

Section 1. Programme & CSO overview			
1.1 Programme submission reference	UNICEF Office	UNICEF Sylhet	
	Programme Title	Enhancing Social Protection for 90000 Tea Garden Workers (47000 female and 43000 male) and their Families in Sylhet Division	
	PD submission date	10 March, 2020	
1.2 Organization information	Organization Name	Friends In Village Development Bangladesh	
	Acronym	FIVDB	
	Name of CSO Authorized Officer	Bazle Mustafa Razee	
	Title of Authorized Officer	Executive Director	
	Email of Authorized Officer	bazle.razee@gmail.com	
	Phone of Authorized Officer	+88 01714428021	
	Name of Progr. Focal Point	Zahid Hossain	
	Title	Director, Livelihood Enhancement Programme	
	Email	zahid58fivdb@gmail.com	
	Telephone	+8801711138206	
1.3 Programme information	Planned duration <sup>1</sup>	Start date: 01 May, 2020 End date: 31 January, 2022	
	Geographical coverage	<ul style="list-style-type: none"> <li>Sylhet District (Lackatoorah and Burjan/Kalagool tea estate of Sylhet Sadar, Lallakhal and Habibnagar tea estate of Jaintapur Upazila)</li> <li>Habiganj District (Deundi, Sreebari and Chandpore tea estate of Chunarughat Upazila)</li> <li>Moulvibazar District (Moulvi and Premnagar tea estate of Moulvibazar Sadar, Madhabpur tea estate of Kamalganj, Clivdon and Chatlapur tea estate of Kulaura, Rajghat, Mirzapore, MR Khan, Satgaon and Hossainabad tea estate of Sreemongol, Karimpore, Hajinagar and Rajnagar tea estate of Rajnagar and Pallathal tea estate of Borolekha Upazila)</li> </ul>	
	Population focus	Approximately 90,000 (F-47,000, M-43,000) children, adolescents, female workers and community members of tea gardens	
1.4 Programme budget	From CSO	BDT 3,120,479	USD 36,759 9.5%
	From UNICEF	BDT 29,699,638	USD 349,860 90.5%
	Total	BDT 3,2,820,116, 128 USD 384,619	

Section 2. Programme description	
2.1 Rationale/justification	More than 300,000 plantation workers are employed in Bangladeshi tea gardens. Among those nearly 65% of workers are women. <sup>2</sup> Employers prefer to engage women in plucking tea leaves as they are paid less compared to men. The major labour sources in the tea gardens and the bread makers of the families are women who face multidimensional discrimination.

<sup>1</sup> The planned start date cannot be earlier than the date of signature from both CSO and UNICEF authorized officers.

<sup>2</sup> A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh, ILO 2016

(3 to 5 paragraphs; max 400 words)	<p>Tea garden workers in Bangladesh is a highly marginalized group lacking access to adequate health care services, education, child protection, decent work conditions and are often restricted within tea garden facilities and face structural barriers in accessing care. Fair wages and access to basic social services have always been denied to the tea workers and their families.</p> <p>The situation of pregnant and lactating women who are serving as tea workers is even worse. They are entitled to maternity leave of four months but usually take leave only after the birth of their children. In extreme cases, some give birth while working in the tea gardens and others give birth before they can be taken to an Upazila health complex or hospitals, which are usually situated far away. Lactating mothers often miss the opportunity to exclusively breastfeed as national policy/recommended for their children below six months of age while continuing their work due to non-enabling policy and support provisions regarding maternity rights and breastfeeding for the tea garden working women/mothers. UNICEF is persistently advocating to the garden authorities to resolve this policy deficit and creating enabling support provisions. To address the problem UNICEF will gradually embark on setting up breastfeeding sheds/space following basic standards within the gardens for helping working mothers to breastfeed their infants. Only 15.7%<sup>3</sup> birth of tea garden workers takes place in health facilities. Basic healthcare is not accessible to most of the tea workers. Malnutrition is quite evident among pregnant &amp; lactating women resulting in poor health and malnourishment for infants and young children. Maternal and child mortality rates are higher in the tea gardens compared to other parts of the country. There is evidence of low intake of food among children leading to malnourishment, resulting in stunting, wasting and children being underweight. The 2018 BBS survey reveals that among 0-5-year-old children 45.1% are stunted, wasting is 27% <u>and</u> 47.54% are underweight, which is the highest in the country<sup>5</sup>. Prevalence of underweight of children in tea gardens is about 7 points higher than overall Sylhet division. Neonatal deaths in tea gardens (55 per 1000 live births) is much higher than national (28 per 1000 live births) and overall Sylhet division (39 per 1000 live births) average.</p> <p>Tea garden populations are also characterized by high under-five mortality rates. According to BDHS 2014, under 5 mortality rates in national and Sylhet division were respectively 46 and 67 in 1000 live births, however in tea gardens, as per the tea garden baseline survey (BBS 2018) under-five mortality rate was found to be higher, i.e. 79 per 1000 live births.</p> <p>According to ILO study 47.1%<sup>6</sup> of respondents acknowledged the existence of child labour in tea plantations. Children do not work as permanent workers but as substitutes of or in addition to another family member. Some children work as a replacement of a parent who is unable to work, in order to secure their residence. During peak season, the presence of child labour is more visible. Women and children in tea gardens suffer from all forms of violence, abuse, and exploitation including early marriage and gender-based violence. Violence against children in tea garden areas is a serious concern with and latest MICS 2019 presenting 91% children from 1 to 14 years experienced psychological aggression or physical punishment during the last month, this is higher than the national statistics. The national level data shows that 88.8 children age 1-14 years who experienced any physical punishment and/or psychological aggression by caregivers. Violence against women is also a major concern and has an impact on children's wellbeing and development.</p> <p>The educational services needed for early childhood development, school readiness, primary and secondary education is inadequate. The quality of services in the existing institutions is far below than the national standard. That contributes to low transition into the next level of education at every tire causing a huge number of dropouts. The primary school enrolment rate in Tea Garden area is 59.1% while the national enrolment is 97.85%.<sup>7</sup> The pre- primary intake rate is only 39.8%.</p> <p>The educational services needed for early childhood development, school readiness, primary and secondary education is inadequate. The primary school enrolment rate in Tea Grader area is 59.1% while the national enrolment is 97.85%. The pre- primary intake rate is only</p>
------------------------------------	--

