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# Integrated Community-Based Child Protection System in Bangladesh

Evidence of Impact of  
Child Protection Community Hubs  
(2022–2025)

UNICEF Bangladesh, 2025









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To all those who contributed their time, expertise, and commitment, thank you.

# Executive Summary





# Executive Summary

Bangladesh continues to face severe child protection challenges. The 2022 Knowledge, Attitudes, Practices and Norms (KAPN) study confirmed that 95% of adolescents have experienced violence, 65% of women aged 20–24 were married before 18, and birth registration among under-5s was only 47%. Despite this scale of risk, formal child protection services were almost absent at the community level. Fewer than 3% of families had heard of the national child helpline (1098), and no professional frontline social workers were present in villages or urban slums. Families relied instead on informal networks that often reinforced harmful practices.

To address these gaps, UNICEF and the Government of Bangladesh launched 850 Child Protection Community Hubs (2021–2022) in 20 high-risk districts.

The Child Protection Community Hubs are more than a child protection programme. They represent Bangladesh's first **national model of universal prevention and resilience**, where children, families, and communities access protection, services, and empowerment in one place. Anchored in MoWCA and supported across ministries, hubs are building a system that can

prevent violence, reduce harmful practices, and expand opportunities for all children.

The hubs were designed to:



Provide safe spaces for children and adolescents;



Embed community-based social workers and referral systems;



Facilitate dialogue to challenge harmful norms such as violent discipline and child marriage;



Link families to services such as birth registration, helplines, education, health, and justice.

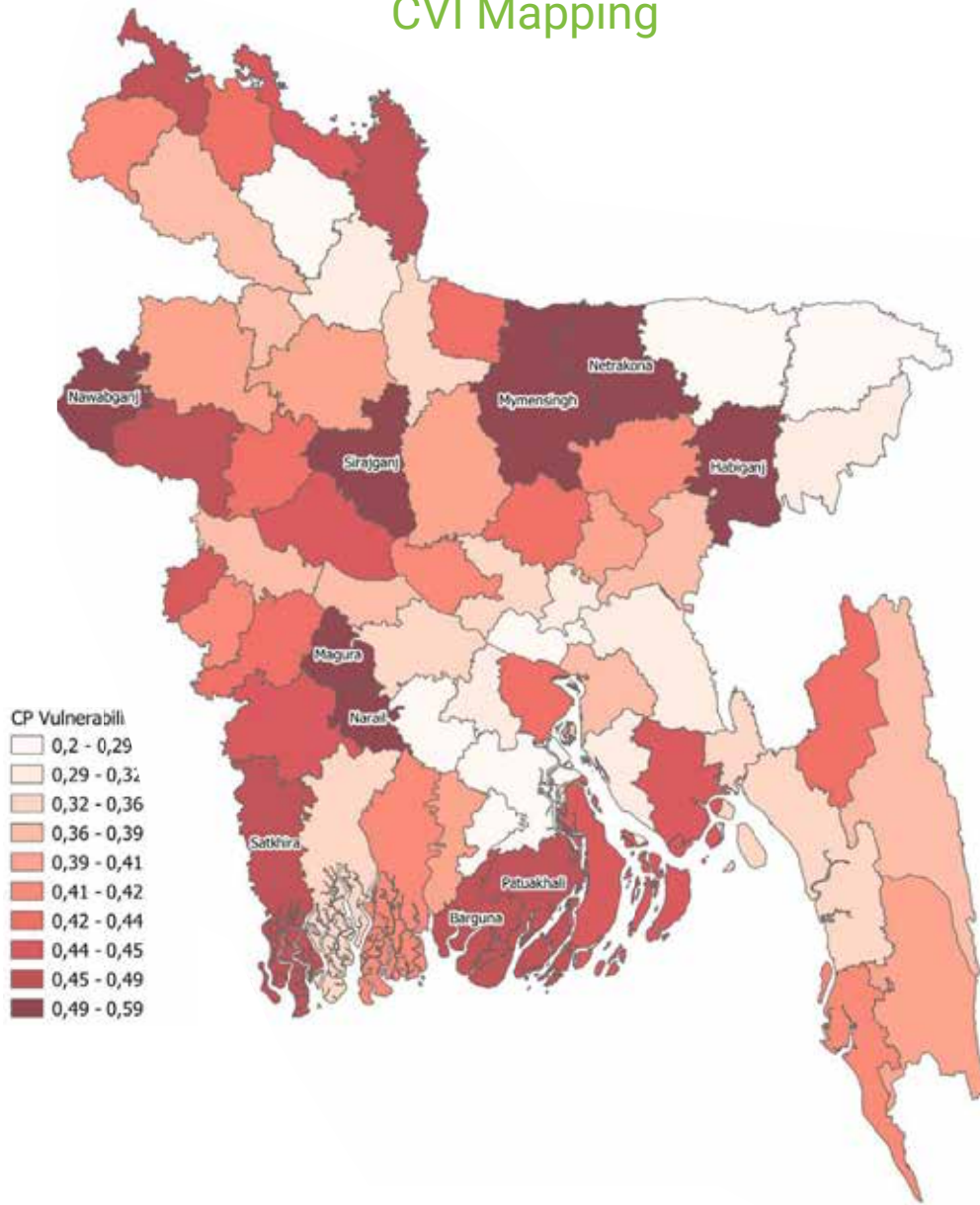
Building on this success, the model has since been scaled to more than 2,000 hubs across all 64 districts, led by MoWCA, with MoSW deploying child protection social workers and MoYS supporting adolescent participation through Sports for Development. The hubs are now institutionalised as part of a government-led, community-based prevention system.

## Key Results

(850 hubs surveyed in 20 vulnerable districts)

Indicator	Baseline	Endline	Change
Birth registration (0–4)	↑ 47%	↓ 70%	+23 pp
Violent discipline (0–14)	↑ 90%	↓ 65%	–25 pp
Child marriage (20–24 <18)	↑ 65%	↓ 50–55%	–10–15 pp
Trust in social workers	↑ 5%	↓ 65%	+60 pp
Households using hub services	↑ 0%	↓ 35%	+35 pp
Support for girls in sport	↑ 25%	↓ 65%	+33 pp

## CVI Mapping



Division	District	Ranking
Khulna	<b>Magura</b>	<b>1</b>
Rajshahi	<b>Chapai Nawabganj</b>	<b>2</b>
Rajshahi	<b>Sirajganj</b>	<b>3</b>
Barisal	<b>Barguna</b>	<b>4</b>
Khulna	<b>Jhenaidah</b>	<b>5</b>
Khulna	<b>Narail</b>	<b>6</b>
Mymensingh	<b>Netrokona</b>	<b>7</b>
Rangpur	<b>Lalmonirhat</b>	<b>8</b>
Mymensingh	<b>Mymensingh</b>	<b>9</b>
Barisal	<b>Patuakhali</b>	<b>10</b>

Division	District	Ranking
Khulna	<b>Meherpur</b>	<b>11</b>
Rangpur	<b>Panchagarh</b>	<b>12</b>
Rajshahi	<b>Rajshahi</b>	<b>13</b>
Rangpur	<b>Kurigram</b>	<b>14</b>
Rajshahi	<b>Pabna</b>	<b>15</b>
Dhaka	<b>Manikganj</b>	<b>16</b>
Rajshahi	<b>Bogura</b>	<b>17</b>
Rajshahi	<b>Natore</b>	<b>18</b>
Rajshahi	<b>Naogaon</b>	<b>19</b>
Khulna	<b>Jashore</b>	<b>20</b>

## Normative Shifts

Perhaps the most significant achievement of the Child Protection Community Hubs has been their ability to shift harmful social and gender norms once considered immovable.



**Trust in services:** At baseline, families did not know a single local social worker. By endline, 70% could name the social worker attached to their hub, and 65% said they trusted them. Social workers are no longer seen as “outsiders” but as reliable professionals who can help families in crisis.



**Gender norms:** Girls’ participation in sport, widely disapproved of just three years earlier, has expanded six-fold, from 7% to 40%. Community opposition fell from 70% to 30%. Sport became an entry point for transforming views about girls’ visibility, mobility, and leadership.



**Help-seeking:** Knowledge of where to go for help rose from 25% to 70%, and more than one-third of households had already used hub services. Silence has been replaced with collective reliance on protection pathways that link families to social workers, helplines, and formal services.



**Education & marriage pressures:** At baseline, 60% of families reported pressure to marry girls under 18; this fell to 35%. Pressure on boys to leave school for work dropped from 40% to 25%. Positive discussion about continuing education to Grade 10 more than doubled, turning schooling into a shared community aspiration rather than an individual decision.



In just three years, **child marriage prevalence dropped by 15 percentage points**, violent discipline fell by **25 points**, and birth registration rose by **23 points** in hub districts.



Trust in social workers grew from **5% to 65%**, making them the most relied-on frontline protection actors.



Girls’ participation in sport surged from **7% to 40%**, breaking gender taboos and building resilience.



## Comparison with National KAPN Endline

The added value of hubs becomes clear when set against the national KAPN endline. National SBC efforts did increase knowledge, especially among boys, but failed to reduce violence or shift entrenched norms. Violence remained near-universal, help-seeking declined, and restrictive gender expectations persisted.

In CPCHs districts, by contrast, knowledge translated into action. Families not only knew

more but behaved differently: they trusted social workers, sought help, supported girls in sport, and resisted child marriage and school dropout. While national SBC reached fewer than one in four households, hubs consistently engaged over 70% of households, often through repeated contact. This intensity and proximity appear to explain why hubs succeeded in moving norms where broader campaigns stalled.

## Policy & Donor Implications

The CPCHs results carry important implications for government policy and investment:



**Scale & Sustainability:** CPCHs are no longer a pilot but is embedded across all 64 districts through government systems. MoWCA leads the hub platform, MoSW deploys professional social workers, and MoYS drives adolescent participation.



**Systems Reform:** CPCHs are now a platform for professionalising the social service workforce, linking to the Department of Children's Affairs (DoCA), and advancing long-term reforms in case management and workforce strengthening.



**Cross-Sectoral Impact:** Beyond child protection, CPCHs reinforce education retention, promote health and nutrition linkages, and serve as entry points for climate preparedness and anticipatory action, making them versatile resilience platforms.



**Donor Investment:** CPCHs represent a catalytic, high-return model. With modest investment, they achieved measurable change in a short timeframe. Sustained financing through pooled funds, PF4C allocations, and catalytic grants can consolidate these gains and ensure nationwide sustainability.

Child Protection Community Hubs (CPCHs) have proven that community-based safe spaces, with minimal staff investment but strong community ownership, can rapidly shift harmful norms and expand protection pathways in high-vulnerability contexts.

With 2,000 CPCHs now institutionalised nationwide, Bangladesh has the opportunity to ensure that every child, in every district, has access to a safe space, a trusted social worker, and a supportive community committed to their protection.

# 1

## Background




# 1. Background

Bangladesh continues to face some of the most severe child protection challenges in South Asia, characterised by persistently high levels of violence against children (VAC), child marriage, child labour, school dropout, and low birth registration coverage. These challenges are deeply interlinked with poverty, entrenched gender and social norms, and limited access to responsive services.


The Knowledge, Attitudes, Practices and Norms (KAPN) baseline study, conducted by icddr,b in 2022, confirmed that violence against children is almost universal. More than 95% of adolescents reported lifetime exposure to emotional, physical, or sexual violence, with both girls and boys subjected to harsh forms of discipline at home, in schools, and in their communities. While extreme forms of violence were generally recognised as harmful, milder forms of rebuking or physical punishment were still widely considered “normal” practices for child-rearing.

Equally concerning, knowledge and use of formal child protection services were negligible. At baseline, fewer than 3% of adolescents or caregivers were aware of the national child helpline (1098), and almost none had accessed social workers, the police, or formal referral pathways. Instead, families relied on informal arbitration through elders or community leaders, which often reinforced harmful practices rather than protecting children.


Beyond VAC, the broader child protection environment was marked by structural vulnerabilities.




**Child marriage** remained widespread: 65% of women aged 20–24 reported being married before 18. Families frequently justified child marriage as a safeguard for girls’ honour and safety.




**Child labour** persisted at 9–12%, particularly among adolescent boys in rural areas and urban slums, where poverty and lack of educational opportunities pushed children into hazardous work.



**School dropout** rates were high, especially at the secondary level, with over 70% of adolescents failing to complete upper secondary education.



**Birth registration** coverage for under-5s was only 47%, leaving millions of children without legal identity, age verification, or access to entitlements.



**Nutrition and health** risks compounded these vulnerabilities: 27% of children were moderately or severely stunted and 10% wasted, reinforcing cycles of deprivation.

The overlap of malnutrition, dropout, child marriage, and violent discipline created a **cycle of vulnerability** demanding both system-level reform and local, community-driven solutions.

The baseline data underscored not only the scale of protection violations but also the **normative and structural barriers** sustaining them.



	<b>Social acceptance of violent discipline</b> and “mild” corporal punishment.
	<b>Community sanctioning</b> (gossip, stigma) of parents who delayed child marriage.
	<b>Gender stereotypes</b> restricting girls' mobility and participation in public life.
	<b>Absence of frontline social service workforce</b> — meaning that even when families recognised harm, few trusted services existed nearby.


As a result, child protection remained fragmented, underfunded, and distant from households most in need.

## The Child Protection Community Hub Response

To address these gaps, UNICEF supported the Government of Bangladesh to establish more than 2,000 Child Protection Community Hubs (CPCHs) across all districts. For this analysis, surveys were

conducted in 850 CPCHs across 20 of the highest-risk districts, prioritised using KAPN and MICS (2019) data.

