong>Vocational training:</strong> carrier guidance events among youth, and other initiatives to support ‘economic readiness’ among youth.</td>
<td>22</td>
<td>8,135 youth</td>
</tr>
<tr>
<td><strong>Skills/assets transfer:</strong> the introduction of basic skills (where there is limited technical knowledge) among the poorest members of the community, in order for these beneficiaries to start up/ expand income generation activities.</td>
<td>35</td>
<td>3,136 families</td>
</tr>
<tr>
<td><strong>Value chain development:</strong> focuses on increasing the productivity of a particular value chain (production process that is assessed for its efficiency and relevance) that is geared to benefit pro-poor growth (among the poorest of the poor category)</td>
<td>8</td>
<td>1,181 families</td>
</tr>
<tr>
<td><strong>Livelihood infrastructure projects:</strong> implemented with the aim of creating an enabling environment for the livelihood activities of beneficiaries.</td>
<td>15</td>
<td>6,143 families</td>
</tr>
<tr>
<td><strong>Micro credits to beneficiaries:</strong> access to micro-finance by linking beneficiaries with appropriate lending sources including Vision Fund Lanka (VFL), WVL’s subsidiary dealing primarily with micro-finance for development initiatives.</td>
<td>33</td>
<td>24,051 members</td>
</tr>
</tbody>
</table>

### Box 7: Case Synopsis—Home Gardening

“My name is Veerapathran Jeevarasa and my wife is Nisanthini. We have 3 school-going children. We are from Kathiravely and our farm is in Verugal. Due to low income, World Vision Lanka came forward to train and support us with home-gardening. We started with small scale home gardening for our daily consumption and gradually moved in to commercial gardening. Now we are cultivating 2 acres of land. My wife helps with cultivation after attending to the children. Our weekly income is currently LKR 4000 – 4500...”
The Participatory Living Standards Ranking (PLSR)

The PLSR provides a baseline against which EAD programmes may be progressively monitored for addressing poverty and promoting sustainable development. All households among ADP communities are assessed based on their asset holdings—food, income, shelter, clothing, assets, education and nutrition, and ranked according the ‘asset categories’ listed below. The PLSR It is assessed every 3 years to determine the increase/decrease of the number of households in a particular ranking. The aim is to progressively ‘graduate’ households into higher asset rankings, through the implementation of the Graduation Model. The PLSR rankings are outlined below:

<table>
<thead>
<tr>
<th>The poorest of the poor (PP)</th>
<th>Families unable to fulfill their dietary requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor (P)</td>
<td>Families unable to fulfill their basic needs such as shelter and clothing (excluding food)</td>
</tr>
<tr>
<td>Vulnerable Non Poor (VNP)</td>
<td>Families with livelihood financial capital, which are insufficient to cope with external shocks, threats, seasonality, impact of policy changes etc...</td>
</tr>
<tr>
<td>Sustainable Livelihood and Micro Entrepreneurs (SL&amp;ME)</td>
<td>Families with sustainable livelihoods, who employ sound principles of business</td>
</tr>
<tr>
<td>Small and Medium Entrepreneurs (SME)</td>
<td>Families with sustainable livelihoods, who employ sound business principles with paid workers</td>
</tr>
</tbody>
</table>

The beneficiaries are classified according to the PLSR for more targeted interventions. The intensity to which the different components of the graduation model are applied to a particular household depends on the ranking of the household. The advantage of the PLSR as a poverty ranking tool is that it attempts to remove the subjectivity inherent in a households perception of its own well-being.

Box 8: Case Study—Facilitating Business and Promoting Savings

Siriyalatha lives in the Morahela area in Walapane district division with her husband. Their main income is from toddy trapping and home-based production of ‘juggery’, which are both subject to fluctuation during the rainy season.

