

**Improving Lives of Orphan children in Destitute (ILOD)
End line survey report**



March 28, 2021

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Executive Summary

Improving Lives of Orphan Children in Destitution (ILOD) commenced on 1st March 2020 as a partnership between Penny Appeal and SAJIDA Foundation and ended on 28th February 2021. The project worked with 100 orphan children between the ages of 7 and 18 years, living in underdeveloped slums of Dhaka City whose parents had passed away or abandoned them. The project included children who had no custodial parents or had a single parent. The principal objective of ILOD projects has been:

- Improving the lives of orphans facing extreme poverty by providing them education, health support, access to entitlement and an environment conducive to becoming productive members of the community.

The specific goals set by the project to attain the principal objective were::

- Creating access to formal and non-formal education, and vocational training for orphan children.
- Facilitating issuance and collection of birth certificates in order to ensure access to government services and entitlements.
- Ensuring access to primary healthcare, mental health facilities and referral services.
- Ensuring well-being through improved parenting capacity and awareness of the service users.

Comparison of the outcomes of educational status of children between the baseline and end line surveys show that caregivers were more interested (24.1 percent) to support education for their children till SSC at the end of the program. In the baseline survey, 4 percent of the parents were found to be disinterested to continue their children's education. This decreased by 3 percent by the time end line survey was conducted. At the end of the program, only 1 percent of parents were disinterested in continuing their children's education. Additionally, end line survey results show that there has been a noteworthy change (about 20 percent) observed in parents' willingness to support education for their female children (baseline study = 40% vs. end line study = 60%).

Survey results show that all the children enrolled in the ILOD program had contacted the paramedic during the program period. More than three-fourths of the caregivers reported taking their children to the paramedic at least once every month.

Covid-19 has impacted the livelihoods of the target population of ILOD program. They are now even more vulnerable. The following recommendations have been developed to reduce their difficulties:

- a. Referring them to organizations and initiatives who provide trainings or grants to improve livelihood opportunities.

- b. Creating channels for easy access to physical and mental health services.
- c. Providing counselling to the caregivers. These sessions would help develop parenting skills. They would also counsel caregivers to support their male children in education rather than engaging them in income generating activities.
- d. Providing education stipend to meet educational expenses.
- e. Arranging sessions for children in secondary school to familiarize them with some common professions.

Background and Context

Improving Lives of Orphan children in Destitution (ILOD) commenced on 01st March 2020 as a partnership between Penny Appeal and SAJIDA Foundation. The duration of this project was determined to be 01 year [01st March 2020 – 28th February 2021].

The Improving Lives of Orphan children in Destitution (ILOD) project worked in ‘underdeveloped slums’ in both Dhaka North and South City Corporations. The four working areas were Sadarghat, Maniknagar, Kawranbazar, and Mouchak.

Penny Appeal is a UK based charity organization. The Penny Appeal way of doing charity is simple - they take small change and make a BIG difference with it! Penny Appeal works in 30 countries to build wells, care for orphans, deliver urgent medical aid and healthcare, provide nutritious meals, open schools, orphanages and mosques, care for the elderly and much more.

The project worked with 100 orphan children between the ages of 7 and 18 years, living in underdeveloped slums of Dhaka City whose parents had passed away or abandoned them. The project included children who had no custodial parents or had a single parent. Orphan children who are a part of an extreme poor family may be at increased risk of child labor and child marriage, and face multiple barriers to accessing education and health care etc.

The principal objective of ILOD projects has been:

- Improving the lives of orphans facing extreme poverty by providing them education, health support, access to entitlement and an environment conducive to becoming productive members of the community.

The specific goals set by the project to attain the principal objective were:

- Creating access to formal and non-formal education, and vocational training for orphan children.
- Facilitating issuance and collection of birth certificates in order to ensure access to government services and entitlements.
- Ensuring access to primary healthcare, mental health facilities and referral services.
- Ensuring well-being through improved parenting capacity and awareness of the service users.

There were three streams of education in the project – (i) formal education, (ii) non-formal education and (iii) vocational/livelihood skills training. 65 children received support to continue formal education, 20 for non formal education and 15 for vocational training.

Additional services were provided to support children’s health and wellbeing and citizen engagement. These included ensuring issuance and collection of birth certificates to enable children to access government services and entitlements. Access to primary health and psychosocial health services were facilitated. Counselling for parenting skills development of the guardians of the orphans was also part of the project. The goal is to instill a sense of the duties and responsibilities of parents.

The end line survey was designed to capture the end line situation of families enrolled with the ILOD Project. The survey focused on livelihoods status and opportunities, guardian’s attitudes and perspectives on key social and educational issues, and educational aspirations of the children. The purpose of the survey was to establish a point of reference for future measurements and predictions. This study compares and presents the outcomes and changes observed through the baseline and end-line surveys.

