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1. PROJECT PROPOSAL

Brief description of the current situation

Problem analysis and major problems to be resolved

Bangladesh is a small and developing country located in the north-east corner of South Asia. Generally its topography is flat and low-lying. Bangladesh is subject to devastating annual flooding and cyclones during the monsoon season from May to October. It is the densest (over 1,000 individuals per square kilometer) country in the world. 160 million people inhabit the 148,000sq km of land. The population of the country is relatively young, nearly 60 percent being under the age of 25 and only 3 percent with 65 years or older and the life expectancy is 62 years (Bangladesh Bureau of Statistics, 2003). Agriculture is the main stream of economy in Bangladesh. Nearly two-thirds of Bangladeshis are employed in the agriculture sector, with rice as the single-most-important agriculture produce. This makes it difficult for agricultural laborers to find work year around. The ready-made garment industry, which accounts for 70 percent of total exports, employs around 2 million, of which 80 percent are women.

According to the "2014 Human Development Report" Bangladesh's life expectancy at birth is 70.7 years, expected years of schooling is 8.1, average years of schooling is 5.1 and per capita income is $2,713; and the country has been ranked 142th among the 187 countries. As CIA Factbook explains (2012 estimated), Bangladesh remains a poor, overpopulated, and inefficiently-governed nation. As per the 2010 Government Household Income and Expenditure Survey (HIES 2010), about one third of its people are living below the national poverty line. Major impediments to growth include recurrent cyclones and floods, a rapidly growing labor force that cannot be absorbed by agriculture, corrupt government, rising environmental pollution and soil degradation. About four million more Bangladeshis, according to the World Bank, are now living below poverty line solemnly due to food crisis (Agence France-Presse, August 2008). Over 30 million Bangladeshis are too poor to afford even 1805 calories per day (actual requirement 2122 calories per day). *"Individual families have reduced their intake to match what they can afford – and quietly coped with life on the brink of starvation"* (MDG Progress Report for Bangladesh, UNDP 2005). Majority of this figure is comprised of children residing in slum areas.

Health and nutrition

Malnutrition rates have seen a marked decline in Bangladesh throughout the 1990s, but remained high at the turn of the decade. According to UNICEF (April 2009), nationally, 41% of children under the age of five are moderately to severely underweight and 43.2% suffer from moderate to severe stunting, an indicator for chronic malnutrition. Yearly, about 5,000 children become blind from vitamin A deficiency. Among the blind children, 80% are from landless families owning 5 - 50 decimals of land. These statistics refer also to children residing in slums.

The poor health of children is also associated with ignorance of mothers about health issues and prevention; childhood malnutrition and diseases associated with poor nutrition are often perceived as inevitable part of growing up of children. In addition, growing rate of unemployment in the rural sector, population pressure to limited agricultural land, and incessant natural disasters have tended to drive the poor to the city slums to find better employment opportunities.

Education

Education is not often a priority in the lives of the poor. According to the CIA Factbook 2013, the literacy rate of the population in Bangladesh is 56.8% (age 15 and over who can read and write), male being 61.3% and female being 52.2%. Despite many achievements during the past decade, major improvements are still needed in order for all Bangladeshi children to receive the benefit of quality education. The major challenges include: poor quality of education; high dropout rates; promotion of equity and accessing education; decentralization of education administration; and special needs education. According to UNICEF (September 2009), it is currently estimated that there are more than 3.3 million out-of-school children throughout the country. Schooling opportunities are also very limited for some specific groups, such as working children, disabled children, indigenous children and those in remote areas or urban slums, living in extreme poverty.

The government policy on education in Bangladesh is free compulsory primary education for all children; however, high illiteracy rates, the need of many children to work to contribute to the family income and lack of finances to cover the cost of uniforms and school supplies all present obstacles for slum children to attend school. Additionally, prior to the 1st grade public school admission, children need to attend pre-school to learn basic literacy and social skills. Slum children are greatly disadvantaged as pre-schools are only private and require tuition, therefore not giving most even a chance to enroll in public education. Among those

who do enroll are frequent high drop-out rates and missed attendance due to their family circumstances.

Although government funding for education has increased, the expenditure per pupil remains very low. This hinders recruiting well-trained teachers; teachers are poorly trained and paid. In many cases, they are not working up to their capabilities nor to government-set standards. Teaching methods and materials are generally sub-standard, especially in government schools. Schools are in poor condition and detrimental to learning. It is common that parents and communities do not prepare children well for school and despite all present efforts from government and non-government, the coverage remains limited, quality varies and there is substantial room for improvement. The slum children must be brought into the primary education system, recommends UNDP. Better integration of nutritional programs is also required and a multi-sectoral approach can be considered in addressing the nutritional and educational needs of these target groups. For maximizing the impact, it is essential to involve the community in this process as well.