<sup>3</sup> Baseline Survey on Situation of Children in the Tea Gardens of Sylhet Division, BBS 2018

<sup>4</sup> ibid

<sup>5</sup> ibid

<sup>6</sup> A Study Report on Working Conditions of Tea Plantation Workers in Bangladesh, ILO 2016

<sup>7</sup> APSC 2018

	<p>39.8%. The quality of services in the existing institutions is far below than the national standard. That contributes for low transition into next level of education at every tire causing huge number of dropouts.</p> <p>FIVDB with the support from UNICEF is going to implement a comprehensive project in 21 Tea Gardens of Sylhet Division to improve the current situation. The project will work with the department of Health, Directorate of Primary Education, Primary Teachers Training Institute, Department of Women Affairs, Bangladesh Shishu Academy, Local elected bodies e.g., Upazila and Union Parishads , Panchayat, tea gardens management and Bangladesh Tea Association (BTA) as well as with children and adolescents of the tea gardens. The proposed project will address the issue of maternal and neo natal health and nutrition, Early Childhood Care and Education (ECCE), pre-primary and primary education, child protection, hygiene promotion, right based social protection related matters. The project will contribute to both end of the problem by system strengthening and building capacity of the duty bearers and raising awareness and removing harmful norms and practices of the right holders. It is expected that after the project completion the Tea garden workers, especially women and children will be empowered with the knowledge and awareness of social protection, human and labour rights and will have access to public services including family planning, child and maternal health and nutrition, ECCE, education and child protection services.</p>				
2.2 Programme document Expected results	<p>“What” this programme will achieve</p> <p>The table below defines the programme results framework (results and their link to outputs defined in the country programme and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each programme document output). <i>(No narrative required)</i></p>				
Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification [1]
<b>Country Programme Document (CPD) Output 1.1:</b> By 2020, the quality of integrated service delivery and effective coverage has been improved in national and sub-national health systems to support the well-being of children under 5 and their mothers, including those infected and affected by HIV, in emergency and non-emergency situations, including in urban slums.	Number and proportion of facilities implemented quality improvement of MNH service (EMEN/MNH standards)		05 (2016)	27 (2020)	HMIS report from DHIS2, DGHS
	Proportion of districts utilizing web based DHIS2 for reporting of vaccine management, EmONC, IMCI and newborn HMIS	Banglade sh	40% (2016)	80% (2020)	DHIS2
<b>Country Programme Document (CPD) Output 1.2:</b> By 2020, the quality of integrated service delivery and effective coverage has been improved in national and sub-national nutrition systems to support the well-being of children under 5 and their mothers, in emergency and non-	Percentage of health and nutrition workers trained to provide IYCF counselling services as per national standards	Banglade sh	<5% (2016)	60% (2020)	GoB report
	Proportion of primary caregivers of children aged 0-23 months who received counselling on Infant and Young Child Feeding (IYCF)	Banglade sh	29% (2016)	50% (2020)	GoB Report/NG O report, DHIS 2

[1] The specific sources from which the status of each of the performance indicators can be ascertained. If any data source is a survey or a study which the implementing partner is planning to conduct for this programme, this should be planned and budgeted for in section 3 below (programme work plan and budget).