Survey Methodology

Enumerators: Research team of SAJIDA Foundation

Type of data: Quantitative and qualitative

Data collection period: Last week of February 2021

Data collection method: Face-to-face and telephonic interviews

Survey participants: Enrolled children and their primary caregivers

Sample size: 100 families for quantitative survey, few in-depth interviews

Retention rate: 100% of baseline survey participants took part in the end-line survey

Key Findings

There were three sections, including 27 questions, in the quantitative survey. The key findings from the survey and the in-depth interviews are presented in 4 sections in this report. The sections are:

- I. socio-economic characteristics, children’s educational status
- II. children’s educational status and career aspirations
- III. physical and mental health condition of the children
- IV. para-counsellors and safeguarding mechanism

1. Socio-economic characteristics

In the end line survey, six out of 10 respondents were female, and rest were male. It was found that the monthly income of these children's families had been substantially impacted

Table 1.1. Background characteristics of the respondents (n = 100)

Characteristics	Frequency	Percentage
Gender		
Male	40	40.0
Female	60	60.0
Monthly family income (in BDT)		
No income	10	10.0
500 – 1000	2	2.0
1001 – 1500	2	2.0
1501 – 3000	7	7.0
3001 – 6000	58	58.0
More than 6000	21	21.0

Only four percent of the families had between BDT 500 and BDT 1,500 monthly income. Seven percent were in the range of BDT 1500 to BDT 3,000 per month. For the range of BDT 3001 to BDT 6000, the figure was 60 percent. However, more than one-fifth of the sampled families were able to afford 03 meals/day for a family of 3/4 members and earned more than BDT 6,000 per month.

2. Education Status of Children

Table 2.1: Comparison of the educational status between baseline and endline study (n = 100)

Characteristics	Baseline study (%)	Endline study (%)	Difference endline and baseline (%)	between baseline	P – values
Caregiver’s willingness to support education for their children					P (χ^2) = 0.003
Primary Level	5.1	2.0	3.1	↓	
SSC	42.9	67.0	24.1	↑	
HSC	27.6	24.0	3.6	↓	
University	20.4	6.0	14.4	↓	
Not interested	4.0	1.0	3.0	↓	
Willingness of guardians as per education category*					P (χ^2) = 0.004
<i>Formal (n = 65)</i>					
Primary Level	4.1	2.0	2.1	↓	
SSC	24.5	44.0	19.5	↑	
HSC	20.4	15.0	5.4	↓	
University	17.4	4.0	13.4	↓	
Not interested	0.0	0.0	0.0	↔	
<i>Non-formal (n = 20)</i>					
Primary Level	1.0	0.0	1.0	↓	
SSC	14.3	13.0	1.3	↓	
HSC	3.0	9.0	6.0	↑	
University	0.0	2.0	2.0	↑	
Not interested	0.0	1.0	1.0	↑	
<i>Vocational (n = 15)</i>					
Primary Level	0.0	0.0	0.0	↔	
SSC	4.1	10.0	5.9	↑	
HSC	4.1	0.0	4.1	↓	
University	3.0	0.0	3.0	↓	

Not interested	4.1	0.0	4.1	↓
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P – values obtained from chi-square estimation.

Table 2.2: Comparison of the aim in life between baseline and endline study (cont.)

Characteristics	Baseline study (%)	Endline study (%)	Difference between endline and baseline (%)		P – values
Aim in life					P (χ^2) = 0.09
Businessman	2.0	3.5	1.5	↑	
Defense	12.2	18.8	6.6	↑	
Doctor-nurse	40.8	37.6	3.2	↓	
Engineer	7.1	9.5	2.4	↑	
Teacher	18.4	11.8	6.6	↓	
Others**	19.5	18.8	0.7	↓	
Stream wise willingness of children to continue *					
<i>Formal (n = 65)</i>					P (χ^2) = 0.02
Up to SSC	23.6	24.6	1.0	↑	
Up to HSC	29.8	52.3	22.5	↑	
Till university	47.0	23.1	23.9	↓	
Not interested	1.6	0	1.6	↓	
<i>Non-formal (n = 20)</i>					P (χ^2) = 0.03
Up to SSC	72.0	30.0	42.0	↓	
Up to HSC	6.0	45.0	39.0	↑	
Till university	22.0	20.0	2.0	↓	
Not interested	0.0	5.0	5.0	↑	

P values obtained from chi-square estimation

Level of significant: P < 0.05 (at 95% confidence interval)

**Others (cricketer, dancer, pilot, tailor, technician)

‘↑’ indicates ‘positive or increased change’

‘↓’ indicates ‘negative or decreased change’

‘↔’ indicates ‘no change or stable’

Comparison of the outcomes of educational status of children between baseline and endline survey has been tabulated in table 2.2. At first, caregivers' willingness to support education for their children had been assessed. The scope of the assessment was then widened using a bar graph to represent gender-wise difference (Fig 5.3). Caregivers were more interested (24.1 percent) to support education for their children till SSC at the end of the program. In the baseline survey, 4 percent parents were found to be disinterested to continue their children's education. At the end of the program, just 1 percent of parents were disinterested to support for their children's study. Overall, after conducting the baseline survey, there has been a significant change ($P(\chi^2) = 0.003$) observed in the endline survey regarding the willingness of caregivers to support their children's education. Additionally, figure 2.1 shows there has been a noteworthy change (about 20 percent) observed in parents' willingness to support education for their female children in the endline survey (baseline study = 40% vs. endline study = 60%). Caregivers became more interested to provide educational support to their female children till SSC at the end of the ILOD program (44 percent), compared to the baseline (16.3 percent).