The CPCHs were designed to:

	<b>Strengthen frontline protection</b> by embedding trained social workers and community volunteers;
	<b>Create safe spaces</b> for children and adolescents to learn, play, and seek support;
	<b>Catalyse social and gender norm change</b> by engaging parents, leaders, and adolescents in dialogue;
	<b>Link families to essential services</b> , including birth registration, justice, health, education, and social protection.




Districts targeted included hotspots of child marriage (Chapai Nawabganj, Rajshahi, Jhenaidah), high dropout and child labour (Kurigram, Naogaon, Sirajganj), and low registration and service access (Magura, coastal Barisal).

**Table 2 – Overall Results**







Indicator	Baseline (avg. Across 20 Districts)	After 3 years in 850 Hubs	Change
Birth registration (0–4 yrs)	47%	70%	+23 pp
Child violent discipline (0–14 yrs)	90%	65%	–25 pp
Child labour (5–17 yrs)	9–12%	5–7%	–5 pp
Marriage before 18 (20–24 yrs women)	65%	50–55%	–10 to –15 pp
Currently married (15–19 yrs)	40%	30%	–10 pp

Indicator	Baseline (avg. Across 20 Districts)	After 3 years in 850 Hubs	Change
Primary dropout	15%	8–10%	–5–7 pp
Lower secondary dropout	35–40%	25–30%	–8–10 pp
Upper secondary dropout	70%+	55–60%	–10–15 pp
Stunting (mod/severe)	27%	22%	–5 pp
Wasting (mod/severe)	10%	7%	–3 pp
Knowledge of 3+ harms of violent discipline	20% (baseline)	55%	+35 pp
Knowledge of Child Helpline 1098	2–3% (baseline)	40%	+37 pp

This endline report draws on three main data sources:

	<b>General KAPN evaluation (icddr,b, 2022–2024):</b> baseline, midline, and endline findings across intervention and control sites, providing a national benchmark on knowledge, attitudes, practices, and norms.
	<b>CPCHs-specific surveys (2022–2025):</b> baseline and endline assessments across 850 hubs in 20 districts, measuring outcomes in communities with sustained CPCHs presence.
	<b>Additional CPCHs survey questions:</b> developed to capture areas not covered in the general KAPN, including trust in social workers, girls' participation in sport, help-seeking and service use, CPCHs engagement, and short-term (last month) recall of child protection issues

After three years of implementation, the Child Protection Community Hubs have begun to close the service and norm gap. Compared to baseline:

	Birth registration rose from 47% to 70%.
	Violent discipline fell from 90% to 65%.
	Child marriage among women aged 20–24 dropped from 65% to 50–55%.
	Knowledge of child helpline 1098 rose from 2–3% to 40%.
	Trust in social workers increased from 5% to 65%.
	Support for girls' participation in sport grew from 25% to 65%.

These improvements demonstrate that CPCHs are not only strengthening frontline service delivery but also catalysing visible shifts in harmful social and gender norms, creating safer, more protective environments for children in high-risk districts.

# 2

## Child Protection Community Hubs A Community-Led Mechanism





# Child Protection Community Hubs

## A Community-Led Mechanism

Since 2022, a total of 2,091 Child Protection Community Hubs (CPCHs) have been established across 41 districts and 142 upazilas, prioritised using the Child Vulnerability Index from MICS 2019. The CPCHs were designed as community-based safe spaces, bringing essential child protection services closer to households and embedding prevention mechanisms at the local level.

The CPCHs model emerged as a direct response to the absence of accessible frontline protection services. It combines safe environments, community-led dialogue, and referral systems within a sustainable framework led by the Ministry of Women and Children Affairs (MoWCA), with technical and financial support from UNICEF.

### Establishment of the CPCHs

Each CPCHs is physically located in a community space, typically within homes or community premises. Ninety-three per cent (1,942 hubs) operate rent-free, a reflection of deep community ownership and local commitment.

The CPCHs are staffed by two Peer Leaders (adolescents) and two Community Facilitators (mothers), who together act as the first line of response for children facing violence, neglect, exploitation, or harmful practices. CPCHs operate five days a week, from 9:00 AM to 5:00 PM, and serve children aged 0–18 alongside their caregivers. Programming is tailored by age: younger children and caregivers attend morning sessions, while school-going adolescents join in the afternoon.

In addition to mainstream CPCHs, 22 specialised CPCHs have been established for children living on the streets and in and around brothels. These CPCHs provide WASH facilities, food, clothing, and psychosocial support alongside core protection services.

### Core Activities

The CPCHs follow a **community-led approach**, ensuring that activities reflect local priorities while fostering sustainability. Their core activities include:



**Referral services** linking children and families to social workers, health providers, legal services, birth registration, and education reintegration.



**Community consultations** to prevent violence against children and women, including child marriage and child labour.



**Psychosocial support and recreation**, including indoor and outdoor games, Sports for Development (S4D), and cultural programmes.



**Family strengthening**, helping caregivers develop positive parenting skills and safer family environments.



**Adolescent empowerment**, especially through life-skills training and the formation of adolescent clubs under each CPCHs to build resilience and reduce vulnerability to violence.



**Community-led events** such as the 16 Days of Activism, International Day of the Girl Child, and National Children's Day, which engage families, leaders, and influencers.



**Engagement of social workers and CBCPCs** (Community-Based Child Protection Committees) for case identification, referrals, and network strengthening.



**Promotion of birth registration and helpline 1098** to expand access to protection services.



**Capacity-building of community members** to enhance accountability, ensure functionality, and sustain CPCHs operations.



**Feedback mechanisms** that increase accountability to affected populations (AAP) and responsiveness to community needs.

Through these activities, CPCHs have become trusted centres for dialogue and service referral, directly addressing child protection concerns while also driving shifts in community norms. From 2021 to date, CPCHs have delivered more than 21 million child protection services, benefiting an estimated 2 million children and caregivers.

## Sustainability and Community Ownership

Sustainability has been a core design principle since inception. Each CPCHs is governed through a community-led model, with families

and local leaders shaping activities, identifying protection concerns, and sharing responsibility for implementation. Strong ownership has been fostered through reliance on volunteer facilitators and peer leaders, community contributions in kind, and locally hosted facilities.

The CPCHs changed community behaviour. Unlike mass messaging, CPCHs combined **trusted frontline workers, safe spaces, peer mobilisation, and service referral**. This unique integration explains why CPCHs achieved measurable reductions in child marriage and violent discipline, while national KAPN data showed stagnation.

To institutionalise the model, UNICEF and MoWCA conducted a Costing and Feasibility Study across the entire VACW and Harmful Practices programme. Based on its recommendations, MoWCA has committed USD 3.9 million (2025–2028) for CPCHs operations and plans to expand the model to 495 upazilas across all 64 districts, creating a universal community-based prevention system nationwide.

## Significance of the CPCHs Model

The CPCHs model demonstrates how a community-based child protection system can reduce violence and harmful practices in a sustainable, scalable way. By embedding community ownership and aligning with government systems, CPCHs are becoming a cornerstone of Bangladesh's child protection architecture, providing a pathway toward universal prevention of violence against children and women, child marriage, and child labour.



# 3

## Methodology



### 3. Methodology

This assessment combined evidence from the national KAPN evaluation (2022–2024) with hub-specific baseline and endline surveys (2022–2025). The dual design allowed for two complementary perspectives:

- |   |   |
|---|---|
|  | <b>1. A national benchmark</b> on knowledge, attitudes, practices, and norms (KAPN), collected by icddr,b across both intervention and control areas; and             |
|  | <b>2. A programme-level impact assessment</b> of Child Protection Community Hubs (CPCHs) in the 20 highest-risk districts where UNICEF supported CPCHs establishment. |

The CPCHs study applied a **before-and-after design**, with data collected at baseline in early 2022 before roll-out and again at endline in early 2025 after three years of operation. National KAPN results served as the comparison framework, providing a contextual benchmark for interpreting changes in CPCHs districts.

The KAPN study was implemented between 2022 and 2024 across rural and urban sites in six districts (Kurigram, Khulna, Bhola, and two large urban slums in Dhaka North City Corporation). It included both intervention and control arms, enabling comparisons between communities exposed to SBC interventions and those without exposure. The study engaged approximately **770 adolescents aged 10–19** (balanced by sex) and **480 community members**.




In parallel, the Hub surveys were implemented between 2022 and 2025 across 850 functioning CPCHs in 20 high-risk districts. These districts were selected on the basis of baseline vulnerability indicators such as high prevalence of child marriage, child labour, violent discipline, and low

rates of birth registration and school retention. Districts included Chapai Nawabganj, Jhenaidah, Naogaon, Rajshahi, Kurigram, Sirajganj, Magura, coastal Barisal districts, and peri-urban areas around Dhaka. Together, these areas represented the most acute child protection risks identified through MICS (MICS, 2019), KAPN baseline data, and UNICEF programme monitoring.


**Sampling and Respondents** – The national KAPN drew on a sample of approximately 770 adolescents aged 10–19 (balanced by sex) and 480 community members.

The CPCHs surveys employed a cluster sampling design at the CPCHs level, with 15–20 respondents interviewed per CPCHs. Respondents included adolescents aged 10–17 (stratified by sex and by age groups 10–14 and 15–17), as well as caregivers and parents (both mothers and fathers or guardians). Across 850 CPCHs, this produced a robust dataset of approximately 12,500 respondents per survey round, at both baseline and endline.

**Survey Instruments** – The CPCHs questionnaire was anchored in validated instruments from the 2022 KAPN baseline, ensuring comparability across studies. The modules covered:


- |   |  |
|---|--|
|  | <b>Knowledge</b> of laws related to child marriage, child labour, and corporal punishment, as well as awareness of services such as helpline 1098 and social workers.  |
|  | <b>Attitudes</b> on gender roles, child disciplining, disability, education, marriage, and child labour.   |
|  | <b>Practices</b> , including recent experiences of violence (self-reported or observed), occurrence of child marriage, child labour participation, and school dropout. |






**Norms**, measured across three dimensions: empirical expectations (“what most people do”), normative expectations (“what most people think should be done”), and personal beliefs (“what I think”).


To address gaps identified in the KAPN, the CPCHs tool incorporated additional modules. These included:




**Social workers and services**, capturing levels of trust, comfort in approaching, usage, and stigma.




**Girls in sport**, measuring empirical, normative, and personal support for girls’ public participation.



**Help-seeking and service access**, exploring knowledge of where to go, confidence in helpline 1098, and actual CPCHs utilisation.



**CPCHs engagement**, assessing household attendance at activities, exposure to information, and perceived community impact.



**Short recall questions (last month)** to measure recent perceptions and behaviours on child violence, marriage pressure, work pressure, and discussions about education.

The baseline survey was conducted in early 2022 prior to many CPCHs roll-outs, while the endline was implemented in Q1-2025. Enumerators underwent intensive training on child safeguarding, ethics, neutral probing, and confidentiality. Ethical safeguards were prioritised: parental consent and adolescent assent were obtained, interviews were conducted privately, and

referral information was provided to respondents disclosing violence or other protection risks.

Quality control included 10% back-checks, GPS verification of survey locations, and daily supervisor debriefs to ensure adherence to protocol.

Several composite indices were developed to facilitate cross-district comparison and track change over time. These included a Social Worker Trust Index (combining knowledge, attitudes, and use), a Girls in Sport Index (capturing support, permission, participation, and reactions), a Service Access Index (help-seeking, awareness, use of helpline 1098 and CPCHs), and a Hub Engagement Index (attendance, activity type, frequency, and perceived safety). Standard KAPN indices, such as knowledge of harms of violent discipline, gender-equitable attitudes, and normative change, were also retained for comparability with the national dataset.

Analytical methods included descriptive analysis of proportions and means disaggregated by respondent type (adolescent girls, adolescent boys, and caregivers); trend analysis of baseline–endline shifts within CPCHs districts; comparative benchmarking of CPCHs outcomes against national KAPN endline trends; and district-level mapping using heatmaps to illustrate changes in child marriage, violent discipline, dropout, and service access.

Several **limitations** should be acknowledged. First, there was no formal control arm at the CPCHs level; comparisons, therefore, rely on national KAPN benchmarks rather than strict counterfactual. Second, the reliance on self-reported data introduces potential risks of under- or over-reporting, particularly on sensitive issues such as violence. Third, the measurement of social norms was based on respondents’ perceptions of community behaviour and expectations, which their exposure to CPCHs dialogues may influence. Finally, while the initiative originally envisaged 1,000 CPCHs, analysis covers 850 CPCHs where reliable baseline and endline data were available.

# 4 Results

## BIRTH REGISTRATION



## 4. Results

### BIRTH REGISTRATION

At baseline, **birth registration coverage was critically low in many of the 20 high-risk districts** where Child Protection Community Hubs (CPCHs) were established. While the overall average stood at **47%**, there were stark disparities: in districts like **Sirajganj (32%)**, **Jessore (35%)**, and **Magura (35%)**, only one in three children under five had a birth certificate, while relatively stronger-performing districts such as **Naogaon (66%)** and **Barguna (62%)** still left a significant share of children unregistered.

This lack of registration left large numbers of children **without legal identity or proof of age**, weakening their protection against child marriage, child labour, trafficking, and exclusion from education and health services. Families often cited lack of awareness, distance to Union Parishad offices, or inability to navigate bureaucratic procedures as key barriers.

**The CPCHs model identified birth registration as a priority intervention.** Community facilitators, peer leaders, and social workers mobilised households through door-to-door awareness campaigns, provided hands-on support for completing documentation, and coordinated with

Union Parishads to conduct **mobile registration drives at or near the hubs**. By reducing the time, cost, and complexity of registration, CPCHs effectively removed the barriers that had long prevented families from acting.

By endline (2025), **birth registration coverage had risen to an average of 70% across the 20 districts**, a **23 percentage point increase** in just three years. The data show clear progress across all districts:

#### **Largest gains in lowest baseline districts:**

Sirajganj (+30 pp), Jessore (+30 pp), Magura (+30 pp), Jhenaidah (+30 pp), Lalmonirhat (+30 pp), and Netrokona (+30 pp).