2.2 Programme document Expected results	<p>“What” this programme will achieve</p> <p>The table below defines the programme results framework (results and their link to outputs defined in the country programme and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each programme document output). <i>(No narrative required)</i></p>				
Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification [1]
emergency situations, including in urban slums.					
<b>Country Programme Document (CPD) Output 1.4:</b> By 2020, the quality of integrated service delivery and effective coverage has been improved in national and sub-national education systems to support the well-being of children under 5 and their mothers, in emergency and non-emergency situations, including in urban slums.	Existence of national policy, leadership and budget for early learning - score (1-4)	Bangladesh	1 (2016)	3 (2020)	Documents endorsed and available, GoB Gazette
	Number of children benefiting from early childhood education through alternative approaches (such as home-based provision of ECD, accelerated school readiness models, parent education)	Bangladesh	341,000 (2015)	420,000 (50% girls)	GOB Report
	Early learning policy and early learning programme ensuring parents' and communities' involvement - score (1-4)	Bangladesh	2 (2015)	3 (2020)	Documents endorsed and available, GoB Gazette
<b>CPD Output 1.5</b> By 2020, the quality of integrated service delivery and effective coverage have been strengthened in national and subnational child protection systems to support the well-being of children under 5 years and their mothers, in emergency and non-emergency situations, including urban.	Existence of free and universal birth registration service within the civil registration in accordance with national legal requirements	Bangladesh	No (2016)	Yes (2020)	Documents endorsed and available, GoB Gazette
<b>CPD Output 1.6:</b> By 2020, communities and institutions have improved capacity and knowledge regarding essential household behaviours and practices that promote the overall well-being of infants, young children and their mothers, in emergency and non-emergency situations. (Communication for Development – C4D.)	Proportion of mothers and caregivers with knowledge of at least 5 essential family practices in UNICEF focus/select districts	Bangladesh	0 (2017)	30% (2020)	Survey Data and Real Time Monitoring Reports (UNICEF-BBS / GoB)
	Additional number of population reached on behavioural and social change messages and dialogues, and demand creation	Bangladesh	0 (2017)	6,000,000 (2020)	Partner report
<b>CPD Output 2.2</b>	Availability, in schools supported by UNICEF, of high-quality Child	Bangladesh	2 (2016)	3 (2020)	Programme Reports

2.2 Programme document Expected results	<p>“What” this programme will achieve</p> <p>The table below defines the programme results framework (results and their link to outputs defined in the country programme and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each programme document output). <i>(No narrative required)</i></p>				
Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification [1]
By 2020, national and sub-national education systems have the technical, managerial and financial capacities to provide high quality learning services to girls and boys, including to children with disabilities and children in hard-to-reach areas and urban slums, and in emergency and non-emergency situations.	Friendly Schools / Child Friendly Education (CFS / CFE) standards that are consistent with CFS / CFE or similar models <sup>19</sup> – score (1-4)				
	Active involvement of school management committees at primary and secondary levels in the development of school improvement plans and monitoring of schools – score (1-4)	Bangladesh	2 (2016)	3 (2020)	Programme Reports
<b>CPD Output 2.3</b> By 2020, national and sub-national child protection systems have the technical, managerial and financial capacities to provide high quality services and protection against violence to girls and boys, including to children with disabilities and children in hard-to-reach areas and urban slums, and in emergency and non-emergency situations.	Number of social service workforce including, Union and Urban social workers skilfully conducting early identification and case management of vulnerable and affected children	Bangladesh	432 (2016)	1500 (2020)	DSS report and Online case management report
<b>CPD Output 3.5</b> By 2020, the GoB and stakeholders in the child protection sector, at national and sub-national level, have increased capacity to expand and deliver a package of high quality services for adolescent boys and girls, aged 10 to 18, including during disasters and emergencies, and exposed to the risk of HIV, in emergency and non-emergency situations and urban settings.	Proportion of adolescents (aged 10-19) who completed life skills-based education in targeted areas disaggregated by sex	Bangladesh	4.2% of girls and boys aged 15-19 years in UNICEF districts (2016)	70% in target areas (2020)	GOB report
<b>CPD Output 4.5</b> By 2020, existing sub-national coordinating structures have increased	Number and proportion of districts and City Corporations that have functioning mechanisms / platforms to review situation analysis and	Bangladesh	0 (2016)	22 UNICEF programme	Documented evidence of operations