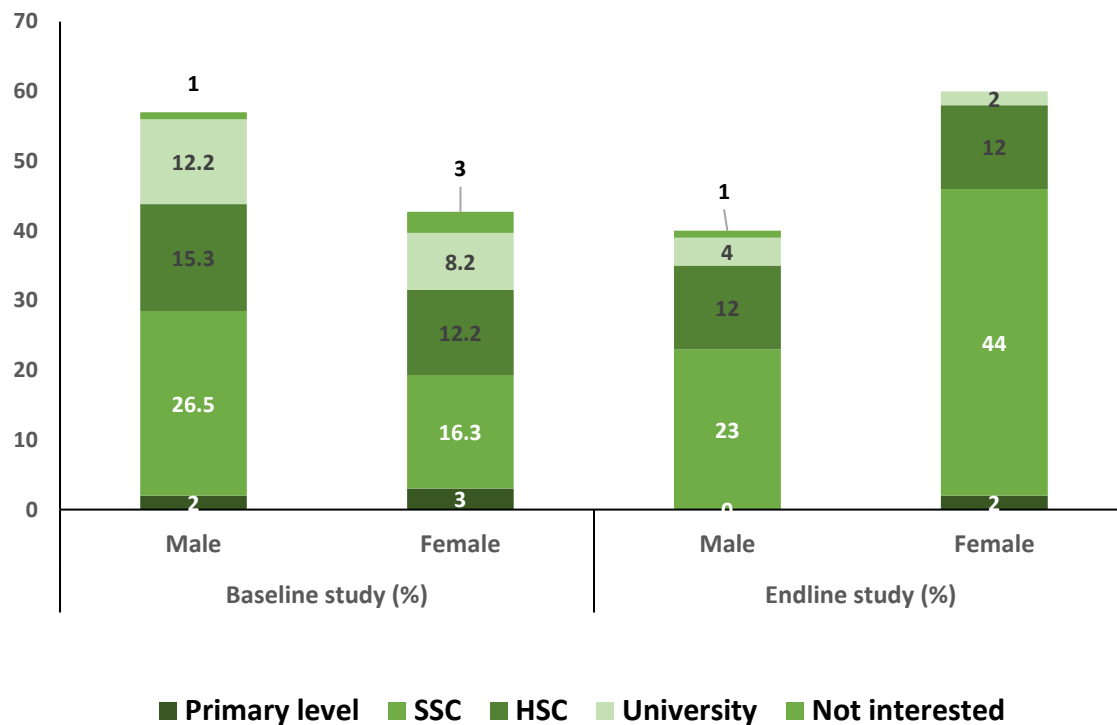


Fig 2.1: Comparison of caregiver's gender-wise willingness to support education for their children (n = 100)

While comparing the willingness of caregivers as per educational stream, we found that most of the guardians of formal (19.5 percent more) and vocational education (5.9 percent

more) are interested to educate their children till SSC level whereas guardians of non-formal education are interested to educate their children till HSC level (6 percent more).

The endline study revealed that all the children of formal education were interested to continue their study and 22.5 percent were interested to continue their study up to HSC level. Note that the change of children’s willingness to continue their study between the baseline and endline survey was statistically significant (formal stream, $P(\chi^2) = 0.02$; and non-formal stream, $P(\chi^2) = 0.03$).

The caregivers’ responses on willingness to support their children’s study were further categorized by the gender of their children. This is depicted in the following figure (Figure 2.2).

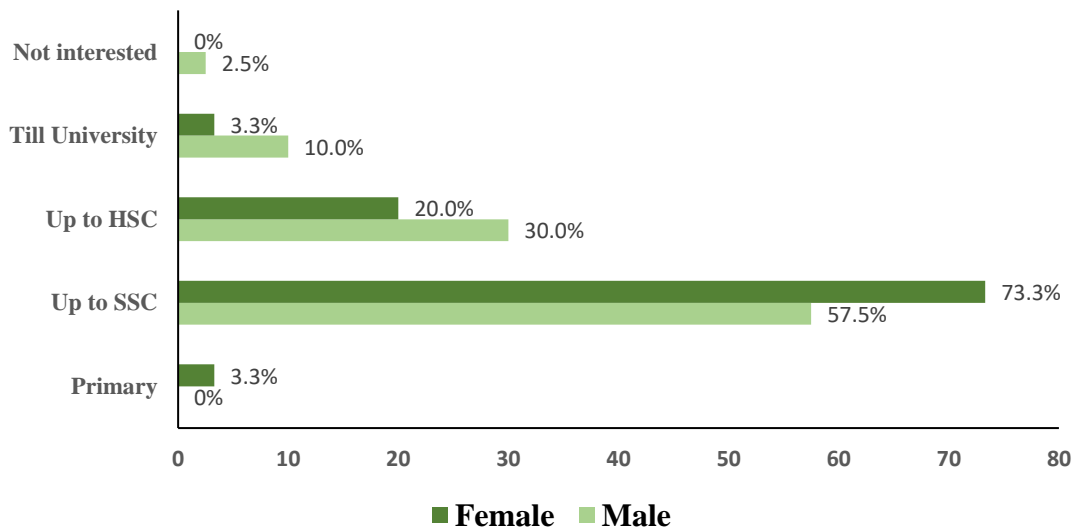


Figure 2.2: Gender-wise willingness to support education

Overall, majority of the caregivers (67 percent) intended to support study up to SSC level for their children. While nearly a quarter of the parents wanted to continue the study of their children up to HSC level, only six percent wanted to support till university.