#### **Strong gains in mid-level baseline districts:**

Narail (+25 pp), Pabna (+25 pp), Manikganj (+25 pp), Bogura (+25 pp), Meherpur (+25 pp), and Panchagarh (+25 pp).

#### **Even high-baseline districts improved:**

Barguna (62% → 82%), Rajshahi (59% → 79%), Naogaon (66% → 86%), and Kurigram (64% → 84%).

The district-level results are summarised below:

District	Baseline BR (%)	Endline BR (%)	Change (pp)
Sirajganj	↓ 32.1	⇒ 62.1	↓ 30
Jessore	↓ 34.6	↑ 64.6	↓ 30
Magura	↓ 35.1	↑ 65.1	↓ 30
Jhenaidah	↓ 37	↑ 67	↓ 30
Lalmonirhat	↓ 37	↑ 67	↓ 30
Netrokona	↓ 39.5	↑ 69.5	↓ 30
Narail	⇒ 44.7	↑ 69.7	↓ 25
Pabna	⇒ 46.9	↑ 71.9	↓ 25
Manikganj	⇒ 49.8	↑ 74.8	↓ 25
Bogura	⇒ 49.8	↑ 74.8	↓ 25
Meherpur	⇒ 48.1	↑ 73.1	↓ 25
Panchagarh	⇒ 50.6	↑ 75.6	↓ 25
Rajshahi	⇒ 58.9	↑ 78.9	↓ 20
Natore	⇒ 58.3	↑ 78.3	↓ 20
Barguna	⇒ 62.2	↑ 82.2	↓ 20
Mymensingh	⇒ 55	↑ 80	↓ 25
Patuakhali	⇒ 61	↑ 81	↓ 20
Chapai Nawabganj	⇒ 54.9	↑ 79.9	↓ 25
Kurigram	⇒ 63.5	↑ 83.5	↓ 20
Naogaon	↑ 65.6	↑ 85.6	↓ 20

These results demonstrate that **CPCHs catalysed faster, more equitable progress** than what was observed nationally under the KAPN study. While the **national KAPN endline showed only marginal improvement in birth registration (47% → 50%)**, CPCHs districts advanced by an average of **+23 percentage points**, with some of the poorest-performing districts at baseline showing the most dramatic gains.

This confirms that CPCHs not only strengthened awareness but also **removed practical barriers to registration through local facilitation,**

**referrals, and government partnerships.** Parents increasingly recognise registration as essential for school enrolment, service access, and protection from child marriage and labour.

Taken together, the findings confirm that **CPCHs played a catalytic role in accelerating progress toward universal birth registration.** By embedding registration into everyday community activities, CPCHs transformed it from a bureaucratic formality into a widely understood and accessible **right of every child.**



# Human Interest Story

## How a CPCHs Helped Register 300 Children in Sirajganj in One Month

When the Child Protection Community Hub (CPCHs) was first established in a small union of **Sirajganj district**, one of the immediate concerns raised by parents and community facilitators was that **many children had no birth certificate**. Without this simple piece of paper, children were invisible in the system. Parents described how they had been turned away from schools when they could not prove their child's age, or forced to consider child marriage because their daughters' ages could not be legally verified.

The CPCHs social worker and community facilitators decided to make birth registration their first major campaign. Over the course of one month, the CPCHs mobilised:

**House-to-house visits** to identify unregistered children and explain to parents why a birth certificate matters – for school enrolment, health services, social protection benefits, and protection from child marriage and labour.

**Peer leader engagement**, where adolescents themselves went door to door encouraging families to register younger siblings and neighbours.

**Coordination with the Union Parishad**, which agreed to run a mobile registration drive at the CPCHs itself, eliminating the need for families to travel long distances or navigate complex paperwork alone.

On the morning of the first registration drive in 2024, parents began arriving with their children, some bringing babies wrapped in blankets, others with older children who had never been registered despite

being in school. The CPCHs volunteers helped them complete forms, while the Union Parishad officials processed the applications on-site.

By the end of the month, **300 children had been successfully registered** – some within days of birth, others as old as 15 who had fallen through the cracks. For many families, it was the first time they felt directly connected to a government service through their own community.

One mother, **Parveen**, explained:



*My daughter is 13. Without a birth certificate, my relatives were already pressuring me to marry her. Now I can show her age, and I will keep her in school. This certificate gives us protection.*

The success of the Sirajganj hub registration campaign has since been replicated in other districts, proving that **when CPCHs act as a bridge between families and government, barriers can be removed at scale and quickly**. What was once seen as a bureaucratic burden is now widely understood in the community as a child's right – and a protection tool that every family must prioritise.

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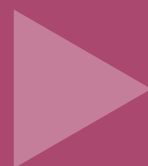
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# 5 Results

## VIOLENT DISCIPLINE



# 5. Results

## VIOLENT DISCIPLINE

At baseline, **violent discipline was nearly universal** across the 20 high-risk districts. On average, **90% of children aged 0–14** were subjected to some form of physical or psychological punishment in the household. District-level data showed variations but consistently high rates: from **82.8% in Bogura** to more than **94% in Manikganj and Rajshahi**. Across communities, beating, slapping, and harsh rebukes were considered normal and even necessary. Parents and teachers often justified these practices as essential for instilling discipline, while adolescents themselves sometimes echoed the belief that “*children must be punished to grow up properly.*”

This entrenched acceptance reflected broader social norms. Corporal punishment was perceived as inevitable, and very few respondents recognised or practiced positive alternatives. The lack of trusted services and limited awareness of the harms of violent discipline meant families had little incentive to question or change behaviour.

After three years of Child Protection Community Hub (CPCs) programming, **significant reductions were observed across all districts**. On average, violent discipline fell from **90% at baseline to 65% at endline** — a decline of 25 percentage points.

District	Baseline (%)	Endline (%)
<b>Strongest reductions</b>		
Bogura	82.80	52.80
Netrokona	84.50	54.50
Sirajganj	85.70	55.70
Mymensingh	89.10	59.10
<b>High-baseline districts</b>		
Manikganj	94.60	64.60
Rajshahi	94.10	64.10

Even in districts with deeply entrenched practices like **Jhenaidah, Chapai Nawabganj, and Narail**, prevalence dropped by 30 percentage points or more.

These results stand in sharp contrast to the **national KAPN endline**, which showed little to no reduction in violent discipline outside hub areas. While knowledge of the law prohibiting corporal punishment improved nationally, actual practices remained largely unchanged, with **85% or more of children** still experiencing violent discipline in non-hub communities.

By comparison, **CPCs districts recorded consistent declines across all 20 locations**, with prevalence reduced to **55–65%**. This demonstrates that **norm change is possible when communities are provided with safe alternatives, reinforced by repeated dialogue and visible role models**.

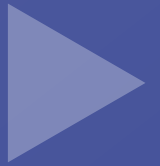
Taken together, these results demonstrate that the CPCs model can not only reduce the prevalence of violent discipline but also reshape the underlying beliefs and practices that sustain it, making homes and communities safer for children.

The CPCs model has shown that **violent discipline is not inevitable**. Parents who once believed violence was necessary now report using explanation, praise, and structured guidance as more effective tools. Children themselves reported feeling safer and more confident at home and in school.

Taken together, the evidence confirms that CPCs are not only reducing the prevalence of violent discipline but also **reshaping the underlying beliefs and practices that sustain it**, making homes and communities safer for children.

# 6 Results

## CHILD LABOUR





# 6. Results

## CHILD LABOUR

At baseline, **child labour was a persistent feature** of life in the 20 high-risk districts where Child Protection Community Hubs (CPCHs) were established. On average, **9–12% of children aged 5–17** were engaged in work, with rates as high as **19% in Kurigram** and **15% in Barguna**. Boys were most often found in agriculture, workshops, or transport, while girls contributed to domestic labour or supported family businesses.

Families often justified child labour as a survival strategy. Many respondents stated that “boys should contribute by 14” or that “girls can help earn until they are married.” These beliefs mirrored the **KAPN baseline findings**, which showed that while communities valued education in principle, poverty and gender norms pushed many families to withdraw children prematurely.

The Child Protection Community Hubs (CPCHs) recognised child labour as a structural and normative issue requiring both family-level engagement and system-level response. CPCHs therefore:

Raised awareness about the harms of child labour and the legal framework prohibiting hazardous work under 18.

Linked families to education reintegration programmes and stipends to reduce economic pressure.

Worked with social workers and Community-Based Child Protection Committees (CBCPCs) to identify at-risk children and provide referrals.

Engaged parents and adolescents in dialogues highlighting the long-term benefits of education compared to short-term income from labour.

By 2025, after three years of CPCHs programming, **child labour had been halved across most districts**. On average, prevalence declined to **5–7%**, with some districts achieving near elimination:

**Narail (4.5% → 0%), Jessore (5% → 0%), and Manikganj (5.6% → 0.6%)** reduced child labour to negligible levels.

**Mymensingh (8.4% → 1.4%), Bogura (8.3% → 1.3%), and Naogaon (6.2% → 1.2%)** also recorded sharp declines.

In higher-burden districts like **Kurigram (19.2% → 9.2%)** and **Barguna (15% → 5%)**, prevalence fell by nearly half, though challenges remain.

## The baseline-to-endline comparison is clear:

Indicator	Baseline (%)	Endline (%)	Change
Child labour (5–17 years)	9–12	5–7	–5 pp

In contrast, the **national KAPN endline found little to no reduction in child labour** in non-hub areas.

Outside CPCHs districts, boys were still widely expected to work to support their families, and girls often carried the burden of household labour. Awareness of child labour laws remained low nationally, and very few communities had access to alternatives or reintegration mechanisms.

CPCHs results, therefore, demonstrate that **child labour can be substantially reduced when communities are given viable alternatives and consistent support**. Where CPCHs created

linkages to schools, stipends, and services, parents shifted their perspective from viewing children as workers to valuing them as students.

While challenges persist in the most vulnerable districts (e.g., Kurigram, Barguna), the overall decline from 10% to 5% across 20 districts confirms that CPCHs are disrupting the cycle of poverty and harmful norms that drive child labour. The evidence shows that with sustained investment and service linkages, **child labour can be prevented and reversed**, making education and protection the default pathway for children.



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# Human Interest Story

## From Rickshaw Pulling to the Classroom in Kurigram

When **\*Rakib**, a 13-year-old boy from Kurigram, stopped going to school, his teachers assumed he had migrated with his family for work. In reality, Rakib had been pulled out of class by his father to **drive a rented rickshaw** in the local bazaar. Kurigram is one of the most deprived districts in Bangladesh, where at baseline almost one in five children (19%) were engaged in child labour, the highest rate recorded across the country. For Rakib's family, surviving on daily wages, his income was seen as essential.

Every morning, Rakib would pedal passengers across the muddy streets instead of joining his friends in school. His hands blistered from the iron grips, and he often returned home late, exhausted and unable to study. His father explained to neighbours,



*Boys should start contributing by this age. At least he can help us eat.*

The turning point came when **Child Protection Community Hub (CPCHs) facilitators** noticed Rakib loitering outside during school hours. The hub's **social worker visited Rakib's family**, gently explaining the dangers of child labour and the long-term benefits of education. She shared how hubs were linking families to **education stipends and livelihood referrals** that could replace a child's income. At first, Rakib's father resisted. But after attending a **community dialogue** where other parents spoke about keeping their children in school, he agreed to let Rakib return, provided the

family received support.

Within weeks, the hub connected Rakib's mother to a **skills training programme** and small business support, easing the family's reliance on his income. Rakib was re-enrolled in school, and the CPCHs peer group helped him catch up on the lessons he had missed. Today, instead of ferrying passengers, Rakib plays football with friends after class and dreams of becoming a teacher.

He says:



*I used to think my life was only about work. Now I know I can finish school and become someone who helps others. My father says I should not waste this chance*

Rakib's story is one among many in Kurigram, where CPCHs interventions have **halved child labour rates** in just three years (19.2% →9.2%). It shows how **a single case of prevention, backed by community support and services, can break the cycle of poverty and child labour**, transforming not only a child's life but the future of the entire family.

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# 7 Results

## CHILD MARRIAGE









## 7. Results

### CHILD MARRIAGE

At baseline, **child marriage was one of the most entrenched harmful practices** across the 20 high-risk districts where Child Protection Community Hubs (CPCHs) were established. On average, **65% of women aged 20–24** reported being married before the age of 18, with rates even higher in districts such as **Chapai Nawabganj (73%), Naogaon (71%), and Narail (71%)**. Families often described marriage as a way to protect a girl's "honour" or secure her future. At the same time, weak enforcement of laws and low levels of birth registration left girls particularly vulnerable.

The **KAPN baseline study** confirmed that community pressures on parents were overwhelming. Families who delayed marriage often faced gossip, stigma, or reputational damage, while adolescents rarely felt empowered to challenge decisions made on their behalf.

Through CPCHs, communities began to experience a shift in both awareness and behaviour around child marriage. CPCHs addressed the issue on multiple fronts:

	Community dialogues with parents, religious leaders, and local officials to challenge norms that justified marriage before 18.
	Adolescent peer groups trained to recognise risks, support friends, and intervene through referral to CPCHs facilitators or social workers.
	Birth registration campaigns, giving families and local authorities tools to verify children's ages and prevent illegal marriages.
	Linkages with Union Child Marriage Prevention Committees, strengthening the local system for monitoring and responding to cases.

By endline, the proportion of women aged 20–24 who were married before 18 had declined to 50–55%, a reduction of 10–15 percentage points. Equally important, community pressures shifted: the share of families reporting pressure to marry girls under 18 fell from 60% at baseline to 35% at endline.