Considering the children's health and education issues, intervention is very much needed now, before the situation becomes catastrophic. We as development agents have the responsibility to address child exploitation, forced labor, education and wellbeing of children as a priority. We need to protect children from any form of violence and exploitation and must bring them into the primary education system. If there is no firm intervention at this time, the number of girls being forced into prostitution and other illegal activities will rise. There is shown a direct link between provision of food with increased rate of enrollment in primary education and reduced rates of drop-out. However, about 2.4 million 6-10 year old children are still not enrolled in primary schools. Among those who are not enrolled, a significant number comes from poor households residing in urban slums. The government is doing little to provide opportunities for slum children to enroll in public education system, thus integrating them into society.

Situation in Chalantika Slum, Dhaka

Looking at these obstacles, ADRA Bangladesh has been addressing these issues by establishing several educational and recreational centers for slum children and their families. One such center has been established in Dhaka's Chalantika slum in Mirpur, where this area accommodates approximately 12,000 people.

The Chalantika slum is settled in an unsafe and unhygienic setting and consists of houses built on bamboo scaffolds set-up on the uneven wet swamp-like landscape. Proper housing, adequate sanitation and sewerage system, as well as sufficient safe water supply are dreadfully missing here. Most families live in 7x8 feet to 10x12 feet houses. According to a survey conducted in 100 households prior to the onset of the centre, ADRA Bangladesh found that the average monthly income of surveyed families was around 5,750 Taka *(65 EUR; 2.1 EUR per family per day).* Most surveyed children had not received prior schooling opportunities because their caregivers did not earn enough to afford all costs associated with school attendance. Aside from education, poor health, water, sanitation and overall living environment in this slum has also been noted.

Health

Health of the slum dwellers is poor due to malnutrition and unhygienic living conditions. Diarrhea, worm, continuous cold, and skin diseases are some illnesses commonly observed among Chalantika slum children. The community does not have a good access to active or functional clinic or health service centers. The closest health service center is private clinic, 2 km from the target area. The services provided at this clinic are too costly for Chalantika dwellers (only the initial doctor's consultancy fee is 200 Taka).

Why moving to Chalantika slum?

The job sector of rural areas is not much strong so people are pushed to the cities. Most slum dwellers come from southern districts of the country namely, Barishal, Bhola and Faridpur, where flooding and river erosion is a major problem. Another significant portion of the slum residents, who recently settled in the area, are from Northern-Western districts like Rangpur, Gaibandha, Kurigram, Lalmonirhat, Nilphamari, Mymensingh, and Sherpur, where seasonal famine locally called monga is a major problem caused by unemployment during Bangla months of Ashwin and Kartik (September to November).

Typical jobs at Chalantika

The Chalantika inhabitants mainly work as garments workers, rickshaw (three wheeler human hauler) or three wheeler van (goods carrying van) pullers, day-laborers, brick-crushers, construction workers, cleaners and domestic helpers.

Women at Chalantika

The poverty level manifested among Chalantika women is high. Bangladeshi women are generally those who are in charge of providing food for the families, fetch water, care about all household chores and take care of their children. Also, women are the least privileged in health care due to no or very little literacy, no or very little involvement in decisions making, and no monetary savings or possession. Moreover, their household work is frequently not valued by their male counterparts. At Chalantika slum, most women are illiterate, only few completed first few grades of elementary education. In addition, no organization was found to run literacy program for adult women at Chalantika slum.

Chalantika Slum Center Development Project (CSCDP)

Project's Introduction

As a response to the above-mentioned issues, the Chalantika Slum Children Development Project (CSCDP) was established in June 2013 aiming to improve education, health and living conditions of Chalantika slum families. Most of Chalantika children work part of the day collecting recycled materials to earn some extra money to supplement the family income, care for their younger siblings and carry household responsibilities while their caregivers are away working.

Baseline survey and selection of children

A baseline survey had been conducted in the work area at the start of the project in 2013. 50 children, ages 5 – 10 years old and not currently attending school, were identified and selected from the slum´s most vulnerable families. For a significant number of these children, fathers are no longer present and/or are not supporting the family financially for various reasons. Children are commonly cared for by their mothers, grandparents or other relatives. The information collected therefrom has been used as a basis of comparison at impact assessment and at the end of project evaluation.

For children selection, project staff used at least three participatory asessment tools: focus group discussions, household survey and observation. Focus group discussions were conducted with children and their guardians in the community to identify their needs. Through this process, staff provided concept of the project goals and objectives to those

interviewed. A house to house survey has been conducted by project staff to identify the most vulnerable children and their living conditions. This survey has also helped to establish relationships and feedback mechanisms with the guardians. During surveying, each staff member observed and took notes of the settings where the selected children reside.

Chalantika center setup

The center has been located in close proximity to Chalantika slum, being easily accessible to the CSCDP target group and not needing to cross the big road. Five days a week, the CSCDP children attend informal literacy classes and social and recreational activities, weekly health and hygiene sessions and monthly check-ups by a medical doctor. Children also receive nutritious meals here, learn discipline and regular schedule. The center presents a safe environment for them and gives them the opportunity to be "children" – to learn, grow, socialize and develop properly. The overall goal of the center is to prepare school-age slum children who are not attending school for enrollment into public school and then providing them with ongoing support so that they can continue attending school and complete their education.