2.2 Programme document Expected results	<p>“What” this programme will achieve</p> <p>The table below defines the programme results framework (results and their link to outputs defined in the country programme and/or humanitarian response plan; specific indicators, baselines, targets and MOV for each programme document output). <i>(No narrative required)</i></p>				
Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification <sup>[1]</sup>
capacity to plan, monitor, implement and evaluate interventions that address children's issues, particularly in urban, rural and CHT districts, ensuring the mainstreaming of disaster risk reduction (DRR).	identify children-related issues and priorities			districts (3 Hill Districts in Chittagong Division and 19 other districts) & 9 City Corporations (2020)	of districts / city corporations' planning and review mechanism for children

Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification <sup>8</sup>
<b>Programme Output 1:</b> Public service providers, including government and tea garden owners, have improved capacities to implement services/programmes mandated in the laws and policies to improve living and working conditions of tea garden communities, especially women and their family members	Number of tea garden health centers connected with GOB health facilities for health and nutrition services	Sylhet Division	0	15	Activity completion report
	Percentage of tea garden health facilities have increased capacities to provide Antenatal Care (ANC), Post-natal-care (PNC) and nutrition counselling to pregnant and lactating women	Sylhet Division	38%	65%	Activity completion report  DHIS2 report
	Number of Day Care Centres (DCC) providing quality care and learning support to the children of working parents	Sylhet Division	15	40 (at least 50% girls in DCC)	Quarterly report  Annual report
	Number of teachers have increased capacity (TLM/ Pedagogy) to provide quality education <sup>9</sup> in pre- primary and primary cycle	Sylhet Division	0	48 (50% female)	Programme report  Training report
	Percentage of birth registration of children under five years increased in tea gardens	Sylhet Division	46%	75% (all children irrespective of sex)	Project completion report, birth register book in UP

<sup>8</sup> The specific sources from which the status of each of the performance indicators can be ascertained. If any data source is a survey or a study which the implementing partner is planning to conduct for this programme, this should be planned and budgeted for in section 3 below (programme workplan and budget).

<sup>9</sup> From a gender perspective quality education defined by GoB which includes gender equitable environment.



Result statement	Performance indicator/s	Location	Baseline	Target	Means of Verification <sup>8</sup>
	Number of Health workers have increased capacity to deliver IYCF and maternal nutrition counselling services	Sylhet Division	0	60 (25 female & 35 male)	Training Report, Programme Completion Report
	Percentage of SAM children identified and referred to health facility	Sylhet Division	0%	50% (all identified children irrespective of sex)	Quarterly report DHIS2
	Percentage of tea garden run school visits conducted by the UEO/AUEO/URC Instructor for supervision and monitoring	Sylhet Division	0	50%	Quarterly report Visiting register
	Number of Bangladesh Tea Association, GOB and parents trained to prevent and eliminate child labour	Sylhet Division	0	50 (Female 25, Male 25)	Training report Project completion report

### 2.3 Gender, Equity and Sustainability

Women, children adolescent girls and boys of tea gardens are the key beneficiaries of this programme. Tea garden community both male and female including pregnant and lactating women will have increased knowledge on maternal health and nutrition issues. Male members of the communities will be motivated to play an active role to support women to receive the services relating to maternal and child health. The project will emphasise on increasing the empowerment of adolescents including more than 50% girls through capacity enhancement on child rights, protection issues and life skills to act as change agents for the tea garden communities. The project will contribute to promote women empowerment through education interventions as at least 50% girls will receive child care early learning services through day care centers and all care givers, of which 100% are female will be trained on critical domains of child development.

The programme is exclusively designed for strengthening social protection of minority population of tea communities. From equity perspectives, the project will ensure inclusion of children and women from the most marginalized families including ethnic minorities and children with disabilities in the selected tea garden areas.

The project will enhance the capacity and accountability of the GoB service agencies as the primary duty bearers for quality and equitable coverage of basic social services in the tea gardens and will also hold the tea garden authority accountable to ensure those services. Both demand and supply side of the problem will be addressed, and gender responsive services of tea gardens will be linked with relevant GOB services department to ensure sustainability. School governance will be strengthened with the inclusion of tea garden community in the School Management Committees (SMC) and Parents Teachers Association (PTA). All the day care centers will be handed over to garden management at the end of the project. The project is designed to closely work with local GOB, Bangladesh Tea Association, tea garden management, other NGOs and Civil Society Organisations. Health Workers and Teachers of tea gardens will be trained and linked with related government departments for assuring improved services for the workers of tea garden. Female tea labours can leave their children in the Day Care Center (DCC)<sup>10</sup> where they will be in a safe and constructive environment. Communities will have the technical knowledge about safe water, sanitation, nutrition, child protection, health and C4D issues.