The proportion of the parents wishing to support education up to SSC level was higher for female children (73.3 percent) compared to that of male children (57.5 percent). The scenario was reversed for support up to HSC level (male 30 percent vs. female 20 percent). The same was observed for university level support, i.e., parents were more interested to support male children (10 percent) than female children (3.3 percent). Surprisingly, 2.5 percent parents were not interested to support any further education for their male children (Figure 2.2), this figure was 0 percent for females.

2.1 Education Stream

A total of 100 children were included in this study, about two-thirds of them were receiving formal education. Formal education is a structured and systematic form of learning. This is the education of a certain standard delivered to students by trained teachers. This ensures that formal learning is standardized at all learning institutions (e.g., schools, colleges, universities, etc.).

20 percent of the children were enrolled in non-formal education systems. Non-formal education refers to education that occurs outside the formal school system and is often used interchangeably with terms such as community education, adult education, lifelong education, second-chance education, etc.

Additionally, 15 percent children were receiving vocational education and training. Vocational education is defined as that aspect of education which leads to the acquisition of practical and applied skills as well as basic scientific knowledge.

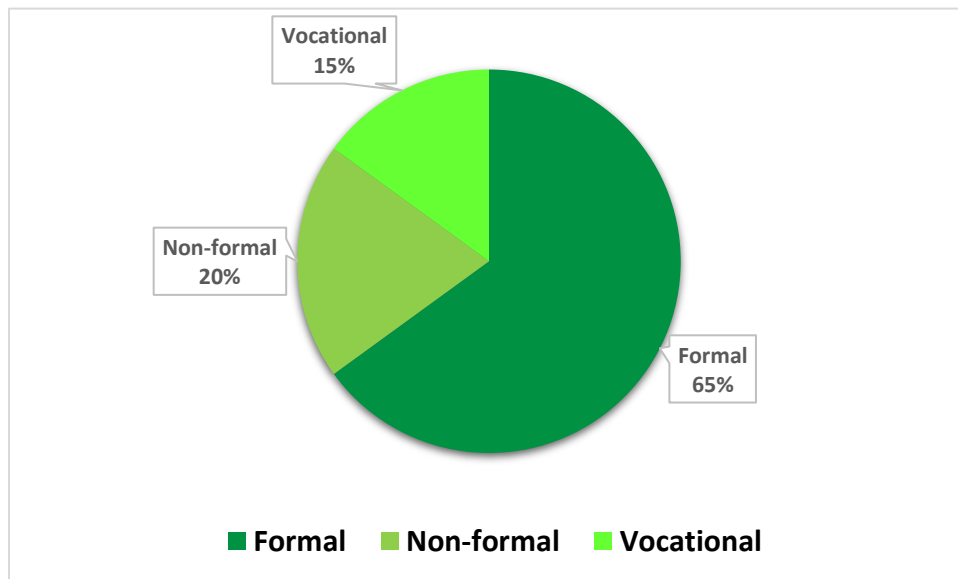


Figure 2.3: Education stream of the respondents

While categorizing the education stream by gender, (figure 2.4), we see that more female children were enrolled in all three streams than male children. That is, for formal, non-formal, and vocational education, the proportion of the female children were 58.5 percent, 55 percent, and 73.3 percent, respectively. In contrast, male children were 41.5 percent, 45 percent, and 26.7 percent in formal, non-formal, and vocational education streams, respectively (figure 2.4).

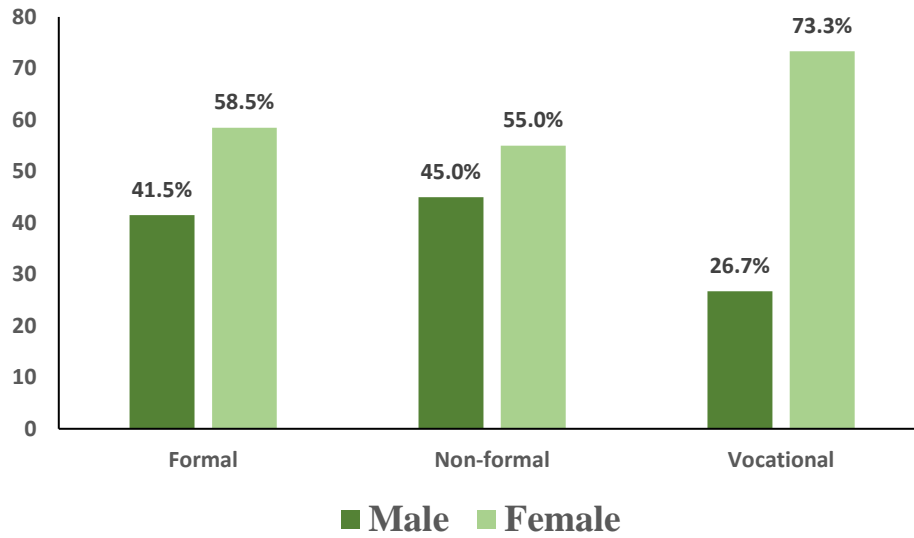


Figure 2.4: Gender-wise education stream

2.1.1 Children with Formal Education

This section discusses different aspects of children with formal education. The data is drawn from the end-line survey.