Lessons from CSCDP

Over the two and half years of the centre´s existence, **the CSCDP have impacted many positive changes in the Chalantika slum.** In January 2014 first group of 22 CSCDP children and then additional 30 other children in January 2015 have started attending local public school – these children still continue to receive ongoing educational support along with other additional services provided by the centre. Moreover, 60 women have benefited from literacy classes last year, being empowered by the acquired ability to read, write and do simple math. Another group of 25 mothers received tailoring courses and increased their earning source. In 2015, the CSCDP admitted 30 new pre-school children and worked with 80 children and 80 caregivers on a regular basis.

Support and guidance for education along with income generating skill training for caregivers has been most effective strategy to leave positive and lasting impact on the community. Moreover, awareness on health, social, rights and duties issues have been contributing to their civic growth. The caregivers who have gone through the first adult literacy course have found it helpful and are looking forward to other CSCDP activities they could join. Considering a holistic impact, each part of the CSCDP is valuable and should be taken to a higher level or next step.

Thus, goal of ADRA´s work in the Chalantika slum is to ensure a long-lasting impact in this slum community, partnering with the local public school, and providing on-going support to school-aged children; as well as improving the caregivers work skills in practical income-generating activities. We believe that the investment in education represents the key to decrease poverty in Chalantika, as education represents the only real way to step out of poverty and illiteracy into a world where young people with education can learn to explore alternative work opportunities, and, in the future, find better paying jobs, while securing lives with dignity for themselves and their families. Moreover, the skills training and specific support to start a small entrepreneurship (tailoring and needlecrafts) has already started to bear good results.

Target groups

Direct target groups as well as indirect, benefiting from the long-term positive impacts of the project

The project targets slum children, who reside in the Chalantika slum. These children are deprived from their basic needs such as health, education, and vocational skills and are struggling to meet their nutrition needs. They come with their families from different parts of the country for various reasons and live at Chalantika slum's floating houses and temporary shelters. Most of the time, they stay within the slum to either look after younger siblings, work in the streets collecting recyclable stuff or wander around with neighboring children while their parents are away working or begging in the streets. Chalantika children are often engaged in the following kinds of labor: collecting waste from streets/markets/bus and railway stations, selling goods at markets, not attending schools and being forced into- and at risk of being involved in prostitution or other often illegal income generating activities.

There are 80 children of ages 6 - 12 years, who were enrolled based on the survey and benefit directly from project activities. Through the project intervention there are 400 indirect beneficiaries. The project gives priority to those who are really interested to improve themselves through their own participation.

The selection criteria of CSCDP beneficieries are as follow:

- 80 children from Chalantika slum coming from poor and vulnerable backgrounds
- Age: 6 - 12 years old (school-age children)

- Children not presently attending any school or dropped out
- Children engaged in paper or other recyclables collection
- Girls engagged in different domestic work and any kind of forced labour
- Victims of domestic violence
- 80 mothers/caregives of children enrolled at CSCDP
- Community leaders
- Neighboring mothers/caregivers

Each beneficiary is also expected to spread the project message to five persons on an average including other family members. Parents are also engaged on scheduled occasion to update and discuss the children's progress and concerns.

Stakeholder analysis

Direct and indirect

Local NGOs

Other NGOs working with vulnerable children in the area have been consulted and their experiences and lessons learned have been incorporated in the project activities. The NGOs are in active involvement with the project in different activities and training. There are several NGOs working within the area: *Save the Children* operates a small primary school working with 40 children with disabilities; UNICEF partner SUROVI works for children education; ARBAN works on health; and *Koinonia* distributes small loans for economic development.

Local Government offices

ADRA Bangladesh is closely working with City Corporation for immunization, Vitamin "A" campaign, making government services available to communities.

Government Primary Schools

The motive of this project is to prepare children that are not in school or have dropped-out of school for government school enrollment and to continue to support them so that they remain in school and complete their education. There is a government school in a close proximity to the Chalantika slum and the center' s staff has established good working relationship with the school leadership, as well as the government teachers in order to

cooperate and bring about the best educational results in the lives of the Chalantika children.

Religious leaders/ Community leaders

The CSCDP is keen to involve community leaders including the existing religious infrastructure leaders for the project's security and sustainability. Local people easily accept the motivation of the religious leaders, and involving them in the project enhances awareness of the CSCDP work among the Chalantika community. Some of the church based organizations have awareness programs and services for the community; CSCDP has explored the best possible ways to benefit from those services through linkage and building good working relations.

Sources for the project proposal

How did we get information about the needs that the project intends to address?

Primary sources: Office of Ward commissioner office and City Corporation Officer

Physical visit to the area: Team of 5 ADRA Bangladesh staff visited door to door and covered 300 houses to interview women, children and other community members.