<sup>10</sup> In DCCs children are provided early childhood care and learning facilities focusing developmental domains.

2.4 Partner's contribution	<p>FIVDB will contribute 9.5% of the total programme cost. It will also provide a copy of the updated accounting software (Tally) to help manage project finance and document transactions for project compliance. The organization will share 10% cost of the training in case of training organised at FIVDB venues. FIVDB's internal audit team will conduct two audits of the project and take corrective measures when needed. FIVDB's HR section will handle all kinds of recruitment and deployment of project staffs. FIVDB's senior management and programme technical personnel will provide management, supervision and strategic support through monitoring visits to programme sites and meetings.</p> <p>Apart from that FIVDB has a long experience of working in tea gardens with UNICEF in different health, nutrition, Education, C4D and child protection project which will also contribute to get the best result out of this project.</p>
2.5 Other partners involved	<p>The project involves parents, community members, teachers, CBOs of the targeted community, Health Department, Primary Education Department, Local Government bodies, Department of Social Welfare, Women and Children Affairs Department, Bangladesh Tea Association, Bangladesh Cha Shramik Union, Tea Garden management, Bangladesh Shishu Academy, Tea Garden workers and other UN agencies and NGO working in the tea gardens. As the project is designed to establish a sustainable mechanism which will be taken over by the GOB and other relevant partners in future, therefore all endeavors will focus on strengthening the system building capacity of GoB and tea gardens as primary duty bearers.</p>
2.6 Other considerations	<p>The positive approach of Bangladesh Tea Association (BTA) and tea garden authority and collaborative relationship between GOB and tea garden management is essential for successful implementation of project. This project is expected to enhance the system and strengthen local social service within targeted geographical areas with perspective of "Leave No One Behind" and in collaboration of GOB service agencies and tea garden owners who act as primary duty bearers for basic social services.</p> <p>Moreover, social taboos, harmful social and cultural norms &amp; practices are key barriers in protecting and promoting rights of tea garden communities.</p>
2.7 Additional documentation	<p>Additional documentation can be mentioned here for reference. (<i>1 paragraph; max 100 words</i>)</p> <p>Reference is taken from Tea Garden Survey in the Tea Gardens of Sylhet Division conducted by Bangladesh Bureau of Statistics</p>



### Section 3. Programme work plan and budget

The table below defines the programme implementation work plan (the specific activities to be undertaken towards achievement of each of the programme outputs; the schedule of implementation; and the planned budget, including the CSO and UNICEF's contributions to the programme). *Embedded excel workbook can be used to replace "result statement in section 2" and/or "Programme workplan & budget of section 3" with word templates.*

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Progr. Output 1: Public service providers, including government and tea garden owners, have improved capacities to implement services/programmes mandated in the laws and policies to improve living and working conditions of tea garden communities, especially women and their family members	Performance indicators: <ul style="list-style-type: none"> <li>• Number of tea garden health centers connected with GOB health facilities for health and nutrition</li> <li>• % of tea garden health facilities have increased capacities to provide AnteNatal Care (ANC), Post-natal-care (PNC) and nutrition counselling to pregnant and lactating women</li> <li>• # of day care centres providing quality care and learning support to the children of working parents</li> <li>• No of teachers have increased capacity (TLM/ Pedagogy) to provide quality education in pre- primary and primary cycle</li> <li>• % of birth registration of children under five years increased in tea gardens</li> <li>• # of Health workers trained on IYCF and maternal nutrition counselling services</li> <li>• % of SAM children identified and referred to health facility</li> <li>• % tea garden run school visits conducted by the UEO/AUEO/URC Instructor for supervision and monitoring</li> <li>• # of Bangladesh Tea Association, GOB and parents trained to prevent and eliminate child labour</li> </ul>												
Act 1.1	Project briefing meeting		X							71,200		71,200	

<sup>1</sup> The budget is prepared in the currency of implementation. Most generally, this correspond to the local currency in the country.