WVL assisted Siriyalatha to establish a dairy farming business and supported her with the necessary technical facilitation. Both her children are registered with WVL for sponsorship. She is able to sell between 10 and 13 litres of milk per day (while retaining 1 litre for household consumption). In her small plot next to her house, she grows vegetables, the production of which has increased since she started using manure to fertilise the soil. She obtains adequate food from her garden plot. As a result of these initiatives, she is able to use her income to buy household consumable items and clothes, after which she is also able to save money. She is the treasurer of a ‘savings group’ that was initiated to promote sustainable saving capacity among groups who are vulnerable to poverty and deprivation. At present she has been able to save approximately rupees 7,500, which entitles her for small loans. She has been able to draw a loan of rupees 4,000 from her saving club. Through the income that she is receiving she has saved rupees 8,000 and rupees 23,000 for her two children respectively. Her access to finance has inevitably enhanced her access to resources. All this has increased Siriyalatha’s confidence; she is able to make decisions confidently and save towards the advancement of her family’s well-being. Further, this project has enabled her to improve her family’s consumption patterns and food security.
Child protection and child participation are intrinsic to WV's concept of CWB. Children are often subject to abuse, exploitation and violence, against which children, their families and communities are not able to take preventive and remedial action. Moreover, incidents of abuse and violence take place within homes, schools and locations where children are placed in relationships of trust with the perpetrator. WVL together with relevant officers of government and other grass-roots civil society organisations aim to build the capacity of communities, as well as the children themselves, to respond to violation of child rights and the protection of children. WVL aligns its work to Sri Lanka’s child protection mandate, as reflected in national government’s standards and strategies. Following the ratification of the United Nations Convention on the Rights of the Child, Sri Lanka has taken progressive institutional and policy measures for the protection of children and the promotion of child rights. The proposed National Child Protection Policy of Sri Lanka recognises the ‘best interests’ of the child, protection against all forms of harm, exploitation and abuse, and the coordinated approach to child protection, including early intervention and prevention, among other things. WVL’s engages with all other stakeholders at local, national and regional level to ensure the systematic and sustained protection of children. Among them, the Ministry of Child Development, Department of Child Probation, National Child Protection Authority and Children and Women’s desks of the Sri Lanka Police and civil society actors.

WVL advocates for the protection of children and the promotion of child rights with different levels of government; at the local level, WVL empowers communities to address child rights violations through building awareness on issues affecting the protection of children and their rights, and through community based protection mechanisms.
Vigilance committees (VCs) are a foremost mechanism of protection. They are multi-layered structures starting with the family and extending to regional and national level authorities. VCs are now registered with the government and are referred to as Village Child Rights Monitoring Committees (VCRMCs). Their membership includes community members and local government representatives. WVL invests in building capacity and awareness among members, on issues impacting child rights, child protection, and promotes psycho-social support for victims of abuse.

In communities where VCRMCs are established and functioning, many cases of child abuse and rights violations, which would otherwise go unnoticed and unreported, are brought to the notice of relevant authorities. WVL is instrumental in guiding the work of VCRMCs including, establishing protocols for confidentiality and instructing the community to take appropriate action in relation to prevention, protection and restoring the rights of children. Since VCRMCs are registered with the local government authorities, their continuity even after WVL’s exit from the area is ensured.

Child Societies

WVL promotes child societies in recognition of the need to promote child participation, and to ensure that a child’s voice is heard within the family and the community. Child societies are a key feature among WVL ADPs, where approximately 60,000 children benefit from a membership of over 650 societies. Children are given the opportunity to develop leadership skills, life skills, educational skills, decision making skills, and the opportunity to share their opinions and concerns.

“When adults plan to do something they always think about the negative side of it or the obstacles they will have to face. When they engage in community work, more often than not, they are unable to complete the task due to financial restraints, time limitations, responsibilities at home etc. We children, on the other hand, focus on addressing the need. If it is something that needs to be done and given priority, we look for every opportunity to address the need, without too much emphasis on the obstacles”.

A child society member expressing his view on participation of children – Thanamalwila, Monaragala district
“We have read that unity is strength. Engagement in our local child society have taught us this truth so well”
- Sasindu - children’s society member, Bibile ADP (BIB)

“My family didn’t have a proper shelter for years. With the initiation of child society in our area, we were able to realize the long awaited dream of having a proper house to live in... The children’s societies in BIB got together, collected material and resources and built a small cement house for my family”.

- D.M Lalani from Bibile ADP

Facilitating children to become strong agents of social change by advocating for the rights of others, is a means of securing child protection and the realisation of child rights. In this regard, WVL provides child society members with training on leadership, peacebuilding, advocacy, communication, child rights and journalism.

As a component of their training, children are given the task of identifying an issue in their community that disallows a child from enjoying his/her rights. They are also encouraged to advocate for measures that would address the infringement or potential infringement of child rights violations.

The team from BIB identified a child in their society who did not have proper housing, as an issue that needs their immediate attention. This child, they felt, was deprived of her right to adequate housing, and consequently was at a greater risk to other rights violations. The children formulated a plan to raise funds and build the house themselves with the support of the community, and with WVL facilitation. Within three months the children succeeded in implementing their plan and were able to present the house to the affected family.

In addition to a focus on child societies, 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 of ADPs. Box 10 indicates an increase in the number of children who have participating meaningfully in community decision making among ADPs with evaluation data.