Relevant websites:

http://hdr.undp.org/sites/default/files/hdr14-report-en-1.pdf; www.unicef.org (http://www.unicef.org/infobycountry/bangladesh.html), www.undp.org (http://www.undp.org.bd/index.php?cal=c); www.unicefbd.org, www.undp.org/bd, https://www.cia.gov/library/publications/the-world-factbook/geos/bg.html, http://bdnews24.com/bangladesh/2013/03/15/bangladesh-up-on-human-development-scale

Interview with key informants: Interview has been conducted with Mosques Imams, School Headmaster, Community Leaders, Ward Commissioner and City Corporation Officer and Other NGOs working with children. All of these informants were pleased to be part of this survey to put their input in order to help develop the program.

ADRA Intervention: With the above mentioned context and situation, and 80 children being part of the project, ADRA Bangladesh with the support from ADRA Czech Republic, initiated the third year of the proposed project.

Project goals and activities

The project aims to improve the educational, health and living conditions of the Chalantika slum children in Dhaka, Bangaldesh, with the following objectives:

1. Nutritional status of the Chalantika slum children improved
2. Educational status of the Chalantika slum children improved
3. Parents' income opportunities increased through improved vocational skills of mothers

Expected results

- 100% of selected children will receive a nutritional meal daily.
- 90% of selected children will participate in the health sessions.
- 90% of children will attend regularly the informal literacy classes, social and rectreational activities.
- 85% of children will attend regularly the formal schools (school going).
- 90% of literacy classes participants will obtain the scores to be enroled in public schools next year.
- 50% mothers participating in vocational training will engage in associated income generitng activities

1. Nutritional status of the slum children improved

1.1. Conduct baseline survey of the target community

A baseline survey had been conducted in the work area at the start of the project. The information collected therefrom has been used as a basis of comparison at impact assessment and end of project evaluation evaluation of the project.

1.2. Selection of children

For children selection after analysing the survey, a house to house observation has been conducted by project staff to identify the most vulnerable children and their living conditions. This survey has also helped project staff to establish relationships that and

feedback mechanisms with parents/guardians. During surveying and selection, each project staff has observed and took notes of the settings where children live.

1.3. Enrolment of beneficiaries

Eighty children between ages 6 and 12 years will be enrolled at the center. Of these 50 children have been enrolled previously and 30 children have been newly admitted. During the time when the school going children will be at school, 30 new children will be given pre-school care and prepared for school for the follwing year. Children will be enrolled based on the survery and motivation of the target group to participate in the CSCDP activities.

1.4. Provide nutritional meals for children

Each child at the center receives daily nutritous meals with appropriate nutritional value.

1.5. Provide health care for children (check-up, basic clinical support, medicine)

CSCDP children can utilise the services of the project's physician under this activity. Regular clinical checkup, consultations, minor treatments and basic emergency medicines are provided.

1.6. Provide medical consultation for caregivers (check-up, basic clinical support, medicine)

CSCDP children's caregivers can utilise the services of the project's physician. Regular clinical checkup/ consultations will be provided.

1.7. Growth monitoring of children at center

The growth of the children will be monitored that is aimed at comparing the BMI with that at the start of the project after the of periodic monitoring.

1.8. Weekly health session for children

In addition to the academic studies, the children will be offered health sessions for maintenance of their health.

1.9. Cooking Demonstration for parents conducted

Malnutrition is a significant issue for slum dwellers. Ignorance in proper food preparation and cooking processes, nutritional values and hygiene issues all present significant impediments to malnutrition and health deficiencies. Providing cooking demonstrations and basic nutritional education is a practical and successful way to show the CSCDP target groups how to cook a balanced diet with locally available commodities within community purchase-power and how to contribute to the nutritional improvement of the entire household. Beneficiaries contribute vegetables to these sessions along with project support. The project

is aiming at enhancing the families's food behavior and habbits as their awareness level increases.

2. Educational status of the slum children improved

2.1. Education sessions held for children

The project will hold learning sessions for 15 children that are yet to enroll into formal school, and the school going children after their school hours. Learning is enriched with social and recreational activities to make classes more attractive.

The center adopts a Government Primary Schools module for education giving importance to informal and participatory methods. Even though the Government of Bangladesh has national curriculum and textbooks, the center uses also the UNICEF teaching materials that are well-customized for the informal education of the underprivileged children.

2.2. Linkage with public primary school

Project staff continues to develop relationships with public school representatives and dialogues with them about the future enrollment of CSCDP children into the public school system the following year. Also follow-up is made for each students' progress and weaknesses. The school teachers also feel obligated to care for these underpriviledged children.

2.3. Establishment of communication with local government (education department)

Effective linkage has been developed with government Education Department to develop strategies to enroll almost all CSCDP children into public school system by the end of the two years. Visiting their office and inviting them to see the project are examples of how the project communitcates the concerns and needs of the targeted population.

2.4. Parents guardians' meetings held

The CSCDP plans to hold 2 parents/guardians meetings within a year. Here, guardians can learn the progress of their children, as well as discuss the issues of children rights, domestic violence and forced child labor. Feedback received from the caregives is used to improve the project activities and address other needs that may fall within the project scope.