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Act 1.2	Stock taking of existing tea garden information (population, facilities, institutions and service providers, supplies, equipment etc.)		X							7770		7770	
Act 1.3	Annual/Half-yearly Planning and review meetings				X		X		X	64,200		64,200	
Act 1.4	Joint (GOB, BTA/Tea garden management, UNICEF and FIVDB staff) monitoring visits			X		X	X		X	96,000		96,000	
Act 1.5	2 days orientation of the project staff (Coordinator, Project Officer, M&E Officer, Social Workers, Garden Mobilizers)		X							58,000		58,000	
Act 1.6.1	Readiness of Labor Room, Labor Ward and ANC/PNC and Nutrition Corner including WASH facility in 5 tea garden health facility		X	X		X				15,00000		15,00000	
Act 1.6.2	Technical support and Supervision for facility renovation		X	X		X				2,10,000		2,10,000	
Act 1.6.3	Orientation on referral of suspected cases of COVID 19 to the nearest isolation center (DH/UHC) from tea garden health facility/ Training on infection prevention and control (IPC) for the service providers of tea garden health facilities	X								202,000		202,000	
Act 1.6.4	Upgradation of ANC/PNC & Nutrition Corner in tea garden health facility		X	X		X				3,50,000		3,50,000	
Act 1.6.5	Equipment for tea garden health facilities for labor room			X	X					2,50,000			2,50,000
Act 1.6.6	Equipment for tea garden health facilities for ANC-PNC services			X	X					1,10,000			1,10,000
Act 1.6.7	Training on MNCAH and Nutrition package for service providers of tea garden health facilities and GOB Field Workers of respective Union. (health and nutrition training will be conducted jointly- 2 days Long one day for health issues and one day for nutrition issues including positive parenting)4 Batch, 30 X 4 = 120			X		X				2,96,800		2,96,800	
Act 1.6.8	Orientation on the use of NASG and distribute in the tea garden (21) health facilities and 19 GOB health facilities				X		X			1,60,000		1,60,000	
Act 1.6.19	Strengthening of Referral System and support for institutional delivery for every mother through meeting at				X	X				1,66,500		1,66,500	

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
	each Upzilla between health department and TG health service providers.												
Act 1.6.10	Training on MPDSR for Service Providers of tea garden health facilities and GOB Health Field Workers			X	X					98,700		98,700	
Act 1.6.11	Ensure Death Notification and Verbal Autopsy by Health department and Tea-gardens Health Workers through TG Midwife garden facilitator and health assistant		X	X	X	X	X	X	X				
Act 1.6.12	Support to organize Social Autopsy/ Mother's Assembly by Health department and Tea-garden Authority		X	X	X	X	X	X	X	84,000		84,000	
Act 1.7.1	Training on nutrition package during ANC and PNC for service providers of tea garden health facilities and labor welfare center (health and nutrition training will be conducted jointly)			X			X		X	201,600		201,600	
Act 1.7.2	Organize half-yearly SAM screening, record keeping, and EPI drop out children coverage campaign in the community and ensure referral to the UHC/DH			X			X			1,05,000		1,05,000	
Act 1.7.3	Equipment for tea garden health facilities for nutrition service delivery		X	X						8,82,000			8,82,000
Act 1.7.4	Special campaign on GMP and screening in the day care centre		X	X	X	X	X	X	X	60,000		60,000	
Act 1.7.5	Advocacy with GoB and the tea garden managers/owners for promoting existing national laws and initiating breastfeeding support provisions (e.g. making sheds within tea garden areas following basic standards.		X	X	X	X	X	X	X				
Act 1.8.1	Organize 15 days basic PPE Training for tea garden teachers		X							6,18,250		6,18,250	
Act 1.8.2	Include TG teachers in subject based training provided by URC (to be held in 2nd year)					X				75,000		75,000	
Act 1.8.3	Visit by GOB Education officials (UEO, URC and DPEO) to the tea garden school for establishing institutional supervision				X			X		45,000		45,000	

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Act 1.8.4	Advocacy with GOB Education department for including the tea garden school in their monitoring plans		X	X	X	X	X	X	X				
Act 1.8.5	Establish/renovate Day Care Centre (DCC) with decoration		X			X				18,25,000		18,25,000	
Act 1.8.6	Equip day care center as per design (learning and games materials and logistics)		X			X				8,75,000		8,75,000	
Act 1.8.7	Facilitate functioning of the day care center (Year 1&2) (DCC-10)		X	X	X	X	X	X	X	7,15,750		7,15,750	
Act 1.8.8	Facilitate functioning of the day care center (Year 2) (DCC-40)					X	X	X	X	16,80,000		16,80,000	
Act 1.8.9	Maintenance of DCC (Year 1&2)		X	X	X	X	X	X	X	52,500		52,500	
Act 1.8.10	maintenance of DCC (Year 2)					X	X	X	X	1,20,000		1,20,000	
Act 1.8.11	Five days basic training of caregivers and supervisors on implementation of day care centers (1st year: 1 Batch*12 person, 2nd year: 1Batch* 40 persons)		X			X				2,92,396		2,92,396	
Act 1.8.12	Capacity development training on child centered methodology package for the primary school teachers (5 days)					X				2,31,750		2,31,750	
Act 1.9.1	Training for tea garden Managers and relevant GOB Department officials on child labour and child marriage prevention and birth registration of children			X						96,120		96,120	
Act 1.9.2	Training for Panchayat, CBCPC and parents on child protection issues including positive parenting				X		X			1,60,000		1,60,000	
Act 1.9.3	Training on child rights and case management and referral for the SWs and project staff		X							12,000		12,000	
Act 1.9.4	Case management by social worker to support vulnerable children		X	X	X	X	X	X	X	16,86,600		16,86,600	
Act 1.9.5	Expedite case management for children with disability and refer them with government services, skills training as appropriate for them.		X	X	X	X	X	X	X				