<table>
<thead>
<tr>
<th></th>
<th>ADP</th>
<th>Baseline</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUE</td>
<td>30.00%</td>
<td>47.00%</td>
<td></td>
</tr>
<tr>
<td>HOR</td>
<td>72.60%</td>
<td>76.73%</td>
<td></td>
</tr>
<tr>
<td>BOG</td>
<td>4.10%</td>
<td>56.00%</td>
<td></td>
</tr>
<tr>
<td>ERA</td>
<td>66.00%</td>
<td>74.00%</td>
<td></td>
</tr>
<tr>
<td>TRI</td>
<td>67.00%</td>
<td>100.00%</td>
<td></td>
</tr>
</tbody>
</table>

Box 10: Meaningful participation of children in community decision making
“Through the promotion of ‘child participation’ WVL strives to empower children to realize their full potential, to be respected as young citizens with a voice of their own, and to make a valuable contribution to society.

Child societies and child friendly spaces... provides marginalised groups, such as children with disabilities, and children affected by the burden of disease, the equal opportunity to participate in the life of the community.

Chart 10 : Children Who Participate Meaningfully in Community Decision Making in Bogawantalawe

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>56</td>
</tr>
<tr>
<td>2013</td>
<td>17</td>
</tr>
<tr>
<td>Baseline</td>
<td>04</td>
</tr>
</tbody>
</table>

A consistent increase in the level of meaningful participation among children is observed in the Bogawantalawe (BOG) ADP, in its first pace of implementation; from just 4% in its baseline year to 56% in 2014. While other statistics indicate that only 26% of children feel safe within the area of the BOG, there is much scope for child societies to advocate on issues that impact their well-being. Child participation in BOG is strengthened through community orientation on child participation and leadership training.

As a result of having established and empowered a child society in an estate, situated within the bounds of the BOG ADP, 18 children who had dropped out of school got the opportunity to re-enroll. Child society members took it upon themselves to identify children who are not attending school regularly. They visited the homes of these children together with adult community volunteers and had several encounters not only with the respective children but also with their parents. Upon identifying the reasons that led to the children dropping-out of school, they collaborated with several institutions who could support them to re-enroll. For instance, BOG was able to support the families to meet requirements such as school books and uniforms. Also, child society members engage in continuous follow-up with children who have re-enrolled, enabling them to feel respected and valued.
The international community endorsed the Millennium Declaration in the year 2000, and the MDGs have been a driving force for development around the world. They have been instrumental in achieving much development and progress for countries that had hitherto indicated low levels of development.

The international community endorsed the Millennium Declaration in the year 2000, and the MDGs have been a driving force for development around the world. They have been instrumental in achieving much development and progress for countries that had hitherto indicated low levels of development.

The Post-2015 Agenda and the SDGs embody a new ‘development approach’ that is intended to address the shortcomings of the Millennium Development Agenda. As the MDGs are brought to close in 2015, evidence from around the world indicates that the MDGs did not achieve the desired development for some of the world’s poorest of the poor and most vulnerable; that the mainstream of global development in the last 15 years has not reached these vulnerable groups. This is also true for Sri Lanka’s recent development trajectory, especially in view of the large regional disparities that require targeted and context specific developmental interventions.

The scope and rationale of the Post-2015 agenda is that holistic development is not possible unless there are targeted interventions for the world’s poorest of the poor and most vulnerable. This approach is reflected in its core principles, as outlined in the UN’s report of the high-level panel of eminent persons (UN, 2013); leave no one behind – ensure development reaches to the poorest of poor and most vulnerable, put sustainability at the core of development – by integrating the social, economic and environmental aspects of development, transform economies for jobs and inclusive growth – diversify the economy and take advantage of rapid urbanisation, build effective and accountable institutions – where peace and good governance is at the core of well-being, and build a new global partnership – comprising governments, and also people living in poverty, and groups identified as vulnerable.

Significantly, the post-2015 agenda focuses not just on the main sectors of development, but on those intangible factors that are indispensable to holistic development of vulnerable populations. A mandatory requirement for this development-paradigm is the systematic mapping of vulnerabilities that are particular to the rural, urban and estate sectors.

The mandate of WVL (as in WV international) is to work among the world’s most vulnerable and poor, and secure for as many children as possible a life of ‘well-being’, opportunity and progress. In the past WVL has taken different approaches to addressing vulnerability – through a sectoral approach (as in the MDGs), where children falling within certain development-indicator thresholds are identified for targeted attention. WVL’s ‘registered children’, those identified for sponsorship programmes are identified in consultation with district officials through a process of context-specific identification of vulnerability. In addition, the PLSR process (see page 18), assessment of children with disabilities, and assessment for child protection programmes, all contribute to identifying vulnerable children, and Most Vulnerable Children (MVCs).
Children are subject to a range of vulnerabilities, which are often defined by the context they live in. In 2014 WVL consolidated 4 dimensions of analysis (or vulnerability factors) by which MVCs may be mapped (see diagram 2). As outlined by the WV’s CWB policy of 2009/10, these dimensions are identified as being best able to capture the vulnerabilities that children are most likely to be subject to. Hence, WVL is currently engaged in a process of identifying the ‘multi-dimensional’ nature of vulnerability (among children) with the use of these dimensions, or vulnerability factors.