2.5. Home visits provided by teachers and motivators

Project staff visits children's homes at least once a month to monitor the impact of changes on health, education, environment, food habbits, etc. among the children and their families. Information collected is used for monitoring and evaluation. Project staff also visits homes of mothers who are part of the CSCDP as its beneficiaries.

3. Guardians' income increased

3.1 Parents receive tailoring training

As insufficient income is a key reason for the slum-dwelling community being unable to support their children's education, the project aims to contribute to sustainable income by providing vocational training for the caregivers. The most common and practical marketable skill in this slum are tailoring and handicraft.

The proposed intervention plans to train 12 mothers in tailoring offering a 3-month tailoring course. The trainees also have the opportunity to come to the centre, use the machines and gain additional practice outside of designed course time.

3.2 Parents receive tailoring training

Highly motivated female participants can obtain a sewing machine at the end of the training (CSCDP will cover 60% of the total machine cost; each woman will contribute 40% for the purchase of her machine).

Providing the target families with a specific opportunity to earn extra income will also help to keep their children in school. Project will conduct a survey to select suitable beneficiary for training and input support.

Chalantika staff

The following personnel carries out the project activities:

Project Manager (One)

The Project Manager holds a graduation degree/experience in social development and has more than 5 years of experience with project management. The project manager manages the project activities for the current slum children development center. She/he is responsible for the overall project implementation, training and supervision of project staff, and preparation and submission of interim and final reports to ADRA Bangladesh. Her/his social background will help strengthen the linkage with the community. She/he is responsible for development of modules, supervision of the project activities in liaison with the local implementing partner, maintain the office, and coordinate logistics needs.

Doctor (part time)

Slum Children Development project doctor works part time (50%) for consultation and clinical services.

Teachers (two)

Teachers are responsible for conducting regular two shift classes on literacy and health knowledge. They also assist to develop child knowledge and behaviors in children personal life. They arrange different recreation events for children, visit children's homes/living places and continue to check the impact of the project intervention.

Cook (One)

S/He is responsible for the preparation of the food according to provided instruction of doctor and project manager.

Cooking helper (one/ part time)

S/He assists in cooking; clean the cooking materials and taking care of all food supplies. S/He also plays the role of the office caretaker.

Office caretaker/ Guard (one)

A resident male worker, who will assist in purchasing of food and other essentials, cooking and cleaning the dishes and taking care of all materials. He will also play a role of office caretaker.

Admin staff

The Programs Director (2%) holds a Master's degree in Social Science and is studying Master's of International Development Administration. She has experiences of working in development organization for more than 12 years. At ADRA Bangladesh she has worked in Program for more than 5 years. She supports the project through program management, ensuring that the project achieves its objectives, and will do so through operational support, as well as field visits.

Program and Monitoring Officer (2%) conducts regular monitoring and year-end evaluation of the project. This person is also responsible for providing technical support for project monitoring within the project.

Accountant (5%) maintains books of account centrally and provides financial support to the project.

MIS (5%) manages information and documentation of communication with NGO Affairs Bureau, donors and at GO and NGO levels.

CSCDP in 2013, 2014 and 2015

Since the start in 2013 June, the CSCDP project brought about positive changes among the CSCDP children and their families. Target caregivers are becoming more aware and interested in the benefits of education, health and the rights of their children. In addition, the CSCDP children are being prepared for admission to the local government primary school, learning hygiene practices, receiving medical consultations and overall support. To truly bring effective and long-lasting changes in the Chalantika slum community, we need to enhance the support, including the CSCDP caregivers, to a greater extent, as well as more readily engaging the general Chalantika slum population. The project in 2014 was successful in enhancing previous activities while adding new components, such as literacy, health and hygiene education for adults, cooking demonstrations and vocational training for caregivers,

providing new equipment and materials for the center, as well as strengthening overall community awareness on education and health issues.

Most children enrolled at Chalantika center have not gone to school prior to joining ADRA center in 2013. They have experienced a significant change in their behaviour after the CSCDP admission. They have been eager to coming to the center every day and actively taking part in all center's activities. They are becoming confident in counting, reciting, trying to write letters in English and Bangla; enjoy coloring, singing rhymes, etc. Most of the children are now capable to write their own names in English and Bangla. In 2014, ADRA Center had almost all of 50 children going to government primary school enrollment. In 2015, 30 new children was included to the center. There were 40 center children and 40 school going children. Among this 40 children 25 will be enrolled for learning and preparing for schooling in 2016.

During the 2 year and six months of the project (2013 June to 2015 December), some concerns and lessons were identified. A common feature of working with slum children is their dropout. There have been cases of dropouts because of the nature of the residence and livelihood. It was felt that more involvement with parents and intense home visits and motivation could be effective to recover such tendency to an extent. Involvement of parents will be much effective. In similar projects run by ADRA Bangladesh, it has been a strategy to sustain the project learning by promoting income generation skills to mothers by providing vocational training. In 2015 the attendance in vocational training was satisfactory and more than 50% mothers are now engage in income generating activities.