2.1.1.1 Education Level

Table 2.1.1.1: Child currently studying (n = 65)

Class	Frequency	Percentage
Class 1	18	27.7
Class 2	11	16.9
Class 3	9	13.8
Class 4	4	6.2
Class 5	9	13.8
Class 6	2	3.1
Class 7	2	3.1
Class 8	4	6.2
Class 9	4	6.2
Class 10	1	1.5
College	1	1.5

Among the 65 children enrolled in formal education, majority of the children (78.4 percent) were receiving primary level education, i.e., class 1 to class 5. More than a quarter of the children (27.7 percent) were in grade 1. About 17 percent children were admitted to grade 2. Grades 3, 4, and 5 had 13.8 percent, 6.2 percent, and 13.8 percent students, respectively.

Rest of the 21.6 percent children were in high school, i.e., grades 6 to 12. Among them, grade 8 and 9 had the highest proportion of children, i.e., 6.2 percent and 6.2 percent, respectively.

Table 2.1.1.2: Children promoted to the next class

Class promotion	Frequency	Percentage
Yes	45	69.3
No	19	29.2
Admitted in different institution (Madrasa)	1	1.5

Substantial changes were observed at the end of year 2020. The number of children promoted to the next grade had dropped because of the pandemic.

29.2 percent children didn't get promoted to next class despite government's decision to implement '100% promotion to next class' due to the pandemic situation. Two reasons have been reported this. Firstly, guardians voluntarily kept their children in the same class as children couldn't attend school for almost a year and didn't learn what they were supposed to. Secondly, some children and their families migrated to other locations and changed schools. Many of these children had to be re-admitted to the same grade.

However, majority of the students (69.3 percent) were promoted to the next grade and one student was admitted to a Madrasa.

Table 2.1.1.3: Guardians received most useful services from ILOD in 2020

Most useful service from ILOD	Frequency	Percentage
Cash support for Food for the children	19	29.2
School aids	46	70.8

SAJIDA Foundation provided educational assistance over phone, cash support for food for the children, school aids (bag, school dress, notebook, pen etc.), monthly health check up by paramedic, safeguarding training, monthly counselling by para counselor, birth registration, etc. 7 out of 10 guardians considered ‘school aids’ as the most useful service from ILOD. 29.2 percent of the guardians cited ‘cash support for food for the children’ as the second most useful service from ILOD (table 4.2.1.3).

2.1.2 Children with Non-formal Education

This section discusses different aspects of non-formal education.

2.1.2.1 Usefulness of the teacher’s assistance

SAJIDA Foundation made arrangements for children in non-formal education (20) to get assistance from the teachers by phone, as the educational institutions were closed due to COVID-19 pandemic.

Table 2.1.2.1: Usefulness of the assistance provided over phone by the teacher

Usefulness	Frequency	Percentage	Mean (SD)	Skewness	Kurtosis
Very useful	0	0			
Useful	12	60.0			
Neutral	5	25.0	2.55 (0.76)	1.02	-0.37
Less useful	3	15.0			
Not useful	0	0			

Most of the children (60 percent) reported that the assistance over phone was useful for them. The mean score (2.55) also indicates the same. However, a quarter of the children, were neutral. Moreover, the values of skewness (1.02) and kurtosis (-0.37) indicate that the distribution of the values is slightly moved towards left side (since, kurtosis is negative) from the normal distribution. That means, the responses towards the usefulness scale were moderately and normally distributed; and no biasedness or tendency was observed.

Table 2.1.2.2: Gender-wise usefulness of the teacher’s assistance provided over phone

Gender	Mean (SD)	t-statistic	P – value
Male (n = 9)	2.67 (0.87)		
Female (n = 11)	2.45 (0.69)	0.61	0.55

P – value obtained from t-test

There was no significant difference between male and female in relation to usefulness of the assistance provided over phone by the teacher.

2.1.3 Children with Vocational Training

This section has discusses results of vocational training from the endline survey.

2.1.3.1 Skill training

Table 2.1.3.1: Length and category of vocational skill training

Received skill training	Frequency	Percentage
Tailoring and dress making	12	80
Electrical and maintenance	3	20
Length of training		
Three months	3	20.0
Six months	12	80.0

All the 15 children who were enrolled in vocational education system, received two types of skills training. 80 percent were involved in ‘tailoring and dress making’. This training was 6 months long. 20 percent were provided 3 month long ‘electrical and maintenance’ training (table 4.2.4.1).

2.1.3.2 Effectiveness of the training and confidence of about earning after the training

Students enrolled in vocational education were asked about its effectiveness .

Table 2.1.3.2: Effectiveness of the training

Effectiveness	Frequency	Percentage	Mean (SD)	Skewness	Kurtosis
Very effective	9	60.0			
Effective	4	26.7			
Neutral	2	13.3	1.53 (0.74)	1.07	-0.11
Less effective	0	0			
Not effective	0	0			

The mean of the effectiveness scale was 1.53, which means, according to the students, on average the training was very effective. Additionally, all the 15 students committed to working in their respective fields in the future.