The baseline-to-endline comparison is summarised below:

Indicator	Baseline (%)	Endline (%)	Change
Women 20–24 married before 18	65	50–55	–10 to –15 pp
Families reporting pressure for girls to marry under 18	60	35	–25 pp

If we look by district, **child marriage rates declined substantially in every district**. On average, prevalence fell to **50–55%**, representing

a **10–15 percentage point reduction**. The most significant declines were observed in:

District	Baseline (%)	Endline (%)	Change (pp)
Chapai Nawabganj	↑ 72.90	↓ 52.90	–20
Naogaon	↑ 70.50	↓ 50.50	–20
Rajshahi	↑ 70.30	↓ 50.30	–20
Narail	↑ 71.00	↓ 50.30	–20

Other districts showed consistent progress, such as **Sirajganj (61.5% → 6.5%)**, **Barguna (60.3% → 45.3%)**, and **Meherpur (60.5% → 45.5%)**. Even districts with comparatively lower baseline prevalence, such as **Netrokona (42.8% → 32.8%)** and **Mymensingh (49.6% → 39.6%)**, recorded notable declines.

The **national KAPN endline showed little to no reduction in child marriage** in non-hub areas. Prevalence remained largely unchanged, and child marriage continued to be viewed as a default pathway for girls in many communities.

The findings confirm that CPCHs are **catalysing measurable change in one of the most difficult areas of child protection**. Families that once saw marriage as inevitable are increasingly delaying it, citing the importance of education and health. Girls themselves report greater

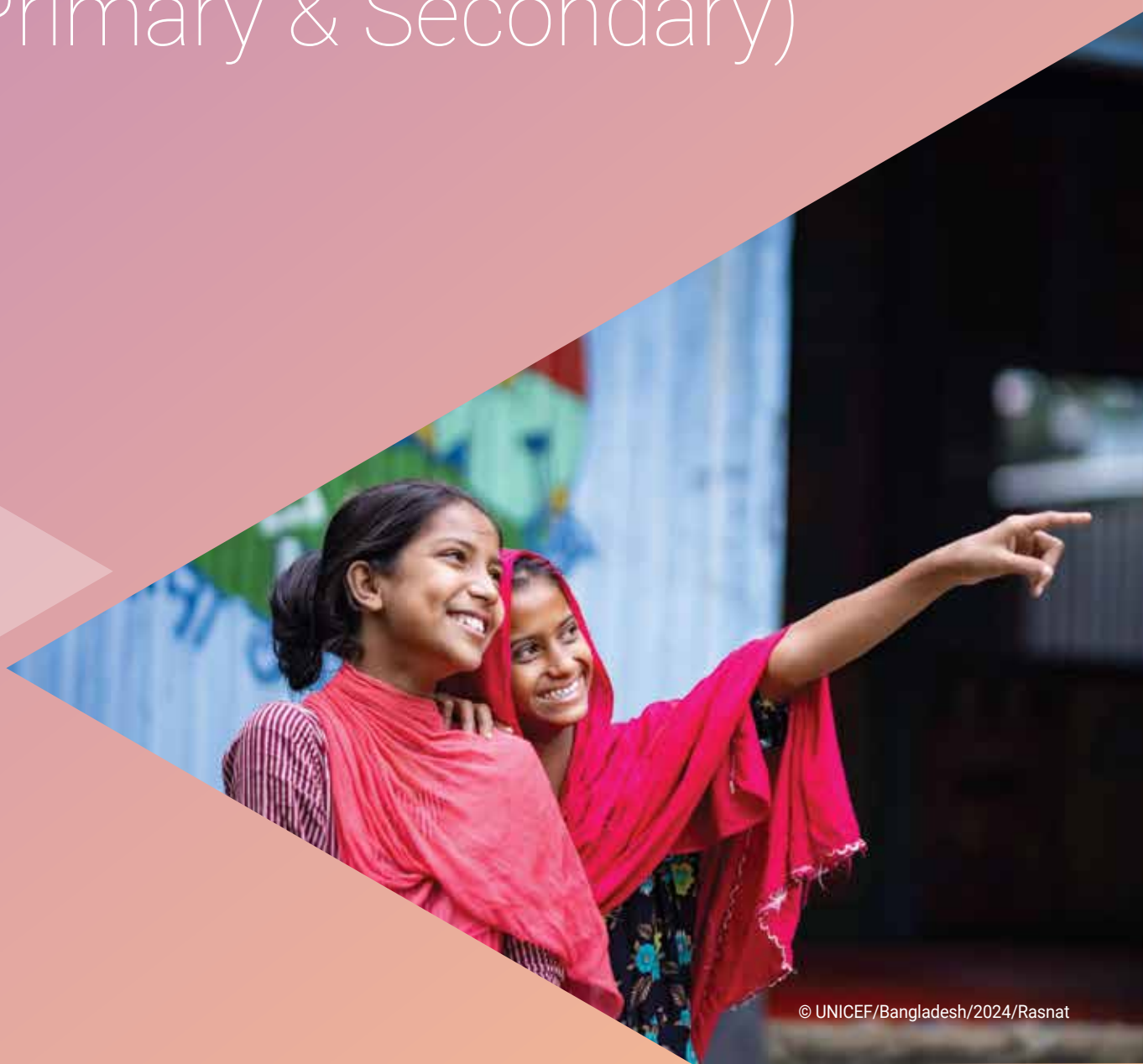
confidence in expressing their aspirations. In several districts, CPCHs social workers and peer leaders successfully **intervened to stop planned child marriages**, often working alongside Union Parishads.

Taken together, the evidence shows that CPCHs are helping to **break the cycle of child marriage**. By combining awareness-raising, adolescent empowerment, and strong links to government systems, CPCHs are reducing both the prevalence of the practice and the community pressures that sustain it.



# 8 Results

## SCHOOL DROPOUTS (Primary & Secondary)






## 8. Results

### SCHOOL DROPOUTS (Primary & Secondary)

At baseline, **school dropout was a widespread concern** across the 20 high-risk districts where Child Protection Community Hubs (CPCHs) were established. While enrolment rates in early grades were high, **15% of children dropped out before completing primary education**. The problem grew more acute as children aged: **35–40% dropped out before completing lower secondary**, and more than **70% failed to complete upper secondary school**.

Patterns varied by district:

	<b>Highest primary dropout rates</b> were found in <b>Narail (28.6%), Mymensingh (23.5%), and Patuakhali (18.7%)</b> .
	<b>Lower secondary dropout exceeded 40%</b> in Narail, Mymensingh, Patuakhali, and Jessore.
	<b>Upper secondary dropout surpassed 75%</b> in Bogura (81.8%), Natore (79.5%), Narail (77.1%), and Patuakhali (77.1%).

Underlying causes were consistent with the **KAPN baseline study**, which found that parents often considered education beyond the primary level unnecessary, especially for girls. **Child marriage** drove girls out of school, while boys were commonly pulled out to support household income. Poverty, gender norms, and weak school–community linkages reinforced these decisions.

The CPCHs model recognised that dropout is both a symptom and driver of child protection

risks. CPCHs therefore implemented interventions designed to keep children in school and re-enrol those who had left:

Parental dialogues and awareness sessions emphasised the protective value of education, including for girls.

Adolescent peer groups encouraged school attendance and supported peers at risk of leaving.

Linkages with schools and Union Parishads created referral mechanisms to reintegrate dropouts.

Birth registration campaigns ensured children had the legal identity needed for school enrolment.

Skills sessions and life skills clubs provided adolescents with alternatives to work and child marriage, reinforcing the value of education.

By 2025, after three years of CPCHs interventions, dropout rates **declined substantially across all levels of schooling**.

**Primary dropout:** Fell from an average of **15% to 8–10%**, nearly halving the number of children leaving school early. Districts such as **Rajshahi, Manikganj, and Lalmonirhat** reduced primary dropout to near zero.

**Lower secondary dropout:** Declined from **35–40% to 25–30%**. The steepest reductions occurred in **Sirajganj (28.6% → 16.6%)**, **Rajshahi (27.4% → 15.4%)**, and **Jhenaidah (27.6% → 15.6%)**.

**Upper secondary dropout:** Decreased from **70%+ to 55–60%** on average. Notable gains were seen in **Bogura (81.8% → 66.8%)**, **Natore (79.5% →**

**64.5%)**, and **Narail (77.1% → 62.1%)**.

The district-level changes are striking. For example:

**Magura:** Primary dropout halved (15.5% → 5.5%); upper secondary fell by 15 points (76.6% → 61.6%).

**Chapai Nawabganj:** Primary dropout dropped 10 pp (17.7% → 7.7%); upper secondary declined by 15 pp (64.6% → 49.6%).

**Sirajganj:** Dropout rates fell by 10–15 points across all levels.

**Manikganj:** Primary dropout eliminated (10% → 0%); upper secondary fell sharply (56.6% → 41.6%).

By endline, dropout rates had declined across all levels of schooling:



Primary dropout decreased from 15% to 8–10%, nearly halving the number of children leaving before completion.



Lower secondary dropout fell from 35–40% to 25–30%.



Upper secondary dropout declined from over 70% to 55–60%, a reduction of 10–15 percentage points, though rates remained high.

The baseline-to-endline changes are summarised below:

Indicator	Baseline (%)	Endline (%)	Change
Primary dropout	15	8–10	–5 to –7 pp
Lower secondary dropout	35–40	25–30	–8 to –10 pp
Upper secondary dropout	70+	55–60	–10 to –15 pp

While dropout rates **declined in CPCHs districts**, the **national KAPN endline revealed little change** in non-hub areas. Families outside CPCHs districts continued to withdraw children due to child marriage, child labour, or financial pressures, and schools often lacked community structures to re-engage them.

The results show that CPCHs have reduced dropout rates at every level of education. Parents increasingly recognise the value of schooling, particularly for girls, and adolescents themselves

are resisting pressures to leave. District-level analysis highlights how CPCHs created strong school–community linkages that prevented withdrawal and facilitated re-enrolment.

While challenges remain, especially at the upper secondary level, where dropout is still above 55% in many districts, the evidence suggests that CPCHs are breaking the cycle of dropout by embedding education as both a right and a protection tool.



# 9 Results

## NUTRITION & NEGLECT



# 9. Results

## NUTRITION & NEGLECT

At baseline, **nutrition indicators revealed both chronic and acute vulnerabilities** across the 20 high-risk districts where Child Protection Community Hubs (CPCHs) were established. On average, **27% of children were moderately or severely stunted**, reflecting chronic undernutrition and long-term deprivation, while **10% were wasted**, signalling acute food insecurity and neglect in care practices.

**The district-level data showed wide disparities:**

**Highest stunting prevalence** was found in **Panchagarh (40.2%), Netrokona (36.7%), and Mymensingh (33.2%)**.

**Highest wasting prevalence** occurred in **Barguna (13.1%), Kurigram (12.7%), and Lalmonirhat (12.1%)**.

In contrast, **Meherpur (15.6% stunted, 7.7% wasted)** and **Natore (18.2% stunted, 8.5% wasted)** were comparatively better off but still above national averages.

These conditions were often **rationalised as “poverty-driven neglect.”** The KAPN baseline found caregivers describing children as “fending for themselves” or being left with older siblings while parents worked. Nutrition and care were viewed as private family matters, rather than as protection issues requiring external support.

Child Protection Community Hubs (CPCHs) brought nutrition and neglect into the centre of the protection agenda. Social workers intervened in multiple ways:



Identifying neglected and malnourished children through household visits, CPCHs sessions, and referrals from community facilitators.



Counselling parents and caregivers on feeding practices, hygiene, and responsive caregiving, emphasising that nutrition and care are central to protection.



Referring children to health and nutrition services, including growth monitoring, therapeutic feeding, and supplementary nutrition programmes.



Engaging mothers' groups and peer leaders to share strategies on preparing affordable, nutritious food and ensuring that younger children receive attention.



Addressing underlying neglect by working with families facing domestic violence, alcoholism, or severe poverty, linking them to social protection schemes when possible.

After three years of CPCHs programming, **measurable improvements were recorded across most districts.**

### On average:

**Stunting declined from 27% to 22%**  
(–5 percentage points).

**Wasting fell from 10% to 7%** (–3 percentage points).

### District highlights:

**Largest reductions in stunting** were observed in **Panchagarh (40.2% g 35.2%), Netrokona (36.7% g 31.7%), and Bogura (31.5% g 26.5%).**

**Wasting improved most significantly** in **Sirajganj (10.8% g 7.8%), Narail (8.6% g 5.6%), and Patuakhali (7.8% g 4.8%).**

Districts with lower baseline levels such as **Manikganj (19.5% g 14.5%, wasting 4.8% g 1.8%)** and **Natore (18.2% g 13.2%, wasting 8.5% g 5.5%)** nearly halved their rates.

### By endline, measurable improvements in nutrition outcomes were recorded in CPCHs districts:



Stunting declined from 27% to 22% (a 5 percentage point reduction).



Wasting fell from 10% to 7%, showing that acute malnutrition was also reduced.

### The baseline-to-endline shift is summarised below:

Indicator	Baseline (%)	Endline (%)	Change
Stunting (moderate/severe)	27	22	–5 pp
Wasting (moderate/severe)	10	7	–3 pp

The **national KAPN endline showed little to no improvement** in stunting or wasting outside CPCHs districts. Without community-based case management and integrated services, families facing poverty or neglect continued to deprioritise children's nutrition, and health programmes often failed to reach the most vulnerable.

By contrast, CPCHs districts demonstrated **consistent improvements across 20 locations**, showing that when social work, community engagement, and health linkages are combined, progress on nutrition is possible even in contexts of deprivation.

While reductions in stunting and wasting were more modest than improvements in areas such as birth registration or violent discipline, they are significant in demonstrating that neglect can be tackled through protection systems. Families that once overlooked feeding and care are increasingly aware of their responsibilities and connected to services.