Additionally, when mothers themselves are involved in preparing food and cooking with guidance to learn how to prepare a balanced food with locally available ingredients and in financially appropriate matter, they are joining the learning experience and are becoming active members of the CSCDP group. Issue-based awareness training workshops will add value to the practical skills that parents / mothers can acquire. The rights of the child and social awareness issues will enlighten the parents' strategic thinking capacity. Since its establishment, the CSCDP project has been earning the confidence and trust of the Chalantika community and will carry on in growth and quality also in 2016.

Sustainability of CSCDP

The CSCDP has manifested that it is working well in its first two and half years. Primary health care, children education, and vocational skills training has all been areas of ADRA Bangladesh's strategic planning, addressing the issues through an integrated approach. The informal education classes have been helping slum children, giving them the basic language and education skills needed to bridge to the formal public education system. A strategy has been developed with education department at the early stages of the project to transit children into formal literacy.

The process of needs identification and generating of solutions with the slum community, as well as the involvement of local leaders, are all processes that ADRA Bangladesh uses to address poverty reduction and to build a good community for the future. This project is a continuation of an existing project funded by ADRA Czech Republic and can be replicated in other areas of Bangladesh as well.

The goal of ADRA Bangladesh, along with the donor support of ADRA Czech Republic, is to ensure a long-lasting impact in the Chalantika community. The idea of the proposed intervention is based upon similar successful ongoing projects in three areas of the country, including Dhaka. With more than 6 years of experience of working with mothers and children and successfully implementing 4 similar slum centers, it is expected that the proposed intervention continues to be a successful endeavor.

Risk analysis

Negative:

- Political violence and instability may interfere with project's activities
- Fundamentalist group may complicate some of the activities; beneficiaries' attendance to project's activities, etc.
- Changes in Government policy on rights based approach in development, etc. may obstruct implementation of the proposed activities
- If project's interventions are not carefully and sensitively handled, community may become antagonistic
- The government may demolish slum areas for public infrastructure projects
- Withdrawal- or under-achievement in fund raising can hinder the project from growing.

Positive:

- Involving the CSCDP participants in planning, implementation, evaluation, as well as decision-making
- Good relations with local government, educational department and others NGOs that are present in the area
- Well experienced projects staff and good relationships with beneficiaries / participants
- Surrounding community can benefit from health services/activities resulted from ADRA initiatives
- Messages during the health literacy lessons reach neighbors and bring about wide-spread effect
- Parents start caring for their children more
- Mothers continue to implement improved health and nutritional practices at home
- Informal teaching will be done using visual aids to facilitate learning for children and adults
- Parents will have interest in attending advocacy workshops
- The project will be funded smoothly

2. PROJECT OUTPUTS, ACTIVITIES AND LOGICAL FRAME

TABLE OF PROJECT OUTPUTS 2016

PROJECT OUTPUTS:	PROJECT ACTIVITIES	CLEARLY QUANTIFIED INDICATORS FOR EACH OUTPUT
Output 1 **Nutritional status of the street children improved**	1.1 Conduct baseline survey of the target community 1.2 Socio-economic survey of existing children 1.3 Enrolment of children 1.4 Provide nutritious meals for children 1.5 Provide health care (check-up, basic clinical support, medicine) for children 1.6 Provide medical consultation (check-up) for caregivers 1.7 Growth monitoring of children at center 1.8 Weekly health session for children 1.9 Cooking demonstrations for parents conducted	1.1 **1** baseline survey conducted 1.2 **80** children's situation surveyed 1.3 **80** children enrolled 1.4 **19 120** nutritious meals to be cooked and fed (239 school days minus holidays x 80 children) 1.5 **960** medical checkups to be done; medicine to be provided (80 children x 12 months = health check up for 80 children once/month; 20-30 children to receive treatment each month) 1.6 **240** medical checkups to be done; (approximate 20 women x 12 months) 1.7 Growth monitoring to be held every 3 months 1.8 Doctors record and Teachers attendance 1.9 Group resolution and cooking manual – **5** cooking demo to be organized in total

Output 2 **Educational status of the street children improved**	2.1. Education sessions held for children 2.2. Linkage established with primary schools 2.3. Communication established with the local government education department 2.4. Parents / guardians' meetings held 2.5. Home visits provided by teachers	2.1. **956** education sessions held (239 school days, 4 educational sessions/day) 2.2. **1** government primary school contacted; **1** visit per month 2.3. **12** visits to concerned offices 2.4. **2** guardians' meetings every 6 months 2.5. **960** home visits to be provided (80 family units x 12 months)
Output 3 **Guardian/ parent's income increased**	3.1 Parents received Tailoring training 3.2 Parents receive training support (machine)	3.1. **1** Tailoring training course for **12** mothers total (3 months training x 1 groups) 3.2. **8** sewing machines distributed with 60% cost sharing from project
TOTAL PROJECT COSTS: $ 56,159.21 USD		