Table 2.1.3.3: Gender-wise effectiveness of the training

Gender	Mean (SD)	t-statistic	P – value
Male (n = 4)	1.75 (0.50)	0.67	0.52
Female (n = 11)	1.45 (0.82)		

P – value obtained from t-test

Table 2.1.3.3 represents gender-wise difference of the effectiveness of the training. For both male (mean = 1.75) and female students (mean = 1.45), the training was very effective, and there was no significant difference between their reporting (t-statistic = 0.67; p – value = 0.52).

Table 2.1.3.4: Confident about earning after the training

Confident level	Frequency	Percentage	Mean (SD)	Skewness	Kurtosis
Very confident	5	33.3	1.93 (0.80)	0.13	-1.35
Confident	6	40.0			
Neutral	4	26.7			
Less confident	0	0			
Not confident	0	0			

Furthermore, students were asked how confident they felt in their ability to earn in the fields they had received training in. The mean of the scale was 1.93, i.e., on average, students were confident. One-third of the students were very confident. However, about 27 percent of the students remained neutral (table 2.1.3.4).

Table 2.1.3.5: Gender-wise confident about earning after the training

Gender	Mean (SD)	t-statistic	P – value
Male (n = 4)	2.50 (0.58)	2.07	0.04
Female (n = 11)	1.73 (0.79)		

P – value obtained from t-test

For reporting the confidence level about earning after the training, the mean score was 2.50 for male children and 1.73 for female children. It is noteworthy that female children were more confident than male about earning their livelihood after receiving training, and this comparison is statistically significant (t-statistic = 2.07; p – value = 0.04).

2.1.3.3 Continuation of working after training

Table 2.1.3.3: Children’s interest or plan after finishing the training

Continuation characteristics	Frequency	Percentage
Further working with current master crafts persons (MCP)		
Yes	12	80.0
No or do not know	3	20.0
Interested to do a job in the trade after training		
Yes	12	80.0
No	3	20.0

Among the 15 children in vocational stream, 80 percent were interested to work further with the current master crafts persons (MCP). 80 percent of the children were interested to work in a related trade after training. (table 2.1.3.3).

2.2 Children’s willingness to continue study and aim in life

In this section, for both formal and non-formal education, the desire of children to continue their education and their respective aims in life have been tabulated .

Children were asked how far they were willing to continue their studies after the ILOD project. The findings have been tabulated below:

Table 2.2.1: Level of education child would like to continue

Education level	Formal (n = 65)		Non-formal (n = 20)	
	Frequency	Percentage	Frequency	Percentage
Primary	1	1.5	0	0
SSC	15	23.1	6	30.0
HSC	34	52.3	9	45.0
Till university	15	23.1	4	20.0
Not interested	0	0	1	5.0

Among the 65 students in the formal education system, more than half of them (52.3 percent) were eager to continue their studies up to HSC level. The scenario was the same for the students of non-formal education stream.

Table 2.2.2: Self-reported career aspirations of children

Profession	Formal		Non-formal	
	Frequency	Percentage	Frequency	Percentage
Businessman	3	4.6	0	0
Defense	14	21.5	2	10.0
Doctor-nurse	25	38.5	7	35.0
Engineer	7	10.8	1	5.0
Teacher	8	12.3	2	10.0
Others (cricketer, dancer, pilot, tailor, technician)	8	12.3	8	40.0

Majority of the children, both from formal (38.5 percent) and non-formal streams (35 percent), desire to pursue 'medical profession' in the future. 21.5 percent of the children in formal education mentioned 'Defense' (i.e., army, police, BGB, and RAB, etc.) as their most desired career. On the other hand, student of non-formal streams had different career aspirations. 40 percent wished to become a cricketer, tailor, technician, or driver, etc.

3. Health Status of Children

Table 3.1: Health status of children between baseline and endline study

Physical health condition of the child					$P(\chi^2) < 0.001$
Child's contact with the paramedic or doctor					
Not even once	77.6	0	77.6	↓	
Once in every month	21.4	76.0	54.6	↑	
More than once a month	1.0	24.0	23.0	↑	
Gender-wise contact with the paramedic or doctor					$P(\chi^2) = 0.16$
<i>Not even once</i>					
Male	39.5	0	39.5	↓	
Female	60.5	0	60.5	↓	
<i>At least once in every month</i>					$P(\chi^2) = 0.16$
Male	52.4	40.8	11.6	↓	
Female	47.6	59.2	11.6	↑	
<i>More than once in every month</i>					
Male	100.0	37.5	62.5	↓	$P(\chi^2) < 0.001$
Female	0.0	62.5	62.5	↑	
Mental health condition of the children					$P(\chi^2) = 0.04$
Calm	26.5	21.0	5.5	↓	
Cheerful	56.1	75.0	18.9	↑	
Gloomy	7.2	3.0	4.2	↓	
Worried	1.0	1.0	0.0	↔	
Angry	9.2	0.0	9.2	↓	

P – values obtained from chi-square estimation.