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Act 1.9.6	Orientation on birth registration for health workers (Midwives, Compounders, Health Assistants, AHIs , UP Secretary and the Entrepreneurs )		X		X					1,44,180		1,44,180	
Act 1.9.7	Establish a record keeping system for birth registration and regular coordination between UP and tea garden health facilities		X	X	X	X	X	X	X	56,700		56,700	
Act 1.9.8	Special programme (on spot birth registration) in school and communities for ensuring birth registration of all primary school age children		X	X	X	X	X	X	X	6,93,000		6,93,000	
Act 1.9.9	Ensure birth registration of all children of day care centers and Child Protection Support Centers		X	X	X	X	X	X	X				
Act 1.9.10	Formation of adolescent clubs and strengthen capacity of adolescents in promoting child rights		X	X	X	X	X	X	X	26,400		26,400	
Act 1.9.11	Implement CDM-CRP training for Adolescent Club members			X	X	X				2,82,000		2,82,000	
Act 1.9.12	Training on LSBE and Online Safety (Safe Internet Use) for 300 Adolescent Club members				X	X	X	X		2,22,000		2,22,000	
Act 1.9.13	Formation and functioning of CBCPCs		X	X	X	X	X	X	X	17,600		17,600	
Act 1.9.14	Organize bi-monthly meetings of CBCPCs		X	X	X	X	X	X	X	1,15,500		1,15,500	
Act 1.9.15	Organize regular meetings of adolescent clubs on child development, child protection issues and proper nutritional care, dietary practice and menstrual hygiene		X	X	X	X	X	X	X	5,80,000		5,80,000	
Act 1.9.16	Installation of billboard on key programme issues (health, nutrition, WASH, Education, Child Protection and emergency preparedness)				X			X		14,28,000		14,28,000	
Act 1.10.1	Courtyard meetings to promote on health, nutrition, WASH, Education and child protection issues including positive parenting (4 meetings in each garden every month/21 months)		X	X	X	X	X	X	X	32,86,800		32,86,800	
Act 1.10.2	Mother's Assembly (MA) to promote on health, nutrition, WASH, Education and child protection issues including positive parenting (half yearly 1 MA in each garden)			X	X	X	X	X	X	2,10,000		2,10,000	

Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Act 1.10.3	Facilitation of courtyard meetings to promote on health, nutrition, WASH, Education and child protection issues including positive parenting by Garden Facilitator (4 meetings in each garden every month/21 months)		X	X	X	X	X	X	X				
Act 1.11.1	Establish link to current social protection system available. Advocacy with LGIs (UP) to include the TG people in the existing VGD,VGF list.	X	X							105,500		105,500	
Act 1.11.2	Disseminate COVID 19 messages using mike through the tea gardens temples, mosques and health dispensaries four times a day	X	x	X	X	X	X	X	X	399,000		399,000	
Act 1.11.3	Promote healthy hygiene behavior of tea garden communities by disseminating lifesaving messages through billboards	X	X	X	X	X	X	X	X	1,281,000		1,281,000	
Act 1.12	<b>Project staff personnel cost:</b>												
	Salary of Programme Coordinator-1	X	X	X	X	X	X	X	X	1,470,857		12,87,000	
	Salary of Project Officer H&N-1	X	X	X	X	X	X	X	X	7,84,457		7,84,457	
	Salary of Project Officer CP & EDU-1		X	X	X	X	X	X	X	6,86,400		6,86,400	
	Staff travel, DSA, Motorcycle fuel & Maintenance (PC & PO)		X	X	X	X	X	X	X	3,78,000		3,78,000	
	Staff Cell phone bill (PC & PO)		X	X	X	X	X	X	X	46,200		46,200	
	Motorcycle rental (FIVDB Contribution 20%)		X	X	X	X	X	X	X	2,10,000	42,000	1,68,000	
	Sub-total for the output									25,466,884	42,000	24,182,884	1,242,000
Progr. Output 2	Effective and efficient programme management									7,353,232	3,078,479	3,956,253	318,500
Act 2.1	Standard activity: In-country management & support staff <sup>2</sup> pro-rated to their contribution to the programme (representation, planning, coordination, logistics, admin, finance)		X	X	X	X	X	X	X	3,947,432	19,21,479	2,025,953	