TIME SCHEDULE OF PROJECT ACTIVITIES												
Year: 2016												
ACTIVITIES / MONTHS FROM THE START OF THE PROJECT (according to the table of outputs and activities)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
PROJECT MANAGEMENT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
OUTPUT 1. Nutritional status of the street children improved												
Activity 1.1 Conduct baseline survey of the target community												
Activity 1.2 Socio-economic survey of existing children	✓											
Activity 1.3 Enrolment of children	✓											
Activity 1.4 Provide nutritional meals for children	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 1.5 Provide health care for children (check-up, basic clinical support, medicine)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 1.6 Provide health care for caregivers (check-up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 1.7 Growth monitoring of children at center	✓			✓			✓			✓		

Activity 1.8 Weekly health sessions for children	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 1. Cooking demonstrations for parents		✓		✓		✓		✓		✓		
OUTPUT 2. Educational status of the street children improved												
Activity 2.1. Education sessions held for children	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 2.2. Linkage established with primary schools	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 2.3. Communication established with the local government education department	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Activity 2.4. Parents / guardians' meetings held			✓						✓			
Activity 2.5. Home visits provided by teachers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Output 3: Guardian/parents´ income increased												
Activity 3.1 Parents received Tailoring training				✓	✓	✓						
Activity 3.2 Parents receive training support (machine)							✓					

Please, assign this mark ✓ to the corresponding field in the table (month in which the activity will be implemented).

LOGFRAME MATRIX				
	PROJECT DESCRIPTION (Intervention logic)	**OBJECTIVELY VERIFIABLE INDICATORS**	**MEANS OF VERIFICATION OF INDICATORS**	**IMPORTANT RISKS & ASSUMPTIONS** (Key external factors influencing the course and success of the project)
GOAL	Reduce poverty by promoting child rights of vulnerable community in Bangladesh	Number of children access education facility in government primary schools	1. Baseline survey 2. Impact assessment 3. Attendance record 4. Report/ result card	
OUTCOMES	Education, health and living conditions of the slum children of Dhaka city in Bangladesh improved	1. 100% of targeted children enrolled in ADRA center 2. 80 % of children scored satisfactory merit 3. 50% of center children enrolled in public primary schools	1. Baseline survey 2. Children appear neat and clean at the center 3. Less sickness cases reported 4. Impact assessment 5. Exam results 6. Merit card 7. 960 home visits	The government will not demolish slum areas for public infrastructure projects Well experienced projects staff and its good relationship with beneficiaries / participants Fundamentalist group will not tamper project work Changes in Government policy on rights based approach in

				development, etc. may hamper implementation of the proposed activities The project will be funded smoothly
OUTPUTS	1. Nutritional status of the slum children improved 2. Educational status of the street children improved 3. Parents income increased	1. 100% of selected children who attends the project daily receive nutritional meal and improve their BMI.. 2. 80% of children who participate in the health sessions show their ability to practice and perform basic hygiene practices. 3. 90% of children will attend daily the informal literacy classes and activities at center by the end of the project 4. 90% of selected children will be	1. Attendance registers for 1, 2, and 3 2. Doctors record 3. Class attendance 4. Admission record 5. Admission test results 6. Home visits by project 7. Training attendance	It is assumed that government will not demolish slum areas for public infrastructure projects. It is assumed that mothers continue to implement improved health and nutrition, practices at home. Surrounding community can be benefited from health services resulted from ADRA initiatives. Messages during health literacy class lessons reach neighbors.

		enrolled in public schools at the end of the year 2016. 5. 50% mother participate on vocational training engage in associated IGA and able to generate income by the end of the project		Informal teaching will be done using visual aids to facilitate learning of children since they have never attended pre-school classes. Good relations with local government, educational department and others NGO's present in the same area. Parents will have interest in attending parents meeting. Parents provide good care for their children. Mother will have enough time for training
ACTIVITIES	**Output 1 Nutritional status of street children improved** 1.1. Conduct baseline	**Resources** 1. Human Resource	**Budget** USD $56,159.21	Approval for project implementation is granted by NGO Affairs Bureau on

	survey of the target community 1.2. Socio-economic survey of children 1.3. Enrolment of children 1.4. Provide nutritional meals for children 1.5. Provide health care for children (check-up, basic clinical support, medicine) 1.6. Provide health care for caregivers (check-up) 1.7. Growth Monitoring of children at center 1.8. Weekly health session for children 1.9. Cooking demonstration **Output 2: Educational status of the street children improved** 2.1. Education sessions held for children 2.2. Linkage established with primary schools 2.3. Communication established with the local government	2. Program 3. Admin		time Smooth flow of donor's contribution

	education department 2.4. Parents/guardian's meeting held 2.5. Home visit by teacher **Output 3:** **Parents income increased** 3.1 Parents received Tailoring training 3.2 Parents received sewing machines			
				1. Suitable project location found **2. House rented on time**

Comments to each column of the logframe:

1st column – **Project description** (intervention logic)

From the first column we can read the basic project strategy with anticipated causal relations such as: *activities* will be delivered providing sufficient *resources* are secured; *outputs* are produced providing *activities* are being realized; *outcomes* can be reached providing *outputs* are produced. If *outcomes* are reached, these *outcomes* should contribute to positive long-term impact (*goal*) of the project.