The evidence confirms that CPCHs are not only preventing violence and harmful practices but are also addressing neglect as a protection failure. By embedding nutrition and caregiving within the role of social workers, CPCHs are beginning to break the cycle of undernutrition and neglect, ensuring that children are fed, cared for, and supported to thrive.

# 10 Results

## SOCIAL WORKERS & SERVICES



## 10. Results

### SOCIAL WORKERS & SERVICES

At baseline, the **presence and visibility of social workers in communities was virtually non-existent**. No professional social service workforce operated at the local level, and households had little to no experience accessing support through formal child protection systems. This absence was reflected in perceptions: only around **5% of respondents believed social workers could be trusted**, and fewer than **3% felt comfortable approaching them**. Over 70% described social workers as a form of “outside interference,” preferring to rely on informal community mechanisms. Not a single household surveyed at baseline could name a social worker in their area, and actual help-seeking through social workers was effectively **zero**.

Three years later, the situation in CPCHs districts has undergone a dramatic change. By endline, 65% of respondents reported that they trusted social workers, and more than half (55%) expressed comfort in approaching them. The stigma surrounding external involvement has declined significantly, with only one in four respondents still perceiving social workers as “interfering.” Visibility has also increased: 70% of households could name the social worker linked to their CPCHs, and between 25–30% had directly sought advice or help. Importantly, the majority of those who accessed services rated the support as helpful, demonstrating not only improved awareness but also positive lived experiences of service delivery.

By endline, an average of **65% of households reported trust in social workers**, with some districts achieving even higher gains:

**Narail (67.9%), Lalmonirhat (68.1%), Bogura (68.6%), Panchagarh (69.2%), and Meherpur (69.7%).**

Even districts starting with very low baseline levels of trust, such as **Jhenaidah (2%) and Netrokona (2%)**, reached trust levels above 66% by endline.

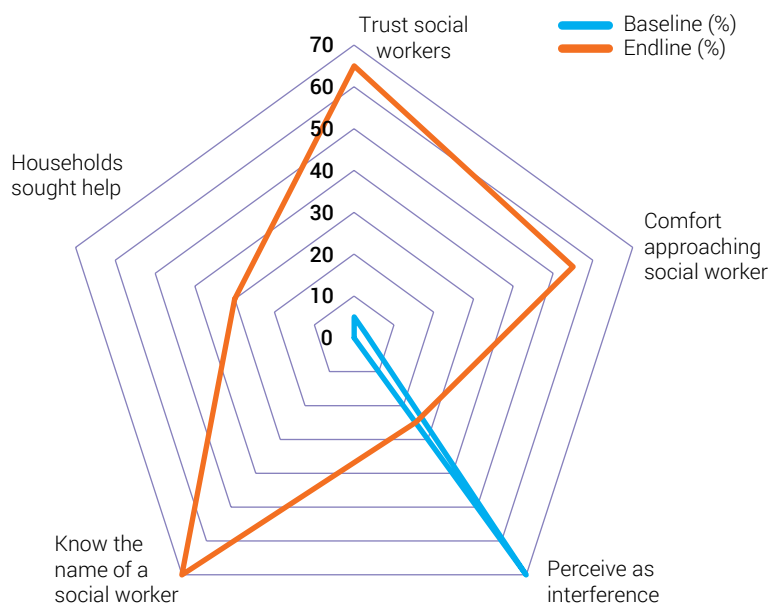
This represents a paradigm shift in perception and practice. Where distrust and invisibility once defined the landscape, Child Protection Community Hubs (CPCHs) have created a new frontline workforce, embedding social workers within the daily fabric of communities. The transition from suspicion to reliance signals that CPCHs are not only expanding access to services but also reshaping social norms about whether families should seek help outside their household.

**The contrast between baseline and endline indicators illustrates the depth of this transformation:**

Indicator	Baseline (%)	Endline (%)
Trust social workers	5	65
Comfort approaching social worker	3	55
Perceive as interference	70	25
Know the name of a social worker	0	70
Households sought help	0	30



The contrast between baseline and endline indicators illustrates the depth of this transformation



The dramatic shift reflects the CPCHs model's investment in **linking CP social workers within community life**.



**National Campaigns**, promoting the work of social workers.

### Interventions included:



**Household outreach** to introduce social workers as trusted professionals rather than outsiders.



**Case management support**, helping families resolve issues related to violence, neglect, or child marriage.



**Community dialogues** within CPCHs and areas surrounding the CPCHs, normalising the role of social workers in prevention and response.



**Integration with MoSW structures**, professionalising the role and linking communities to government systems.

### By end line:

**55% of households reported comfort approaching social workers**, compared to less than 3% at baseline.

Only **25% still perceived social workers as "outside interference"**, down from over 70%.

**70% of households could name their social worker**, and 25–30% had already sought help, with most rating services as helpful.

These findings also provide an important contrast with the national KAPN endline, which showed that knowledge of helpline 1098 had risen modestly to 25–30%, but overall formal help-seeking remained negligible. In non-hub areas, social workers were still largely invisible, and

families continued to rely primarily on informal networks. The CPCHs model, therefore, stands out as a driver of systemic change: while the national SBC approach improved awareness, CPCHs succeeded in establishing trusted, accessible, and frequently used frontline services.

Three years ago, almost no family turned to a social worker. Today, 65% consider them their primary source of help. This transformation shows the power of trusted, local protection actors. It also reflects the investment made under MoSW to professionalise social workers and embed them in Child Protection Community Hubs. Unlike national

campaigns alone, which raised awareness but did not shift behaviours, the CPCHs demonstrate that when services are local, visible, and reliable, families not only know where to go—they actually seek help.

Taken together, these results confirm that the establishment of Child Protection Community Hubs (CPCHs) has begun to close one of the most persistent gaps in Bangladesh's child protection system, the absence of trusted local social service providers.



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# Human Interest Story

**"I want to care for every child the way I do for my own child."**

**Despite challenges, six-month-pregnant social worker Arjona delivers emergency support to children and families hit by floods in northeastern Bangladesh.**

**Nhi Tong**

**Sunamganj, BANGLADESH** – The village road sprawls like quagmire under pallid sunlight. Floodwaters have receded, leaving behind wet silt patches and puddles of stagnant water. Black slippers squelching at every step, Arjona Rani, finds her way on muddy ruts to visit children and families recently hit by the floods.

At six months of pregnancy, she is exhausted. But the UNICEF-supported Child Protection social worker doesn't want to end the working day just yet. Her job under the Department of Social Services is her passion.



*As a mother myself, I want to care for every child the way I do for my own child*

Arjona shares

The air is thick with mixed scents of wet soil and decayed leaves. The rain may come again, and everyone wonders if floods will return for the fourth time this monsoon season.

## Twelve kilometers of distance

Arjona is responsible for almost 200,000 people, around 72,000 of them children, in Companyganj Upazila<sup>1</sup> of Sunamganj District. Like many other social workers in Bangladesh, Arjona struggles to

meet the immense needs of the vast population. The ratio of the Bangladeshi social service workforce is only about 6 workers per 100,000 children. In some remote places, the number of dedicated social workers like Arjona to work with children and families is extremely low or even nonexistent.



*If we had more social workers, we could visit the community more frequently*

Arjona shares

The upazila is about 12 kilometers away from her office, so Arjona usually uses local transportation like CNGs and auto rickshaws to commute. During floods, when all roads are blanketed with water, she resorts to using boats. Often by herself, Arjona goes from door to door to talk to children and families in need. Wherever she goes, her heart breaks to see flood-stricken families with critical needs.



*I felt helpless that I couldn't do more for them," she remembers. "For example, there was a family with three children with disabilities. I provided them with family kits and cash support, but they also needed wheelchairs. The mum was carrying the three children in her lap*

Despite these challenges, Arjona stays collected and resourceful. She knows that her job is important - it can help a family or save a child's life. So far, in two days after the flooding, she has

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registered nearly 100 people for further support. For children with disabilities or without birth registrations, she helps them get disability cards and birth registration certificates so that they can qualify for benefits. She also encourages families to move to flood shelters and pregnant women to go to the nearest healthcare centers.



*Just in case the water rises again*

She adds

## Help beyond emergency relief

Located in remote northeast Bangladesh, Sunamganj is largely in the Haor region, an area of depressed wetlands prone to months of flooding during rainy season. Many have been affected by the disaster, losing cattle, cows, goats and even their houses. Incidents of snakebites and drowning are common.



*Our area is vulnerable to flooding, but the floods this year are more severe than in 2022. Health risks have increased. Diarrhea, fever, and coughing are common. People lost many things. Their livelihoods are destroyed*

Sultan, a union's<sup>2</sup> chairman in the district, observes.



*People think if they marry off adolescent girls, it will be better for the girls*

Understanding the higher risks of child marriage and child labor post-disaster, Arjona responds beyond the immediate emergency needs. She conducts awareness sessions with families to ensure they understand the negative, long-term

consequences of marrying off children or making them work.

Working closely with Arjona within the community is Asia, a UNICEF-supported Child Protection Community Volunteer. At 19 years old, Asia works regularly with the community to identify vulnerable children and understand their needs.



*She provides me with guidance and supports me to conduct some awareness sessions on violence against children*

Asia remembers

## A different approach to work

Before receiving the UNICEF-supported training in social work, Arjona approached her work differently. She remembers using a notebook to jot down information about families, but it was challenging without a method that effectively assesses the needs of families and children. Now understanding the different methodical steps thanks to the training, she knows how to ensure every child in need receives support holistically, including psychosocial support.



*Before receiving the counseling training, I used to think that if I talk to the beneficiary, it is counseling. But after the training, I know the basic skills of counseling, like consent, empathy, communication skills*

Arjona recounts



*"I also learn taking consent is necessary. Involving family and community members is necessary."*



With this skillset, she identifies Lipa, a 15-year-old adolescent girl in the upazila who needs psychosocial counseling after the floods. She immediately works to ensure Lipa receives some financial support from the Department of Social Services.



*I feel good when I see the social worker. I feel that I have someone to share my challenges with. When I see her, I feel supported*

Shares Lipa

## We are like a family

From the long distance of travelling to the lack of resources and support, the challenges faced by Arjona and social workers like her sometimes feel unsurmountable. Yet Arjona doesn't feel discouraged. On the contrary, she wants to keep going.



*I have a whole community of social worker colleagues. We are like a family who walks the same journey, so I never feel alone," she says. "The challenges of being a social worker feel small to me*



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Scan for Details

<sup>1</sup> Upazila is a sub-unit of a district in Bangladesh.

<sup>2</sup> An upazila is divided into unions in rural areas.



# 11

## Results

# GIRLS IN SPORT & SAFE PARTICIPATION



# 11. Results

## GIRLS IN SPORT & SAFE PARTICIPATION

At baseline, the environment for girls’ participation in sport was shaped by **restrictive gender norms and widespread disapproval**. Across the 20 high-risk districts, support levels were very low: in most districts, fewer than one in five adults supported girls’ sport, with the lowest figures in **Netrokona (12%)**, **Mymensingh (13%)**, and **Sirajganj (15%)**. While districts such as **Manikganj (28%)** and **Rajshahi (23%)** showed slightly higher support, participation was still minimal, and **only about 7% of girls were engaged in sport monthly**.

Community expectations reinforced this exclusion. Nearly 70% of respondents felt that girls **should be stopped** from playing sports in public. Those who attempted to participate often faced criticism: six in ten reported being scolded, ridiculed, or prevented from doing so. The **KAPN baseline study** similarly found that gender norms across Bangladesh limited girls’ mobility and visibility in public life, reinforcing domestic roles over recreation or leadership.

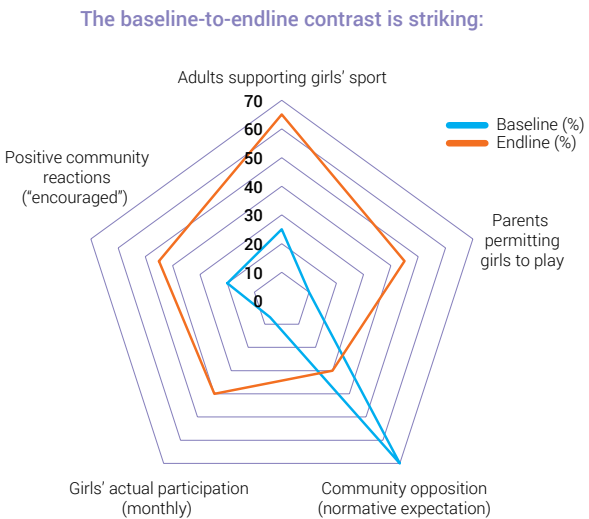
By endline, however, a marked normative shift had occurred in hub communities. After three years of programming, 65% of respondents agreed that girls should be able to play sports publicly, and almost half of parents (45%) reported allowing their daughters to participate. The normative expectation that girls should be stopped fell dramatically to 30%, signalling a reduction in community-level disapproval.

Correspondingly, girls’ actual participation rose to 40% of households, a six-fold increase compared to baseline. Community reactions also shifted: while criticism and restriction remained, a growing proportion of respondents (45%) reported that girls who played were now encouraged rather than stigmatised.

Taken together, these results demonstrate a clear normative transformation catalysed by the CPCHs. Sports-based programming emerged as more than recreation; it became a powerful entry point for shifting harmful gender norms, enabling adolescent girls to claim safe public space, increase their confidence, and challenge traditional restrictions on mobility and participation.

### The baseline-to-endline contrast is striking:

Indicator	Baseline (%)	Endline (%)
Adults supporting girls’ sport	25	65
Parents permitting girls to play	10	45
Community opposition (normative expectation)	70	30
Girls’ actual participation (monthly)	7	40
Positive community reactions (“encouraged”)	20	45



By 2025, **marked normative shifts were recorded across all CPCHs districts**. On average, support for girls' sport rose from around 20% at baseline to **40% or more by endline**.