From baseline to end-line, there has been a substantial and significant change among the children and their caregivers in terms of contacting with paramedics or doctors for any types of illness during. 77.6 percent of the children who did not make any contact with doctors previously, had contacted with doctors during the program period. 54.6 percent of children with any type of illness were contacting doctors at least once every month, by the end of the program. Children were also more encouraged to contact the paramedics multiple times per month (baseline 1% vs. endline 24%). The difference of children's contact with paramedic in baseline and endline survey was statistically significant ($P(\chi^2) < 0.001$).

Furthermore, a gender-wise analysis has been conducted to observe the difference of contacting paramedics between baseline and endline study. While in baseline study, no female was contacting paramedics for their illnesses, it was significantly changed in the endline study, i.e., male 37.5% vs. female 62.5%; $P(\chi^2) < 0.001$.

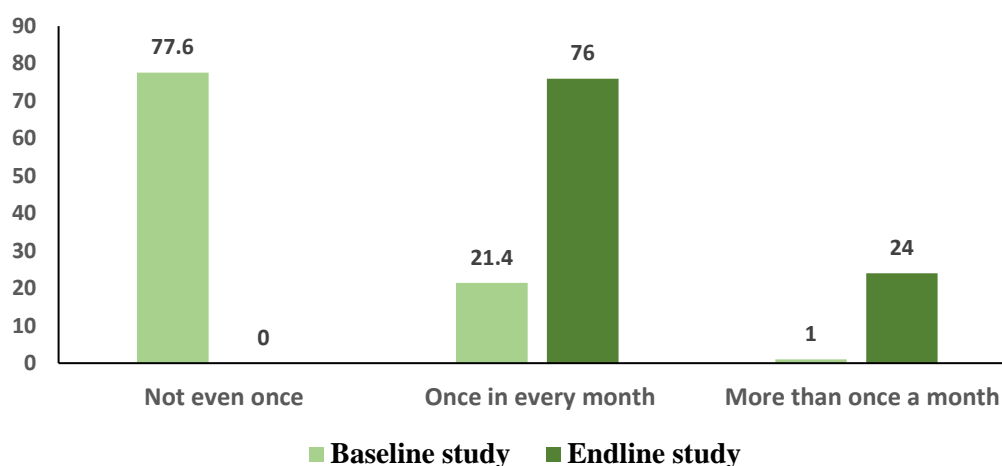


Fig 3.1: Contact of children with the paramedic or doctor

This endline survey reveals that about a quarter of the children did not suffer from any sickness for the six months preceding this survey. Caregivers of 30 percent of the children reported that the children under their care had fallen sick once within the last six months. About 46 percent of the children had suffered bouts of illness over the last six months.

Table 3.2. Health status of the children (n = 100)

Physical status	Frequency	Percentage
Child's sickness for the last six months		
No sickness	24	24.0
Yes, for once	30	30.0
Yes, more than once	46	46.0
Child's contact with the paramedic		
Not even once	0	0
Once in every month	76	76.0
More than once a month	24	24.0

On the other hand, all the children of this study contacted the paramedic. More than three-fourths of the caregivers reported that they took their children to the paramedic at least once every month. However, the other 25 percent of the children contacted the paramedic more than once in a month (Table 3.2). According to monthly reports from paramedics, majority of these 100 children were physically fit (more than 60 percent). Children with sign and symptoms mostly called for immunization (about 55%), followed by 'fever and

cold' (about 17%), anorexia (about 10%), joint pain and body ache (about 8%). The paramedics prescribed medication and advice in respect to complaints.

Mental health condition of the children significantly differed from baseline to endline survey. Children were more cheerful (baseline 56.1% vs. endline 75%) but less calm (baseline 26.5% vs. endline 21%), gloomy (baseline 7.2% vs. endline 3%), and angry (baseline 9.2% vs. endline 0%) in the endline survey. Table 3.3 shows these results.

The following table shows some aspects of mental health condition from the children's' and caregivers' point of views:

Table 3.3. Mental health status of the children (n = 100)

Mental health characteristics	Frequency	Percentage
Children's mood status according to caregivers		
Calm	21	21.0
Cheerful	75	75.0
Gloomy	3	3.0
Worried	1	1.0
Parents' reaction when child looks worried or sad		
Comforts children with hugs/words	57	57.0
Talks to them	38	38.0
Speak / act harshly	3	3.0
Too busy to notice	1	1.0
Child never looks worried or sad	1	1.0
Parents' reaction when children do not listen to them		
Talk to the children	62	62.0
Yell	26	26.0
Hit	12	12.0