This logic though assumes simultaneous fulfilment of assumptions defined in the 4th column of the matrix on the respective level according to the vertical logic of the project.

2nd column – **Objectively verifiable indicators**

Objectively verifiable indicators are indicators thanks to which we verify if project outputs, outcomes and goal were reached. Indicators must be "**SMART**" – Specific, Measurable, Achievable, Relevant and Time-bound.

3rd column – **Means of verification of indicators**

Means of verification are bound with each indicator. They specify what sources are used for collecting respective information from, who will give such information, when and how frequently.

4th column – **Risks and assumptions**

An *assumption* means an external factor which is essential for project realization or its success but which is outside of the project management's control. Assumptions are part of the vertical logic of the project: if *initial conditions* are fulfilled and *inputs* secured then the *activities* will be realized. If *activities* are realized and *assumptions* on the level of activities are fulfilled then *outputs* shall be produced. If *outputs* are produced as well as *assumptions* on the level of outputs are fulfilled then project *outcomes* can be achieved. If *outcomes* are achieved and *assumptions* on the level of outcomes are fulfilled then project shall contribute to a long-term positive impact (*goal*).

Assumptions are generally identified during the analytical phase of the project preparation – undertaken analyses uncover many factors that may influence the project environment but these factors cannot be controlled. A part of assessment of the project feasibility should thus also be the analyses of how high is the probability that such factor will occur during the course of the project.

A risk is a negative external factor that can independently of the will of the project management influence the course or the success of the project. Project manager has to assess actual risks and should consider measures through-out project preparation that can mitigate or eliminate the risks.

Table: Simple Example of Log frame

	PROJECT DESCRIPTION	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION OF INDICATORS	IMPORTANT RISKS & ASSUMPTIONS
GOAL	Reduction of maternal and child' deaths	Reduction of maternal & child' deaths by 15%	Statistical report 2006 - 2012	
OUTCOMES	Improved health care and services	Min. of 40 assisted child deliveries per month...	Health statistics of Maternity hospital (2009)	There will be no epidemics
OUTPUTS	1. Maternity hospital 2. Medical staff	2 surgery rooms, 30 beds; 20 trained nurses	Final building approval, Certificates of nurses, etc.	Securing maintenance, successful campaign
ACTIVITIES	1.1 Building maternity hospital... 2.1 Training ...	**Resources**	**Budget**	Quality of local construction company, successful recruitment
				Selection of suitable building locality

3. BUDGET

Item/category description	Expenses (USD)			
	unit	number of units	item cost	total cost
1. Personnel costs (each person has own line, please include positions)				
1.1 CSCDP Staff				
Project Manager	month	12	642,29	**7707,47**
Doctor (half time)	month	12	333,60	**4003,20**
Teacher (2x)	month	24	311,41	**7473,91**
Cook	month	12	241,99	**2903,93**
Cooking Helper (halftime)	month	12	67,00	**804,00**
Office Caretaker/Guard	month	12	254,97	**3059,63**
Staff Medical for 8 person	month	12	33,35	**400,20**
Provident Fund	month	12	93,30	**1119,60**
Subtotal: Section 1.				**27471,93**

Item/category description	Expenses (USD)			
	unit	number of units	item cost	total cost
2. Equipment, supplies, materials, goods (directly for targets groups only)				
Food for Children (80)	month	12	800,00	**9600,00**
Educational materials (school supplies, textbooks) for children	month	12	162,58	**1951,00**
Uniforms for children (1 uniform, SLP)	child	80	10,00	**800,00**
Medicine for children	month	12	80,00	**960,00**
Water filter	quarter	4	40,00	**160,00**
Sewing machines for trained mothers (60% contribution)	machine	8	53,25	**426,00**
Subtotal: Section 2.				**13897,00**
3. Direct support to target groups: Education for caregivers, community education				
3.1 Vocational Training				
Tailoring training	mother	12	46,67	**560,00**
3.2 Other education				
Cooking demonstration	demonstration	5	14,60	**73,00**
Subtotal: Section 3.				**633,00**

Item/category description	Expenses (USD)			
	unit	no of units	item cost	total cost
4. Direct support to target groups: Other				
School fees	child	60	5	**300,00**
Parent Meetings	meeting	2	70	**140,00**
Subtotal: section 4.				**440,00**
5. Rent, communication, transportation				
Center´s rent + utilities (100%)	month	12	456,50	**5478,00**
Communication (internet, phone, photocopy)	month	12	50	**600,00**
Office supplies, utilities & PC Maintenance	month	12	102,25	**1227,00**
Program Support cost	month	12	433,7733	**5205,28**
Subtotal: section 5.				**12510,28**
6. Other				
Conferences, seminars, training for Staff	staff	6	133,33	**799,98**
Financial services (bank charges, audit, etc)	month	12	20	**240,00**
Public Relation and Donor Identification	month	12	13,91667	**167,00**
Subtotal: Section 6				**1206,98**
7. Grand total (Sections 1-6)				**56159,19**