**Strongest gains** were observed in **Sirajganj** (15% → 44.7%), **Magura** (18% → 44.5%), and **Mymensingh** (13% → 40%).

Districts with higher baseline support, such as **Manikganj** (28% → 42.7%) and **Natore** (22% → 42.3%), consolidated and broadened acceptance.

Even districts with extremely restrictive attitudes, such as **Netrokona** (12% → 36.7%) and **Kurigram** (14% → 36.4%), recorded threefold increases.

By endline, **40% of households on average reported that their daughters actively participated in sport**, and community reactions began to change: in many districts, more than 40% of respondents reported that girls who played were now **encouraged rather than stigmatised**.

**CPCHs contributed to this transformation through:**



**Sports for Development (S4D) programmes**, creating safe spaces for girls to play and train.



**Community dialogues**, which engaged parents and leaders in reframing girls' participation as healthy, safe, and beneficial.



**Adolescent peer groups**, which normalised sport as a right and encouraged younger girls to join.



**Role models and visibility**, as girls playing regularly within CPCHs, shifted perceptions from “inappropriate” to “acceptable.”

While the national KAPN endline showed **little progress in shifting gender stereotypes** or broadening girls' mobility, CPCHs districts recorded **consistent, measurable increases**. This highlights the added value of CPCHs: **providing safe, practical, community-led spaces** that demonstrate new norms in action.

Taken together, these results demonstrate a **clear normative transformation catalysed by CPCHs**. Sport is no longer viewed solely as recreation but as a **powerful entry point for gender equity**. Girls who once faced ridicule for playing now increasingly find support from parents and communities. By opening safe public spaces for girls, CPCHs have challenged some of the deepest-rooted restrictions on mobility, confidence, and leadership.

# Human Interest Story

## Breaking Barriers through Girls' Sport in Sirajganj

For **Shamima**, a 15-year-old girl from Sirajganj, the idea of joining a volleyball game seemed impossible. At baseline, only 15% of parents in her district supported girls' participation in sport, and Shamima's family was no exception. Her father often said,



*Sport is for boys, girls should study or help at home*

When a **Child Protection Community Hub (CPCHs)** opened in her village, Shamima was curious but hesitant. The hub introduced **Sports for Development (S4D)** sessions, inviting both boys and girls. At first, Shamima watched from a distance, but the encouragement of a female peer leader convinced her to join.

The first weeks were difficult, neighbours whispered, and some relatives mocked her family. But the hub facilitators organised **community dialogues** with parents, explaining how sport builds girls' confidence, resilience, and leadership. Slowly, attitudes began to shift. Her father attended one of the sessions and admitted,



*I thought sport would bring shame. Now I see my daughter stronger, happier, and respected*

By the end of the year, Shamima was playing volleyball three afternoons a week. She had become a **peer leader herself**, encouraging younger girls to participate. Today, she dreams of becoming a physical education teacher.

Shamima says:



*Playing sports gave me courage. Now, when people criticise, I don't feel afraid. I know girls can be leaders too*

Her story reflects a broader transformation: in Sirajganj, **support for girls' sports rose from 15% to 45% in three years, and girls' actual participation increased sixfold across the** hub districts.



# 12 Results

## SHORT RECALL OF VIOLENCE & CHILD PROTECTION DISCUSSIONS





# 12. Results

## SHORT RECALL OF VIOLENCE & CHILD PROTECTION DISCUSSIONS

At baseline, violence against children was a common and visible feature of community life. Between 40–50% of respondents reported that they had witnessed a child being subjected to violence in the last month, underscoring how routine such practices were considered in everyday settings. At the same time, there were no structured opportunities for community dialogue on child protection issues. Not a single respondent reported having participated in discussions about child marriage, child labour, or violence at the community level, and no one had received information about child protection through CPCHs, which had yet to be established. In short, violence was highly visible, but protective conversations were completely absent.

By the endline, the situation had shifted significantly in CPCHs districts. Reports of witnessing child violence in the last month declined to 25%, suggesting a meaningful reduction in the visibility and acceptance of violence. This is consistent with the observed decline in violent discipline at the household level, where norm change and positive parenting sessions began to influence daily practices. At the same time, 65% of respondents reported engaging in discussions on child protection issues at the CPCHs, and 75% said they had received information on child marriage, child labour, or VAC through CPCHs activities, posters, or volunteers. In communities where such conversations were non-existent only three years earlier, Child Protection Community Hubs (CPCHs) created regular spaces for dialogue, raising awareness and building shared accountability for children’s protection.

The baseline-to-endline transformation is clear:

Indicator	Baseline (%)	Endline (%)
Witnessed violence against a child in the last month	45	25
Discussed CP issues in the community	0	65
Heard CP information via hub activities	0	75

These findings stand in sharp contrast to the general KAPN endline results. While national KAPN data confirmed that violence against children remains near-universal, with more than 95% of adolescents reporting lifetime exposure and 80%+ reporting violence in the last year, there was little evidence of increased community dialogue or information exchange outside of CPCHs areas. In fact, the KAPN endline showed that help-seeking and disclosure of violence had declined compared to baseline, with adolescents and families continuing to rely on silence or informal networks rather than open discussion.

In this context, the impact of the CPCHs is striking. By creating visible, trusted, and consistent platforms for dialogue, CPCHs broke the silence that surrounded child protection concerns. The drop in witnessing of violence alongside the sharp increase in protective discussions highlights a double effect: CPCHs not only helped reduce the occurrence of visible violence but also fostered new social norms where communities actively talk about and share responsibility for protecting children.

This divergence from national trends reinforces the added value of the CPCHs model: where general SBC strategies struggled to move entrenched patterns of silence and denial, CPCHs catalysed local conversations that are beginning to erode the normalisation of violence.

# Human Interest Story

## From “Outsiders” to Trusted Support: A Social Worker in Magura

In Magura, **Parvin**, a mother of three, had never met a social worker before the CPCHs came to her village. Like most families at baseline, she believed outsiders could not be trusted. Only **3% of households in Magura** said they had confidence in social workers.

That changed when her 12-year-old son started skipping school and showing signs of distress after witnessing violence at home. Unsure where to turn, Parvin reluctantly visited the hub. There, she met **Shahidul**, the CPCHs social worker, who listened patiently and explained how the hub could support her family. He helped Parvin connect with a **parenting group** at the hub, while also arranging **counselling sessions** for her son.

Within months, Parvin saw changes. Her son was back in school and more relaxed at home. She began attending hub dialogues regularly, even encouraging neighbours to seek support.



*I thought social workers would interfere in our family matters*

She said



*But Shahidul cared for my children as if they were his own.*

By endline, **trust in social workers in Magura had risen from 3% to 64%**, with many families reporting positive experiences.

Shahidul reflects:



*When families see us not as outsiders but as partners, real change happens. The hub makes us part of the community.*

Parvin's story illustrates how CPCHs **transformed distrust into reliance**, embedding social workers as trusted protection actors in communities where none existed before.

# 13 Results

## HELP-SEEKING & SERVICE ACCESS



# 13. Results

## HELP-SEEKING & SERVICE ACCESS

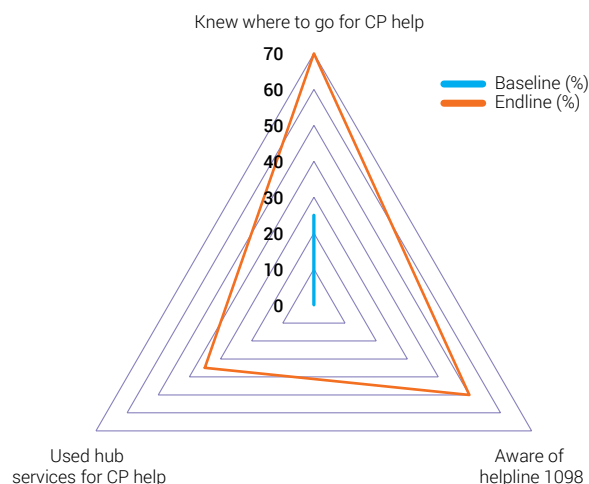
At baseline, families and adolescents in the 20 CPCHs districts had very limited awareness of where to seek help for child protection concerns. Only around 20–25% of respondents could identify any potential source of support, and even then, these were most often informal, relatives, neighbours, or community elders. Awareness of formal services was almost non-existent: fewer than 3% had ever heard of the national child helpline 1098, and no respondents reported approaching social workers or formal structures for assistance. As in the general KAPN baseline, help-seeking outside of family networks was effectively zero.

By endline, CPCHs communities showed a remarkable transformation. Seven in ten respondents (70%) now reported knowing where to go for help during a child protection crisis, a nearly threefold increase compared to baseline. Confidence in the national child helpline also grew: half of respondents (50%) believed that 1098 could solve problems for children, a striking improvement given that awareness was negligible just three years earlier. Most importantly, 35% of households reported that they or their neighbours had actually used CPCHs services to seek help, a level of utilisation that was unheard of at baseline. The issues most frequently reported included violence against children (60% of cases), child marriage (25%), child labour (10%), and education-related concerns (5%).

The baseline-to-endline shift is summarised below:

Indicator	Baseline (%)	Endline (%)
Knew where to go for CP help	25	70
Aware of helpline 1098	2–3	50 (believed it could help)
Used hub services for CP help	0	35

The baseline-to-endline shift is summarised below:



This transformation reflects not only greater awareness but also a new willingness to act on that awareness. Households moved from silence and isolation to proactive help-seeking through CPCHs, which are now seen as accessible and trusted referral pathways. The fact that one in three households had already utilised CPCHs services demonstrates that Child Protection Community Hubs (CPCHs) are not merely

symbolic spaces but practical mechanisms for connecting families to protection, justice, and education systems.

When compared with the national KAPN endline results, the significance of this change becomes even clearer. Nationally, awareness of helpline 1098 rose modestly, but actual use of formal services remained negligible. Adolescents reported declining rates of disclosure of violence and reduced help-seeking compared to baseline. In many non-hub areas, families continued to rely almost exclusively on informal arbitration through relatives or community leaders, with very few turning to structured services.

In contrast, CPCHs communities demonstrate a step-change in help-seeking behaviour. The introduction of visible, trusted social workers, combined with repeated messaging and safe space activities, converted theoretical awareness into real engagement with services. By endline, CPCHs had become the critical bridge between households and formal protection pathways that previously existed only on paper.

This contrast underscores the added value of the CPCHs model: where national SBC approaches increased awareness but did not shift behaviour, CPCHs translated awareness into action, expanding both knowledge and practical use of protection services.



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# 14 Results

## COMMUNITY HUB ENGAGEMENT



# 14. Results

## COMMUNITY HUB ENGAGEMENT

At baseline, prior to the establishment of the Child Protection Community Hubs (CPCHs), there was no community engagement whatsoever. No households reported attending child protection activities, no safe spaces existed for adolescents, and there was no perception that structured initiatives were contributing to child safety. Families relied entirely on informal mechanisms, and opportunities for collective discussion or positive engagement around child protection simply did not exist.

By endline, three years into implementation, the picture is transformed. Seventy per cent of households reported attending CPCHs activities, demonstrating a remarkable level of penetration and visibility within communities. The CPCHs quickly established themselves as active safe spaces where children, adolescents, and caregivers could gather, learn, and seek support.

Participation extended across a diverse range of activities:

**Peer sessions** (40%) created a platform for adolescents to share experiences and build resilience.

**Community dialogues** (35%) engaged parents, leaders, and adolescents together to discuss harmful practices and protection strategies.

**Sports activities** (30%) provided a safe public space for girls and boys, contributing both to recreation and norm change around gender participation.

**Skills training** (20%) offered adolescents and caregivers opportunities to strengthen livelihoods and self-confidence.

**Counselling services** (15%) gave families direct access to psychosocial support that had not previously been available in their communities.

The frequency of engagement also demonstrates that participation was not a one-off event but an ongoing process. A quarter of households (25%) reported attending CPCHs activities on a weekly basis, while 20% participated monthly, and another 25% attended at least once during the year. This consistent engagement ensured repeated exposure to protective messaging, peer influence, and visible modelling of positive practices.

Notably, 60% of respondents stated that the CPCHs made their community safer for children. This perception reflects more than attendance; it indicates that households recognised the CPCHs as trusted institutions, capable of reducing risks and fostering protective environments.

The shift from zero participation at baseline to majority attendance at endline is perhaps the clearest illustration of how CPCHs have filled a structural gap in community protection. In just three years, Child Protection Community Hubs (CPCHs) established themselves as integral community assets, visible, trusted, and regularly used. Where previously families had no structured space to discuss or act on child protection, CPCHs created new habits of participation that embedded protection in the social fabric of communities.

This level of engagement also distinguishes CPCHs districts from the broader national picture. In the general KAPN evaluation, only 15–23% of respondents reported exposure to SBC activities by endline, with many unable to recall campaigns such as “Red Card to VAC.” By contrast, CPCHs communities reached 70% of households with sustained, regular engagement, demonstrating the power of locally rooted safe spaces to achieve penetration and visibility that national SBC alone could not deliver.

# Human Interest Story

## Community art brings children into safe spaces and closer to critical services in Bangladesh

The narrow, muddy alleyways of Korail slum in Dhaka lead to a small room packed with about 40 children. The mood inside this room with tin walls is happy and cheerful, oblivious to the otherwise gloomy surroundings.

Nine-year-old Mim and her friends watch a series of images projected on the wall. Pictures from Bangladesh – fishermen in a boat, women carrying water, birds in a tree, mountains, an old man playing drums and children playing in the countryside.

Linda Valente Da Silva Acouri, a Brazilian artist who specializes in engaging children through art, shuffles through more pictures. The children shout “yes” if they like the picture and “no” if they don’t. The majority eventually settles for a bird in a tree and Linda asks them to draw the outline of the bird and the tree, and then paint it.