<sup>2</sup> Costs of technical assistance/staff directly related to the achievement of planned results are budgeted as part of programme output budgeting, see footnote 2.



Result Level	Result/activity	Timeframe (quarters/year(s))								Total (CSO+ UNICEF) [BDT]	CSO contribution	UNICEF contribution	
		Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8			Cash <sup>1</sup>	Supply
Act 2.2	Standard activity: Operational costs pro-rated to their contribution to the programme (office space, equipment, office supplies, maintenance)		X	X	X	X	X	X	X	2,031,500	1,020,500	692,500	3,18,500
Act 2.3	Standard activity: Planning, monitoring, evaluation and communication <sup>3</sup> , pro-rated to their contribution to the programme (venue, travels...)		X	X	X	X	X	X	X	13,74,300	1,36,500	12,37,800	
	Sub-total for programme costs									<b>3,2,820,116</b>	<b>3,120,479</b>	<b>2,8,139,138</b>	<b>1,560,500</b>
	HQ support costs <sup>4</sup> (7% of the cash component)												
	Total programme document budget									<b>3,2,820,116</b>	<b>3,120,479</b>	<b>2,8,139,138</b>	<b>1,560,500</b>

\* UNICEF specifies whether subsequent year funding in the programme budget is indicative for planning purposes only. UNICEF Offices can add additional columns for multi-year planning.

<sup>3</sup> Costs of M&E and communication activities directly related to the achievement of planned results are budgeted as part of the programme output budgeting see footnote2.

<sup>4</sup> Payable to international CSO with their headquarters outside of the programme of implementation. Amount is an estimate. Amount paid is a standard 7% on actual expenditures subject to calculation exclusions as per UNICEF Guidance on Budgeting and Financial Managementfor CSO partners.


#### Section 4. Partnership management plan (To be completed with UNICEF as part of finalization of the programme document)

4.1 HACT programmatic visit	<p><b>Dates planned:</b> Programmatic visit in July 2020 and October 2020, March 2021 and September 2021 and January 2022</p> <p>These Programmatic visits will have to be conducted by Khandaker Lutful Khaled [klkhaled@unicef.org], Planning and Monitoring Officer, Md Salequzzaman [msalequzzaman@unicef.org], Health Officer, Nimmi Hossain [nihossain@unicef.org], Nutrition Officer, Taniya Laizu Sumy [tsumy@unicef.org], Education Officer, Mohammad Abul Khair [makhair@unicef.org], CP officer and Syeedul Hoque Milky, [shmilky@unicef.org], C4D Officer.</p>
4.2 Final partnership review	<b>Date planned:</b> November 2021
4.3 Cash transfer modality(ies)	DCT and Reimbursement (for the last tranche)
4.4 Observations/ Risk management measures/ Capacity building activities (if any)	<p>Micro Assessment was completed on 30 October 2016. According to this Micro Assessment Report the overall risk rating was found low.</p> <p>In cognizance of the prevailing public health emergency situation enforced by COVID-19, the project timeframe might be extended for about another six months. In order to respond to this emergency a number of activities worth \$29,398 has been added with previous approved budget. Moreover, community awareness raising activities included in this programme document will also include messages on COVID-19 to improve the health hygiene situation</p>

#### Section 5. Other requirements

5.1 Additional reporting required	Quarterly Progress report (both physical and financial), Quarterly Monitoring Report (7), Human Interest Stories (10), project completion report after end of the PCA by one-month (1) time.
5.2 Applicable technical specifications or guidance	Specify any technical specifications or guidance this is applicable to the programme implementation
5.3 Procurement and logistics considerations, if applicable	For supplies procured by UNICEF: specify lead times and other key considerations. Outline significant components of the programme planned to be procured by the CSO (supplies/services).
5.4 Other	

#### Section 6. Signatures and date

<p>Bazle Mustafa Razee Executive Director FIVDB</p>  <p>12.05.2020</p>	
CSO Authorised Officer name, signature and date	UNICEF Authorised Officer, signature and date