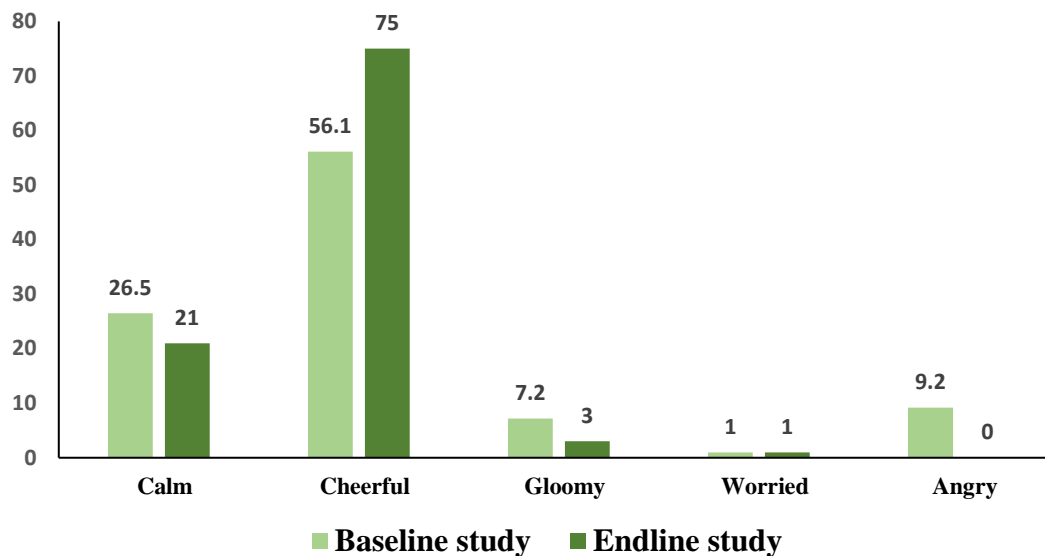


Fig 3.2: Mental health condition of the children

While investigating the current mental health condition of the children, 21 percent of the caregivers reported that their children were calm for most of the time. Four percent of the children reported to be gloomy (3 percent) and worried (1 percent). Three-fourths of the caregivers reported that their children were cheerful during most days.

This endline study also investigated caregiver’s reaction towards children when the children are disobedient. More than three-fifths of the caregivers (62 percent) acted normally and tried to talk to their children to find out the reason for not listening to them. However, more than a quarter of caregivers yelled and 12 percent of the caregivers hit children when they did not listen.

4. Interaction with Para-counselor and Safe-guarding Mechanism

The endline survey explored the usefulness of interaction with a para-counselor. Table 4.1 shows the usefulness scale of the interaction with descriptive statistics.

Table 4.1: Descriptive statistics of usefulness of the interaction with para-counselor (n = 30)

Usefulness of the interaction with para-counselor	Frequency	Mean (SD)	Skewness	Kurtosis
Very useful (1)	29			
Useful (2)	28			
Neutral (3)	28	2.36 (1.18)	0.60	-0.36
Less useful (4)	8			
Not useful (5)	7			

Mean score for this usefulness scale was 2.36, indicating that on average the respondents found these interactions useful. According to most of the respondents (29 percent), interaction with para-counselor was very helpful. Since the skewness and kurtosis of this scale was 0.60 and -0.36 respectively, it follows normal distribution. For 28 percent of the respondents this interaction was useful, and another 28 percent of the respondents were neutral while rating the interaction.

Table 4.2: Gender-wise usefulness of the interaction with para-counselor

Gender	Mean (SD)	t-statistic	P – value
Male (n = 40)	2.35 (0.58)		
Female (n = 60)	2.37 (0.79)	- 0.07	0.94

P – value obtained from t-test

Response regarding the usefulness of the interaction was further analyzed by gender, in table 3.2. The mean score of the usefulness scale from the t-test was 2.35 for male and 2.37 for female. So, for both genders, the interaction was useful, but this difference was statistically insignificant (t-statistic = -0.07; p = 0.94).

Table 4.3: Safeguarding issues

Remembering the phone number for safeguarding issues	Frequency	Percentage
Yes	97	97.0
No	1	1.0
Knew but forgot	2	2.0

Table 4.3 represents the safeguarding issues of the respondents. Almost all the respondents (97 percent) remembered the phone number for safeguarding; while 2 percent respondents knew but forgot.

According to the children, most caregivers have become more tolerant and acceptable over the past one year. When asked about the safeguarding number, children confirmed that they had knowledge of the safeguarding number. However, some said they have to look for it. According to the children they have not faced any emergency and safeguarding issues till now and didn't feel the need to call the number.

Limitation of the Survey

1. In some cases, children and guardians were not available at the same time. So, their interview was taken separately.
2. It was difficult for data collectors to engage with younger children and ask questions in a way that was easily understandable.
3. Mental health condition of the children was assessed through limited means and from caregiver's perspective hence might not be representative.
4. Due to pandemic situation some in-depth questions were asked to children over the phone. As the phone belonged to the guardians, these interviews had to be conducted in the presence of the caregiver. This might have biased the answers in favour of the caregivers.

Recommendations

Covid-19 has impacted the livelihoods of the target population of ILOD program. They are now even more vulnerable. The following recommendations have been developed to reduce their difficulties:

- a. Referring them to organizations and initiatives who provide trainings or grants to improve livelihood opportunities.
- b. Creating channels for easy access to physical and mental health services.
- c. Providing counselling to the caregivers. These sessions would help develop parenting skills. They would also counsel caregivers to support their male children in education rather than engaging them in income generating activities.
- d. Providing education stipend to meet educational expenses.
- e. Arranging sessions for children in secondary school to familiarize them with some common professions.

References

Ali , S., & Amin, N. (2020, June 23). The Business Standerd. Retrieved from The Business Standerd: <https://tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/low-income-people-leaving-dhaka-96850>