Mim is first up. She loves drawing and is enjoying today’s special session at the community hub, a safe space for children run by the Government with UNICEF and European Union support. “I draw houses and boats at home. Today we are drawing a very big picture. I think it’s going to be pretty,” says Mim excitedly.

UNICEF supports the Ministry of Women and Child Affairs to run 1,400 child protection community hubs across the country, providing children and families a safe place where they can get connected to the services they need, including

awareness sessions, to prevent violence, child marriage and to end child labour.

### An unusual but effective tool

The art exercise in the community hub has been commissioned by UNICEF and Bangladesh’s Ministry of Women and Child Affairs to make the hubs welcoming, draw more children in to access social services and to help the children to feel a sense of ownership as they work with the artist to express themselves and brighten up the space.

“Prior to each painting session, the violence against children and women coordinators (VACW coordinators) have played the important role of talking to the children about prevention of violence and to refer them to services as needed,” explains Dr Elisa Calpona, Child Protection Manager responsible for prevention of harmful practices.

Linda has been working with underprivileged children since 2010. “My job, my passion is to help children light up just like the bright colours in this room. I ask them to tell me how they feel using colours. Yellow is for happiness, blue is calm, black is sadness and red is for anger or energy,” explains Linda.

In a country where 45 million children experience violence at home, about 6.8 million are engaged in child labour and half of girls are married before their 18th birthday, the need for child protection services is apparent.

"Sometimes it's as simple as young mothers knowing where to get help if they are being abused or parents getting the right information to re-enrol children in school. This critical support and information can prevent child rights violations and transform children's lives for the better," says Natalie McCauley, UNICEF Bangladesh's Chief of Child Protection.

### Scaling up solutions to protect children

Linda and the VACW coordinators have trained 70 local artists, taking them through how she gets children to open up and participate during the art sessions. Together, she and the local artists have now engaged about 50,000 children in 700 community hubs across Bangladesh, focusing on underprivileged children.

Although they live right in the heart of the city of Dhaka bordering the most affluent neighbourhoods, the children of Korail slum possess little of the amenities of city life. Poor, crowded housing is the first sign of deprivation with most of the residents working in low paying jobs – rickshaw pullers, housekeepers, shop assistants and garment factory workers.

### A burst of colour lights up the day

After taking turns painting bit by bit the little artists in the room are happy to see the finished product. Throughout the session Linda continues to guide the children, reminding them to wait their turn if their friend is painting in the same spot they want, to share and to take care of the painting materials.

Today's art session has made the previously drab and dull room welcoming for more children like Mim to join. And as more children come to the hub, they have a chance to connect with social workers and get the support they need to realize their potential.



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# 15 Results

## CONTEXTUAL NORMS ON MARRIAGE, WORK & EDUCATION





# 15. Results

## CONTEXTUAL NORMS ON MARRIAGE, WORK & EDUCATION

At baseline, communities in the CPCHs districts reported strong social pressures that reinforced harmful practices for both girls and boys. Six in ten respondents (60%) said that girls in their community were pressured to marry before the age of 18, reflecting deeply entrenched norms that prioritised family honour and reduced perceived risks of harassment through child marriage. At the same time, four in ten (40%) reported that boys were pressured to leave school early in order to work, highlighting how economic stress and gendered expectations pushed adolescent boys into labour at the expense of their education. Positive discourse around continuing education was rare, as only 20% of parents reported discussing the option of keeping children in school until Grade 10.

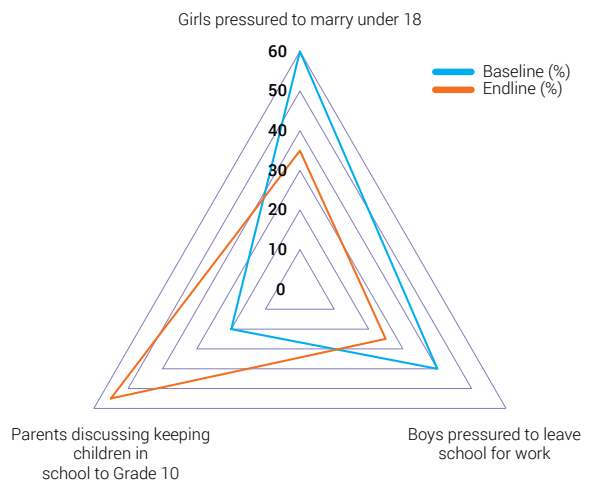
By endline, significant normative shifts were observed in CPCHs communities. Reports of pressure for under-18 marriage fell sharply to 35%, showing that while child marriage remains a risk, its inevitability is no longer universally accepted. The share of respondents reporting pressure on boys to leave school early also dropped to 25%, suggesting that families are increasingly recognising the importance of boys' continued education and reducing reliance on adolescent labour. At the same time, positive discussions about education more than doubled, rising to 55% of parents who reported actively discussing the

importance of keeping children in school until at least Grade 10.

The baseline-to-endline comparison is clear:

Indicator	Baseline (%)	Endline (%)
Girls pressured to marry under 18	60	35
Boys pressured to leave school for work	40	25
Parents discussing keeping children in school to Grade 10	20	55

The baseline-to-endline comparison is clear:



This represents not just incremental change, but a reorientation of community expectations. Child Protection Community Hubs (CPCHs) created spaces where child marriage could be openly challenged, education promoted, and

the economic logic of child labour questioned. Peer groups and community dialogues provided alternative narratives, portraying adolescent girls and boys as students and future contributors, rather than burdens or sources of risk.

These findings diverge sharply from the national KAPN endline results, which showed that acceptance of child marriage and economic pressures for boys to work remained largely entrenched in many non-hub areas. The KAPN study found that families often continued to justify child marriage as a way to safeguard girls' honour, and boys' labour as a necessary contribution to household survival. Discussions about prolonging education remained the exception rather than the norm.

In contrast, CPCHs districts recorded a substantial reduction in harmful pressures and a rise in pro-education discourse. This divergence indicates that CPCHs not only reduced the drivers of child marriage and child labour but also actively reinforced positive community conversations around education as a shared value.

The evidence suggests that CPCHs are functioning as a catalyst for new protective norms: delaying marriage for girls, reducing economic pressure on boys, and embedding education as a legitimate family and community aspiration.



# Human Interest Story

## "My mother got married when she was just 13 and she did not want that life for me"

### Tahmina takes a stand against child marriage

“My mother got married when she was just 13 and she did not want that life for me,” says Tahmina. “I am the eldest of my siblings, but I would have had an older brother. He died just as he was born, because my mother was too young to have a baby” she says.

Yet six months back, this 16-year-old girl from Ukhiya in Cox's Bazar district in Bangladesh was almost forced to drop out of school and get married herself. Through her courage and with support from her community, she was able to convince her parents that children should not be married.

### Poverty driving child marriage

The struggle to make ends meet made Tahmina's parents decide to marry off their daughter just as she was about to start Grade 10. The family did not have the money to pay Tahmina's school fees.

Her mother, Arefa Begum explains:

“We are very poor people. Tahmina's father cannot work much because he struggles with asthma. I never wanted my daughter to go through what I went through, but at some point I thought maybe it was always meant to be this way”

So the family looked for a groom for the girl.

Hearing what her parents had decided, Tahmina broke down.

“I felt terrible. I cried every day” Says Tahmina.

She reached out to a volunteer of the local Child Protection Community Hub, where she too volunteered as a peer leader. The community facilitator brought a local representative of the Ministry of Women and Children Affairs official to her parents' house. The community facilitator and ministry official spoke to Tahmina's parents, explaining the lifelong impact of child marriage on girls.

“I realized later that I was wrong – that child marriage is wrong” says Arefa

explaining how they came to an understanding that they should not marry off their daughter.

“I decided to stop it before it was too late for Tahmina. I did not want her to get hurt forever.”

### A widespread social evil

Tahmina has been a peer leader at the Child Protection Community Hub since 2022. She talks to other children about child marriage and child labour to raise awareness. These hubs, run by the Ministry of Women and Children Affairs with support from UNICEF and the European Union, are open to all children and adolescents in the community. Over a thousand such hubs are active

throughout Bangladesh, each with two volunteers from the community and two peer leaders.

As a peer leader, Tahmina is aware of the harm that child marriage can cause to a girl. But, very few people in the community are willing to speak about the issue.

“ *No one talks about how harmful child marriage is for girls. Whenever a girl reaches puberty people start talking about marriage for that girl. That’s what it is like here*

she says.

“ *There was a lot of pressure from people in my community for me to get married. They started this as soon as I turned 12 years old. Everyone was telling my parents to marry me off*

In Bangladesh, despite progress in recent decades, child marriage remains widespread. Fifty-one per cent of young women are married before they turn 18, and the country has the highest prevalence of child marriage in South Asia and the eighth highest prevalence in the world.

“ *Child marriage causes lifelong suffering, robbing girls of their childhood and their rights. Not only are girls forced to drop out of school, they face risks of early pregnancy. Both young mothers and the children born to them can suffer from severe health complications*

Says Natalie McCauley, Chief  
of Child Protection, UNICEF  
Bangladesh.



*We need more social workers in Bangladesh to support families, and take preventive action to stop child marriages all over the country.*

## Defying harmful norms

For a little while, things were tense between Tahmina and her parents.



*I was mad at them for a while and they were mad at me. But now things are okay. They understand that I know what is right for me*

She says.

Her parents are convinced that Tahmina should go to school. Even pressure from others in the community that Tahmina should be married already has not changed their mind.



*I stopped listening to them. I want Tahmina to do what she wants to do. She told me she wants to study – we will do all that we can to make that happen. I want all my children to be educated*

Arefa Begum says.



Scan for Details



# 16 Results

## CORE CHILD PROTECTION OUTCOMES





## 16. Results

### CORE CHILD PROTECTION OUTCOMES

At baseline, communities in the 20 CPCHs districts faced some of the lowest levels of protective coverage and the highest prevalence of harmful practices. Only 47% of children under five were registered at birth, leaving the majority without legal identity or protection against child marriage and exploitation. Violent discipline was reported by 90% of households, reflecting the widespread acceptance of corporal punishment as a “normal” way of raising children. Meanwhile, 65% of women aged 20–24 reported having been married before the age of 18, confirming the persistence of child marriage as both a norm and a practice across high-risk districts.

By endline, three years after the establishment of Child Protection Community Hubs, significant improvements were observed across these core outcomes. Birth registration increased to 70%, a 23 percentage point gain driven largely by hub-led outreach campaigns in partnership with Union Parishads. Violent discipline fell from 90% to 65%, reflecting the combined influence of positive parenting sessions, peer education, and community dialogues that challenged the social acceptance of corporal punishment. Finally, child marriage among women aged 20–24 declined to 50–55%, marking a 10–15 percentage point reduction, with some districts achieving even sharper declines.

The baseline-to-endline shift is summarised below:

Indicator	Baseline (%)	Endline (%)
Birth registration (0–4 years)	47	70
Violent discipline (0–14 years)	90	65
Child marriage (20–24, before 18)	65	50–55

District-level trends highlight where progress was strongest. High-risk districts, such as Sirajganj, Jhenaidah, and Naogaon, recorded reductions in child marriage of over 15 percentage points, demonstrating that even entrenched hotspots can shift when communities are consistently engaged. Districts with the lowest baseline registration rates, including Magura and Kurigram, achieved gains of more than 20 percentage points in birth registration, thereby closing long-standing protection gaps.

Normative change was also evident beyond these outcomes: the Girls in Sport Index improved most in Mymensingh and Chapai Nawabganj, where traditional restrictions are now giving way to more supportive community attitudes, while the Service Access Index reached its highest levels in peri-urban Dhaka hubs and showed steady improvement even in remote coastal hubs in Barisal.

When compared with the national KAPN  
endline, the added value of the CPCHs model  
becomes clear. The KAPN evaluation found  
modest improvements in knowledge of laws and  
some attitudes, but levels of violence against  
children remained stubbornly high: over 80% of  
adolescents still reported experiencing violence in  
the last 12 months, and child marriage prevalence  
showed little change outside of CPCHs districts.  
Awareness of the child helpline 1098 had  
increased nationally, but actual use of services  
remained negligible.

In contrast, CPCHs districts demonstrate both  
systemic improvements in coverage (birth  
registration) and meaningful reductions in harmful  
practices (violent discipline and child marriage).  
These changes highlight the catalytic role CPCHs  
played in translating national policy commitments  
into community-level action, transforming rights  
on paper into protective practices in children's  
daily lives.

Overall, the evidence suggests that Child  
Protection Community Hubs (CPCHs) are not  
only creating safe spaces and shifting norms,  
but are also driving measurable improvements in  
foundational child protection outcomes that form  
the foundation of a protective environment for  
children.

This confirms that the Child Protection  
Community Hubs are unique. No other platform  
in Bangladesh combines **services, norm  
change, and government ownership** at scale.  
By embedding them into MoWCA and linking  
to MoSW and MoYS, Bangladesh has created a  
**home-grown model** for protecting children and  
strengthening resilience. With MoWCA committing  
USD 3.9 million (2025–2028), the foundation  
for sustainability is strong. The next step is to  
expand financing and embed CPCHs into DoCA for  
national reach.



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# 17 Results

## CLIMATE & ANTICIPATORY ACTION



# 17. Results

## CLIMATE & ANTICIPATORY ACTION

Bangladesh is one of the most climate-vulnerable countries in the world, with recurrent floods, cyclones, and riverbank erosion placing children at disproportionate risk. Children are especially vulnerable to **drowning, injury, displacement, and service disruption** during emergencies, yet preparedness and anticipatory systems have historically been weak at the household and community level. At baseline, evidence from the 20 high-risk districts showed that preparedness was limited, fragmented across sectors, and rarely child-specific.