It is relevant to the post-2015 agenda to understand vulnerability in all its dimensions. Towards this end, WVL is also engaged in a larger research study of multi-dimensional vulnerability, building on the vast experience of WVL’s experience in working with MVCs.

If development programming is to be relevant to marginalised groups and vulnerable communities, it is important to understand, among other things, where they are located, the particular risks they are subject to, and the nature of institutional and regulatory responses that are required to address their condition.

There is much learning from WVL’s programmes, which may be build-upon and maximised to address the mandate of the post-2015 agenda. This learning is relevant to WVL as well as other development agencies. Listed below are some features (among others) that are conducive to the post-2015 agenda:

1. **The disaggregation of data**; a concerted effort to identify and locate those who are below indicator thresholds that reflect ‘under-development’; and groups of persons classified as being particularly vulnerable (children with disabilities, women headed households, aging population etc…)

2. **Targeted programming**; design development programming to target specific, contextual needs of beneficiary communities, and especially the needs of children identified as vulnerable and ‘most vulnerable’

3. **In-depth analysis of poverty**; identify key features of poverty that impact on the ‘resilience’ and sustainable development of impoverished communities and households, in view that ‘income poverty’ is often insufficient to capture those factors that keep the ‘poorest of poor’ in a poverty trap

4. **Impacting national policy**; be relevant to national policy at all times, in view that development is essentially multi-stakeholder exercise, driven by government initiative. Suggestions for policy reform to be tested first by policy relevant programming and the evaluation of (existing) policy implementation

5. **Community mobilisation and advocacy**; mobilise the poorest of poor and vulnerable groups to identify and define the scope and nature of development that is relevant them; and to advocate for this development by themselves.

6. **Expertise and innovation**; while government is the primary duty-bearer in realising core development needs and basic human rights, it is important to recognise the multiplicity of expertise and innovation that is needed to address the range of development needs in a particular context

7. **Institutional building**; mobilise institutional support and expertise, especially in view that government may be resource-constrained and not have the space to generate innovative structures and the required institutional reforms needed for holistic development of communities.
<table>
<thead>
<tr>
<th>Goal 1</th>
<th>End poverty in all its forms everywhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>End hunger, achieve food security and improved nutrition and promote sustainable agriculture</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Ensure healthy lives and promote well-being for all at all ages</td>
</tr>
<tr>
<td>Goal 4</td>
<td>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
</tr>
<tr>
<td>Goal 5</td>
<td>Achieve gender equality and empower all women and girls</td>
</tr>
<tr>
<td>Goal 6</td>
<td>Ensure availability and sustainable management of water and sanitation for all</td>
</tr>
<tr>
<td>Goal 7</td>
<td>Ensure access to affordable, reliable, sustainable and modern energy for all</td>
</tr>
<tr>
<td>Goal 8</td>
<td>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</td>
</tr>
<tr>
<td>Goal 9</td>
<td>Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</td>
</tr>
<tr>
<td>Goal 10</td>
<td>Reduce inequality within and among countries</td>
</tr>
<tr>
<td>Goal 11</td>
<td>Make cities and human settlements inclusive, safe, resilient and sustainable</td>
</tr>
<tr>
<td>Goal 12</td>
<td>Ensure sustainable consumption and production patterns</td>
</tr>
<tr>
<td>Goal 13</td>
<td>Take urgent action to combat climate change and its impacts*</td>
</tr>
<tr>
<td>Goal 14</td>
<td>Conserve and sustainably use the oceans, seas and marine resources for sustainable development</td>
</tr>
<tr>
<td>Goal 15</td>
<td>Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss</td>
</tr>
<tr>
<td>Goal 16</td>
<td>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
</tr>
<tr>
<td>Goal 17</td>
<td>Strengthen the means of implementation and revitalize the global partnership for sustainable development</td>
</tr>
</tbody>
</table>
World Vision’s Presence in Sri Lanka

- Area Development Programme (ADP)
- Area Rehabilitation Programme (ARP)
- Street Children’s Project
- Completed ADP
Annexure 2: Sources of Information

External sources:
Department of Census and Statistics (2009) Demographic and Health Survey of 2006/07
Institute of policy studies of Sri Lanka (2013) SRI LANKA - State of the Economy 2013: The transition to a Middle Income Economy

Internal Sources:
World Vision Lanka (2014) - annual reports of ADPs with monitoring data in 2014
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