Only **15% of households reported receiving any preparedness messaging** in the month preceding the baseline survey, and most of this was delivered via radio or television rather than community platforms. Knowledge of drowning prevention was minimal, with just **10% of households aware of safe swimming or supervision practices**. Adolescents were largely absent from preparedness processes, with fewer than 5% engaged in any form of planning. Awareness of safe shelter options for children was also limited to 20% of households, while integrated emergency services, linking child protection with health, nutrition, and WASH, were

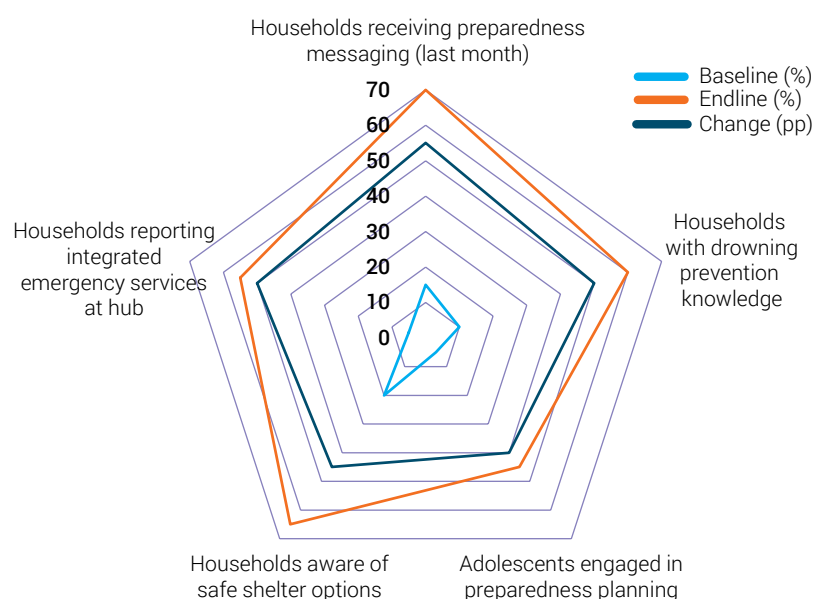
virtually non-existent (5%). The overall Climate & Anticipatory Action Index score was estimated at **1.0 out of 5**, reflecting very low preparedness, siloed services, and an almost total absence of child-specific anticipatory action.

By endline, three years after the roll-out of 850 CPCHs in the 20 most vulnerable districts, the picture had transformed. **Seventy percent of households reported receiving preparedness messaging in the last month**, with CPCHs serving as distribution points for posters, peer sessions, and early warning alerts. Knowledge of drowning prevention rose sharply to **60%**, supported by hub-based awareness sessions and swimming safety initiatives. **Adolescent engagement increased to 45%**, with youth peer groups trained as preparedness leaders and facilitators of hub-based campaigns. Awareness of safe shelter options grew to **65% of households**, and **55% reported that their hub provided integrated emergency services** linking CP, health, nutrition, and WASH during crises. The Index score increased to **4.0 out of 5**, reflecting a strong preparedness culture, widespread community exposure, adolescent involvement, and integrated service delivery.

Indicator	Baseline (%)	Endline (%)	Change (pp)
Households receiving preparedness messaging (last month)	15	70	+55
Households with drowning prevention knowledge	10	60	+50
Adolescents engaged in preparedness planning	5	45	+40

Indicator	Baseline (%)	Endline (%)	Change (pp)
Households aware of safe shelter options	20	65	+45
Households reporting integrated emergency services at hub	5	55	+50

**The Climate & Anticipatory Action results highlight a shift from reactive to proactive community responses**



The Climate & Anticipatory Action results highlight a **shift from reactive to proactive community responses**. Preparedness messaging, once reaching a small minority, now reaches the majority of CPCHs households. Families are five times more likely to report drowning prevention knowledge, addressing one of the leading causes of child mortality in flood-prone areas. Adolescents, who were almost entirely excluded at baseline, are now central actors in preparedness, taking leadership through peer groups and CPCHs activities. The CPCHs have also become the **first local point of entry for integrated emergency**

**support**, linking child protection with health, nutrition, and WASH services.

These findings mark a significant divergence from the national KAPN endline, which found no measurable change in child-focused preparedness or anticipatory action. While national SBC campaigns raised awareness of hazards, they did not translate into widespread adoption of preparedness practices or increased adolescent involvement. In CPCHs districts, however, preparedness is no longer ad hoc or reactive; it has become a **core community function, institutionalised through the presence of hubs**.



# Human Interest Story

## Rising waters, rising spirits

With the support of a social worker, a UNICEF-supported child grew up to become the village's hero.

Sunamganj, BANGLADESH – Everyone in the village knows about Sumon, the 24-year-old Child Protection Community Hub Organizer who braced against floodwater to deliver medicines and water purification tablets.

Sumon has been well-known as a passionate leader of the Child Protection Community Hub led by the Ministry of Women and Children (MoWCA) with UNICEF support, yet some villagers are taken back. No one would imagine that during severe floods, he would choose to go to an area that everyone wanted to run away from.

After all, it was Eid day.

### Collaboration between community volunteer and social worker



*The water kept rising. So, I ran from one Child Protection Community Hub to another to see how the situation looked like and tried to save all the hub's materials*

Sumon says

Sumon was determined to move all the children's books, drawings, toys, and handmade crafts to higher grounds. Once a boy looking forward to each day of activities in the hub, he knew for many children, these materials were their world. More

than often, the Child Protection Community Hubs offer the only space where children can engage in recreational activities and fully feel seen, safe, and empowered.

Thanks to UNICEF and its partners, MoWCA has established 2,196 Child Protection Community Hubs in the country's most vulnerable areas, including those emergency-prone. A community-led approach has been adopted, with over 90 percent of the hubs donated by local communities.

Sumon was accompanied by Hillol, the only social worker assigned to a population of more than 200,000 people. The needs had become even more immense when disasters hit. The heavy rain made it difficult to contact the community, and his office is four to five kilometers away.



*There is a need for more social workers. In this upazila, only one social worker is managing a lot of work. One time, I had to register 800 children with disabilities. They are not in one place, so I had to visit many families and areas*

Shares Hillol



*"In between, I had to complete other assignments and requests. So, I could not fully focus on child protection work."*

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## The water keeps rising

Knees deep in cold floods, which keep coming back and increasing every year, Hillol and Sumon trudged through water and thick mud to visit more than 20 child protection hubs and different communities. Without available boats, they sometimes swam.



*I work very closely with Sumon. I remember during the floods in 2022, he also referred families and children in need to me*

Shares Hillol.



*Because he is familiar and popular with the community, he runs the activities smoothly. This time, through Sumon, I have registered 170 children with disabilities for cash support.*

Under the Department of Social Services, Hillol is working with CPCHs organizers and volunteers on the frontline like Sumon to provide disaster-affected children and families with food, cash, dignity kits<sup>1</sup>, and psychological first aid, while registering vulnerable children for further social service support. They are also ready to tackle any signs of harmful practices potentially exacerbated by the situation.



*Natural disasters often lead to child marriage and child labor*

Observes Hillol.

According to an evidence brief by UNFPA, climate change and related environmental crises cause economic shocks and worsen drivers of child marriage, particularly for those dependent on the environment for their livelihoods.

This reality is evident in Sumon's community: when families have little to eat, marrying off their daughters early or taking children out of school for work at least offers hope of a better future for all.

## Once a boy in the hub

More than ten years have spanned since Sumon joined the UNICEF-supported hub as an adolescent boy. It was where he first met Hillol, who at the time worked for another UNICEF-supported NGO. For Sumon, Hillol is not only an ally who help him in his current work, but also a mentor sowing the seeds of his passion for community organizing and child protection.



*Hillol and other social workers used to go to our village to facilitate trainings and activities. I saw them as role models*

Recounts Sumon



*When they didn't come, I would call them and ask, why are you not coming?*

Like Sumon, Hillol could still recall those days. The active adolescent would always invite community members, parents, and caregivers to any recreational activities and awareness sessions on harmful practices like child marriage and child labor. At the time, several villagers viewed the hub negatively for facilitating activities joined by both girls and boys.



*They complained to Sumon's parents that he was taking girls out of the house. He was really stressed. But he kept convincing them that the hub was not only about having fun*

Comments Hillol

## Change starts from the community

Sumon didn't give up. Forming adolescent groups, going door to door, convincing villagers against child abuse and exploitation, engaging in difficult conversations, he deeply believes that the solutions lie within the community. Once mindsets and behaviors shift, changes will take place. With time, the community starts to trust the club because they trust Sumon. He was even voted to become a peer leader of the club in 2015.



*If Sumon says he will come at 9am to talk to the community about something, he will show up at 9 am. He is never late. He says what he does and keeps his words*

Shares Raj, a community member.



*He has our trust*

## The happiest person in the world

Despite the challenging nature of their work, Hillol and Sumon press on. Together, they have stopped many child marriages and showed up whenever the community needs them.

For Hillol, his reward is seeing that Sumon has grown up to become the man he is today. And for Sumon, a proud smile spreads across his face whenever talking about work. He showed his Facebook post, which mobilized blood donations for a pregnant mother in critical condition during the floods.



*I have made a difference in the society*

Shares Sumon.



*This gives me a lot of happiness and joy. I feel like the happiest person in this world*



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# 18

## CONCLUSION & POLICY IMPLICATIONS



## CONCLUSION & POLICY IMPLICATIONS

The establishment of Child Protection Community Hubs has filled a critical gap in frontline child protection in Bangladesh. Where once there were no visible or trusted services, CPCHs have created a new protective layer of community-based social services, embedding safe spaces, social workers, and community networks in some of the country's most vulnerable districts. Over three years, CPCHs have not only increased access to services but also catalysed a visible shift in harmful social and gender norms, creating an enabling environment where children and families can seek help, participate in protective activities, and challenge practices such as violent discipline, child marriage, and child labour.

### Measurable Normative Shifts

Across the 850 CPCHs surveyed in 20 high-risk districts, changes were significant and consistent:

**Trust in social workers** rose from 5% at baseline to 65% at endline, with 30% of households reporting direct use of services.

**Support for girls' participation in sport** increased from 25% to 65%, with actual participation rising from 7% to 40% of households.

**Help-seeking behaviours expanded:** knowledge of where to go for child protection support rose from 25% to 70%, and one in three households had already used CPCHs services.

**Pressures for child marriage and school dropout declined**, while parental discourse in favour of continuing education strengthened.

**Core child protection outcomes improved:** birth registration rose to 70%, violent discipline dropped to 65%, and child marriage declined to 50–55% across CPCHs districts.

These results demonstrate that CPCHs are not only delivering services but also shifting norms and practices at scale, something that national SBC campaigns alone struggled to achieve.

### Comparison with KAPN National Endline

The contrast with the national KAPN endline is stark. Nationally, awareness of laws and helpline 1098 improved, particularly among boys, but **knowledge gains did not translate into reductions in violence or child marriage**. Violence remained near-universal, help-seeking declined, and restrictive gender norms persisted. In CPCHs districts, however, **knowledge translated into action**: families trusted social workers, used referral pathways, and engaged in regular dialogue that reduced violence and harmful pressures. While national SBC reached fewer than one in four households, CPCHs achieved **70% community penetration** with repeated, trusted engagement.



Indicator	Baseline (KAPN national)	Endline (KAPN national)	Hubs Baseline	Hubs Endline
Birth registration (0–4)	47%	50%	47%	70%
Violent discipline (0–14)	90%	85%	90%	65%
Child marriage (20–24, before 18)	65%	60–62%	65%	50–55%
Knowledge of 1098	2–3%	25–30%	2–3%	40%

## National Scale-Up with Government Leadership

While this survey focused on 850 CPCHs in the 20 districts most vulnerable to child protection risks, the CPCHs model has since expanded nationally. Over 2,000 CPCHs were developed with the Government of Bangladesh, embedding protection across all 64 districts.

These CPCHs are jointly driven by key ministries:

**MoWCA** as the lead for community-based safe spaces,

**MoSW** through the deployment of CP social workers, and

**MoYS** through the Sports for Development (S4D) platform, ensuring adolescent engagement and empowerment.

This institutionalisation means that CPCHs are no longer a pilot but part of a sustainable, government-led system, integrated into national service delivery and linked to broader social service workforce reform.

## Policy and Donor Implications

The evidence from CPCHs districts highlights several implications:

**Policy Integration:** CPCHs should be recognised as a core element of the national child protection system, linked with the Department of Children's Affairs (DoCA) and social service workforce strategies.

**Systems Strengthening:** Embedding CPCHs within government structures ensures sustainability and accountability, while building capacity for professional social work and case management.

**Cross-Sectoral Linkages:** CPCHs also support education, health, and nutrition outcomes, making them a key entry point for multisectoral programming, including climate resilience and disaster risk reduction.

**Donor Engagement:** For development partners, CPCHs represent a catalytic investment with high returns in norm change and service uptake. Sustained financing, through pooled funds, performance-based allocations (PF4C), and catalytic grants, will be critical to consolidating gains and ensuring national coverage.

The Child Protection Community Hub model has proven itself as an effective, scalable, and government-led approach to child protection. It has filled the gap left by the absence of frontline social workers, created safe spaces where none existed, and shifted community norms that had long enabled violence, child marriage, and child labour. The contrast with the national KAPN endline underscores the transformative power of CPCHs: where awareness alone was not enough, CPCHs brought services and dialogue directly into communities, achieving measurable results in some of the most vulnerable districts.

The challenge ahead is to sustain and scale this model nationwide. With over 2,000 CPCHs

now embedded within government systems, Bangladesh has the opportunity to ensure that



*every child in every district has access to a safe space, a trusted social worker, and a community committed to their protection.*



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